

# North Carolina Hospital Community Benefits Report

Hospital Name	Halifax Regional Medical Center
Time Period	FY 2018
Community Benefits	
A. Estimated Costs of Treating <b>Charity Care</b> Patients*	\$3,419,544
B. Estimated unreimbursed costs of treating <b>Medicare</b> patients*	\$1,034,658
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments <sup>1</sup> of:	\$3,064,439
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	\$4,099,097
E. Estimated unreimbursed costs of treating <b>Medicaid</b> patients*	\$2,184,209
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments <sup>1</sup> of:	\$577,325
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	\$2,761,534
H. Estimated unreimbursed costs of treating patients from <b>other means-tested government programs</b> *	\$0
I. Includes an adjustment in this period's other means-tested government program revenues for extraordinary adjustments <sup>1</sup> of:	\$0
J. Without this adjustment, other means-tested gov. program losses would have been (H + I):	\$0
K. <b>Community health improvement services &amp; community benefit operations</b>	\$744,223
L. <b>Health professions education</b>	\$0
M. <b>Subsidized health services</b> <sup>2</sup>	\$0
N. <b>Research costs</b>	\$0

O. <b>Cash and in-kind contributions</b> to community groups	\$56,485
P. <b>Community Building Activities</b> <sup>3</sup>	\$84,945
<b>Q. Total Community Benefits<sup>1</sup> with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)</b>	<b>\$7,524,064</b>
<b>R. Total Community Benefits<sup>1</sup> without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)</b>	<b>\$11,165,828</b>
Bad Debt Costs	
<b>S. Estimated costs of treating bad debt patients*</b>	<b>\$5,064,005</b>

Notes:

(1) *Notes about prior period adjustments*

(2) *Notes about Subsidized health services*

Halifax Regional provides psychiatric care of our community. Most of our reimbursement comes for Local Management Entities under the Medicaid program. Although we do not get paid cost for some of these services, we continue to provide them due to the community need. HRMC also accepts involuntary commitment patients into our psych unit which also benefits our community. There is a high need in this area for psychiatric services, and HRMC works to meet this need with our IP Psych unit.

(3) *Notes about Community building activities*

Halifax Regional Medical Center is a member of the Roanoke Valley Community Health Initiative (RV-CHI). HRMC has a FT employee who devotes much of her community outreach serving as a member of the RV-CHI. HRMC has many employees who participate in the initiatives of this group including Annual Family Fest to encourage healthy eating and exercise, building playgrounds in the poorer

communities to encourage exercise, and attending planning meetings to discuss initiatives to improve our community's health. HRMC serves as a major meeting place for the RV-CHI and other coalitions in our community.

**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*

<https://halifaxregional.org/about-us/community-benefits/>

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 July 1, 2019 9:18 AM*