

## Hospital Information

<b>Hospital Name:</b>	Sky Lakes Medical Center, Inc.
<b>Hospital System:</b>	n/a
<b>Fiscal Year:</b>	FY 2023
<b>Reporting Period:</b>	10/1/22 - 9/30/23
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
Sky Lakes Medical Center Hospital	2865 Daggett Ave.	Klamath Falls	97601
Sky Lakes Behavioral Health Clinic	2301 Mountain View Blvd., Suite A	Klamath Falls	97601
Sky Lakes Dermatology Clinic	2617 Almond Street	Klamath Falls	97601
Sky Lakes Ear Nose and Throat Clinic	3000 Bryant Williams Drive, Suite 200	Klamath Falls	97601
Sky Lakes General Surgery (Smith)	3000 Bryant Williams Drive, Suite 110	Klamath Falls	97601
Sky Lakes General Surgery (Ogao)	2600 Clover Street	Klamath Falls	97601
Sky Lakes Klamath Heart Clinic	2614 Clover Street	Klamath Falls	97601
Sky Lakes General Surgery (Orlando)	3000 Bryant Williams Drive, Suite 220	Klamath Falls	97601
Sky Lakes Neurology Clinic	3000 Bryant Williams Drive, Suite 102	Klamath Falls	97601
Sky Lakes Primary Care Clinic	2821 Daggett Avenue, Suite 200	Klamath Falls	97601
Sky Lakes Pulmonology	2301 Clairmont Drive	Klamath Falls	97601
Sky Lakes Rheumatology Clinic	2200 Bryant Williams Drive, Suite 2	Klamath Falls	97601
Sky Lakes Urology Clinic on Bryant Williams Drive	2200 Bryant Williams Drive, Suite 5	Klamath Falls	97601
Sky Lakes Women's Health Clinic	2850 Daggett Avenue	Klamath Falls	97601
Sky Lakes Wound Care Clinic	2821 Daggett Avenue	Klamath Falls	97601
Cascades East Family Medicine	2821 Daggett Avenue, Suite 100	Klamath Falls	97601
Sky Lakes Rehabilitation Services	2200 Bryant Williams Drive, Suite 3	Klamath Falls	97601
Sky Lakes Home Health	2605 Crosby Avenue	Klamath Falls	97603
Sky Lakes Wellness Center	128 S 11th Street	Klamath Falls	97601
Sky Lakes Cares	2421 Washburn Way, Suite H	Klamath Falls	97603
Sky Lakes Cancer Treatment Center	2610 Urhmann Road	Klamath Falls	97601
Sky Lakes Rehabilitation Services	2846 Eberlein Avenue	Klamath Falls	97603
Sky Lakes Outpatient Imaging	2900 Daggett Avenue	Klamath Falls	97601
South Cascade Surgery Center	2200 Bryant Williams Drive, Suite 1	Klamath Falls	97601

# 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	Wellness Center	706100	176730	529370	1466
2	Transportation (Cab fare, bus tokens, Shuttle, etc.)	94662	0	94662	4037
3				0	
4				0	
5				0	
6				0	
7				0	
8				0	
9				0	
10				0	
11				0	
12				0	
13				0	
14				0	
15				0	
16	<b>Total Community Health Improvement Service Expense</b>	800762	176730	624032	5503

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	Child Abuse Response and Evaluation Services (CARES)	579785	420478	159307
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16	<b>Total Community Health Improvement Service Expense</b>	<b>579785</b>	<b>420478</b>	<b>159307</b>

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				0
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16	<b>Total Community Benefit Operations Expense</b>	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	0	0
2	Interns, Residents and Fellows	25	5814079
3	Nurses	27	1935726
4	Other allied health professional students	2	613455
5	Continuing health professions education	0	0
6	Other applicable health profession education expenses		0
7	<b>Total Health Professions Education Expense</b>	54	8363260

Line	Direct Offsetting Revenue	Revenue
7	Medicare reimbursement for direct GME	2011685
8	Medicaid reimbursement for direct GME	558098
9	Continuing health professions education reimbursement/tuition	0
10	Other revenue	15211
11	<b>Total Direct Offsetting Revenue</b>	2584994

	Number of Professionals	Expense
12	<b>Total Net Health Professions Education Expense</b>	5778266

## 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	<b>Total Research Expense</b>	0
	Direct Offsetting Revenue	Revenue
4	Licensing fees and royalties	
5	Other revenue	
6	<b>Total Direct Offsetting Revenue</b>	0
7	<b>Total Net Health Professions Education Expense</b>	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 Health Outreach	90034		90034
2	Supplies	0		0
3	Non-Medical Item Donations	2815		2815
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
<b>Total Cash and In-kind Contributions</b>		92849	0	92849

