

Hospital Information

Hospital Name:	Good Samaritan Hospital, Corvallis (dba Good Samaritan Regional Medical Center)
Hospital System:	Samaritan Health Services
Fiscal Year:	12/31/2023
Reporting Period:	2023
Name of Person Completing This Form:	
Title:	
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 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
Good Samaritan Regional Medical Center Ambulatory Infusion	441 NW Elks Dr Ste 200	Corvallis	97330
Good Samaritan Regional Medical Center Breast & Surgical Oncology	441 NW Elks Dr Ste 101	Corvallis	97330
Good Samaritan Regional Medical Center Hematology & Oncology	441 NW Elks Dr Ste 101	Corvallis	97330
Good Samaritan Regional Medical Center Home Infusion Service	441 NW Elks Dr Ste 201	Corvallis	97330
Good Samaritan Regional Medical Center Preoperative Clinic	3620 NW Samaritan Dr	Corvallis	97330
Good Samaritan Regional Medical Center Radiation Oncology	501 NW Elks Dr	Corvallis	97330
Hull MRI, LLC	3600 NW Samaritan Dr	Corvallis	97330
Outpatient Nutrition Clinic	3517 NW Samaritan Dr Ste 200	Corvallis	97330
Pastega Regional Cancer Center	441 NW Elks Dr	Corvallis	97330
Sam Care Express - Corvallis	850 SW 26th St	Corvallis	97330
Samaritan Athletic Medicine Center	845 SW 30th St	Corvallis	97331
Samaritan Cancer Resource Center - Corvallis	441 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 Hand to Shoulder Therapy	3620 NW Samaritan Dr Ste 201	Corvallis	97330
Samaritan Infectious Disease - Corvallis	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 - Corvallis	3615 NW Samaritan Dr Ste 210	Corvallis	97330
Samaritan Medical Group Family Medicine - 26th Street	850 SW 26th St	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 Hand to Shoulder Orthopedics - Corvallis	3620 NW Samaritan Dr Ste 201	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 - Albany	1052 SW 29th St	Albany	97321
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 & Midwifery	3640 NW Samaritan Dr Ste 220	Corvallis	97330
Samaritan Occupational Medicine - Albany	1100 7th Ave SW	Albany	97321
Samaritan Occupational Medicine - Corvallis	5234 SW Philomath Blvd Ste B	Corvallis	97333
Samaritan Occupational Medicine - Lebanon	100 Mullins Dr Ste B2	Lebanon	97355
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
Samaritan Urology - Corvallis	990 NW Circle Blvd Ste 102	Corvallis	97330
Samaritan Weight Management Institute	3517 NW Samaritan Dr Ste 100	Corvallis	97330
Samcare Mobile Medicine	2555 NE Belvue St	Corvallis	97330
Samaritan Mental Health - Pleasant View	534 Pleasant View Way NW Ste 300	Albany	97321

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	119769		119769	992
2	Cancer Resource Center	648339	6780	641559	2185
3	Free Drug Screen Collections / Services	8374		8374	193
4	Free Clinics and Community Activities	13093		13093	160
5	GSRMC Cancer Registry	299396		299396	526
6	Maternity Care Coordination Program	93902		93902	86
7	Pastoral Services	51967	9829	42138	258
8	Community Stroke Education	3004		3004	232
9	Volunteer Services Community Activities	67575		67575	1806
10				0	
11				0	
12				0	
13				0	
14				0	
15				0	
16	Total Community Health Improvement Service Expense	1305419	16609	1288810	6438

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

Line	Community Building Activities	Total Community Benefit Expense	Direct Offsetting Revenue	Net Community Benefit Expense
1	Workforce Development	127700		127700
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	127700	0	127700

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	313	4662849
2	Interns, Residents and Fellows	119	18626588
3	Nurses	144	404602
4	Other allied health professional students	148	412112
5	Continuing health professions education		
6	Other applicable health profession education expenses		
7	Total Health Professions Education Expense	724	24106151

Line	Direct Offsetting Revenue		Revenue
7	Medicare reimbursement for direct GME		14082134
8	Medicaid reimbursement for direct GME		
9	Continuing health professions education reimbursement/tuition		
10	Other revenue		
11	Total Direct Offsetting Revenue		14082134

		Number of Professionals	Expense
12	Total Net Health Professions Education Expense	724	10024017

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	232432		232432
2	In Kind Donations - Pastega Guest House	591934	265199	326735
3	In Kind Donations - Prescription Assistance	149854		149854
4	In Kind Donations - Staff Time / Volunteering	6712		6712
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	980932	265199	715733

