ec	Ction 1: Costs Hospital Name ST. ANTHONY HOSPITAL Hospital System CATHOLIC HEALTH INITIATIVES Reporting Period 07/01/20-06/30/21						
	F						
	Con	tact Information	Name of Person Completing This Form: Avril Nicholson Tit			Title:	Special Projects
			Phone Number:			Email:	
			Reviewed By:		Harold Geller Title:		Market President
	Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		Cost accounting Cost to Charge system Ratio		Other (explain)		
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	Community Benefit Categories	Column A	Column B	Column C	Column D		Column E
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ow	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	2,078	\$1,043,091	\$0	\$1,043,091		
	Unreimbursed costs of public programs:						
2	Medicaid/Managed Medicaid Plans	-	\$0	\$0	\$0		
3	Medicare/Managed Medicare Plans	-	\$0	\$0	\$0		
4	Other public programs	-	\$0	\$0	\$0		
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	2,078	\$1,043,091	\$0	\$1,043,091		
	What percentage of Charity Care dollars granted						
6	represented a discount of 100% of charges?	100.0%					
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)		Description of Activities
7	Community health improvement services	4,649	\$559,259	\$110	\$559,149		
8	Research	-	\$0	\$0	\$0		
9	Health professions education	82	\$564,505	\$0	\$564,505		
10	Subsidized health services	-	\$0	\$0	\$0		
11	Cash and in-kind contributions to other community groups	-	\$205,100	\$0	\$205,100		
	Community building activities	20,216	\$359,002	\$2,248	\$356,754		
13	Community benefit operations	9	\$36,414	\$0	\$36,414		
14	Other Benefits Totals (sum of lines 7 through 13)	24,956	1,724,280	2,358	1,721,922		
15	Community Benefits Totals (line 5 plus line 14)	27,034	\$2,767,371	\$2,358	\$2,765,013		