



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>	Providence Medford Medical Center
<b>Hospital System:</b>	Providence Health & Services
<b>Fiscal Year:</b>	FY2022
<b>Reporting Period:</b>	01/01/2022 - 12/31/2022
Name of Person Completing This Form:	
Title:	Director of Finance
Email:	
Phone Number:	
Reviewed By:	
Title:	Financial Analyst

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

<b>Facility Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>
Providence Medford Medical Center	1111 Crater Lake Avenue	Medford	97504
Providence Medical Group – Ashland	1661 N, OR-99 Suite 100	Ashland	97520
Providence Medical Group – Central Point	870 S Front St Suite 200	Central Point	97502
Providence Medical Group – Doctors Clinic	965 Ellendale Dr	Medford	97504
Providence Medical Group – Eagle Point Family Medicine	1332 S Shasta Ave Suite A	Eagle Point	97524
Providence Medical Group – Medford Family Practice	1698 E McAndrews Rd Suite 300	Medford	97504
Providence Medical Group – Medford Medical Clinic (Hillcrest)	799 Spring St	Medford	97504
Providence Medical Group – Medford Medical Clinic (Stewart Meadow)	70 Bower Dr	Medford	97501
Providence Medical Group – Medford Pediatrics	840 Royal Ave Suite 110	Medford	97504

## 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	A1 - Community Health Education	\$ -	\$ 131,721.20	-131721.1983	3,306
2	A2 - Community Based Clinical Services	\$ 266,907.00	\$ 37,565.97	229341.0299	6,422
3	A3 - Health Care Support Services	\$ 238,609.36	\$ 259,473.18	-20863.81961	716
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>505516.3612</b>	<b>428760.3493</b>	<b>76756.01197</b>	<b>10443.97355</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				0
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>	0	0	0

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	Assigned Staff (G1)	\$426.00	\$4,652.83	0
2	Community Health Needs/Implementation Strategy (G2)	\$0.00	\$0.00	0
3	Other Resources (G3)	\$0.00	\$0.00	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>	426	4652.831686	0

# 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	Not Available	\$ -
3	Nurses	56	\$ 62,139.00
4	Other allied health professional students	30	\$ 393,715.52
5	Continuing health professions education		
6	Other applicable health profession education expenses		
7	<b>Total Health Professions Education Expense</b>	86	455854.5202

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	\$ 702.00
11	<b>Total Direct Offsetting Revenue</b>	702

	Number of Professionals	Expense
12	<b>Total Net Health Professions Education Expense</b>	86 455152.5202

## 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	\$ 8,414.76
2	Indirect Costs	\$ 4,107.20
3	<b>Total Research Expense</b>	12521.95862
	Direct Offsetting Revenue	Revenue
4	Licensing fees and royalties	\$ -
5	Other revenue	\$ 7,917.69
6	<b>Total Direct Offsetting Revenue</b>	7917.687236
7	<b>Total Net Health Professions Education Expense</b>	4604.271379

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	Cash - Access to Care	\$ 293,833.51	\$ 99,779.83	\$ 194,053.68
2	Cash - Chronic Disease	\$ 2,310.15	\$ -	\$ 2,310.15
3	Cash - COVID-19	\$ 103.72	\$ -	\$ 103.72
4	Cash - Economic Security	\$ 81,185.01	\$ 14,898.77	\$ 66,286.23
5	Cash - Education	\$ 707.19	\$ -	\$ 707.19
6	Cash - Equity	\$ 1,885.84	\$ -	\$ 1,885.84
7	Cash - Food Insecurity	\$ 5,209.63	\$ -	\$ 5,209.63
8	Cash - Homelessness	\$ 33,897.92	\$ 4,714.59	\$ 29,183.33
9	Cash - Housing Instability	\$ 15,581.73	\$ -	\$ 15,581.73
10	Cash - Mental Health	\$ 145,024.55	\$ -	\$ 145,024.55
11	Cash - Physical Activity	\$ 235.73	\$ -	\$ 235.73
12	Cash - Safety	\$ 94.29	\$ -	\$ 94.29
13	Cash - Substance Use/Misuse	\$ 94.29	\$ -	\$ 94.29
14	In-Kind - Access to Care	\$ 36,977.02	\$ 2,323.73	\$ 34,653.29
15	In-Kind - Disasters	\$ -	\$ -	\$ -
16	In-Kind - Economic Security	\$ 243.74	\$ -	\$ 243.74
17	In-Kind - Education	\$ 12.73	\$ -	\$ 12.73
18	In-Kind - Environmental Justice	\$ 1,389.69	\$ -	\$ 1,389.69
19	In-Kind - Food Insecurity	\$ 871.07	\$ -	\$ 871.07
20	In-Kind - Homelessness	\$ 529.26	\$ -	\$ 529.26
21	In-Kind - Housing Instability	\$ 76.00	\$ -	\$ 76.00
22	In-Kind - Mental Health	\$ 14.52	\$ -	\$ 14.52
23	In-Kind - Physical Activity	\$ 3,066.18	\$ -	\$ 3,066.18
<b>Total Cash and In-kind Contributions</b>		\$ 623,343.78	\$ 121,716.93	\$ 501,626.85

