



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

Hospital Information

Hospital Name:	Good Samaritan Hospital, Corvallis (dba Good Samaritan Regional Medical Center)
Hospital System:	Samaritan Health Services
Fiscal Year:	12/31/2022
Reporting Period:	2022
Name of Person Completing This Form:	
Title:	Program Manager - Tax
Email:	
Phone Number:	
Reviewed By:	Daniel B. Smith
Title:	Senior Vice President / CFO

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

Facility Name	Street Address	City	Zip
Corvallis MRI, LLC	3615 NW Samaritan Dr Ste 101	Corvallis	97330
Good Samaritan Home Infusion Service	501 NW Elks Dr Ste 201	Corvallis	97330
Good Samaritan Regional Medical Center - Neville Building Imaging	3615 NW Samaritan Dr	Corvallis	97330
Good Samaritan Regional Medical Center - Neville Building Laboratory	3615 NW Samaritan Dr Ste 102	Corvallis	97330
Hand To Shoulder Orthopedics - Corvallis	3620 NW Samaritan Dr Ste 201	Corvallis	97330
Hull MRI, LLC	3600 NW Samaritan Dr	Corvallis	97330
Outpatient Nutrition Clinic	3517 NW Samaritan Dr Ste 200	Corvallis	97330
Sam Care Express - Corvallis	990 NW Circle Blvd Ste 101	Corvallis	97330
Samaritan Ambulatory Infusion	501 NW Elks Dr Ste 200	Corvallis	97330
Samaritan Athletic Medicine Center	845 SW 30th St	Corvallis	97331
Samaritan Cancer Resource Center - Corvallis	501 NW Elks Dr	Corvallis	97330
Samaritan Cardiology - Corvallis	3640 NW Samaritan Dr Ste 100	Corvallis	97330
Samaritan Cardiovascular Surgery	3640 NW Samaritan Dr Ste 120	Corvallis	97330
Samaritan Endocrinology	3615 NW Samaritan Dr Ste 110	Corvallis	97330
Samaritan Endoscopy Center	3509 NW Samaritan Dr Ste 201	Corvallis	97330

Samaritan Family Medicine Resident Clinic	3517 NW Samaritan Dr Ste 201	Corvallis	97330
Samaritan Family Medicine Southwest	5234 SW Philomath Blvd	Corvallis	97333
Samaritan Gynecology & Surgical Associates	400 NW Walnut Blvd Ste 300	Corvallis	97330
Samaritan Hematology & Oncology Consultants - Corvallis	501 NW Elks Dr Ste 100	Corvallis	97330
Samaritan Infectious Disease	3640 NW Samaritan Dr Ste 210	Corvallis	97330
Samaritan Internal Medicine - Corvallis	3521 NW Samaritan Dr Ste 201	Corvallis	97330
Samaritan Kidney Specialists - Corvallis	3615 NW Samaritan Dr Ste 203	Corvallis	97330
Samaritan Medical Group Brain & Spine Center	3615 NW Samaritan Dr Ste 210	Corvallis	97330
Samaritan Medical Group Breast Center - Corvallis	501 NW Elks Dr Ste 101	Corvallis	97330
Samaritan Medical Group Family Medicine - Circle Blvd.	1112 NW Circle Blvd	Corvallis	97330
Samaritan Medical Group Family Medicine - Ninth St.	777 NW 9th St Ste 320	Corvallis	97330
Samaritan Medical Group Orthopedics - Corvallis	3620 NW Samaritan Dr Ste 202	Corvallis	97330
Samaritan Medical Group Pulmonology - Corvallis	3600 NW Samaritan Dr Ste 227	Corvallis	97330
Samaritan Mental Health - Circle Blvd	1112 NW Circle Blvd	Corvallis	97330
Samaritan Mental Health - Corvallis	3509 NW Samaritan Dr Ste 215	Corvallis	97330
Samaritan Mental Health Family Center	3517 NW Samaritan Dr Ste 101	Corvallis	97330
Samaritan Obstetrics & Gynecology	3640 NW Samaritan Dr Ste 220	Corvallis	97330
Samaritan Occupational Medicine - Corvallis	5234 SW Philomath Blvd Ste B	Corvallis	97333
Samaritan Pastega Regional Cancer Center	501 NW Elks Dr	Corvallis	97330
Samaritan Pediatrics	777 NW 9th St Ste 320	Corvallis	97330
Samaritan Physical Rehabilitation Specialists - Corvallis	815 NW 9th St Ste 180	Corvallis	97330
Samaritan Plastic Reconstructive & Hand Surgery	996 NW Circle Blvd Ste 103	Corvallis	97330
Samaritan Rheumatology	3620 NW Samaritan Dr Ste 202	Corvallis	97330
Samaritan Surgical Specialists	3615 NW Samaritan Dr Ste 201	Corvallis	97330
Samaritan Urgent Care - Corvallis	5234 SW Philomath Blvd	Corvallis	97333
Samcare Mobile Medicine	2555 NE Belvue St	Corvallis	97330
Samaritan Urology - Corvallis	990 NW Circle Blvd Ste 102	Corvallis	97330
Samaritan Weight Management Institute	3517 NW Samaritan Dr Ste 100	Corvallis	97330
Samaritan Mental Health - Albany	1052 SW 29th St	Albany	97321
Samaritan Occupational Medicine - Albany	1100 7th Ave SW	Albany	97321
Samaritan Occupational Medicine - Lebanon	100 Mullins Dr Ste B2	Lebanon	97355

