

**Section 1: Costs**

<b>Hospital Name</b>		Lower Umpqua Hospital District				
<b>Hospital System</b>						
<b>Reporting Period</b>		7/1/2019 - 6/30/2020				
<b>Contact Information</b>		Name of Person Completing This Form: KELLEY GENTRY		Title: INTERIM CFO		
		Phone Number: [REDACTED]		Email: [REDACTED]		
		Reviewed By: KELLEY GENTRY		Title: INTERIM CFO		
Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		<b>Cost accounting system</b>	<b>Cost to Charge Ratio</b>	<b>Other (explain)</b>		
			X			
<b>Community Benefit Categories</b>		<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
<b>Row</b>	<b>Charity Care and Public Programs</b>	<b>Patient Visits</b>	<b>Total community benefit expense</b>	<b>Direct offsetting revenue</b>	<b>Net community benefit expense (B-C)</b>	
1	Charity care at cost	1,480	\$137,186		\$137,186	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	6,834	\$5,190,863	\$4,174,763	\$1,016,100	
3	Medicare/Managed Medicare Plans	13,281	\$13,885,768	\$11,064,616	\$2,821,152	
4	Other public programs				\$0	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	21,595	\$19,213,817	\$15,239,379	\$3,974,438	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?					
	<b>Other Benefits</b>	<b>Encounters</b>	<b>Total community benefit expense</b>	<b>Direct offsetting revenue</b>	<b>Net community benefit expense (B-C)</b>	<b>Description of Activities</b>
7	Community health improvement services		\$37,055		\$37,055	
8	Research	n/a			\$0	
9	Health professions education	n/a	\$96,800		\$96,800	
10	Subsidized health services	n/a			\$0	
11	Cash and in-kind contributions to other community groups	n/a			\$0	
12	Community building activities	n/a			\$0	
13	Community benefit operations	n/a			\$0	
14	Other Benefits Totals (sum of lines 7 through 13)	-	\$133,855	\$0	\$133,855	
15	Community Benefits Totals (line 5 plus line 14)	21,595	\$19,347,672	\$15,239,379	\$4,108,293	

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.