

# North Carolina Hospital Community Benefits Report

Hospital Name	Margaret R. Pardee Memorial Hospital
Time Period	FY 2017
Community Benefits	
A. Estimated Costs of Treating <b>Charity Care</b> Patients*	\$4,390,827
B. Estimated unreimbursed costs of treating <b>Medicare</b> patients*	\$11,078,842
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments <sup>1</sup> of:	\$0
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	\$11,078,842
E. Estimated unreimbursed costs of treating <b>Medicaid</b> patients*	\$3,351,451
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments <sup>1</sup> of:	\$186,805
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	\$3,538,256
H. Estimated unreimbursed costs of treating patients from <b>other means-tested government programs</b> *	\$0
I. Includes an adjustment in this period's other means-tested government program revenues for extraordinary adjustments <sup>1</sup> of:	\$0
J. Without this adjustment, other means-tested gov. program losses would have been (H + I):	\$0
K. <b>Community health improvement services &amp; community benefit operations</b>	\$541,787
L. <b>Health professions education</b>	\$561,602
M. <b>Subsidized health services</b> <sup>2</sup>	\$0
N. <b>Research costs</b>	\$422,887

O. <b>Cash and in-kind contributions</b> to community groups	\$862,235
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P. <b>Community Building Activities</b> <sup>3</sup>	\$0
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<b>Q. Total Community Benefits<sup>1</sup> with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)</b>	<b>\$21,209,631</b>
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<b>R. Total Community Benefits<sup>1</sup> without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)</b>	<b>\$21,396,436</b>
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Bad Debt Costs

<b>S. Estimated costs of treating bad debt patients*</b>	<b>\$4,762,682</b>
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Notes:

(1) *Notes about prior period adjustments*

(2) *Notes about Subsidized health services*

(3) *Notes about Community building activities*

Additional Information:

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

\$0

*URL with additional information about this community benefits report not available*

Other Notes

The data is based on 9 months as we changed fiscal years from 10/01 to 9/30 to 7/1 to 6/30. this data is for the period 10/01/16 to 6/30/17.

**\* 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.
- 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*