

Hospital Information

Hospital Name:	Providence Medford Medical Center
Hospital System:	Providence Health & Services
Fiscal Year:	FY2023
Reporting Period:	01/01/2023 - 12/31/2023
Name of Person Completing This Form:	
Title:	
Email:	
Phone Number:	
Reviewed By:	
Title:	

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

Facility Name	Street Address	City	Zip
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 Mead)	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	\$ -	\$ 95,459.67	-95459.67497	2,852
2	A2 - Community Based Clinical Services	\$ 442,764.28	\$ 183,878.52	258885.7613	9,077
3	A3 - Health Care Support Services	\$ 460,186.48	\$ 13,080.11	447106.3699	295
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	902950.7604	292418.3042	610532.4562	12224.21712

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.

Do not count any grants or other cash distributions that are also claimed as Cash and In Kind contributions.

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	Total Community Health Improvement Service Expense	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)	\$0.00	\$0.00	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	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 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	5	\$ 557.00
4	Other allied health professional students	10	\$ 222,501.00
5	Continuing health professions education		
6	Other applicable health profession education expenses		
7	Total Health Professions Education Expense	15.16617638	223058
<hr/>			
Line	Direct Offsetting Revenue	Revenue	
7	Medicare reimbursement for direct GME		
8	Medicaid reimbursement for direct GME		
9	Continuing health professions education reimbursement/tuition		
10	Other revenue	\$ 2,290.00	
11	Total Direct Offsetting Revenue	2290	
<hr/>			
Line	Number of Professionals	Expense	
12	15.16617638	220768	

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 - Access to Care	\$ 405,377.19	\$ 94,227.36	\$ 311,149.83
2	Cash - Chronic Disease	\$ 5,704.66	\$ -	\$ 5,704.66
3	Cash - Disasters	\$ 1,885.84	\$ -	\$ 1,885.84
4	Cash - Economic Security	\$ 85,200.61	\$ -	\$ 85,200.61
5	Cash - Education	\$ 3,017.34	\$ -	\$ 3,017.34
6	Cash - Equity	\$ -	\$ -	\$ -
7	Cash - Food Insecurity	\$ 28,995.69	\$ -	\$ 28,995.69
8	Cash - Homelessness	\$ 24,442.81	\$ -	\$ 24,442.81
9	Cash - Housing Instability	\$ 18,859.22	\$ -	\$ 18,859.22
10	Cash - Mental Health	\$ 84,485.50	\$ -	\$ 84,485.50
11	Cash - Physical Activity	\$ -	\$ -	\$ -
12	Cash - Safety	\$ 235.73	\$ -	\$ 235.73
13	Cash - Substance Use/Misuse	\$ 235.73	\$ -	\$ 235.73
14	In-Kind - Access to Care	\$ 16,469.30	\$ 582.06	\$ 15,887.23
15	In-Kind - Disasters	\$ -	\$ -	\$ -
16	In-Kind - Economic Security	\$ 280.71	\$ -	\$ 280.71
17	In-Kind - Education	\$ 95.52	\$ -	\$ 95.52
18	In-Kind - Environmental Justice	\$ -	\$ -	\$ -
19	In-Kind - Food Insecurity	\$ 377.26	\$ -	\$ 377.26
20	In-Kind - Homelessness	\$ 436.03	\$ -	\$ 436.03
21	In-Kind - Housing Instability	\$ -	\$ -	\$ -
22	In-Kind - Mental Health	\$ 197.74	\$ -	\$ 197.74
23	In-Kind - Physical Activity	\$ -	\$ -	\$ -
Total Cash and In-kind Contributions		\$ 676,296.88	\$ 94,809.43	\$ 581,487.45

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	281,832,001	95,000,000
Less: Adjustments			
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	15,139,063	1,000,000
5	Community benefit expenses from services not related to patient care	1,126,289	950,000
6	Total adjustments	16,265,352	12,350,000
7	Adjusted patient care cost	265,566,648	82,650,000
Patient Care Charges			
8	Gross patient charges	808,037,695	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)	808,037,695	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)	32.9%	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
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	11,188	10
5b	Amount of gross Other Payor patient charges written off as charity care	10,499,005	25,000
5c	Direct off-setting revenue for Other Payor patient community benefit		
5d	Number of Other Payor patient visits provided 100% charity care	11,188	0
6	Total Charity Care Patients Served	11,188	3,285
9	Total 100% Charity Care Provided	11,188	325
7	Total Charity Care Gross Charges	10,499,005	\$4,700,010
8	Cost-to-charge ratio	32.9%	48.6%
	Total Charity Care Cost	3,450,564	\$2,285,707
11	Revenues from uncompensated care pools or programs, if any.		0
8	Total Direct off-setting revenue	0	0
12	Net community benefit expense	3,450,564	\$2,285,707

