Section 1: Costs

Hospital Name	SOUTHERN COOS HOSPITAL AND HEALTH CENTER
Hospital System	
Reporting Period	JULY 1, 2018 - JUNE 30, 2019
Contact Information	Name of Person Completing This Form: ANA MUGICA — Title: CFO
	Phone Number: [redacted] — Email: [redacted]
	Reviewed By: Amy Fine — Title: CEO

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)

Row	Community Benefit Categories Charity Care and Public Programs	Column A Patient Visits	Column B Total community benefit expense	Column C Direct offsetting revenue	Column D Net community benefit expense (B-C)	Column E
1	Charity care at cost	79	$90,802		$90,802	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	171	$3,539,586	$2,886,337	$653,249	
3	Medicare/Managed Medicare Plans	1,616	$13,323,947	$12,591,072	$732,875	
4	Other public programs				$0	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	1,866	$16,954,335	$15,477,409	$1,476,926	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	80.0%				
	Other Benefits	**Encounters**	**Total community benefit expense**	**Direct offsetting revenue**	**Net community benefit expense (B-C)**	**Description of Activities**
7	Community health improvement services		$5,841		$5,841	Women's Health Day
8	Research	n/a			$0	
9	Health professions education	n/a	$20,852		$20,852	Guest Speaking Career day, CME for Dr. Pense, Dr. Holland, Dr. Baharloo, Ogunnaike FNP and Guzman FNP.
10	Subsidized health services	n/a	$14,383		$14,383	Weekly community blood pressure checks, drvie through flu shot clinic, prostate cancer screening, and free mammograms.
11	Cash and in-kind contributions to o her community groups	n/a			$0	
12	Community building ac ivities	n/a	$2,600		$2,600	Al-Anon meetings
13	Community benefit operations	n/a			$0	
14	Other Benefits Totals (sum of lines 7 through 13)	-	$43,676	$0	$43,676	
15	**Community Benefits Totals (line 5 plus line 14)**	**1,866**	**$16,998,011**	**$15,477,409**	**$1,520,602**	

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.