

## Hospital Information

|                                      |                              |
|--------------------------------------|------------------------------|
| <b>Hospital Name:</b>                | Curry General Hospital       |
| <b>Hospital System:</b>              | n/a                          |
| <b>Fiscal Year:</b>                  | 6/30/2022                    |
| <b>Reporting Period:</b>             | July 1, 2021 - June 30, 2022 |
| Name of Person Completing This Form: |                              |
| Title:                               |                              |
| Email:                               |                              |
| Phone Number:                        |                              |
| Reviewed By:                         |                              |
| Title:                               |                              |

**Please identify any clinics or other health care facilities whose activities are included in this CBR-1 form**

## Community Health Improvement Services

### Community Building Activities

### Community Benefit Operations

Input data

Computed Field

Community Health Improvement Services are activities that are carried out to improve community health. These services do not generate inpatient or outpatient bills. They may involve a nominal patient fee or sliding scale fee. These activities are based on an identified community need. Eligible expenses include direct and indirect costs, equipment, transportation and employee time as long as the employee is performing the function during their normal working hours. **Count:** School based health programs, wellness classes, general chronic disease management, weight loss and nutrition classes, special event health screenings, transportation support. **Do not count:** classes designed to increase market share, prenatal classes offered to insured patients, customary education as a part of comprehensive care, classes offered to employees as a benefit, health screenings as a part of routine business, programs that refer patients to your facility.

Do not count any grants or other cash distributions that are also claimed as Cash and In Kind contributions.

| Line | Community Health Improvement Services                     | Total Community Benefit Expense | Direct Offsetting Revenue | Net Community Benefit Expense | Encounters |
|------|---|---------------------------------|---------------------------|-------------------------------|------------|
| 1    | PATIENT TRANSPORTATION                                    | 5,584.00                        |                           | 5,584.00                      | 50.00      |
| 2    | ASSISTANCE FOR ENROLLMENT IN PUBLIC PROGRAMS              | 4,121.00                        |                           | 4,121.00                      | 260.00     |
| 3    |   |                                 |                           | 0                             |            |
| 4    |   |                                 |                           | 0                             |            |
| 5    |   |                                 |                           | 0                             |            |
| 6    |   |                                 |                           | 0                             |            |
| 7    |   |                                 |                           | 0                             |            |
| 8    |   |                                 |                           | 0                             |            |
| 9    |   |                                 |                           | 0                             |            |
| 10   |   |                                 |                           | 0                             |            |
| 11   |   |                                 |                           | 0                             |            |
| 12   |   |                                 |                           | 0                             |            |
| 13   |   |                                 |                           | 0                             |            |
| 14   |   |                                 |                           | 0                             |            |
| 15   |   |                                 |                           | 0                             |            |
| 16   | <b>Total Community Health Improvement Service Expense</b> | 9705                            | 0                         | 9705                          |            |

Community building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness and environmental hazards. These are activates that improve overall health, but are not direct health services. These may also be referred to as social determinants of health. Examples include neighborhood improvements and revitalizations, economic development, and community support. **Count:** Neighborhood improvements, public works, lighting, tree planting, graffiti removal, housing rehabilitation, low income housing support, economic development, grants to local businesses, child care services, environmental clean up. **Do not count:** Employee housing costs, construction of medical facilities, business investments, landscape and maintenance of facilities, facility environmental improvements required by law.

| Line | Community Building Activities                             | Total Community Benefit Expense | Direct Offsetting Revenue | Net Community Benefit Expense |
|------|---|---------------------------------|---------------------------|-------------------------------|
| 1    | LOCAL SCHOOL CAREER FAIRS                                 | 1807                            |                           | 1807                          |
| 2    |   |                                 |                           | 0                             |
| 3    |   |                                 |                           | 0                             |
| 4    |   |                                 |                           | 0                             |
| 5    |   |                                 |                           | 0                             |
| 6    |   |                                 |                           | 0                             |
| 7    |   |                                 |                           | 0                             |
| 8    |   |                                 |                           | 0                             |
| 9    |   |                                 |                           | 0                             |
| 10   |   |                                 |                           | 0                             |
| 11   |   |                                 |                           | 0                             |
| 12   |   |                                 |                           | 0                             |
| 13   |   |                                 |                           | 0                             |
| 14   |   |                                 |                           | 0                             |
| 15   |   |                                 |                           | 0                             |
| 16   | <b>Total Community Health Improvement Service Expense</b> | <b>1807</b>                     | <b>0</b>                  | <b>1807</b>                   |

