ect	ion 1: Costs	Hospital Name					
		PeaceHealth FY 2019					
	F						
	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				
			system Ratio		Other (explain)		
			Х	Х			
	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	1,806	\$4,159,454		\$4,159,454	1	
	Unreimbursed costs of public programs:	-,					
2	Medicaid/Managed Medicaid Plans	71,930	\$39,621,597	\$27,433,170	\$12,188,427	1	
3	Medicare/Managed Medicare Plans	80,266	\$42,033,898	\$34,947,942	\$7 085,956		
4	Other public programs				\$0		
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	154,002	\$85,814,949	\$62,381,112	\$23,433,837		
	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	87.4%					
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)		Description of Activities
7	Community health improvement services				\$0		
	Research	n/a			\$0		
	Health professions education	n/a			\$0		
	Subsidized health services	n/a	\$311,899	\$216,245	\$95,654		
11	Cash and in-kind contributions to other community groups	n/a			\$0		
	Community building activities	n/a			\$0		
	Community benefit operations	n/a			\$0		
14	Other Benefits Totals (sum of lines 7 through 13)	-	\$311,899	\$216,245	\$95,654	J	
15	Community Benefits Totals (line 5 plus line 14)	154,002	\$86,126,848	\$62,597,357	\$23,529,491	]	