Section 1: Costs

Hospital Name	Southern Coos Hospital
Hospital System	
Reporting Period	July 1, 2019 to June 30th, 2020
Contact Information	Name of Person Completing This Form: Katelin Wirth Title: Financial Analyst
	Phone Number: [redacted] Email: [redacted]
	Reviewed By: Jeremiah Dodrill Title: CFO

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	

Row	Community Benefit Categories Charity Care and Public Programs	Column A Patient Visits	Column B Total community benefit expense	Column C Direct offsetting revenue	Column D Net community benefit expense (B-C)	Column E
1	Charity care at cost	563	$157,801	$0	$157,801	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	6,049	$5,866,197	$4,843,368	$1,022,829	
3	Medicare/Managed Medicare Plans	13,207	$13,581,295	$12,100,042	$1,481,253	
4	Other public programs	1,395	$1,023,216	$808,692	$214,524	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	21,214	$20,628,509	$17,752,102	$2,876,407	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	71.0%				
	Other Benefits	**Encounters**	**Total community benefit expense**	**Direct offsetting revenue**	**Net community benefit expense (B-C)**	**Description of Activities**
7	Community health improvement services	5,375	$42,694	$10,026	$32,668	Women's Health Day, Weekly BP checks, Flu Shot Clinic, Free Mammograms, Free PSAs, CHNA Planning
8	Research	n/a	$0	$0	$0	
9	Health professions education	n/a	$8,742	$3,500	$5,242	Mary Richards Scholarship, Highschool career fair, Nursing Students job shadow, provider CME
10	Subsidized health services	n/a	$1,890,793	$1,293,074	$597,719	Clinic services
11	Cash and in-kind contributions to o her community groups	n/a	$0	$0	$0	
12	Community building ac ivities	n/a	$8,508	$350	$8,158	Al-Anon meetings, Grief Counseling, Community Art show
13	Community benefit operations	n/a	$24,000	$24,000	$0	Media spend for programs
14	Other Benefits Totals (sum of lines 7 through 13)	5,375	$1,974,738	$1,330,950	$643,788	
15	**Community Benefits Totals** (line 5 plus line 14)	**26,589**	**$22,603,246**	**$19,083,052**	**$3,520,195**	

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.