Community Benefit Operations are costs associated with conducting community needs assessments, community benefit strategy development and operations. These include staff costs, including wage and benefit, contracting, equipment and software costs. Use caution to not double count staff costs accounted in community benefit operations in other categories. **Count:** Staff costs for managing community benefit programs, costs associated with needs assessments, grant writing and fundraising costs, administrative costs of outreach or public forums, training costs associated with community benefit. **Do not count:** Market analysis, market surveys, grants or fundraising for non-community benefit projects, staff time for in-house volunteer programs.

| Line | Community Benefit Operations                      | Total Community Benefit Expense | Direct Offsetting Revenue | Net Community Benefit Expense |
|------|---|---------------------------------|---------------------------|-------------------------------|
| 1    | COMMUNITY MEETING STAFF TIME                      | 16101                           |                           | 16101                         |
| 2    |   |                                 |                           | 0                             |
| 3    |   |                                 |                           | 0                             |
| 4    |   |                                 |                           | 0                             |
| 5    |   |                                 |                           | 0                             |
| 6    |   |                                 |                           | 0                             |
| 7    |   |                                 |                           | 0                             |
| 8    |   |                                 |                           | 0                             |
| 9    |   |                                 |                           | 0                             |
| 10   |   |                                 |                           | 0                             |
| 11   |   |                                 |                           | 0                             |
| 12   |   |                                 |                           | 0                             |
| 13   |   |                                 |                           | 0                             |
| 14   |   |                                 |                           | 0                             |
| 15   |   |                                 |                           | 0                             |
| 16   | <b>Total Community Benefit Operations Expense</b> | 16101                           | 0                         | 16101                         |

# Health Professions Education

Input data

Computed Field

Health professions education includes educational programs for physicians, interns, residents, nurses or other health professionals when education is necessary for a degree, certificate or training that is required by state law, accrediting body or health profession society. Be sure to subtract government subsidy and offsetting revenue amounts. **Count:** Residents, medical students, nurses, interns, fellowships, allied health professions, required Continuing Medical Education, staff fully dedicated to training health professionals, clinical settings fully dedicated to training. **Do not count:** non generalizable education, joint appointments, in house mentoring programs, on the job training, programs where the trainee is required to work for the organization after completion.

| Line | Health Professions Education Expenses                 | Number of Professionals | Expense   |
|------|---|-------------------------|-----------|
| 1    | Medical Students                                      |                         |           |
| 2    | Interns, Residents and Fellows                        |                         |           |
| 3    | Nurses  | 16                      | 3,754.00  |
| 4    | Other allied health professional students             |                         |           |
| 5    | Continuing health professions education               | 11                      | 10,164.00 |
| 6    | Other applicable health profession education expenses |                         | 35,201.00 |
| 7    | <b>Total Health Professions Education Expense</b>     | 27                      | 49,119.00 |

| Line | Direct Offsetting Revenue                                     | Revenue |
|------|---|---------|
| 7    | Medicare reimbursement for direct GME                         |         |
| 8    | Medicaid reimbursement for direct GME                         |         |
| 9    | Continuing health professions education reimbursement/tuition |         |
| 10   | Other revenue   |         |
| 11   | <b>Total Direct Offsetting Revenue</b>                        | 0       |

| Line | Number of Professionals                               | Expense |
|------|---|---------|
| 12   | <b>Total Net Health Professions Education Expense</b> | 27      |

