

Hospital Information

Hospital Name:	Harney District Hospital
Hospital System:	
Fiscal Year:	2023
Reporting Period:	07/01/2022-06/30/2023
Name of Person Completing This Form:	Jim Basch
Title:	Chief Financial Officer, int.
Email:	
Phone Number:	
Reviewed By:	Catherine White
Title:	Chief Executive Officer, int.

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

[illegible]

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	Outreach Programs	97,857		97,857	
2	donations - can cancer (offset)		17,146	(17,146)	50
3	donations - reach out & read (offset)		5,500	(5,500)	228
4	donations - life committee (offset)	-		-	
5	Foundation Caring Community	1,000		1,000	
6	Outreach Education: Community Education	16,888		16,888	
7	Clinic Case Manager & CHW	5,081		5,081	100
8	Card Heartsaver FA/CPR/AED/1st Resp Direct Exp	1,680		1,680	
9	EMS Community Training - CPR, HeartSaver	1,820		1,820	52
10	Education Revenue (offset)		870	(870)	
11				-	
12				-	
13				-	
14				-	
15				-	
16	Total Community Health Improvement Service Expense	124,326	23,516	100,809	430

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	Medicaid assistance (Debbie J)	14,425		14,425
2				-
3				-
4				-
5				-
6				-
7				-
8				-
9				-
10				-
11				-
12				-
13				-
14				-
15				-
16	Total Community Health Improvement Service Expense	14,425	-	14,425

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	CHNA, Community Health Improvement Plan	4,138		4,138
2				-
3				-
4				-
5				-
6				-
7				-
8				-
9				-
10				-
11				-
12				-
13				-
14				-
15				-
16	Total Community Benefit Operations Expense	4,138	-	4,138

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		21,188
4	Other allied health professional students		
5	Continuing health professions education		26,349
6	Other applicable health profession education expenses		1,680
7	Total Health Professions Education Expense	-	49,217

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	Total Direct Offsetting Revenue		-

		Number of Professionals	Expense
12	Total Net Health Professions Education Expense	-	49,217

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	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	Community Conference Room Use	7,425		7,425
2	Cataract Vouchers	375		375
3	Donated Supplies			-
4	Caring Community Cash Donations	3,900		3,900
5	All other	1,082		1,082
6	Dietary - Community Benefit Donations	3,719		3,719
7	Taxi	362		362
8	EMS - Sporting Event Standby	2,844		2,844
9				-
10				-
11				-
12				-
13				-
14				-
15				-
	Total Cash and In-kind Contributions	19,708	-	19,708

CCR Worksheet

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	31,650,414	95,000,000
Less: Adjustments			
2	Bad debt expense (If included as total operating expense)	0	2,500,000
3	Non-patient care activities	522,989	7,900,000
4	Medicaid provider taxes, fees, or assessments	21,402	1,000,000
5	Community benefit expenses from services not related to patient care	211,813	950,000
6	Total adjustments	756,204	12,350,000
7	Adjusted patient care cost	30,894,210	82,650,000
Patient Care Charges			
8	Gross patient charges	43,744,715	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)	43,744,715	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)	70.6%	48.6%

Provider Tax Fees paid charged to GL 860-52050

Bad debt not included in total operating expense as reported separate on FR-3

The purpose of this is to remove expenses not associated with direct patient care when formulating the cost to charge ratio.

Non-patient care activities include healthcare operations that generate "other operating revenue" such as nonpatient food sales, supplies sold to non-patients, and medical records abstracting. The cost of nonpatient care activities doesn't include any total community benefit expense reported on Worksheets 1 though 8. If the organization is unable to establish the cost associated with non-patient care activities, use other operating revenue from its most recent audited financial statement as a proxy for these costs. This proxy assumes no markup exists for other operating revenue compated to the cost of non-patient care activities. Alternatively, if other

