

Section 1: Costs

Hospital Name		Providence Medford Medical Center				
Hospital System		Providence Health & Services				
Reporting Period		01/01/2020 - 12/31/2020				
Contact Information		Name of Person Completing This Form: Benjamin Hellerstedt		Director of Financial Ops		
		Phone Number: 5 [REDACTED]		Email: [REDACTED]		
		Reviewed By: Kyo Koo		Title: Financial Analyst		
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	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			
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	Description of Activities
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.