



Please fill out each excel page tab in sequence, beginning with Step 2 and working through each worksheet. Values inputted will then populate on the final CBR Summary form tab. Instructions on how to complete the steps will be included with each tab.

Please review the final CBR Summary tab for accuracy before submitting data to OHA.

In addition to completing this form, please remember to submit:

- **The most recent version of your hospital's community needs assessment, completed in compliance with section 501(r)(3) of the Internal Revenue Service codes.**
- **A community benefit supplemental narrative answering the following questions**
  1. The year of publication for the current community health needs assessment.
  2. The top health needs identified in the hospital's most recent community health needs assessment.  
Include information on geographies, populations or demographic groups affected.
  3. The significant community benefit activities the hospital engaged in that addressed the health needs identified above.
  4. Identify any community benefit activity that addresses the social determinants of health. Separate activities into those that:
    - a. Address individual health-related social needs
    - b. Address systemic issues or root causes of health and health equity

**For more information on completing the supplemental narrative, please refer to the community benefit report form instructions.**

**Submit completed CBR-1 form, CHNA and supplemental narrative to  
[hdd.admin@odhsoha.oregon.gov](mailto:hdd.admin@odhsoha.oregon.gov)**

## Hospital Information

<b>Hospital Name:</b>	Morrow County Health District dba Pioneer Memorial Hospital
<b>Hospital System:</b>	
<b>Fiscal Year:</b>	7/1/2021 - 6/30/2022
<b>Reporting Period:</b>	7/1/2021 - 6/30/2022
Name of Person Completing This Form:	J.R. Lieuallan
Title:	CFO
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	Foot Clinic by Home Health	\$ 5,684.17		5684.17	91
2	Screening/Comprehensive Physicals\	\$ 1,909.85		1909.85	6
3	Subsidized Continuing Care Home Care Services	\$ 2,039.54		2039.54	34
4	Subsidized Continuing Care Durable Medical Equipment	\$ 453.50		453.5	53
5	Subsidized Continuing Care Hospice Care	\$ 54,358.58		54358.58	109
6	Community Support/Training/Counseling	\$ 6,722.82		6722.82	56
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>71168.46</b>	<b>0</b>	<b>71168.46</b>	<b>349</b>

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	Community Health Improvement Partnership Programs	5262.92	0	5262.92
2	AED grant purchase to community organizations	10330		10330
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>	15592.92	0	15592.92

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 Benefit Dedicated Staff	6368	0	6368
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>	<b>6368</b>	<b>0</b>	<b>6368</b>

## 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		
4	Other allied health professional students		
5	Continuing health professions education		
6	Other applicable health profession education expenses		2372
7	<b>Total Health Professions Education Expense</b>	0	2372
<hr/>			
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	0
<hr/>			
Line		Number of Professionals	Expense
12	<b>Total Net Health Professions Education Expense</b>	0	2372

## Research

### Cash and In-Kind Contributions

Input data

Computed Field

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	Morrow County Fair	50	0	50
2	Heppner Booster Club	500	0	500
3	Harvest Festival	250	0	250
4	Boardman Food Pantry	500	0	500
5	Boardman Parks and Rec Summer Program	250	0	250
6	Sage Center Science Education	250	0	250
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
<b>Total Cash and In-kind Contributions</b>		1800	0	1800

## CCR Worksheet

### Patient Care Cost-to-Charge Ratio Calculation

Complete Worksheet even if your hospital is using cost accounting systems

Input data      Computed Field

Cost to Charge Ratio		Amount	Sample
<b>Patient Care Cost</b>			
1	Total operating expense	17,510,629	95,000,000
<b>Less: Adjustments</b>			
2	Bad debt expense (If included as total operating expense)	0	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	97,301	950,000
6	Total adjustments	97,301	12,350,000
7	Adjusted patient care cost	17,413,328	82,650,000
<b>Patient Care Charges</b>			
8	Gross patient charges	13,974,094	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)	13,974,094	169,950,000
11	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)	124.6%	48.6%