340B Expense					Expense
95-952-33000	340B - Consulting Services	49,800.00			49,800.00
95-952-40500	340B - Pharmaceuticals	132,266.00		Remove 340B Expense	132,266.00
95-953-40500	340B Rite Aid - Pharmaceuticals	1,417.84			1,417.84
Review Other Operating Revenues to represent "cost" of expense to remove					
95-395-50201	FCC Other Patient Revenue	-577,284.50	NO	already included in FCC Gross Patient Revenue on financials	
95-395-50220	FCC Other Operating Revenue	-169,960.25	NO	EOCCO Shared Savings for patient - no associated expense	
95-500-50204	Other Revenue - EMS Membership	-21,438.50	NO	use total 510-70500 EMS membership w/o expense \$21978.46	21,978.46
95-500-50704	Other Revenue - Education	-1,490.00	YES		1,490.00
95-500-50707	Other Revenue - Miscellaneous	-21,478.65	YES		21,478.65
95-500-50708	Other Revenue - Medical Records	-104.3	YES		104.30
95-500-50712	Other Revenue - HDH Materials	-7,368.23	YES		7,368.23
95-500-50902	Misc Revenue - Rebates/Refunds	-22,211.79	YES		22,211.79
95-500-50908	Other Revenue - Other revenue	-475,495.52	NO	EOCCO Shared Savings for patient - no associated expense	
95-502-50702	Other Revenue - Grand St. Cafe	-177,654.94	YES		177,654.94
95-550-50202	Other Pt Revenue - PT Home Health	-29,384.00	NO	patient care revenue - but not included in gross patient charges	29,384.00
95-550-50709	Other Revenue - Wellness Membership	-2,724.83	YES		2,724.83
95-550-50710	Other Pt Revenue - PT Supplies	-1,919.39	NO	patient care revenue - but not included in gross patient charges	1,919.39
		-931,230.40			
TOTAL OTHER REVENUE UNDER OTHER OPERATING REVENUE		931,230.40			
Foundation Expenses					
All Department 910 GL Codes - total for fiscal year					
TOTAL	910-xxxxx	53190.84			53,190.84

TOTAL to Line Non-patient care activities:

522,989.27

Charity Care Worksheet

Calculation of Charity Care at Cost

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**

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	Gross patient charges	Amount	Sample	Cost Accounting Option
1a	Number of Medicaid patient visits provided charity care	4	1,000	
1b	Amount of gross Medicaid patient charges written off as charity care	3,963	500,000	
1c	Direct off-setting revenue for Medicaid patient community benefit	0		
1d	Number of Medicaid patient visits provided 100% charity care	4	0	
2a	Number of Medicare patient visits provided charity care	282	575	
2b	Amount of gross Medicare patient charges written off as charity care	96,124	1,200,000	
2c	Direct off-setting revenue for Medicare patient community benefit	0		
2d	Number of Medicare patient visits provided 100% charity care	186	0	
3a	Number of Commercial patient visits provided charity care	487	1,200	
3b	Amount of gross Commercial patient charges written off as charity care	161,015	1,500,000	
3c	Direct off-setting revenue for Commercial patient community benefit	0		
3d	Number of Commercial patient visits provided 100% charity care	118	75	
4a	Number of Uninsured patient visits provided charity care	45	500	
4b	Amount of gross Uninsured patient charges written off as charity care	60,684	1,500,000	
4c	Direct off-setting revenue for Uninsured patient community benefit	0		
4d	Number of Uninsured patient visits provided 100% charity care	23	250	
5a	Number of Other Payor patient visits provided charity care	178	10	
5b	Amount of gross Other Payor patient charges written off as charity care	15,538	25,000	
5c	Direct off-setting revenue for Other Payor patient community benefit	0		
5d	Number of Other Payor patient visits provided 100% charity care	129	0	
6	Total Charity Care Patients Served	996	3,285	0
9	Total 100% Charity Care Provided	460	325	0
7	Total Charity Care Gross Charges	337,324	\$4,700,010	
8	Cost-to-charge ratio	70.6%	48.6%	
	Total Charity Care Cost	238,231	\$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	238,231	\$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.

Line		Amount	Sample
1	Number of Medicaid patients, including managed Medicaid and SCHIP	9,122	2,000
2	Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP	10,043,877	23,000,000
3	Cost-to-charge ratio	70.6%	48.6%
4	Medicaid Expenses	7,093,375	11,185,349
5	Medicaid Provider Taxes	1,765,959	1,000,000
6	Total Medicaid Expenses	8,859,334	12,185,349
7	Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP	4,429,689	7,000,000
8	Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments)	1,765,959	1,000,000
9	Total direct offsetting revenue	6,195,648	8,000,000
10	Net community benefit expense	2,663,686	4,185,349
Note: If net community benefit expense is negative, indicating a gain, do to report results on form CBR-1, as gains are not reportable.			

