

Section 1: Costs

	Hospital Name	Providence Medford Medical Center				
	Hospital System	Providence Health & Services				
	Reporting Period	01/01/2021 - 12/31/2021				
	Contact Information	Name of Person Completing This Form: Carl Rasmussen		Director of Finance		
		Phone Number:		Email:		
		Reviewed By: Kyo Koo		Title:	Financial Analyst	
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			
	Community Benefit Categories	Column A	Column B	Column C	Column D	Column E
Row	Charity Care and Public Programs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	
1	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	
5	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	
15	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.