

Hospital Information

Hospital Name:	ST. ANTHONY HOSPITAL
Hospital System:	CATHOLIC HEALTH INITIATIVES
Fiscal Year:	2023
Reporting Period:	07/01/22-06/30/23
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
St. Anthony Family Care Clinic	3001 St. Anthony Way	Pendleton	97801
St. Anthony Surgery Clinic	3001 St. Anthony Way	Pendleton	97801
St. Anthony Women's Clinic	3001 St. Anthony Way	Pendleton	97801
St. Anthony Internal Medicine Clinic	3001 St. Anthony Way	Pendleton	97801
St. Anthony Oncology Clinic	3001 St. Anthony Way	Pendleton	97801
St. Anthony Urology Clinic	3001 St. Anthony Way	Pendleton	97801
St. Anthony Outpatient Physical Therapy Clinic	1425 Southgate	Pendleton	97801

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	Benefits Enrollment: Medicaid, or indigent coverage enrollment	112248	0	112248	918
2	Cardiac Rehab Education	2585	0	2585	118
3	Classes/Workshops: Trauma Education	1203	0	1203	unknown
4	Outreach Education: Eastern Oregon EMS	1000	0	1000	1
5	Clinics/Clinic Support: St. Anthony Outreach RV Mobile	31982	0	31982	unknown
6	Immunizations: Influenza, COVID, etc.	59570	0	59570	714
7	Individ. Health Educ: Nutritional counseling	396	0	396	8
8	Infant/Child Development: Car Seat Program	6183	40	6143	25
9	Pendleton Preventing Child Abuse Using Triple P Program	18930	0	18930	unknown
10	Support Groups: Alcoholics Anonymous/ALANON Group Meetings	2300	0	2300	690
11	Support Groups: Babysitting Class	801	0	801	10
12	Support Groups: Tumor Conference	5711	0	5711	156
13	Family Support Mom & Me Group Sessions	4555	0	4555	288
14	Support Groups: Child Birthing Classes	14886		14886	222
15				0	
16	Total Community Health Improvement Service Expense	262350	40	262310	3150

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	Community Support: American Red Cross Blood Drive	48395	0	48395
2	Community Support: COVID Updates to the Community	1236	0	1236
3	Community Support: Local Emergency Planning	5623	0	5623
4	Community Support: Cancer Survivors	5176	0	5176
5	Community Support: Ministerial Fellowship	12000	0	12000
6	Community Support: Nursing Students Guest Housing	6724	0	6724
7	Community Support: Pendleton High School Athletic Trainer	82508	0	82508
8	Community Support: Pendleton Round-Up Medical Aid Station	14086	0	14086
9	Community Support: Pendleton Whiskey Fest Medical Aid Station	11924	0	11924
10	Community Support: Pioneer Relief Nursery	116825	0	116825
11	Community Support: Salvation Army Meals	109849	0	109849
12	Community Support: Umatilla County Health Partnership	6262	0	6262
13				0
14				0
15				0
16	Total Community Health Improvement Service Expense	420608	0	420608

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,

Line	Community Benefit Operations	Total Community Benefit Expense	Direct Offsetting Revenue	Net Community Benefit Expense
1	CB Operations: Assigned Staff	36504	0	36504
2	CB Meetings Staff	3802	0	3802
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	40306	0	40306

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	300	261954
2	Interns, Residents and Fellows	1	16358
3	Nurses		
4	Other allied health professional students	21	45764
5	Continuing health professions education		
6	Other applicable health profession education expenses		
7	Total Health Professions Education Expense	322	324076
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		0

		Number of Professionals	Expense
12	Total Net Health Professions Education Expense	322	324076

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	0
2	Indirect Costs	0
3	Total Research Expense	0
	Direct Offsetting Revenue	Revenue
4	Licensing fees and royalties	0
5	Other revenue	0
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: Benefit Community Services	227375	0	227375
2	In-Kind Donations: Cancer Supplies	8046	0	8046
3	In-Kind Donations: Care Rides City of Pendleton	18637	0	18637
4	In-Kind Donations: Community Meeting space/meals	75243	616	74627
5	In-Kind Donations: Elite Taxis,Inc	6723	0	6723
6	In-Kind Donations: Medical Supply	18158	0	18158
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
	Total Cash and In-kind Contributions	354182	616	353566