# 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	279,035,329	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	13,886,301	1,000,000
5	Community benefit expenses from services not related to patient care	974,563	950,000
6	Total adjustments	14,860,864	12,350,000
7	Adjusted patient care cost	264,174,465	82,650,000
<b>Patient Care Charges</b>			
8	Gross patient charges	747,589,900	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)	747,589,900	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>	35.3%	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	Cost Accounting Option
1a	Number of Medicaid patient visits provided charity care		1,000	
1b	Amount of gross Medicaid patient charges written off as charity care		500,000	
1c	Direct off-setting revenue for Medicaid patient community benefit			
1d	Number of Medicaid patient visits provided 100% charity care		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	7,761	10	
5b	Amount of gross Other Payor patient charges written off as charity care	10,804,871	25,000	
5c	Direct off-setting revenue for Other Payor patient community benefit			
5d	Number of Other Payor patient visits provided 100% charity care	7,761	0	

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.

6	<b>Total Charity Care Patients Served</b>	7,761	3,285	0
9	<b>Total 100% Charity Care Provided</b>	7,761	325	0
7	<b>Total Charity Care Gross Charges</b>	10,804,871	\$4,700,010	
8	Cost-to-charge ratio	35.3%	48.6%	
	<b>Total Charity Care Cost</b>	3,818,097	\$2,285,707	0
11	Revenues from uncompensated care pools or programs, if any.		0	
8	<b>Total Direct off-setting revenue</b>	0	0	0
12	<b>Net community benefit expense</b>	<b>3,818,097</b>	<b>\$2,285,707</b>	<b>0</b>

# 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
1	Number of Medicaid patients, including managed Medicaid and SCHIP	47,308	2,000
2	Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP	187,639,414	23,000,000
3	Cost-to-charge ratio	35.3%	48.6%
4	Medicaid Expenses	<b>66,305,794</b>	<b>11,185,349</b>
5	Medicaid Provider Taxes	<b>13,949,603</b>	1,000,000
6	<b>Total Medicaid Expenses</b>	<b>80,255,397</b>	<b>12,185,349</b>
7	Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP	41,075,851	7,000,000
8	Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments)	12,733,012	1,000,000
9	Total direct offsetting revenue	<b>53,808,863</b>	<b>8,000,000</b>
10	<b>Net community benefit expense</b>	<b>26,446,533</b>	<b>4,185,349</b>

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.

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

## 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	5,603	500
2	Gross patient charges from Other Public Payers, excluding Medicare and Medicaid	45,099,773	10,000,000
3	Cost-to-charge ratio	35.3%	48.6%
6	<b>Total Other Public Payer Expenses</b>	<b>15,936,824</b>	<b>4,860,000</b>
7	Net patient service revenue from Other Public Payers, excluding Medicare and Medicaid	11,764,843	4,000,000
8	Other revenue related to services provided to Other Public Payers		500,000
9	Total direct offsetting revenue	11,764,843	4,500,000
10	<b>Net community benefit expense</b>	<b>4,171,981</b>	<b>360,000</b>

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

Cost Accounting Option
0
0
0
0

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 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	12,322	500
2	Total expenses, excluding losses to Medicaid, Charity Care or other public payers	943,273	10,000,000
3	Net patient service revenue from subsidized health services	412,224	4,000,000
4	Grants, subsidies or other sources of revenue that support subsidized health services		500,000
5	Total direct offsetting revenue	412,224	4,500,000
6	<b>Net community benefit expense</b>	<b>531,049</b>	<b>5,500,000</b>