# CCR Worksheet

Input data

Computed Field

## Patient Care Cost-to-Charge Ratio Calculation

Complete Worksheet even if your hospital is using cost accounting systems

Cost to Charge Ratio		Amount	Sample
<b>Patient Care Cost</b>			
1	Total operating expense	328,032,000	95,000,000
<b>Less: Adjustments</b>			
2	Bad debt expense (If included as total operating expense)	0	2,500,000
3	Non-patient care activities	0	7,900,000
4	Medicaid provider taxes, fees, or assessments	16,004,000	1,000,000
5	Community benefit expenses from services not related to patient care	6,654,454	950,000
6	Total adjustments	22,658,454	12,350,000
7	Adjusted patient care cost	305,373,546	82,650,000
<b>Patient Care Charges</b>			
8	Gross patient charges	884,033,783	170,000,000
<b>Less: Adjustments</b>			
9	Gross charges for community benefit programs not related to patient care	321,581	50,000
10	Adjusted patient care charges (subtract line 9 from line 8)	883,712,202	169,950,000
11	<b>Patient care cost-to-charge ratio (divide line 7 by line 10; use this percentage on Charity Care, Medicaid, and other public program cost worksheets)</b>	34.6%	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	71	1,000	
1b	Amount of gross Medicaid patient charges written off as charity care	830,618	500,000	
1c	Direct off-setting revenue for Medicaid patient community benefit	0		
1d	Number of Medicaid patient visits provided 100% charity care	60	0	
2a	Number of Medicare patient visits provided charity care	1,384	575	
2b	Amount of gross Medicare patient charges written off as charity care	1,531,344	1,200,000	
2c	Direct off-setting revenue for Medicare patient community benefit	0		
2d	Number of Medicare patient visits provided 100% charity care	1,205	0	
3a	Number of Commercial patient visits provided charity care	1,381	1,200	
3b	Amount of gross Commercial patient charges written off as charity care	2,605,216	1,500,000	
3c	Direct off-setting revenue for Commercial patient community benefit	0		
3d	Number of Commercial patient visits provided 100% charity care	716	75	
4a	Number of Uninsured patient visits provided charity care	485	500	
4b	Amount of gross Uninsured patient charges written off as charity care	3,730,461	1,500,000	
4c	Direct off-setting revenue for Uninsured patient community benefit	0		
4d	Number of Uninsured patient visits provided 100% charity care	388	250	
5a	Number of Other Payor patient visits provided charity care	13	10	
5b	Amount of gross Other Payor patient charges written off as charity care	139,726	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	6	0	
6	<b>Total Charity Care Patients Served</b>	3,334	3,285	
9	<b>Total 100% Charity Care Provided</b>	2,375	325	
7	<b>Total Charity Care Gross Charges</b>	8,837,365	\$4,700,010	
8	Cost-to-charge ratio	34.6%	48.6%	
	<b>Total Charity Care Cost</b>	3053819.458	\$2,285,707	
11	Revenues from uncompensated care pools or programs, if any.		0	
8	<b>Total Direct off-setting revenue</b>	0	0	
12	<b>Net community benefit expense</b>	3,053,819	\$2,285,707	

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

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	84,081	2,000
2	Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP	201,941,214	23,000,000
3	Cost-to-charge ratio	34.6%	48.6%
4	Medicaid Expenses	<b>69,782,339</b>	<b>11,185,349</b>
5	Medicaid Provider Taxes	<b>16,004,000</b>	1,000,000
6	<b>Total Medicaid Expenses</b>	<b>85,786,339</b>	<b>12,185,349</b>
7	Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP	54,038,888	7,000,000
8	Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments)	15,843,960	1,000,000
9	Total direct offsetting revenue	<b>69,882,848</b>	<b>8,000,000</b>
10	<b>Net community benefit expense</b>	<b>15,903,491</b>	<b>4,185,349</b>

Cost Accounting Option
<b>0</b>
<b>0</b>
<b>0</b>
<b>0</b>

If your hospital elects to use a cost accounting methodology in lieu of a cost to charge ratio, input **NET COST** for line 2, under the cost allocation column.

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

## Other Public Payer Worksheet

### Calculation of Unreimbursed Costs of Other Public Payers

Unreimbursed costs other public payers are the shortfalls created when a facility receives payments that are less than the cost of caring for beneficiaries of non-Medicare, non-Medicaid public programs. If using a cost to charge ratio, the workbook will populate the cost to charge ratio computed previously. If using a cost accounting method, fill out only the cost accounting option provided to the right. Only input NET COSTS for line 2. **Count:** Veterans Health Administration, Tricare, CHAMPUS, Indian Health Services, other state or federal benefit programs. **Do not count:** Medicare, Medicaid, SCHIP.

