Section 1: Costs							
		Hospital Name	Sacred Heart Medica	l Center Riverbend -	Springfield		
		Hospital System	PeaceHealth				
		Reporting Period	FY 2021				
	Con				Title: System Director of Accounting	System Director of Accounting	
		Phone Number:			Email:		
	Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		Reviewed By:			Title:	
			Novious By.			Title.	
			Cost accounting Cost to Charge system Ratio			Other (explain)	
			Х	X X			
	Community Benefit Categories	Column A	Column B	Column C	Column D		Column E
Row		Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)		
1	Charity care at cost	24,030	\$11,840,621		\$11,840,621		
	Unreimbursed costs of public programs:						
2	Medicaid/Managed Medicaid Plans	95,888	\$222,087,774	\$147,906,834	\$74,180,939		
3	Medicare/Managed Medicare Plans				\$0	_	
4	Other public programs				\$0		
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	119,918	\$233,928,395	\$147,906,834	\$86,021,560		
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	63.4%					
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)		Description of Activities
7	Community health improvement services	5,400	\$4,055,439	\$23,607	\$4,031,832		
8	Research	n/a			\$0		
9	Health professions education	n/a			\$0		
10	Subsidized health services	n/a	\$5,559,414	\$3,605,145			
11	Cash and in-kind contributions to other community groups	n/a	\$1,124,557	\$0	\$1,124,557		
12	Community building activities	n/a			\$0		
13	Community benefit operations	n/a		1	\$0		
14	Other Benefits Totals (sum of lines 7 through 13)	5,400	\$10,739,410	\$3,628,752	\$7,110,658		
15	Community Benefits Totals (line 5 plus line 14)	125,318	\$244,667,805	\$151,535,587	\$93,132,218		