

Section 1: Costs						
<b>Hospital Name</b> <b>Hospital System</b> <b>Reporting Period</b> <b>Contact Information</b>	<b>Sky Lakes Medical Center Inc</b>  <b>10/1/2019 - 9/30/2020</b>  <b>Name of Person Completing This Form: Andrew Molatore</b> <b>Title: Controller</b>  <b>Phone Number:</b> [REDACTED] <b>Email:</b> [REDACTED]  <b>Reviewed By:</b> [REDACTED] <b>Title:</b> [REDACTED]					
	<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>Row</b>  <b>Charity Care and Public Programs</b>  1 Charity care at cost 2 Unreimbursed costs of public programs: 3 Medicaid/Managed Medicaid Plans 4 Medicare/Managed Medicare Plans 5 Other public programs  6 What percentage of Charity Care dollars granted represented a discount of 100% of charges?  <b>Other Benefits</b>  7 Community health improvement services 8 Research 9 Health professions education 10 Subsidized health services 11 Cash and in-kind contributions to other community groups 12 Community building activities 13 Community benefit operations 14 Other Benefits Totals (sum of lines 7 through 13)  15 Community Benefits Totals (line 5 plus line 14)	<b>Patient Visits</b>	<b>Total community benefit expense</b>	<b>Direct offsetting revenue</b>	<b>Net community benefit expense (B-C)</b>	
15,333		\$3,310,733	\$0	\$3,310,733		
74,814		\$66,516,227	\$50,067,931	\$16,448,297		
149,318		\$109,040,509	\$73,278,103	\$35,762,406		
-		\$0	\$0	\$0		
239,465		\$178,867,470	\$123,346,034	\$55,521,436		
77%						
		<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>
11,973		\$672,865	\$84,805	\$588,060	Wellness program, patient enrollment services, transportation assistance, health screenings, health fair, mobile clinic, home-away-from-home house, advocacy, needs assessment, various health educational programs, etc.	
n/a		\$0	\$0	\$0	n/a	
n/a		\$4,842,333	\$1,746,632	\$3,095,701	Family practice residency support	
n/a		\$19,068,023	\$15,568,116	\$3,509,907	Medical practice support, physician recruitment in shortage area.	
n/a		\$83,795	\$0	\$83,795	Community services support, supplies, equipment, meeting rooms.	
n/a		\$1,702,695	\$518,807	\$1,183,888	Child Abuse screening, education and advocacy, healthcare workforce development, staff time donated to various organizations such as United Way, Relay for Life, Food Pantry, and No One Dies Alone.	
n/a		\$0	\$0	\$0		
11,973	\$26,369,711	\$17,908,360	\$8,461,351			
251,438	\$205,237,181	\$141,254,394	\$63,982,787			

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.