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	Free Blood Pressure Clinics	58344	0	58344	2676
2	Cancer Resource Center	681537	2173	679364	990
3	Free Drug Screen Collections / Services	10412	0	10412	235
4	Free Clinics and Community Activities	6722	0	6722	262
5	Free Sports Physical Events / GSR Sports Medicine	5953	0	5953	60
6	GSRMC Cancer Registry	290394	0	290394	1000
7	Healthy Minds / Healthy Bodies Free Clinic	3219	0	3219	115
8	Maternity Care Coordination Program	75345	0	75345	79
9	Pastoral Services	42530	7804	34726	3426
10	Free Stop the Bleed Classes	2170	0	2170	36
11	Volunteer Services Community Activities	24819	0	24819	1004
12				0	
13				0	
14				0	
15				0	
16	Total Community Health Improvement Service Expense	1201445	9977	1191468	9883

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 activities 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

Line	Community Building Activities	Total Community Benefit Expense	Direct Offsetting Revenue	Net Community Benefit Expense
1	Workforce Development	26256		26256
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	Total Community Health Improvement Service Expense	26256	0	26256

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

Line	Community Benefit Operations	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	Total Community Benefit Operations Expense	0	0	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

Line	Health Professions Education Expenses	Number of Professionals	Expense
1	Medical Students	320	4259477
2	Interns, Residents and Fellows	150	18075367
3	Nurses	201	562433
4	Other allied health professional students	160	511279
5	Continuing health professions education		
6	Other applicable health profession education expenses		
7	Total Health Professions Education Expense	831	23408556

Line	Direct Offsetting Revenue		Revenue
7	Medicare reimbursement for direct GME		13905935
8	Medicaid reimbursement for direct GME		
9	Continuing health professions education reimbursement/tuition		
10	Other revenue		
11	Total Direct Offsetting Revenue		13905935

		Number of Professionals	Expense
12	Total Net Health Professions Education Expense	831	9502621

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	Total Research Expense	0
Direct Offsetting Revenue		
		Revenue
4	Licensing fees and royalties	
5	Other revenue	
6	Total Direct Offsetting Revenue	0
7	Total Net Health Professions Education Expense	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	Cash Donations	175000		175000
2	In Kind Donations - Pastega Guest House	584747	256101	328646
3	In Kind Donations - Prescription Assistance	101448		101448
4	In Kind Donations - Staff Time / Volunteering	43365		43365
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
	Total Cash and In-kind Contributions	904560	256101	648459

