

# North Carolina Hospital Community Benefits Report

Hospital Name	Vidant Beaufort Hospital
Time Period	FY 2018
Community Benefits	
A. Estimated Costs of Treating <b>Charity Care</b> Patients*	\$3,558,527
B. Estimated unreimbursed costs of treating <b>Medicare</b> patients*	\$2,960,845
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments <sup>1</sup> of:	-\$354,913
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	\$2,605,932
E. Estimated unreimbursed costs of treating <b>Medicaid</b> patients*	\$3,680,764
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments <sup>1</sup> of:	\$318,738
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	\$3,999,502
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>	\$201,694
L. <b>Health professions education</b>	\$500,610
M. <b>Subsidized health services</b> <sup>2</sup>	\$0
N. <b>Research costs</b>	\$120,887
O. <b>Cash and in-kind contributions</b> to community groups	\$308,654

P. Community Building Activities<sup>3</sup> \$27,992

Q. Total Community Benefits<sup>1</sup> with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P) \$11,359,973

R. Total Community Benefits<sup>1</sup> without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P) \$11,323,798

Bad Debt Costs

S. Estimated costs of treating bad debt patients\* \$3,021,074

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 July 1, 2019 9:19 AM*