

**Section 1: Costs**

<b>Hospital Name</b>		Mid-Columbia Medical Center				
<b>Hospital System</b>						
<b>Reporting Period</b>		01/01/2020 - 12/31/2020				
<b>Contact Information</b>		Name of Person Completing This Form: Caralynn Delco		Title: Accountant III		
		Phone Number: [REDACTED]		Email: [REDACTED]		
		Reviewed By: Molly Mors		Title: Controller		
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	Medicare calculation used Form 990 costs less total payments less sequestration and tie to Form 990 Schedule H Part II Line 5, 6 & 7.		
<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		\$2,430,689	\$0	\$2,430,689	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans		\$15,864,737	\$11,492,957	\$4,371,780	
3	Medicare/Managed Medicare Plans		\$0	\$0	\$0	
4	Other public programs		\$0	\$0	\$0	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	-	\$18,295,426	\$11,492,957	\$6,802,469	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	96.7%				
	<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	496	\$4,938,501	\$3,846,251	\$1,092,250	Community Services, Health Care Publication, OHP Assistance, Diabetic Testing and Prevention
8	Research	n/a	\$0	\$0	\$0	
9	Health professions education	n/a	\$109,917	\$0	\$109,917	Internships, Mentoring Programs, EMT Clinicals, EM Physician Advisory, Physician Recruitment
10	Subsidized health services	n/a	\$10,000	\$0	\$10,000	EM Physician Advisory
11	Cash and in-kind contributions to other community groups	n/a	\$344,491	\$0	\$344,491	Donated meeting space to allowable charitable organizations, cash and in-kind donations to community programs and schools, Food/Gas Voucher, School Athletics/PT
12	Community building activities	n/a	\$58,560	\$0	\$58,560	Local, regional and state health improvement advocacy, workforce development with local community college RN program, Community Coalitions
13	Community benefit operations	n/a	\$105,321	\$0	\$105,321	Costs associated with managing and overseeing community benefit tracking and reporting, developing community health needs assessment and strategic implementation
14	Other Benefits Totals (sum of lines 7 through 13)	496	\$5,566,789	\$3,846,251	\$1,720,538	
15	Community Benefits Totals (line 5 plus line 14)	496	\$23,862,215	\$15,339,208	\$8,523,007	

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.