428,780 but not recorded as expense, expense and payments are contractuals? - Yes, the provider taxes are included in contractuals

## 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	Cost Accounting Option
1a	Number of Medicaid patient visits provided charity care	1,090	1,000	
1b	Amount of gross Medicaid patient charges written off as charity care	377,703	500,000	
1c	Direct off-setting revenue for Medicaid patient community benefit			
1d	Number of Medicaid patient visits provided 100% charity care	758	0	
2a	Number of Medicare patient visits provided charity care		575	
2b	Amount of gross Medicare patient charges written off as charity care		1,200,000	
2c	Direct off-setting revenue for Medicare patient community benefit			
2d	Number of Medicare patient visits provided 100% charity care		0	
3a	Number of Commercial patient visits provided charity care		1,200	
3b	Amount of gross Commercial patient charges written off as charity care		1,500,000	
3c	Direct off-setting revenue for Commercial patient community benefit			
3d	Number of Commercial patient visits provided 100% charity care		75	
4a	Number of Uninsured patient visits provided charity care		500	
4b	Amount of gross Uninsured patient charges written off as charity care		1,500,000	
4c	Direct off-setting revenue for Uninsured patient community benefit			
4d	Number of Uninsured patient visits provided 100% charity care		250	
5a	Number of Other Payor patient visits 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 patient visits provided 100% charity care		0	
6	<b>Total Charity Care Patients Served</b>	1,090	3,285	0
9	<b>Total 100% Charity Care Provided</b>	758	325	0
7	<b>Total Charity Care Gross Charges</b>	377,703	\$4,700,010	
8	Cost-to-charge ratio		124.6%	48.6%
				0
	<b>Total Charity Care Cost</b>	470661.3597	\$2,285,707	0
11	Revenues from uncompensated care pools or programs, if any.		0	
8	<b>Total Direct off-setting revenue</b>	0	<b>0</b>	0
12	<b>Net community benefit expense</b>	470,661	<b>\$2,285,707</b>	0

Discounted services for all payors would need to be broken out.

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

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.

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

Cost to Charge Ratio     Cost Accounting

Line		Amount	Sample
1	Number of Medicaid patients, including managed Medicaid and SCHIP	3,336	2,000
2	Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP	2,456,487	23,000,000
3	Cost-to-charge ratio	124.6%	48.6%
4	Medicaid Expenses	<b>3,061,065</b>	<b>11,185,349</b>
5	Medicaid Provider Taxes	<b>428,780</b>	1,000,000
6	<b>Total Medicaid Expenses</b>	<b>3,489,845</b>	<b>12,185,349</b>
7	Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP	1,783,416	7,000,000
8	Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments)		1,000,000
9	Total direct offsetting revenue	<b>1,783,416</b>	<b>8,000,000</b>
10	<b>Net community benefit expense</b>	<b>1,706,429</b>	<b>4,185,349</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.

Cost Accounting Option
<b>0</b>
<b>0</b>
<b>0</b>
<b>0</b>

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.

428,780 added back as Medicaid related expense

AB Tax Payments?

### 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
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	124.6%	48.6%
6	<b>Total Other Public Payer Expenses</b>	<b>0</b>	<b>4,860,000</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	<b>0</b>	<b>4,500,000</b>
10	<b>Net community benefit expense</b>	<b>0</b>	<b>360,000</b>

Cost Accounting Option
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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.

