

Section 1: Costs						
<b>Hospital Name</b>		Salem Health				
<b>Hospital System</b>		Salem Health Hospitals and Clinics				
<b>Reporting Period</b>		7/1/2018-6/30/2019				
<b>Contact Information</b>		Name of Person Completing This Form:		Beatrix Schaefer	Title: Reimbursement Analyst	
		Phone Number:		[REDACTED]	Email: [REDACTED]	
		Reviewed By:		John Baglien	Title: Controller	
<b>Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)</b>		<b>Cost accounting system</b>	<b>Cost to Charge Ratio</b>	<b>Other (explain)</b>		
		x	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	46,470	\$19,186,975	\$0	\$19,186,975	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	177,861	\$177,560,234	\$135,347,734	\$42,212,501	
3	Medicare/Managed Medicare Plans	215,002	\$349,130,624	\$288,739,432	\$60,391,193	
4	Other public programs	13,684	\$10,177,605	\$7,699,833	\$2,477,772	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	453,017	\$556,055,439	\$431,786,998	\$124,268,440	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	62.1%				
	<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	42,995	\$1,601,305	\$82,328	\$1,518,977	
8	Research	n/a	\$188,759	\$0	\$188,759	
9	Health professions education	n/a	\$1,567,955	\$0	\$1,567,955	
10	Subsidized health services	n/a	\$40,227,025	\$22,329,203	\$17,897,822	
11	Cash and in-kind contributions to other community groups	n/a	\$429,948	\$1,900	\$428,048	
12	Community building activities	n/a	\$2,170,297		\$2,170,297	
13	Community benefit operations	n/a	\$1,974,234	\$7,028	\$1,967,206	
14	Other Benefits Totals (sum of lines 7 through 13)	42,995	\$48,159,523	\$22,420,459	\$25,739,064	
15	Community Benefits Totals (line 5 plus line 14)	496,012	\$604,214,962	\$454,207,457	\$150,007,504	

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.