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
Patient Care Cost			
1	Total operating expense	560,548,258	95,000,000
Less: Adjustments			
2	Bad debt expense (If included as total operating expense)		2,500,000
3	Non-patient care activities	70,934,314	7,900,000
4	Medicaid provider taxes, fees, or assessments	23,826,669	1,000,000
5	Community benefit expenses from services not related to patient care	25,540,817	950,000
6	Total adjustments	120,301,800	12,350,000
7	Adjusted patient care cost	440,246,459	82,650,000
Patient Care Charges			
8	Gross patient charges	1,031,779,864	170,000,000
Less: Adjustments			
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)	1,031,779,864	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)	42.7%	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	17,671	10	
5b	Amount of gross Other Payor patient charges written off as charity care	7,681,911	25,000	
5c	Direct off-setting revenue for Other Payor patient community benefit			
5d	Number of Other Payor patient visits provided 100% charity care	2,703	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	Total Charity Care Patients Served	17,671	3,285	0
9	Total 100% Charity Care Provided	2,703	325	0
7	Total Charity Care Gross Charges	7,681,911	\$4,700,010	
8	Cost-to-charge ratio	42.7%	48.6%	
	Total Charity Care Cost	3,277,767	\$2,285,707	0
11	Revenues from uncompensated care pools or programs, if any.		0	
8	Total Direct off-setting revenue	0	0	0
12	Net community benefit expense	3,277,767	\$2,285,707	0

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	110,986	2,000
2	Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP	179,093,199	23,000,000
3	Cost-to-charge ratio	42.7%	48.6%
4	Medicaid Expenses	76,416,637	11,185,349
5	Medicaid Provider Taxes	23,826,669	1,000,000
6	Total Medicaid Expenses	100,243,306	12,185,349
7	Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP	79,631,177	7,000,000
8	Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments)		1,000,000
9	Total direct offsetting revenue	79,631,177	8,000,000
10	Net community benefit expense	20,612,128	4,185,349

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.

Note: If net community benefit expense is negative, indicating a gain, do to 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	12,539	500
2	Gross patient charges from Other Public Payers, excluding Medicare and Medicaid	38,185,719	10,000,000
3	Cost-to-charge ratio	42.7%	48.6%
6	Total Other Public Payer Expenses	16,293,328	4,860,000
7	Net patient service revenue from Other Public Payers, excluding Medicare and Medicaid	11,943,284	4,000,000
8	Other revenue related to services provided to Other Public Payers		500,000
9	Total direct offsetting revenue	11,943,284	4,500,000
10	Net community benefit expense	4,350,044	360,000

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.

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	141,101	500
2	Total expenses, excluding losses to Medicaid, Charity Care or other public payers	70,985,759	10,000,000
3	Net patient service revenue from subsidized health services	36,220,772	4,000,000
4	Grants, subsidies or other sources of revenue that support subsidized health services		500,000
5	Total direct offsetting revenue	36,220,772	4,500,000
6	Net community benefit expense	34,764,986	5,500,000

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: 12/31/2022**

Hospital Name:	Good Samaritan Hospital, Corvallis (dba Good Samaritan Regional Medical Center)				
Hospital System:	Samaritan Health Services				
Reporting Period:	2022				
Contact Information:	Name of Person Completing This Form:		Title:	Program Manager - Tax	
	Phone Number:		Email:		
	Reviewed By:	Daniel B. Smith	Title:	Senior Vice President / CFO	

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	Cost to Charge Ratio	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	15.3%	Self Pay Charity Care	-	\$0	\$0	\$0
5	Percent of Charity Care Dollars at 100%	Other Payor Charity Care	17,671	\$3,277,767	\$0	\$3,277,767
6	49.9%	Total Charity Care	17,671	\$3,277,767	\$0	\$3,277,767

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	Cost to Charge Ratio	Medicaid/Managed Medicaid	110,986	\$100,243,306	\$79,631,177	\$20,612,128
8		Other public programs	12,539	\$16,293,328	\$11,943,284	\$4,350,044
9		Subsidized Health Services	141,101	\$70,985,759	\$36,220,772	\$34,764,986
10		Other Uncompensated Care	264,626	\$187,522,392	\$127,795,234	\$59,727,158
11		Total Unreimbursed Care	282,297	\$190,800,159	\$127,795,234	\$63,004,925

Line	Other Community Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)
12	Community health improvement services	9,883	\$1,201,445	\$9,977	\$1,191,468
13	Research		\$0	\$0	\$0
14	Health professions education		\$23,408,556	\$13,905,935	\$9,502,621
15	Cash and in-kind contributions to other community groups		\$904,560	\$256,101	\$648,459
16	Community building activities		\$26,256	\$0	\$26,256
17	Community benefit operations		\$0	\$0	\$0
18	Other Community Benefits Total	9,883	\$25,540,817	\$14,172,013	\$11,368,804
19	Community Benefits Totals	292,180	\$216,340,976	\$141,967,247	\$74,373,729

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	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