

Section 1: Costs						
Hospital Name		Portland Adventist Medical Center				
Hospital System		Adventist Health West				
Reporting Period		January 1, 2020-December 31, 2020				
Contact Information		Name of Person Completing This Form: Peter Morgan		Title: LPO		
		Phone Number: [REDACTED]		Email: [REDACTED]		
		Reviewed By: Jason Panasuk Title: Finan				
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	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		\$5,925,351	\$0	\$5,925,351	
Unreimbursed costs of public programs:						
2	Medicaid/Managed Medicaid Plans		\$75,581,816	\$61,809,885	\$13,771,931	
3	Medicare/Managed Medicare Plans				\$0	
4	Other public programs				\$0	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	-	\$81,507,167	\$61,809,885	\$19,697,282	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	31.0%				
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	Description of Activities
7	Community health improvement services		\$4,953,426	\$24,790	\$4,928,636	
8	Research	n/a	\$0	\$0	\$0	
9	Health professions education	n/a	\$262,343	\$63,779	\$198,564	
10	Subsidized health services	n/a	\$0	\$0	\$0	
11	Cash and in-kind contributions to other community groups	n/a	\$19,685	\$0	\$19,685	
12	Community building activities	n/a	\$343,654	\$0	\$343,654	
13	Community benefit operations	n/a	\$266,282	\$0	\$266,282	
14	Other Benefits Totals (sum of lines 7 through 13)	-	\$5,845,390	\$88,569	\$5,756,821	
15	Community Benefits Totals (line 5 plus line 14)	-	\$87,352,557	\$61,898,454	\$25,454,103	

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.