## Research

Input data

Computed Field

### Cash and In-Kind Contributions

Research includes clinical and community health research, as well as studies on health care delivery that are intended to be publicly distributed or published in a peer reviewed journal. Priority should be placed on issues related to reducing health disparities and preventable illness. **Count:** Costs associated with clinical trials, research development, studies on therapeutic protocols, evaluation of innovative treatments, studies on health issues for vulnerable persons, public health studies, research papers prepared by staff for professional journals, studies on innovative health care delivery models. **Do not count:** any costs associated with research that will not produce generalizable knowledge, or public information.

| Line | Research                      | Expense |
|------|-------------------------------|---------|
| 1    | Direct Costs                  |         |
| 2    | Indirect Costs                |         |
| 3    | <b>Total Research Expense</b> | 0       |

  

|   | Direct Offsetting Revenue                             | Revenue |
|---|---|---------|
| 4 | Licensing fees and royalties                          |         |
| 5 | Other revenue   |         |
| 6 | <b>Total Direct Offsetting Revenue</b>                | 0       |
| 7 | <b>Total Net Health Professions Education Expense</b> | 0       |

Cash and in-kind contributions includes funds, grants and in-kind services donated to individuals or the community at large. As a general rule, count donations to organizations and programs that are consistent with your organization's goals and mission. In-kind services include hours donated by staff to the community while on health care organization work time, overhead expenses of space donated to not-for-profit community groups (such as for meetings), and donation of food, equipment, and supplies. **Count:** Hospital cash donations, grants, event sponsorship, general contributions to not-for-profit organizations or community groups, scholarships to community members not specific to health care professions, meeting room overhead and space for not-for-profit organizations and community groups, equipment, supplies, staff time while on regular working hours, **Do not count:** Staff time for employees volunteering outside their working hours, employee-donated funds, Emergency funds provided to employees, fees for sporting event tickets, time spent at golf outings or other primarily recreational events, employee perks or gifts.

| Line  | Cash and In-Kind Contributions                | Contributions | Offsetting Revenue | Net Cash and In-Kind |
|---|---|---------------|--------------------|----------------------|
| 1   | CURRY HEALTH FOUNDATION GOLF TOURNAMENT       | 720           |                    | 720                  |
| 2   | GOLD BEACH MAIN STREET                        | 1000          |                    | 1000                 |
| 3   | BROOKINGS-HARBOR LITTLE LEAGUE                | 375           |                    | 375                  |
| 4   | GOLD BEACH MAIN STREET                        | 5000          |                    | 5000                 |
| 5   | CURRY COUNTY 4H ASSOCIATION                   | 200           |                    | 200                  |
| 6   | EVENT CENTER ON THE BEACH                     | 100           |                    | 100                  |
| 7   | ROGUE TRIATHOLON                              | 2652          |                    | 2652                 |
| 8   | CURRY HEALTH FOUNDATION BUILDING IN-KIND      | 12000         |                    | 12000                |
| 9   | COVID TEST DONATION TO COAST COMMUNITY HEALTH | 840           |                    | 840                  |
| 10  |   |               |                    | 0                    |
| 11  |   |               |                    | 0                    |
| 12  |   |               |                    | 0                    |
| 13  |   |               |                    | 0                    |
| 14  |   |               |                    | 0                    |
| 15  |   |               |                    | 0                    |
| <b>Total Cash and In-kind Contributions</b> |   | 22887         | 0                  | 22887                |

