

## Section 1: Costs

<b>Hospital Name</b>		Salem Health West Valley			
<b>Hospital System</b>		Salem Health Hospitals and Clinics			
<b>Reporting Period</b>		7/1/2019-6/30/2020			
<b>Contact Information</b>		Name of Person Completing This Form: Beatrix Schaefer		Title: Reimbursement Analyst	
		Phone Number: [REDACTED]		Email: [REDACTED]	
		Reviewed By: Reid Sund		Title: Director of Finance	

  

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	x	

  

Community Benefit Categories	Column A	Column B	Column C	Column D	Column E
<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	5,183	\$1,360,926	\$0	\$1,360,926	
Unreimbursed costs of public programs:					
2 Medicaid/Managed Medicaid Plans	16,224	\$8,847,737	\$7,527,793	\$1,319,944	
3 Medicare/Managed Medicare Plans	-	\$0	\$0	\$0	
4 Other public programs	-	\$0	\$0	\$0	
5 Charity Care and Public Programs Total (sum of lines 1 through 4)	21,407	\$10,208,663	\$7,527,793	\$2,680,870	
6 What percentage of Charity Care dollars granted represented a discount of 100% of charges?					

  

Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	Description of Activities
7 Community health improvement services	1,721	\$7,923	\$0	\$7,923	
8 Research	n/a	\$0	\$0	\$0	
9 Health professions education	n/a	\$0	\$0	\$0	
10 Subsidized health services	n/a	\$1,343,992	\$615,837	\$728,155	
11 Cash and in-kind contributions to other community groups	n/a	\$0	\$0	\$0	
12 Community building activities	n/a	\$0	\$0	\$0	
13 Community benefit operations	n/a	\$0	\$0	\$0	
14 Other Benefits Totals (sum of lines 7 through 13)	1,721	\$1,351,915	\$615,837	\$736,078	
15 Community Benefits Totals (line 5 plus line 14)	23,128	\$11,560,578	\$8,143,630	\$3,416,948	

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.