Office of Health Analytics
Oregon Health Authority

DRAFT

Form CBR

Sect	ion 1: Costs						
		Saint Alphonsus Med	lical Center - Baker C	ity			
		Saint Alphonsus Health System 6/30/2020					
	Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)						
			Phone Number:			Email:	
						A Title: N/A	
			Reviewed by. IN/A			Tiue. N/A	
			Cost accounting Cost to Charge			Oth (
			system	Ratio X	Other (explain)		
			- Cycleiii				
	ехріані.			X			
	Community Ponofit Cotogorico	Column A	Column B	Column C	Column D	Column E	
	Community Benefit Categories	Column A	Column B	Column C	Column D	Column E	
	Charity Care and Public Programs	Patient Visits	Total community	Direct offsetting	Net community benefit	1	
Row	Sharry sare and rabher regrams	T data to to to	benefit expense	revenue	expense (B-C)		
1	Charity care at cost	631	\$402,742	\$0			
•	Unreimbursed costs of public programs:	001	V-102,1-12	\$ 0	\$40Z,14Z		
2	Medicaid/Managed Medicaid Plans	4,126	\$8,084,115	\$6,221,475	\$1,862,640		
3	Medicare/Managed Medicare Plans	12,098	\$18,112,073	\$16,647,094			
4	Other public programs	-	\$0	\$0			
5	Charity Care and Public Programs Total (sum of lines 1 through 4)		\$26,598,931	\$22,868,569	\$3,730,362		
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?]				
	Other Benefits	Encounters	Total community	Direct offsetting	Net community benefit	Description of Activities	
	Other Benefits	Elicounters	benefit expense	revenue	expense (B-C)	Description of Activities	
7	Community health improvement services	1,656	\$66,620	\$0	. ,		
8	Research	n/a	\$00,020	\$0 \$0		training services, Community education, community grant work, social influencer of	
9	Health professions education	n/a	\$10,574	\$0		Students in Nursing, Pharmacy, Radiology, Physicians Clinic and Outpatient Servi	
	Subsidized health services	n/a	\$0	\$0		Cadono in Harriag, Friannacy, Radiology, Friyotolano Cimo and Cadadoni Scivi	
11	Cash and in-kind contributions to o her community groups	n/a	\$5,800	\$0		Rides to Wellness Donation	
12	Community building ac ivities	n/a	\$3,018	\$0	\$3,018	CHW programs	
13	Community benefit operations	n/a	\$12,325	\$0	\$12,325	CB Communication Plan, costs associated with community benefit strategy and	
14	Other Benefits Totals (sum of lines 7 through 13)	1,656	\$98,337	\$0	\$98,337		
15	Community Benefits Totals (line 5 plus line 14)		\$26,697,268	\$22,868,569	\$3,828,699		

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.