

North Carolina Hospital Community Benefits Report

Hospital Name	Rex Healthcare
Time Period	FY 2017
Community Benefits	
A. Estimated Costs of Treating Charity Care Patients*	\$23,988,898
B. Estimated unreimbursed costs of treating Medicare patients*	\$104,671,557
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$510,895
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	\$105,182,452
E. Estimated unreimbursed costs of treating Medicaid patients*	-\$4,895,166
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$7,880,010
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	\$2,984,844
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	\$924,957
M. Subsidized health services ²	\$0
N. Research costs	\$863,122
O. Cash and in-kind contributions to community groups	\$1,216,517
P. Community Building Activities ³	\$0

Q. Total Community Benefits¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$126,769,885
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R. Total Community Benefits¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$135,160,790
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Bad Debt Costs

S. Estimated costs of treating bad debt patients*	\$9,902,070
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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

*** 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

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