# CCR Worksheet

Input data

Computed Field

## Patient Care Cost-to-Charge Ratio Calculation

Complete Worksheet even if your hospital is using cost accounting systems

| Cost to Charge Ratio        |  | Amount      | Sample      |
|-----------------------------|--|-------------|-------------|
| <b>Patient Care Cost</b>    |  |             |             |
| 1                           | Total operating expense  | 56,922,431  | 95,000,000  |
| <b>Less: Adjustments</b>    |  |             |             |
| 2                           | Bad debt expense (If included as total operating expense)  |             | 2,500,000   |
| 3                           | Non-patient care activities  |             | 7,900,000   |
| 4                           | Medicaid provider taxes, fees, or assessments  |             | 1,000,000   |
| 5                           | Community benefit expenses from services not related to patient care   | 99,619      | 950,000     |
| 6                           | Total adjustments  | 99,619      | 12,350,000  |
| 7                           | Adjusted patient care cost   | 56,822,812  | 82,650,000  |
| <b>Patient Care Charges</b> |  |             |             |
| 8                           | Gross patient charges  | 108,397,888 | 170,000,000 |
| <b>Less: Adjustments</b>    |  |             |             |
| 9                           | Gross charges for community benefit programs not related to patient care   | 0           | 50,000      |
| 10                          | Adjusted patient care charges (subtract line 9 from line 8)  | 108,397,888 | 169,950,000 |
| 11                          | <b>Patient care cost-to-charge ratio (divide line 7 by line 10; use this percentage on Charity Care, Medicaid, and other public program cost worksheets)</b> | 52.4%       | 48.6%       |

## Charity Care Worksheet

### Calculation of Charity Care at Cost

Input data      Computed Field

1

Charity care- means free or discounted health services provided to persons who cannot afford to pay and from whom a hospital has no expectation of payment. Charity care does not include bad debt, contractual allowances or discounts for quick payment. Eligibility determinations by hospitals can be made at any point during the revenue cycle but all efforts should be made to determine eligibility as early in the revenue cycle as possible. **Count:** Free and discounted care, expenses incurred by the provision of charity care, indirect costs not already included in calculating costs. **Do not count:** Bad debt, contractual allowances, implicit price concessions, or quick-pay discounts, Any portion of charity care costs already included in the subsidized health care services category. **If your hospital cannot provide charity care cost data by primary payer, input all payer charity care in the "other" category, lines 5a-5d below**

Indicate which expense method is being used to correctly populate the summary table

Cost to Charge Ratio       Cost Accounting

| Line | Gross patient charges   | Amount       | Sample      |
|------|---|--------------|-------------|
| 1a   | Number of Medicaid patients provided charity care                       | 0            | 1,000       |
| 1b   | Amount of gross Medicaid patient charges written off as charity care    | 0            | 500,000     |
| 1c   | Direct off-setting revenue for Medicaid patient community benefit       | 0            |             |
| 1d   | Number of Medicaid patients provided 100% charity care                  | 0            | 0           |
| 2a   | Number of Medicare patients provided charity care                       | 95           | 575         |
| 2b   | Amount of gross Medicare patient charges written off as charity care    | 15,546       | 1,200,000   |
| 2c   | Direct off-setting revenue for Medicare patient community benefit       |              |             |
| 2d   | Number of Medicare patients provided 100% charity care                  | 75           | 0           |
| 3a   | Number of Commercial patients provided charity care                     | 140          | 1,200       |
| 3b   | Amount of gross Commercial patient charges written off as charity care  | 211,308      | 1,500,000   |
| 3c   | Direct off-setting revenue for Commercial patient community benefit     |              |             |
| 3d   | Number of Commercial patients provided 100% charity care                | 69           | 75          |
| 4a   | Number of Uninsured patients provided charity care                      | 30           | 500         |
| 4b   | Amount of gross Uninsured patient charges written off as charity care   | 187,667      | 1,500,000   |
| 4c   | Direct off-setting revenue for Uninsured patient community benefit      |              |             |
| 4d   | Number of Uninsured patients provided 100% charity care                 | 12           | 250         |
| 5a   | Number of Other Payor patients provided charity care                    |              | 10          |
| 5b   | Amount of gross Other Payor patient charges written off as charity care |              | 25,000      |
| 5c   | Direct off-setting revenue for Other Payor patient community benefit    |              |             |
| 5d   | Number of Other Payor patients provided 100% charity care               |              | 0           |
| 6    | <b>Total Charity Care Patients Served</b>                               | 265          | 3,285       |
| 9    | <b>Total 100% Charity Care Provided</b>                                 | 156          | 325         |
| 7    | <b>Total Charity Care Gross Charges</b>                                 | 414,521      | \$4,700,010 |
| 8    | Cost-to-charge ratio  | 52.4%        | 48.6%       |
|      | <b>Total Charity Care Cost</b>  | 217,294.3522 | \$2,285,707 |
| 11   | Revenues from uncompensated care pools or programs, if any.             |              | 0           |
| 8    | <b>Total Direct off-setting revenue</b>                                 | 0            | 0           |
| 12   | <b>Net community benefit expense</b>                                    | 217,294      | \$2,285,707 |

