

Section 1: Costs

Hospital Name		CURRY HEALTH DISTRICT				
Hospital System		CPSI				
Reporting Period		6/30/2020				
Contact Information		Name of Person Completing This Form: KYLIE MCCLOSKEY		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	397	\$303,126		\$303,126	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans				\$0	
3	Medicare/Managed Medicare Plans				\$0	
4	Other public programs				\$0	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	397	\$303,126	\$0	\$303,126	
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				\$0	
8	Research	n/a			\$0	
9	Health professions education	n/a	\$149		\$149	Community presentations
10	Subsidized health services	n/a	\$428,843		\$428,843	Pediatrics and womens care
11	Cash and in-kind contributions to other community groups	n/a	\$3,290		\$3,290	Sponsorships
12	Community building activities	n/a	\$4,086		\$149	Job shadowing
13	Community benefit operations	n/a	\$4,206		\$4,206	OHP applications
14	Other Benefits Totals (sum of lines 7 through 13)	-	\$440,574	\$0	\$436,637	
15	Community Benefits Totals (line 5 plus line 14)	397	\$743,700	\$0	\$739,762	

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.