

North Carolina Hospital Community Benefits Report

Hospital Name	Nash Health Care System
Time Period	FY 2017
Community Benefits	
A. Estimated Costs of Treating Charity Care Patients*	\$7,275,852
B. Estimated unreimbursed costs of treating Medicare patients*	\$10,863,081
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$3,046,175
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	\$13,909,255
E. Estimated unreimbursed costs of treating Medicaid patients*	\$12,704,784
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$238,800
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	\$12,943,584
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	\$122,770

P. Community Building Activities ³	\$114,251
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Q. Total Community Benefits ¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$31,080,738
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R. Total Community Benefits ¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$34,365,712
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Bad Debt Costs

S. Estimated costs of treating bad debt patients*	\$13,655,217
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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.nhcs.org/about-us/community-health-needs-assessment>

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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