

North Carolina Hospital Community Benefits Report

Hospital Name	Mission Hospital
Time Period	FY 2017
Community Benefits	
A. Estimated Costs of Treating Charity Care Patients*	\$31,135,779
B. Estimated unreimbursed costs of treating Medicare patients*	\$85,041,176
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$8,170,624
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	\$93,211,800
E. Estimated unreimbursed costs of treating Medicaid patients*	-\$25,789,208
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$17,361,880
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	-\$8,427,328
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	\$64,483,830
L. Health professions education	\$1,693,529
M. Subsidized health services ²	\$0
N. Research costs	\$2,792,372
O. Cash and in-kind contributions to community groups	\$7,631,259
P. Community Building Activities ³	\$368,473

Q. Total Community Benefits¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$167,357,210
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R. Total Community Benefits¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$192,889,714
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Bad Debt Costs

S. Estimated costs of treating bad debt patients*	\$26,602,669
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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

<http://www.mission-health.org/financial-assistance>

Other Notes

*** Footnotes:**

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

- X 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.

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