

North Carolina Hospital Community Benefits Report

Hospital Name	Wilkes Regional Medical Center
Time Period	FY 2017
Community Benefits	
A. Estimated Costs of Treating Charity Care Patients*	4260391
B. Estimated unreimbursed costs of treating Medicare patients*	4927287
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	0
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	4927287
E. Estimated unreimbursed costs of treating Medicaid patients*	8875519
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	0
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	8875519
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	-67169
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)	18063197
R. Total Community Benefits¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	18063197
Bad Debt Costs	
S. Estimated costs of treating bad debt patients*	2329021

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.

URL with additional information about this community benefits report

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.

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