

**Section 1: Costs**

<b>Hospital Name</b> <b>Hospital System</b> <b>Reporting Period</b> <b>Contact Information</b>	<b>Morrow County Health District dba Pioneer Memorial Hospital</b> <b>7/1/2020-6/30/2021</b> Name of Person Completing This Form: Nicole Mahoney Title: CFO Phone Number: [REDACTED] Email: [REDACTED] Reviewed By: [REDACTED] Title: [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>Column E</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 Charity Care and Public Programs Total (sum of lines 1 through 4)  6 What percentage of Charity Care dollars granted represented a discount of 100% of charges?	<b>Patient Visits</b>	<b>Total community benefit expense</b>	<b>Direct offsetting revenue</b>	<b>Net community benefit expense (B-C)</b>		
899		\$259,285	\$0	\$259,285			
3,533		\$3,098,209	\$2,324,782	\$773,427			
				\$0			
4,432		\$3,357,494	\$2,324,782	\$1,032,712			
90.0%							
<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>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>		
	8,245	\$27,668	\$0	\$27,668	Free Well Child Visits, Foot care, Health education, Enrollment Assistance, Screenings, Health Fairs		
	n/a			\$0			
	n/a			\$0			
	n/a	\$8,716,671	\$8,224,360	\$492,311	Unreimbursed cost of Medicare, DME loaning program and complimentary skilled visits		
	n/a	\$4,380	\$0	\$4,380	Grants for equipment and cash donations to non-profit community groups		
	n/a	\$15,363	\$0	\$15,363	Participation in Chamber, CHIP, WCVED, LCAC		
	n/a	\$4,507	\$0	\$4,507	CB reporting		
	8,245	\$8,768,589	\$8,224,360	\$544,229			
	12,677	\$12,126,083	\$10,549,142	\$1,576,941			

**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.