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	91,985,616	95,000,000
Less: Adjustments			
2	Bad debt expense (If included as total operating expense)	0	2,500,000
3	Non-patient care activities	718,508	7,900,000
4	Medicaid provider taxes, fees, or assessments	4,989,359	1,000,000
5	Community benefit expenses from services not related to patient care	1,400,866	950,000
6	Total adjustments	7,108,733	12,350,000
7	Adjusted patient care cost	84,876,883	82,650,000
Patient Care Charges			
8	Gross patient charges	197,810,946	170,000,000
Less: Adjustments			
9	Gross charges for community benefit programs not related to patient care	656	50,000
10	Adjusted patient care charges (subtract line 9 from line 8)	197,810,290	169,950,000
11	Patient care cost-to-charge ratio (divide line 7 by line 10; use this percentage on Charity Care, Medicaid, and other public program cost worksheets)	42.9%	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	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	1,737	10	
5b	Amount of gross Other Payor patient charges written off as charity care	2,681,127	25,000	
5c	Direct off-setting revenue for Other Payor patient community benefit			
5d	Number of Other Payor patient visits provided 100% charity care		0	
6	Total Charity Care Patients Served	1,737	3,285	0
9	Total 100% Charity Care Provided	0	325	0
7	Total Charity Care Gross Charges	2,681,127	\$4,700,010	
8	Cost-to-charge ratio	42.9%	48.6%	
	Total Charity Care Cost	1150472	\$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	1,150,472	\$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

Input data

Computed Field

1

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		2,000
2	Gross patient charges from Medicaid programs, including managed Medicaid and SCHIP	44,934,682	23,000,000
3	Cost-to-charge ratio	42.9%	48.6%
4	Medicaid Expenses	19,281,472	11,185,349
5	Medicaid Provider Taxes	4,989,359	1,000,000
6	Total Medicaid Expenses	24,270,831	12,185,349
7	Net patient service revenue from Medicaid programs, including managed Medicaid and SCHIP	21,777,545	7,000,000
8	Other revenue (Ex: HRA payments, Provider Tax Reimbursement, Qualified Directed Payments)	2,422,234	1,000,000
9	Total direct offsetting revenue	24,199,779	8,000,000
10	Net community benefit expense	71,052	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		500
2	Gross patient charges from Other Public Payers, excluding Medicare and Medicaid		10,000,000
3	Cost-to-charge ratio	42.9%	48.6%
6	Total Other Public Payer Expenses	0	4,860,000
7	Net patient service revenue from Other Public Payers, excluding Medicare and Medicaid		4,000,000
8	Other revenue related to services provided to Other Public Payers		500,000
9	Total direct offsetting revenue	0	4,500,000
10	Net community benefit expense	0	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		500
2	Total expenses, excluding losses to Medicaid, Charity Care or other public payers		10,000,000
3	Net patient service revenue from subsidized health services		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	0	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:		ST. ANTHONY HOSPITAL					
Hospital System:		CATHOLIC HEALTH INITIATIVES					
Reporting Period:		07/01/22-06/30/23					
Contact Information:		Name of Person Completing This Form:	0	Title:	0		
		Phone Number:	0	Email:	0		
		Reviewed By:	-	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	0.0%	Self Pay Charity Care	-	\$0	\$0	\$0	
5	Percent of Charity Care Dollars at 100%	Other Payor Charity Care	1,737	\$1,150,472	\$0	\$1,150,472	
6	0.429	Total Charity Care	1,737	\$1,150,472	\$0	\$1,150,472	
	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	-	\$24,270,831	\$24,199,779	\$71,052	
8		Other public programs	-	\$0	\$0	\$0	
9		Subsidized Health Services	-	\$0	\$0	\$0	
10		Other Uncompensated Care	-	\$24,270,831	\$24,199,779	\$71,052	
11		Total Unreimbursed Care	1,737	\$25,421,303	\$24,199,779	\$1,221,524	
Line	Other Community Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)		
12	Community health improvement services	3,150	\$262,350	\$40	\$262,310		
13	Research		\$0	\$0	\$0		
14	Health professions education		\$324,076	\$0	\$324,076		
15	Cash and in-kind contributions to other community groups		\$354,182	\$616	\$353,566		
16	Community building activities		\$420,608	\$0	\$420,608		
17	Community benefit operations		\$40,306	\$0	\$40,306		
18	Other Community Benefits Total	3,150	\$1,401,522	\$656	\$1,400,866		
19	Community Benefits Totals	4,887	\$26,822,825	\$24,200,435	\$2,622,390		