If your hospital elects to use a cost accounting methodology in lieu of a cost to charge ratio, input **NET COST** for lines 1b, 2b, 3b, 4b, and 5b under the cost accounting column.

If your hospital cannot provide charity care data by payor, use lines 5a-5d, other payor, to input all payer charity care amounts, for both CCR or cost accounting methods.

# Unreimbursed Costs of Medicaid

## Unreimbursed Costs of Other Public Payers

### Subsidized Health Services

Input data   Computed Field

1

## Medicaid Worksheet

### Calculation of Unreimbursed Costs of Medicaid Programs

Indicate which expense method is being used to correctly populate the summary table

Cost to Charge Ratio

Cost Accounting

Unreimbursed costs for Medicaid are the shortfall created when a facility receives payments that are less than the cost of caring for Medicaid or SCHIP beneficiaries. If using a cost to charge ratio, the workbook will populate the cost to charge ratio computed previously. If using a cost accounting method, fill out only the cost accounting option provided to the right. Only input NET COSTS for line 2.

| Line |   | Amount | Sample            | Cost Accounting Option |
|------|---|--------|-------------------|------------------------|
| 1    | Number of Medicaid patients, including managed Medicaid and SCHIP                         |        | 2,000             |                        |
| 2    | Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP        |        | 23,000,000        |                        |
| 3    | Cost-to-charge ratio  | 52.4%  | 48.6%             |                        |
| 4    | Medicaid Expenses   | 0      | 11,185,349        | 0                      |
| 5    | Medicaid Provider Taxes   |        | 1,000,000         |                        |
| 6    | <b>Total Medicaid Expenses</b>  | 0      | <b>12,185,349</b> | 0                      |
| 7    | Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP  |        | 7,000,000         |                        |
| 8    | Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments) |        | 1,000,000         |                        |
| 9    | Total direct offsetting revenue   | 0      | 8,000,000         | 0                      |
| 10   | <b>Net community benefit expense</b>  | 0      | <b>4,185,349</b>  | 0                      |

Note: If net community benefit expense is negative, indicating a gain, do to report results on form CBR-1, as gains are not reportable.

If your hospital elects to use a cost accounting methodology in lieu of a cost to charge ratio, input **NET COST** for line 2, under the cost allocation column.

## Other Public Payer Worksheet

### Calculation of Unreimbursed Costs of Other Public Payers

Unreimbursed costs other public payers are the shortfalls created when a facility receives payments that are less than the cost of caring for beneficiaries of non-Medicare, non-Medicaid public programs. If using a cost to charge ratio, the workbook will populate the cost to charge ratio computed previously. If using a cost accounting method, fill out only the cost accounting option provided to the right. Only input NET COSTS for line 2. **Count:** Veterans Health Administration, Tricare, CHAMPUS, Indian Health Services, other state or federal benefit programs. **Do not count:** Medicare, Medicaid, SCHIP.

| Line |   | Amount     | Sample           | Cost Accounting Option |
|------|---|------------|------------------|------------------------|
| 1    | Number of other public payer patients, excluding Medicare and Medicaid                | 500        |                  |                        |
| 2    | Gross patient charges from Other Public Payers, excluding Medicare and Medicaid       | 10,000,000 |                  |                        |
| 3    | Cost-to-charge ratio  | 52.4%      | 48.6%            |                        |
| 6    | <b>Total Other Public Payer Expenses</b>  | <b>0</b>   | <b>4,860,000</b> | <b>0</b>               |
| 7    | Net patient service revenue from Other Public Payers, excluding Medicare and Medicaid | 4,000,000  |                  |                        |
| 8    | Other revenue related to services provided to Other Public Payers                     | 500,000    |                  |                        |
| 9    | Total direct offsetting revenue   | 0          | 4,500,000        | 0                      |
| 10   | <b>Net community benefit expense</b>  | <b>0</b>   | <b>360,000</b>   | <b>0</b>               |

Note: If net community benefit expense is negative, indicating a gain, do to report results on form CBR-1, as gains are not reportable.