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	596,797,057	95,000,000
Less: Adjustments			
2	Bad debt expense (If included as total operating expense)		2,500,000
3	Non-patient care activities	76,716,296	7,900,000
4	Medicaid provider taxes, fees, or assessments	25,559,272	1,000,000
5	Community benefit expenses from services not related to patient care	26,520,202	950,000
6	Total adjustments	128,795,770	12,350,000
7	Adjusted patient care cost	468,001,287	82,650,000
Patient Care Charges			
8	Gross patient charges	1,142,290,815	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)	1,142,290,815	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)	41.0%	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	19,589	10	
5b	Amount of gross Other Payor patient charges written off as charity care	8,040,464	25,000	
5c	Direct off-setting revenue for Other Payor patient community benefit			
5d	Number of Other Payor patient visits provided 100% charity care	2,660	0	
6	Total Charity Care Patients Served	19,589	3,285	0
9	Total 100% Charity Care Provided	2,660	325	0
7	Total Charity Care Gross Charges	8,040,464	\$4,700,010	
8	Cost-to-charge ratio	41.0%	48.6%	
	Total Charity Care Cost	3,294,211	\$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	3,294,211	\$2,285,707	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.

Unreimbursed Costs of Medicaid Unreimbursed Costs of Other Public Payers Subsidized Health Services

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.

Input data

Computed Field

1

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	112,020	2,000
2	Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP	193,090,810	23,000,000
3	Cost-to-charge ratio	41.0%	48.6%
4	Medicaid Expenses	79,110,106	11,185,349
5	Medicaid Provider Taxes	25,559,272	1,000,000
6	Total Medicaid Expenses	104,669,378	12,185,349
7	Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP	60,105,251	7,000,000
8	Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments)	24,272,980	1,000,000
9	Total direct offsetting revenue	84,378,230	8,000,000
10	Net community benefit expense	20,291,148	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	13,547	500
2	Gross patient charges from Other Public Payers, excluding Medicare and Medicaid	39,748,441	10,000,000
3	Cost-to-charge ratio	41.0%	48.6%
6	Total Other Public Payer Expenses	16,285,101	4,860,000
7	Net patient service revenue from Other Public Payers, excluding Medicare and Medicaid	12,842,632	4,000,000
8	Other revenue related to services provided to Other Public Payers		500,000
9	Total direct offsetting revenue	12,842,632	4,500,000
10	Net community benefit expense	3,442,469	360,000

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

Cost Accounting Option
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 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	186,958	500
2	Total expenses, excluding losses to Medicaid, Charity Care or other public payers	86,454,625	10,000,000
3	Net patient service revenue from subsidized health services	45,153,028	4,000,000
4	Grants, subsidies or other sources of revenue that support subsidized health services		500,000
5	Total direct offsetting revenue	45,153,028	4,500,000
6	Net community benefit expense	41,301,597	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: 12/31/2023**

Hospital Name:	Good Samaritan Hospital, Corvallis (dba Good Samaritan Regional Medical Center)				
Hospital System:	Samaritan Health Services				
Reporting Period:	2023				
Contact Information:	Name of Person Completing This Form:	0	Title:	0	
	Phone Number:	0	Email:	0	
	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	13.6%	Self Pay Charity Care	-	\$0	\$0	\$0
5	Percent of Charity Care Dollars at 100%	Other Payor Charity Care	19,589	\$3,294,211	\$0	\$3,294,211
6	44.9%	Total Charity Care	19,589	\$3,294,211	\$0	\$3,294,211

	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	112,020	\$104,669,378	\$84,378,230	\$20,291,148
8		Other public programs	13,547	\$16,285,101	\$12,842,632	\$3,442,469
9		Subsidized Health Services	186,958	\$86,454,625	\$45,153,028	\$41,301,597
10		Other Uncompensated Care	312,525	\$207,409,104	\$142,373,890	\$65,035,214
11		Total Unreimbursed Care	332,114	\$210,703,316	\$142,373,890	\$68,329,425

Line	Other Community Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	
12	Community health improvement services	6,438	\$1,305,419	\$16,609	\$1,288,810	
13	Research		\$0	\$0	\$0	
14	Health professions education		\$24,106,151	\$14,082,134	\$10,024,017	
15	Cash and in-kind contributions to other community groups		\$980,932	\$265,199	\$715,733	
16	Community building activities		\$127,700	\$0	\$127,700	
17	Community benefit operations		\$0	\$0	\$0	
18	Other Community Benefits Total	6,438	\$26,520,202	\$14,363,942	\$12,156,260	
19	Community Benefits Totals	338,552	\$237,223,518	\$156,737,832	\$80,485,685	