North Carolina Hospital Community Benefits Report

Hospital Name	**Vidant Edgecombe Hospital**
Time Period	**FY 2017**
Community Benefits	
A. Estimated Costs of Treating **Charity Care** Patients*	$4,383,647
B. Estimated unreimbursed costs of treating **Medicare** patients*	$5,956,750
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments[1] of:	-$169,086
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	$5,787,664
E. Estimated unreimbursed costs of treating **Medicaid** patients*	$4,975,379
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments[1] of:	-$137,935
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	$4,837,444
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**	$476,522
L. **Health professions education**	$306,966
M. **Subsidized health services**[2]	$0
N. **Research costs**	$0
O. **Cash and in-kind contributions** to community groups	$379,868

P. **Community Building Activities**[3]	$81,038
Q. Total Community Benefits[1] with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	**$16,560,170**
R. Total Community Benefits[1] without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	**$16,253,149**

Bad Debt Costs

S. Estimated costs of treating bad debt patients*	**$2,743,298**

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:

_**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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