If your hospital elects to use a cost accounting methodology in lieu of a cost to charge ratio, input **NET COST** for line 2, under the cost allocation column.

## Subsidized Health Services

Subsidized health services are clinical service lines that are provided despite a financial loss because they meet an identified community need and it is reasonable to conclude that if the hospital no longer offers the service, then the service would be unavailable in the community, the community's capacity to provide the service would be below the community's need, or the service would become the responsibility of government or another tax-exempt organization. Such services must be at an financial loss after removing revenue and expenses associated with Medicaid, bad debt, charity care and other public programs.

| Line |   | Amount         | Sample           |
|------|---|----------------|------------------|
| 1    | Number patient encounters for subsidized health services                              | 1,757          | 500              |
| 2    | Total expenses, excluding losses to Medicaid, Charity Care or other public payers     | 439,220        | 10,000,000       |
| 3    | Net patient service revenue from subsidized health services                           | 274,445        | 4,000,000        |
| 4    | Grants, subsidies or other sources of revenue that support subsidized health services |                | 500,000          |
| 5    | Total direct offsetting revenue   | 274,445        | 4,500,000        |
| 6    | <b>Net community benefit expense</b>  | <b>164,775</b> | <b>5,500,000</b> |

Note: If net community benefit expense is negative, indicating a gain, do to report results on form CBR-1, as gains are not reportable.

