

Section 1: Costs						
Hospital Name Hospital System Reporting Period Contact Information	HARNEY DISTRICT HOSPITAL					
	07/01/2019-06/30/2020					
	Name of Person Completing This Form: Catherine White			Title: CFO		
	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	1,153	\$251,032		\$251,032	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	12,783	\$6,220,807	\$3,758,640	\$2,462,167	
3	Medicare/Managed Medicare Plans	9,375	\$12,490,406	\$8,997,769	\$3,492,637	
4	Other public programs				\$0	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	23,311	\$18,962,244	\$12,756,409	\$6,205,835	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	0.81%				
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	Description of Activities
7	Community health improvement services		\$163,897	\$24,478	\$139,419	outreach education programs - life committee, can cancer, reach out and read, Assister services
8	Research	n/a	\$0	\$0	\$0	
9	Health professions education	n/a	\$0	\$0	\$0	
10	Subsidized health services	n/a	\$71,060	\$27,700	\$43,360	community education, ems lift assists, ER MSE's
11	Cash and in-kind contributions to other community groups	n/a	\$11,910	\$0	\$11,910	EMS courtesy standby at sporting/community events, car seat clinics
12	Community building activities	n/a	\$0	\$0	\$0	
13	Community benefit operations	n/a	\$0	\$0	\$0	
14	Other Benefits Totals (sum of lines 7 through 13)	-	\$246,867	\$52,178	\$194,689	
15	Community Benefits Totals (line 5 plus line 14)	23,311	\$19,209,112	\$12,808,587	\$6,400,525	

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.