

**Section 1: Costs**

	<b>Hospital Name</b>	Morrow County Health District dba Pioneer Memorial Hospital				
	<b>Hospital System</b>					
	<b>Reporting Period</b>	7/1/2020-6/30/2021				
	<b>Contact Information</b>	Name of Person Completing This Form: Nicole Mahoney		Title: CFO		
		Phone Number: [REDACTED]		Email: [REDACTED]		
		Reviewed By:		Title:		
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			
	<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>	<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	899	\$259,285	\$0	\$259,285	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	3,533	\$3,098,209	\$2,324,782	\$773,427	
3	Medicare/Managed Medicare Plans					
4	Other public programs				\$0	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	4,432	\$3,357,494	\$2,324,782	\$1,032,712	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	90.0%				
	<b>Other Benefits</b>	<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>
7	Community health improvement services	8,245	\$27,668	\$0	\$27,668	Free Well Child Visits, Foot care, Health education, Enrollment Assistance, Screenings, Health Fairs
8	Research	n/a			\$0	
9	Health professions education	n/a			\$0	
10	Subsidized health services	n/a	\$8,716,671	\$8,224,360	\$492,311	Unreimbursed cost of Medicare, DME loaning program and complimentary skilled visits
11	Cash and in-kind contributions to other community groups	n/a	\$4,380	\$0	\$4,380	Grants for equipment and cash donations to non-profit community groups
12	Community building activities	n/a	\$15,363	\$0	\$15,363	Participation in Chamber, CHIP, WCVED, LCAC
13	Community benefit operations	n/a	\$4,507	\$0	\$4,507	CB reporting
14	Other Benefits Totals (sum of lines 7 through 13)	8,245	\$8,768,589	\$8,224,360	\$544,229	
15	<b>Community Benefits Totals</b> (line 5 plus line 14)	<b>12,677</b>	<b>\$12,126,083</b>	<b>\$10,549,142</b>	<b>\$1,576,941</b>	

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.