

**Section 1: Costs**

<b>Hospital Name</b>		Providence Portland Medical Center				
<b>Hospital System</b>		Providence Health & Services				
<b>Reporting Period</b>		01/01/2021 - 12/31/2021				
<b>Contact Information</b>		Name of Person Completing This Form: Carl Rasmussen		Director of Finance		
		Phone Number:		Email: [REDACTED]		
		Reviewed By: Kyo Koo		Title: Financial Analyst		
<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>	<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	8,774	\$16,622,951	\$0	\$16,622,951	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	97,915	\$192,790,539	\$135,835,479	\$56,955,061	
3	Medicare/Managed Medicare Plans					
4	Other public programs	-	\$2,570,836	\$0	\$2,570,836	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	106,689	\$211,984,327	\$135,835,479	\$76,148,848	
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			
	<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	21,198	\$8,990,165	\$559,714	\$8,430,451	
8	Research	n/a	\$36,167,348	\$22,274,990	\$13,892,358	
9	Health professions education	n/a	\$13,695,017	\$2,091,536	\$11,603,481	
10	Subsidized health services	n/a	\$11,533,276	\$9,043,042	\$2,490,233	
11	Cash and in-kind contributions to other community groups	n/a	\$2,864,092	\$181,048	\$2,683,045	
12	Community building activities	n/a	\$0	\$0	\$0	
13	Community benefit operations	n/a	\$702,824	\$0	\$702,824	
14	Other Benefits Totals (sum of lines 7 through 13)	21,198	\$73,952,723	\$34,150,330	\$39,802,392	
15	<b>Community Benefits Totals (line 5 plus line 14)</b>	<b>127,888</b>	<b>\$285,937,049</b>	<b>\$169,985,809</b>	<b>\$115,951,241</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.