	tion 1: Costs	Hoonital Name	Coared Heart Medica	Contor Diverband	Carinafiold		
		Sacred Heart Medical Center Riverbend - Springfield PeaceHealth FY 2018					
	Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		Phone Number:			Title:	Manager of Reporting and Compliance
						Email:	
						Title:	
			Cost accounting			Other (explain)	
			system	Ratio X	Other (explain)		
			X				
	Community Benefit Categories	Column A	Column B	Column C	Column D		Column E
ow	Charity Care and Public Programs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)]	
1	Charity care at cost	5,838	\$9,594,235		\$9,594,235		
	Unreimbursed costs of public programs:						
2	Medicaid/Managed Medicaid Plans	204 234	\$179,178,454	\$134,828,374	\$44 350,080		
3	Medicare/Managed Medicare Plans	327,659	\$325,288,502	\$304,549,670	\$20,738,832		
4	Other public programs				\$0		
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	537,731	\$514,061,191	\$439,378,044	\$74,683,147		
	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	55.5%					
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)		Description of Activities
7	Community health improvement services	6,000	\$1,022,069	\$597,415	\$424,654		
	Research	n/a			\$0		
	Health professions education	n/a			\$0		
	Subsidized health services	n/a	\$6,354,057	\$3,218,637	\$3,135,420		
11	Cash and in-kind contributions to other community groups	n/a	\$808,843		\$808,843		
	Community building activities	n/a	\$508,257		\$508,257		
	Community benefit operations	n/a			\$0		
4	Other Benefits Totals (sum of lines 7 through 13)	6,000	\$8,693,226	\$3,816,052	\$4,877,174]	
5	Community Benefits Totals (line 5 plus line 14)	543,731	\$522,754,417	\$443,194,096	\$79,560,321]	