| Sec | tion 1: Costs | | | | | | |
|-----|---|--|---|-------------------|-----------------------|--------|---------------------------|
| | | Hospital Name | Providence Portland | Medical Center | | | |
| | | Hospital System Providence Health & Services | | | | | |
| | Reporting Period 01/01/2019 - 12/31/2019 | | | | | | |
| | Cor | | | | | | |
| | | | | | Email: | | |
| | | | | | | | |
| | | | | Reviewed by. | Ruben Solis-Gonzalez | z mue. | Financial Analyst |
| | Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.) | | Cost accounting Cost to Charge System Ratio | | Other (explain) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Community Benefit Categories | Column A | Column B | Column C | Column D | | Column E |
| | | | | | | , | |
| Row | Charity Care and Public Programs | Patient Visits | Total community | Direct offsetting | Net community benefit | | |
| NOW | | | benefit expense | revenue | expense (B-C) | | |
| 1 | Charity care at cost | 9,815 | \$19,803,442 | \$0 | \$19,803,442 | | |
| | Unreimbursed costs of public programs: | | | | | | |
| 2 | Medicaid/Managed Medicaid Plans | 87,536 | \$168,547,121 | \$121,297,852 | \$47,249,270 | | |
| 3 | Medicare/Managed Medicare Plans | 236,742 | \$380,267,005 | \$315,364,848 | | | |
| 4 | Other public programs | | \$2,737,196 | | \$2,737,196 | | |
| 5 | Charity Care and Public Programs Total (sum of lines 1 through 4) | | \$571,354,765 | \$436,662,700 | \$134,692,065 | | |
| 6 | What percentage of Charity Care dollars granted represented a discount of 100% of charges? | | | | | | |
| | Other Benefits | Encounters | Total community | Direct offsetting | Net community benefit | Т | Description of Activities |
| | Other benefits | Elicounters | benefit expense | revenue | expense (B-C) | | Description of Activities |
| 7 | Community health improvement services | 42,972 | \$1,119,009 | \$116,739 | • , , | | |
| 8 | Research | n/a | \$38,054,554 | \$27,464,325 | \$10,590,229 | | |
| 9 | Health professions education | n/a | \$13,478,170 | \$3,384,398 | \$10,093,772 | | |
| 10 | Subsidized health services | n/a | \$6,260,728 | \$3,746,056 | | | |
| 11 | Cash and in-kind contributions to o her community groups | n/a | \$3,703,835 | \$650,580 | \$3,053,255 | | |
| | Community building ac ivities | n/a | \$185,141 | \$70,228 | | | |
| | Community benefit operations | n/a | \$1,087,583 | \$0 | + 1, 1, | | |
| 14 | Other Benefits Totals (sum of lines 7 through 13) | 42,972 | \$63,889,020 | \$35,432,327 | \$28,456,694 | _ | |
| 15 | Community Benefits Totals (line 5 plus line 14) | | \$635,243,785 | \$472,095,027 | \$163,148,758 | | |

Form CBR

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.