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

<b>Section 1: Costs</b>						<b>Fiscal Year: FY2022</b>																																								
<table border="1"> <tr> <td><b>Hospital Name:</b></td> <td colspan="6">Providence Medford Medical Center</td> </tr> <tr> <td><b>Hospital System:</b></td> <td colspan="6">Providence Health &amp; Services</td> </tr> <tr> <td><b>Reporting Period:</b></td> <td colspan="6">01/01/2022 - 12/31/2022</td> </tr> <tr> <td rowspan="3"><b>Contact Information:</b></td> <td colspan="3">Name of Person Completing This Form:</td> <td rowspan="2">Title:</td> <td colspan="2">Director of Finance</td> </tr> <tr> <td colspan="3">Phone Number:</td> <td>Email:</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Reviewed By:</td> <td colspan="3">Title: Financial Analyst</td> </tr> </table>							<b>Hospital Name:</b>	Providence Medford Medical Center						<b>Hospital System:</b>	Providence Health & Services						<b>Reporting Period:</b>	01/01/2022 - 12/31/2022						<b>Contact Information:</b>	Name of Person Completing This Form:			Title:	Director of Finance		Phone Number:			Email:			Reviewed By:			Title: Financial Analyst		
<b>Hospital Name:</b>	Providence Medford Medical Center																																													
<b>Hospital System:</b>	Providence Health & Services																																													
<b>Reporting Period:</b>	01/01/2022 - 12/31/2022																																													
<b>Contact Information:</b>	Name of Person Completing This Form:			Title:	Director of Finance																																									
	Phone Number:				Email:																																									
	Reviewed By:			Title: Financial Analyst																																										
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	-	\$0	\$0	\$0																																								
2		Medicare Charity Care	-	\$0	\$0	\$0																																								
3		Percent of Charity Care Visits at 100%	Commercial Charity Care	-	\$0	\$0	\$0																																							
4		100.0%	Self Pay Charity Care	-	\$0	\$0	\$0																																							
5		Percent of Charity Care Dollars at 100%	Other Payor Charity Care	7,761	\$3,818,097	\$0	\$3,818,097																																							
6			<b>Total Charity Care</b>	<b>7,761</b>	<b>\$3,818,097</b>	<b>\$0</b>	<b>\$3,818,097</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	47,308	\$80,255,397	\$53,808,863	\$26,446,533																																								
8		Other public programs	5,603	\$15,936,824	\$11,764,843	\$4,171,981																																								
9		Subsidized Health Services	12,322	\$943,273	\$412,224	\$531,049																																								
10			<b>Other Uncompensated Care</b>	<b>52,911</b>	<b>\$97,135,493</b>	<b>\$65,985,930</b>	<b>\$31,149,563</b>																																							
11			<b>Total Unreimbursed Care</b>	<b>60,672</b>	<b>\$100,953,590</b>	<b>\$65,985,930</b>	<b>\$34,967,660</b>																																							
Line	Other Community Benefits		Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)																																								
12	Community health improvement services		10,444	\$505,516	\$428,760	\$76,756																																								
13	Research			\$12,522	\$7,918	\$4,604																																								
14	Health professions education			\$455,855	\$702	\$455,153																																								
15	Cash and in-kind contributions to other community groups			\$623,344	\$121,717	\$501,627																																								
16	Community building activities			\$0	\$0	\$0																																								
17	Community benefit operations			\$426	\$4,653	\$0																																								
18	<b>Other Community Benefits Total</b>		<b>10,444</b>	<b>\$1,597,663</b>	<b>\$563,750</b>	<b>\$1,038,140</b>																																								
19	<b>Community Benefits Totals</b>		<b>71,116</b>	<b>\$102,551,253</b>	<b>\$66,549,680</b>	<b>\$36,005,800</b>																																								

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 are requested in charity care tab, not unique patients. Added input line for percent of charity care dollars at 100%
CBR12022.01	7.26.22	Corrected formula field on summary tab that was including charity care in public programs sub total, resulting in double counting charity care.
CBR12021.05	3.2.22	Made a formatting change on Charity Care workbook, cost accounting column to improve readability and highlight the correct field that is used.
CBR12021.04	2.25.22	Corrected formula field in the CCR workbook that incorrectly referenced net expenses. Corrected issue on charity care total gross charges formula that incorrectly included patients served instead of gross charges from "Other Payor" section.
CBR12021.03	2.9.22	Corrected issue on summary tab where unreimbursed care summed incorrectly
CBR12021.02	2.2.22	
CBR12021.01	1.1.22	New Release