Input data

Computed Field

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

☒ Cost to Charge Ratio

☐ Cost Accounting

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.

GL code 992-13500 debits

GL code 992-13500 credits

number of MD & MD Managed Care Patients - add MD financial class # of patient visits for RHC, Inpt. & Outpatient		
# MD & MD Managed Inpatients	106	
RCH MD & MD Managed	4,126	
Emergency MD & MD Managed	1,589	
Outpatient MD & MD Managed	3,301	9,725
Add Medicaid Charges from WKst S-10 Hosp Line 6	9,026,899.00	
and Clinic Revenue per revenue reports (MD and MD Managed)	1,016,978.36	
	10,043,877.36	

Include all the following to calculate Medicaid net pt revenue	
Worksheet S-10 Net Medicaid Rev Line 2	3,437,001.00
Clinic Medicaid payments - MD & MD Managed payments received	232,840.00
EOCCO capitation payments FY GL detail 510-97515, look at JV transactions and EOCCO	577,925.56
EOCCO Wraparound rec'd for FY - run GL detail 510-97565 - use all receipts for fiscal period, confirm with Misc. AR and Notes Rec.	181,922.00
TOTAL Medicaid Net Patient Payments Received	4,429,688.56

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	1,327	500
2	Gross patient charges from Other Public Payers, excluding Medicare and Medicaid	2,589,886	10,000,000
3	Cost-to-charge ratio	70.6%	48.6%
6	Total Other Public Payer Expenses	1,829,077	4,860,000
7	Net patient service revenue from Other Public Payers, excluding Medicare and Medicaid	1,582,420.04	4,000,000
8	Other revenue related to services provided to Other Public Payers	0	500,000
9	Total direct offsetting revenue	1,582,420	4,500,000
10	Net community benefit expense	246,657	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.

Visit Counts - Inpt, ED, Outpatient, RHC - Calculations Other Public Payor Worksheet

HB & PB Payments from Government Programs

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	582	500
2	Total expenses, excluding losses to Medicaid, Charity Care or other public payers	7,653	10,000,000
3	Net patient service revenue from subsidized health services	0	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	Net community benefit expense	7,653	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: 2023

Hospital Name:	Harney District Hospital		
Hospital System:	0		
Reporting Period:	07/01/2022-06/30/2023		
Contact Information:	Name of Person Completing This Form:	Jim Basch	Title: Chief Financial Officer, int.
	Phone Number:	0	Email: 0
	Reviewed By:	Catherine White	Title: Chief Executive Officer, int.

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	4	\$2,799	\$0	\$2,799
2		Medicare Charity Care	282	\$67,886	\$0	\$67,886
3	Percent of Charity Care Visits at 100%	Commercial Charity Care	487	\$113,715	\$0	\$113,715
4		Self Pay Charity Care	45	\$42,857	\$0	\$42,857
5	Percent of Charity Care Dollars at 100%	Other Payor Charity Care	178	\$10,974	\$0	\$10,974
6		Total Charity Care	996	\$238,231	\$0	\$238,231

	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	9,122	\$8,859,334	\$6,195,648	\$2,663,686
8		Other public programs	1,327	\$1,829,077	\$1,582,420	\$246,657
9		Subsidized Health Services	582	\$7,653	\$0	\$7,653
10		Other Uncompensated Care	10,449	\$10,696,064	\$7,778,068	\$2,917,997
11		Total Unreimbursed Care	11,445	\$10,934,296	\$7,778,068	\$3,156,228

Line	Other Community Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	
12	Community health improvement services	430	\$124,326	\$23,516	\$100,809	
13	Research		\$0	\$0	\$0	
14	Health professions education		\$49,217	\$0	\$49,217	
15	Cash and in-kind contributions to other community groups		\$19,708	\$0	\$19,708	
16	Community building activities		\$14,425	\$0	\$14,425	
17	Community benefit operations		\$4,138	\$0	\$4,138	
18	Other Community Benefits Total	430	\$211,813	\$23,516	\$188,296	
19	Community Benefits Totals	11,875	\$11,146,108	\$7,801,584	\$3,344,524	