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

## 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 a 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		500
2	Total expenses, excluding losses to Medicaid, Charity Care or other public payers		10,000,000
3	Net patient service revenue from subsidized health services		4,000,000
4	Grants, subsidies or other sources of revenue that support subsidized health services		500,000
5	Total direct offsetting revenue	0	4,500,000
6	<b>Net community benefit expense</b>	0	5,500,000

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

**Section 1: Costs****Fiscal Year: 7/1/2021 - 6/30/2022**

<b>Hospital Name:</b>	Morrow County Health District dba Pioneer Memorial Hospital		
<b>Hospital System:</b>	0		
<b>Reporting Period:</b>	7/1/2021 - 6/30/2022		
<b>Contact Information:</b>	Name of Person Completing This Form:	J.R. Lieuallan	Title: CFO
	Phone Number:	██████████	Email: ██████████
	Reviewed By:	-	Title: 0

Line	Type of accounting system used for this reporting	Charity Care Costs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense
1	<b>Cost to Charge Ratio</b>	Medicaid Charity Care	1,090	\$470,661	\$0	\$470,661
2		Medicare Charity Care	-	\$0	\$0	\$0
3	Percent of Charity Care Visits at 100%	Commercial Charity Care	-	\$0	\$0	\$0
4	69.5%	Self Pay Charity Care	-	\$0	\$0	\$0
5	Percent of Charity Care Dollars at 100%	Other Payor Charity Care	-	\$0	\$0	\$0
6	82%	<b>Total Charity Care</b>	<b>1,090</b>	<b>\$470,661</b>	<b>\$0</b>	<b>\$470,661</b>
Line	Type of accounting system used for this reporting	Other Unreimbursed Costs of Care	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense
7	<b>Cost to Charge Ratio</b>	Medicaid/Managed Medicaid	3,336	\$3,489,845	\$1,783,416	\$1,706,429
8		Other public programs	-	\$0	\$0	\$0
9		Subsidized Health Services	-	\$0	\$0	\$0
10		<b>Other Uncompensated Care</b>	<b>3,336</b>	<b>\$3,489,845</b>	<b>\$1,783,416</b>	<b>\$1,706,429</b>
11		<b>Total Unreimbursed Care</b>	<b>4,426</b>	<b>\$3,960,507</b>	<b>\$1,783,416</b>	<b>\$2,177,091</b>
Line	Other Community Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	
12	Community health improvement services	349	\$71,168	\$0	\$71,168	
13	Research		\$0	\$0	\$0	
14	Health professions education		\$2,372	\$0	\$2,372	
15	Cash and in-kind contributions to other community groups		\$1,800	\$0	\$1,800	
16	Community building activities		\$15,593	\$0	\$15,593	
17	Community benefit operations		\$6,368	\$0	\$6,368	
18	<b>Other Community Benefits Total</b>	<b>349</b>	<b>\$97,301</b>	<b>\$0</b>	<b>\$97,301</b>	
19	<b>Community Benefits Totals</b>	<b>4,775</b>	<b>\$4,057,808</b>	<b>\$1,783,416</b>	<b>\$2,274,392</b>	

Form Version Number: CBR12022.02

Version Number	Date	Notes
CBR12022.02	11.28.22	Corrected formula field on summary tab to correctly link Step3 encounters and Step8 patient visits. Updated email address on Step1 Moved subsidized health services from line 14 to line 9 to align with the methodology of the minimum spending floor. Line 11 (Row 24) totals are what OHA will use to calculate unreimbursed care trends for the community benefit minimum spending floor purposes. Clarified patient visits
CBR12022.01	7.26.22	are requested in charity care tab, not unique patients. Added input line for percent of charity care dollars at 100%
CBR12021.05	3.2.22	Corrected formula field on summary tab that was including charity care in public programs sub total, resulting in double counting charity care.
CBR12021.04	2.25.22	Made a formatting change on Charity Care workbook, cost accounting column to improve readability and highlight the correct field that is used. Corrected formula field in the CCR workbook that incorrectly referenced net expenses. Corrected issue on charity care total gross charges
CBR12021.03	2.9.22	formula that incorrectly included patients served instead of gross charges from "Other Payor" section.
CBR12021.02	2.2.22	Corrected issue on summary tab where unreimbursed care summed incorrectly
CBR12021.01	1.1.22	New Release