

**Section 1: Costs**

<b>Hospital Name</b>		Morrow County Health District dba Pioneer Memorial Hospital			
<b>Hospital System</b>					
<b>Reporting Period</b>		7/1/2020-6/30/2020			
<b>Contact Information</b>		Name of Person Completing This Form: Nicole Mahoney		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.)		<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>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	917	\$341,997	\$0	\$341,997
	Unreimbursed costs of public programs:				
2	Medicaid/Managed Medicaid Plans	2,937	\$2,919,909	\$2,165,994	\$753,915
3	Medicare/Managed Medicare Plans	6,550	\$7,809,717	\$7,214,649	\$595,068
4	Other public programs				\$0
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	10,404	\$11,071,623	\$9,380,643	\$1,690,980
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	76.5%			
	<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>
7	Community health improvement services	7,492	\$61,381	\$0	\$61,381
8	Research	n/a	\$0		\$0
9	Health professions education	n/a	\$0		\$0
10	Subsidized health services	n/a	\$25,871	\$0	\$25,871
11	Cash and in-kind contributions to other community groups	n/a	\$10,514	\$0	\$10,514
12	Community building activities	n/a	\$31,591	\$0	\$31,591
13	Community benefit operations	n/a	\$3,782	\$0	\$3,782
14	Other Benefits Totals (sum of lines 7 through 13)	7,492	\$133,139	\$0	\$133,139
15	Community Benefits Totals (line 5 plus line 14)	17,896	\$11,204,762	\$9,380,643	\$1,824,119

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.