

North Carolina Hospital Community Benefits Report

Hospital Name	Duke Raleigh Hospital
Time Period	FY 2017
Community Benefits	
A. Estimated Costs of Treating Charity Care Patients*	15106819
B. Estimated unreimbursed costs of treating Medicare patients*	48465676
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	0
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	48465676
E. Estimated unreimbursed costs of treating Medicaid patients*	14120024
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	0
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	14120024
H. Estimated unreimbursed costs of treating patients from other means-tested government programs *	0
I. Includes an adjustment in this period's other means-tested government program revenues for extraordinary adjustments ¹ of:	0
J. Without this adjustment, other means-tested gov. program losses would have been (H + I):	0
K. Community health improvement services & community benefit operations	0
L. Health professions education	0
M. Subsidized health services ²	0
N. Research costs	0
O. Cash and in-kind contributions to community groups	304470

P. Community Building Activities³	0
---	----------

Q. Total Community Benefits¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	77996989
---	-----------------

R. Total Community Benefits¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	77996989
--	-----------------

Bad Debt Costs

S. Estimated costs of treating bad debt patients*	2354471
--	----------------

Notes:

(1) *Notes about prior period adjustments*

(2) *Notes about Subsidized health services*

Many subsidized health services are not currently captured as unique costs by the DRaH accounting system. As a result, DRaH will not report an amount.

(3) *Notes about Community building activities*

Many community building activities are not currently captured as unique costs by the DRaH accounting system. As a result, DRaH will not report an amount.

Additional Information:

*Additional support received for any community benefit activities.
These amounts have not been netted from Total Community Benefits.*

URL with additional information about this community benefits report

Other Notes

*** Footnotes:**

The costing methodology or source used to determine payer costs is:

- _____ The ANDI methodology, which uses a facility-wide ratio of cost to charges as described in NCHA Community Benefits Guidelines.
- _____ An internal cost accounting system, adjusted for community benefit reporting.
- _____ An internal cost accounting system, adjusted for community benefit reporting, for all items except bad debt and charity care, which use in internal cost-to-charge ratio approach that is based on the methodology specified in the NCHA Community Benefits Guidelines.
- X** An internal cost-to-charge ratio approach that is based on the methodology specified in the NCHA Community Benefits Guidelines.

All costing methodologies do not double-count expenses reported in other community benefit items. For example, amounts reported in Subsidized Health Services do not also appear in Medicaid losses.

Last modified on August 15, 2018 1:45 PM