

**Section 1: Costs**

<b>Hospital Name</b>		Providence Medford Medical Center				
<b>Hospital System</b>		Providence Health & Services				
<b>Reporting Period</b>		01/01/2019 - 12/31/2019				
<b>Contact Information</b>		Name of Person Completing This Form: Benjamin Hellerstedt Sr. Finance Manager				
		Phone Number: [REDACTED]		Email: [REDACTED]		
		Reviewed By: Ruben Solis-Gonzalez Title: Financial Analyst				
Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		<b>Cost accounting system</b>	<b>Cost to Charge Ratio</b>	<b>Other (explain)</b>		
			X			
<b>Community Benefit Categories</b>		<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
<b>Row</b>	<b>Charity Care and Public Programs</b>	<b>Patient Visits</b>	<b>Total community benefit expense</b>	<b>Direct offsetting revenue</b>	<b>Net community benefit expense (B-C)</b>	
1	Charity care at cost	2,531	\$5,858,631	\$0	\$5,858,631	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	21,847	\$50,138,237	\$35,818,315	\$14,319,923	
3	Medicare/Managed Medicare Plans	74,649	\$140,961,488	\$110,723,155	\$30,238,334	
4	Other public programs	-	\$3,694,341	\$0	\$3,694,341	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	99,027	\$200,652,698	\$146,541,469	\$54,111,229	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?					
	<b>Other Benefits</b>	<b>Encounters</b>	<b>Total community benefit expense</b>	<b>Direct offsetting revenue</b>	<b>Net community benefit expense (B-C)</b>	<b>Description of Activities</b>
7	Community health improvement services	12,081	\$418,488	\$33,385	\$385,103	
8	Research	n/a	\$120,473	\$0	\$120,473	
9	Health professions education	n/a	\$793,075	\$310,775	\$482,300	
10	Subsidized health services	n/a	\$1,757,397	\$1,082,065	\$675,332	
11	Cash and in-kind contributions to other community groups	n/a	\$1,753,359	\$108,010	\$1,645,349	
12	Community building activities	n/a	\$74,845	\$20,084	\$54,761	
13	Community benefit operations	n/a	\$293,103	\$0	\$293,103	
14	Other Benefits Totals (sum of lines 7 through 13)	12,081	\$5,210,741	\$1,554,319	\$3,656,421	
15	Community Benefits Totals (line 5 plus line 14)	111,108	\$205,863,438	\$148,095,788	\$57,767,650	

Please note: If the amount in Column E is equal to or greater than the amount in Column D, leave Columns D, E and F blank.