Cost Accounting Option

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	80,280	2,000
2	Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP	199,860,451	23,000,000
3	Cost-to-charge ratio	32.9%	48.6%
4	Medicaid Expenses	65,685,389	11,185,349
5	Medicaid Provider Taxes	15,139,063	1,000,000
6	Total Medicaid Expenses	80,824,452	12,185,349
7	Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP	43,077,351	7,000,000
8	Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments)	14,030,414	1,000,000
9	Total direct offsetting revenue	57,107,765	8,000,000
10	Net community benefit expense	23,716,687	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.

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.

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	6,087	500
2	Gross patient charges from Other Public Payers, excluding Medicare and Medicaid	53,329,035	10,000,000
3	Cost-to-charge ratio	32.9%	48.6%
6	Total Other Public Payer Expenses	17,526,921	4,860,000
7	Net patient service revenue from Other Public Payers, excluding Medicare and Medicaid	13,597,950	4,000,000
8	Other revenue related to services provided to Other Public Payers		500,000
9	Total direct offsetting revenue	13,597,950	4,500,000
10	Net community benefit expense	3,928,971	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
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	4,079	500
2	Total expenses, excluding losses to Medicaid, Charity Care or other public payers	1,019,754	10,000,000
3	Net patient service revenue from subsidized health services	365,437	4,000,000
4	Grants, subsidies or other sources of revenue that support subsidized health services		500,000
5	Total direct offsetting revenue	365,437	4,500,000
6	Net community benefit expense	654,317	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: FY2023																																								
<table border="1"> <tr> <td>Hospital Name:</td> <td colspan="6">Providence Medford Medical Center</td> </tr> <tr> <td>Hospital System:</td> <td colspan="6">Providence Health & Services</td> </tr> <tr> <td>Reporting Period:</td> <td colspan="6">01/01/2023 - 12/31/2023</td> </tr> <tr> <td rowspan="3">Contact Information:</td> <td colspan="3">Name of Person Completing This Form: 0</td> <td colspan="3">Title: 0</td> </tr> <tr> <td colspan="3">Phone Number: 0</td> <td colspan="3">Email: 0</td> </tr> <tr> <td colspan="3">Reviewed By: 0</td> <td colspan="3">Title: 0</td> </tr> </table>							Hospital Name:	Providence Medford Medical Center						Hospital System:	Providence Health & Services						Reporting Period:	01/01/2023 - 12/31/2023						Contact Information:	Name of Person Completing This Form: 0			Title: 0			Phone Number: 0			Email: 0			Reviewed By: 0			Title: 0		
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	Phone Number: 0			Email: 0																																										
	Reviewed By: 0			Title: 0																																										
Line	Type of accounting system used for this reporting	Charity Care Costs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense																																								
1	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	100.0%	Self Pay Charity Care	-	\$0	\$0	\$0																																								
5	Percent of Charity Care Dollars at 100%	Other Payor Charity Care	11,188	\$3,450,564	\$0	\$3,450,564																																								
6		Total Charity Care	11,188	\$3,450,564	\$0	\$3,450,564																																								
	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	80,280	\$80,824,452	\$57,107,765	\$23,716,687																																								
8		Other public programs	6,087	\$17,526,921	\$13,597,950	\$3,928,971																																								
9		Subsidized Health Services	4,079	\$1,019,754	\$365,437	\$654,317																																								
10		Other Uncompensated Care	86,367	\$99,371,127	\$71,071,152	\$28,299,975																																								
11			Total Unreimbursed Care	97,555	\$102,821,691	\$71,071,152	\$31,750,539																																							
Line	Other Community Benefits		Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)																																								
12	Community health improvement services		12,224	\$902,951	\$292,418	\$610,532																																								
13	Research			\$0	\$0	\$0																																								
14	Health professions education			\$223,058	\$2,290	\$220,768																																								
15	Cash and in-kind contributions to other community groups			\$676,297	\$94,809	\$581,487																																								
16	Community building activities			\$0	\$0	\$0																																								
17	Community benefit operations			\$0	\$0	\$0																																								
18	Other Community Benefits Total		12,224	\$1,802,306	\$389,518	\$1,412,788																																								
19	Community Benefits Totals		109,779	\$104,623,997	\$71,460,670	\$33,163,327																																								