| Section 1: Costs   |  |   |                                 |  |  | Fiscal Year: 6/30/2022               |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
|--|--|---|---------------------------------|--|--|--------------------------------------|--|------------------------|--|--|--|--|--|-------------------------|-----|--|--|--|--|--|--------------------------|------------------------------|--|--|--|--|--|-----------------------------|--|--|--|----------|--|--|-----------------|--|--|----------|--|--|----------------|--|--|----------|--|--|
| <table border="1"> <tr> <td><b>Hospital Name:</b></td> <td colspan="6">Curry General Hospital</td> </tr> <tr> <td><b>Hospital System:</b></td> <td colspan="6">n/a</td> </tr> <tr> <td><b>Reporting Period:</b></td> <td colspan="6">July 1, 2021 - June 30, 2022</td> </tr> <tr> <td rowspan="3"><b>Contact Information:</b></td> <td colspan="3">Name of Person Completing This Form: 0</td> <td colspan="3">Title: 0</td> </tr> <tr> <td colspan="3">Phone Number: 0</td> <td colspan="3">Email: 0</td> </tr> <tr> <td colspan="3">Reviewed By: -</td> <td colspan="3">Title: 0</td> </tr> </table> |  |   |                                 |  |  |                                      | <b>Hospital Name:</b>                      | Curry General Hospital |  |  |  |  |  | <b>Hospital System:</b> | n/a |  |  |  |  |  | <b>Reporting Period:</b> | July 1, 2021 - June 30, 2022 |  |  |  |  |  | <b>Contact Information:</b> | Name of Person Completing This Form: 0 |  |  | Title: 0 |  |  | Phone Number: 0 |  |  | Email: 0 |  |  | Reviewed By: - |  |  | Title: 0 |  |  |
| <b>Hospital Name:</b>  | Curry General Hospital                                   |   |                                 |  |  |                                      |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| <b>Hospital System:</b>  | n/a  |   |                                 |  |  |                                      |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| <b>Reporting Period:</b>   | July 1, 2021 - June 30, 2022                             |   |                                 |  |  |                                      |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| <b>Contact Information:</b>  | Name of Person Completing This Form: 0                   |   |                                 | Title: 0                               |  |                                      |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
|  | Phone Number: 0  |   |                                 | Email: 0                               |  |                                      |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
|  | Reviewed By: -   |   |                                 | Title: 0                               |  |                                      |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| <b>Line</b>  | <b>Type of accounting system used for this reporting</b> | <b>Charity Care Costs</b>               | <b>Patient Visits</b>           | <b>Total community benefit expense</b> | <b>Direct offsetting revenue</b>       | <b>Net community benefit expense</b> |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 1  | <b>Cost to Charge Ratio</b>                              | Medicaid Charity Care                   | -                               | \$0                                    | \$0                                    | \$0                                  |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 2  |  | Medicare Charity Care                   | 95                              | \$8,149                                | \$0                                    | \$8,149                              |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 3  |  | Percentage of Charity Care at 100%      | Commercial Charity Care         | 140                                    | \$110,769                              | \$0                                  | \$110,769                                  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 4  |  | 58.9%                                   | Self Pay Charity Care           | 30                                     | \$98,376                               | \$0                                  | \$98,376                                   |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 5  |  |   | Other Payor Charity Care        | -                                      | \$0                                    | \$0                                  | \$0  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 6  |  |   | <b>Total Charity Care</b>       | <b>265</b>                             | <b>\$217,294</b>                       | <b>\$0</b>                           | <b>\$217,294</b>                           |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
|  | <b>Type of accounting system used for this reporting</b> | <b>Other Unreimbursed Costs of Care</b> | <b>Patient Visits</b>           | <b>Total community benefit expense</b> | <b>Direct offsetting revenue</b>       | <b>Net community benefit expense</b> |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 7  | <b>Cost to Charge Ratio</b>                              | Medicaid/Managed Medicaid               | -                               | \$0                                    | \$0                                    | \$0                                  |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 8  |  | Other public programs                   | -                               | \$0                                    | \$0                                    | \$0                                  |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 9  |  |   | Subsidized Health Services      | -                                      | \$439,220                              | \$274,445                            | \$164,775                                  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 10   |  |   | <b>Other Uncompensated Care</b> | -                                      | <b>\$439,220</b>                       | <b>\$274,445</b>                     | <b>\$164,775</b>                           |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 11   |  |   | <b>Total Unreimbursed Care</b>  | <b>265</b>                             | <b>\$656,514</b>                       | <b>\$274,445</b>                     | <b>\$382,069</b>                           |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| <b>Line</b>  |  | <b>Other Community Benefits</b>         |                                 | <b>Encounters</b>                      | <b>Total community benefit expense</b> | <b>Direct offsetting revenue</b>     | <b>Net community benefit expense (B-C)</b> |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 12   | Community health improvement services                    |   |                                 | \$9,705                                | \$0                                    | \$9,705                              |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 13   | Research   |   |                                 | \$0                                    | \$0                                    | \$0                                  |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 14   | Health professions education                             |   |                                 | \$49,119                               | \$0                                    | \$49,119                             |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 15   | Cash and in-kind contributions to other community groups |   |                                 | \$22,887                               | \$0                                    | \$22,887                             |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 16   | Community building activities                            |   |                                 | \$1,807                                | \$0                                    | \$1,807                              |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 17   | Community benefit operations                             |   |                                 | \$16,101                               | \$0                                    | \$16,101                             |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 18   | <b>Other Community Benefits Total</b>                    |   | <b>0</b>                        | <b>\$99,619</b>                        | <b>\$0</b>                             | <b>\$99,619</b>                      |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |
| 19   | <b>Community Benefits Totals</b>                         |   | <b>265</b>                      | <b>\$756,133</b>                       | <b>\$274,445</b>                       | <b>\$481,688</b>                     |  |                        |  |  |  |  |  |                         |     |  |  |  |  |  |                          |                              |  |  |  |  |  |                             |  |  |  |          |  |  |                 |  |  |          |  |  |                |  |  |          |  |  |