

Section 1: Costs

Hospital Name		Sky Lakes Medical Center Inc			
Hospital System					
Reporting Period		10/1/2018 - 9/30/2019			
Contact Information		Name of Person Completing This Form: Andrew Molatore		Title: Controller	
		Phone Number: [REDACTED]		Email: [REDACTED]	
		Reviewed By:		Title:	
Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		Cost accounting system	Cost to Charge Ratio	Other (explain)	
			X		
Community Benefit Categories	Column A	Column B	Column C	Column D	Column E
Row	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	19,637	\$4,076,013	\$0	\$4,076,013
	Unreimbursed costs of public programs:				
2	Medicaid/Managed Medicaid Plans	78,412	\$64,079,482	\$56,441,075	\$7,638,406
3	Medicare/Managed Medicare Plans	133,436	\$113,260,247	\$80,325,142	\$32,935,105
4	Other public programs	-			\$0
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	231,485	\$181,415,742	\$136,766,217	\$44,649,525
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	71.8%			
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)
7	Community health improvement services	93,671	\$980,066	\$131,588	\$848,478
8	Research	n/a	\$0	\$0	\$0
9	Health professions education	n/a	\$4,696,773	\$1,988,758	\$2,708,015
10	Subsidized health services	n/a	\$22,672,488	\$18,088,421	\$4,584,067
11	Cash and in-kind contributions to other community groups	n/a	\$589,235	\$0	\$589,235
12	Community building activities	n/a	\$1,917,484	\$571,284	\$1,346,200
13	Community benefit operations	n/a	\$0	\$0	\$0
14	Other Benefits Totals (sum of lines 7 through 13)	93,671	\$30,856,046	\$20,780,051	\$10,075,995
15	Community Benefits Totals (line 5 plus line 14)	325,156	\$212,271,788	\$157,546,268	\$54,725,520

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.