North Carolina Hospital Community Benefits Report

Hospital Name	**Duke Raleigh Hospital**
Time Period	**FY 2018**

Community Benefits	
A. Estimated Costs of Treating **Charity Care** Patients*	17723176
B. Estimated unreimbursed costs of treating **Medicare** patients*	59646713
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):	59646713
E. Estimated unreimbursed costs of treating **Medicaid** patients*	14032474
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):	14032474
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	419999

P. **Community Building Activities**[3]	0
Q. Total Community Benefits[1] with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	**91822359**
R. Total Community Benefits[1] without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	**91822359**
Bad Debt Costs	
S. Estimated costs of treating bad debt patients*	**3163442**

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.

__**X**__ 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.