

**Section 1: Costs**

	<b>Hospital Name</b>	Providence Medford Medical Center				
	<b>Hospital System</b>	Providence Health & Services				
	<b>Reporting Period</b>	01/01/2020 - 12/31/2020				
	<b>Contact Information</b>	Name of Person Completing This Form: Benjamin Hellerstedt Director of Financial Ops				
		Phone Number: \$			Email:	
		Reviewed By: Kyo Koo			Title: Financial Analyst	
	<b>Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)</b>	<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	2,087	\$5,247,175	\$0	\$5,247,175	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	21,183	\$49,261,797	\$33,412,863	\$15,848,934	
3	Medicare/Managed Medicare Plans	65,774	\$140,470,040	\$110,990,200	\$29,479,840	
4	Other public programs	-	\$661,657	\$0	\$661,657	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	89,044	\$195,640,669	\$144,403,063	\$51,237,606	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?		Line 6 has been left blank because, consistent with the calculations for our other lines of unpaid costs, we used a cost to charge ratio to calculate the unpaid cost of charity care			
	<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	5,791	\$1,422,162	\$147,238	\$1,274,923	
8	Research	n/a	\$93,008	\$76,206	\$16,801	
9	Health professions education	n/a	\$385,466	\$0	\$385,466	
10	Subsidized health services	n/a	\$2,020,913	\$1,284,497	\$736,417	
11	Cash and in-kind contributions to other community groups	n/a	\$1,021,244	\$80,652	\$940,591	
12	Community building activities	n/a	\$39,872	\$11,607	\$28,264	
13	Community benefit operations	n/a	\$195,515	\$12,339	\$183,176	
14	Other Benefits Totals (sum of lines 7 through 13)	5,791	\$5,178,179	\$1,612,540	\$3,565,639	
15	Community Benefits Totals (line 5 plus line 14)	94,835	\$200,818,848	\$146,015,603	\$54,803,245	

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.