Line		Amount	Sample	Cost Accounting Option
1	Number of other public payer patients, excluding Medicare and Medicaid	23,233	500	
2	Gross patient charges from Other Public Payers, excluding Medicare and Medicaid	56,075,937	10,000,000	
3	Cost-to-charge ratio	34.6%	48.6%	
6	<b>Total Other Public Payer Expenses</b>	<b>19,377,471</b>	<b>4,860,000</b>	0
7	Net patient service revenue from Other Public Payers, excluding Medicare and Medicaid	15,523,725	4,000,000	
8	Other revenue related to services provided to Other Public Payers		500,000	
9	Total direct offsetting revenue	15,523,725	4,500,000	0
10	<b>Net community benefit expense</b>	<b>3,853,746</b>	<b>360,000</b>	0

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

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	38,500	500
2	Total expenses, excluding losses to Medicaid, Charity Care or other public payers	9,142,631	10,000,000
3	Net patient service revenue from subsidized health services	7,374,190	4,000,000
4	Grants, subsidies or other sources of revenue that support subsidized health services	0	500,000
5	Total direct offsetting revenue	7,374,190	4,500,000
6	<b>Net community benefit expense</b>	<b>1,768,441</b>	<b>5,500,000</b>

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: FY 2023																																								
<table border="1"> <tr> <td><b>Hospital Name:</b></td> <td colspan="6">Sky Lakes Medical Center, Inc.</td> </tr> <tr> <td><b>Hospital System:</b></td> <td colspan="6">n/a</td> </tr> <tr> <td><b>Reporting Period:</b></td> <td colspan="6">10/1/22 - 9/30/23</td> </tr> <tr> <td rowspan="3"><b>Contact Information:</b></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: -</td> <td colspan="3">Title: 0</td> </tr> </table>							<b>Hospital Name:</b>	Sky Lakes Medical Center, Inc.						<b>Hospital System:</b>	n/a						<b>Reporting Period:</b>	10/1/22 - 9/30/23						<b>Contact Information:</b>	Name of Person Completing This Form: 0			Title: 0			Phone Number: 0			Email: 0			Reviewed By: -			Title: 0		
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Line	Type of accounting system used for this reporting	Charity Care Costs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense																																								
1	<b>Cost to Charge Ratio</b>	Medicaid Charity Care	71	\$287,026	\$0	\$287,026																																								
2		Medicare Charity Care	1,384	\$529,168	\$0	\$529,168																																								
3	Percent of Charity Care Visits at 100%	Commercial Charity Care	1,381	\$900,252	\$0	\$900,252																																								
4	71.2%	Self Pay Charity Care	485	\$1,289,089	\$0	\$1,289,089																																								
5	Percent of Charity Care Dollars at 100%	Other Payor Charity Care	13	\$48,283	\$0	\$48,283																																								
6	77.7%	<b>Total Charity Care</b>	<b>3,334</b>	<b>\$3,053,819</b>	<b>\$0</b>	<b>\$3,053,819</b>																																								
Line	Type of accounting system used for this reporting	Other Unreimbursed Costs of Care	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense																																								
7	<b>Cost to Charge Ratio</b>	Medicaid/Managed Medicaid	84,081	\$85,786,339	\$69,882,848	\$15,903,491																																								
8		Other public programs	23,233	\$19,377,471	\$15,523,725	\$3,853,746																																								
9		Subsidized Health Services	38,500	\$9,142,631	\$7,374,190	\$1,768,441																																								
10		<b>Other Uncompensated Care</b>	<b>145,814</b>	<b>\$114,306,441</b>	<b>\$92,780,763</b>	<b>\$21,525,678</b>																																								
11		<b>Total Unreimbursed Care</b>	<b>149,148</b>	<b>\$117,360,261</b>	<b>\$92,780,763</b>	<b>\$24,579,498</b>																																								
Line	Other Community Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)																																									
12	Community health improvement services	5,503	\$800,762	\$176,730	\$624,032																																									
13	Research		\$0	\$0	\$0																																									
14	Health professions education		\$8,363,260	\$2,584,994	\$5,778,266																																									
15	Cash and in-kind contributions to other community groups		\$92,849	\$0	\$92,849																																									
16	Community building activities		\$579,785	\$420,478	\$159,307																																									
17	Community benefit operations		\$0	\$0	\$0																																									
18	<b>Other Community Benefits Total</b>	<b>5,503</b>	<b>\$9,836,656</b>	<b>\$3,182,202</b>	<b>\$6,654,454</b>																																									
19	<b>Community Benefits Totals</b>	<b>154,651</b>	<b>\$127,196,917</b>	<b>\$95,962,965</b>	<b>\$31,233,952</b>																																									