

Section 1: Costs

Hospital Name Hospital System Reporting Period Contact Information	Providence Medford Medical Center Providence Health & Services 01/01/2021 - 12/31/2021 Name of Person Completing This Form: Carl Rasmussen Phone Number: XXXXXXXXXX Email: XXXXXXXXXX Reviewed By: Kyo Koo Title: Financial Analyst																
	Cost accounting system Cost to Charge Ratio Other (explain)																
	X																
	Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)																
	Community Benefit Categories <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 15%; text-align: center;">Column A</th> <th style="width: 15%; text-align: center;">Column B</th> <th style="width: 15%; text-align: center;">Column C</th> <th style="width: 15%; text-align: center;">Column D</th> <th style="width: 15%; text-align: center;">Column E</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Charity Care and Public Programs</td> <td style="text-align: center;">Patient Visits</td> <td style="text-align: center;">Total community benefit expense</td> <td style="text-align: center;">Direct offsetting revenue</td> <td style="text-align: center;">Net community benefit expense (B-C)</td> <td></td> </tr> </tbody> </table>						Column A	Column B	Column C	Column D	Column E	Charity Care and Public Programs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	
		Column A	Column B	Column C	Column D	Column E											
Charity Care and Public Programs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)													
Row	1	2,931,160	\$160,067	\$2,771,093													
	Charity care at cost	1,977	\$5,085,226	\$0	\$5,085,226												
	Unreimbursed costs of public programs:																
	2 Medicaid/Managed Medicaid Plans	22,033	\$58,741,403	\$37,493,007	\$21,248,396												
	3 Medicare/Managed Medicare Plans																
	4 Other public programs	-	\$735,207	\$0	\$735,207												
	Charity Care and Public Programs Total (sum of lines 1 through 4)	24,010	\$64,561,836	\$37,493,007	\$27,068,830												
	6 What percentage of Charity Care dollars granted represented a discount of 100% of charges?		Line 6 has been left blank because, consistent with the calculations for our other lines of unpaid costs, we used a cost to charge ratio to calculate the unpaid cost of charity care														
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	Description of Activities											
	7 Community health improvement services	14,786	\$2,931,160	\$160,067	\$2,771,093												
	8 Research	n/a	\$171,928	\$86,944	\$84,985												
	9 Health professions education	n/a	\$530,394	\$540	\$529,854												
	10 Subsidized health services	n/a	\$1,208,705	\$731,675	\$477,030												
	11 Cash and in-kind contributions to other community groups	n/a	\$870,596	\$52,376	\$818,220												
	12 Community building activities	n/a	\$0	\$0	\$0												
	13 Community benefit operations	n/a	\$205,070	\$0	\$205,070												
	14 Other Benefits Totals (sum of lines 7 through 13)	14,786	\$5,917,854	\$1,031,601	\$4,886,252												
	Community Benefits Totals (line 5 plus line 14)	38,796	\$70,479,690	\$38,524,608	\$31,955,082												

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.