

Section 1: Costs

Hospital Name		Morrow County Health District dba Pioneer Memorial Hospital				
Hospital System						
Reporting Period		7/1/2020-6/30/2020				
Contact Information		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.)		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	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%				
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	Description of Activities
7	Community health improvement services	7,492	\$61,381	\$0	\$61,381	Free Well Child Visits, Foot care, Health education, Enrollment Assistance, Screenings, Health Fairs
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	DME loaning program and complimentary skilled visits
11	Cash and in-kind contributions to other community groups	n/a	\$10,514	\$0	\$10,514	Grants for equipment, summer lunch program, school based fitness center, and mentoring program; In-kind Mammography advertising and space
12	Community building activities	n/a	\$31,591	\$0	\$31,591	Participation in Chamber, CHIP, WCVED, LCAC
13	Community benefit operations	n/a	\$3,782	\$0	\$3,782	CB reporting
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.