

Cindy Robinson, Halifax Regional Medical Center

[Home](#) [Index of Surveys](#)[Reports](#)[Help](#) [Log Out](#)**Calculation of your Community Benefit's Cost-to-Charge Ratio**

<input type="radio"/> Hospital or Group Name	Halifax Regional Medical Center
<input type="radio"/> Survey Title	2010 Fiscal Year Summary
<input type="radio"/> Statistic Type	Your Answer
<input type="radio"/> Last Updated	3/25/2011 1:32 pm
<input type="radio"/> Number of Completed Surveys	1

Numerator

<input type="radio"/> TOTAL EXPENSES (Payroll plus all non-payroll expenses, including bad debt)	\$96,850,680
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Less:

<input type="radio"/> Bad Debt (Charges)	\$18,572,528
<input type="radio"/> Expenses for Community Health Improvement Services	\$593,318
<input type="radio"/> Expenses for Health Profession Education	\$0
<input type="radio"/> Expenses for Research	\$0
<input type="radio"/> Expenses for Cash and In-Kind Contributions	\$34,677
<input type="radio"/> Expenses for Community Building Activities	\$21,758
<input type="radio"/> R.7: Other Operating Revenue	\$1,302,649

Plus

<input type="radio"/> Other Operating Revenues for Community Health Improvement Services	\$0
<input type="radio"/> Other Operating Revenues for Health Professions Education	\$0
<input type="radio"/> Other Operating Revenues for Research	\$0
<input type="radio"/> Other Operating Revenues for Cash and In-Kind Contributions	\$0
<input type="radio"/> Other Operating Revenues for Community Building	\$0


Activities

 Other Operating Revenues for Subsidized Health Services	\$0
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Denominator

 Total gross patient revenue	\$231,079,852
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Equals

 Your Community Benefit Adjusted Cost to Charge Ratio	0.330300324
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If you see any statistic in any report that looks odd to you, please email andi@ncha.org us and let us know. All we need is the column and line description that looks suspicious. Thank you.

Report Error Key

not answered error	One or more of the questions needed to calculate this report item were not answered in this survey. Often this is because the question was accidentally left blank (signifying "Missing Value") rather than having a zero in it.
not numeric error	Some non-numeric data was entered and so cannot be used to calculate this report item.
out of range error	Your value for this report item is considered either too high or too low and is suspected of being incorrect. If the value is correct, please contact me so that I can adjust the range to accept this value.
divide by zero error	The formula for this item includes division and when your value was being calculated, it was determined to have a denominator value of zero.
not completed error	This survey has not been completed by this hospital.
unable to calculate error	There are other problems with the data entered that prohibit calculation of this report item.
n/a error	This number cannot be calculated. Possible reasons include <ul style="list-style-type: none"> • It is (0/0) • you have asked for a standard deviation based on one number (2 is minimum number of valid responses required in order to calculate a standard deviation.)

- A necessary threshold of variation has not been met.
- A facility "weight" statistics has been requested, but there is an error in the facility's answer (so it can't be used in the weighted average).

not in survey error	One or more of the questions needed to calculate this report item were not asked in this survey (so ANDI could not calculate a value). Try selecting a different survey.
no supporting survey error	This report item is dependent upon information in another survey which has not been released yet, or is for a pre-ANDI (prior to Fiscal Year 2003) time period.
N/A	There is an error in your hospital's response to this report item and no answer will be returned until corrected.
not weighted error	The sum of weights across the group is zero. (This is really, really unlikely error.)
too few resp error	The number of valid responses is less than the group's minimum number of facilities needed to calculate aggregate or rank statistics. In the first five years of ANDI we learned how many responses are needed to get a stable average (one that doesn't change much when another facility marks its survey complete). In general averages reach the first level of stability at 65%, but they really stop moving with each newly completed survey at 80% (this is the overall response rate statistic). We have restricted ANDI to not show averages where participation rates are below that first threshold (65%). In this way you can have more confidence that the averages you can see today are relatively stable averages. We recommend that you always add a column for the overall response rate when asking for any group statistic.
no answers saved error	Some answers must be saved before reports can be calculated.

Export Options

HTML Table Export

The HTML Table option outputs the data from this page into a new Web page. Most ANDI users will be able to select the commands in the *Edit* menu to *Select All*, and then *Copy*, the data, then switch to Excel and *Paste* the data into a spreadsheet. For detailed export instructions, please see the [FAQ](#).

Delimited Export

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This page was generated on March 25, 2011 1:59 PM

Cindy Robinson, Halifax Regional Medical Center[Home](#) [Index of Surveys](#)[Reports](#)[Help](#) [Log Out](#)**Community Benefit Report (Estimated)**

Hospital or Group Name

Halifax Regional Medical Center

Time Period

FY 2010

Last Updated

3/25/2011 1:32 pm

Community Benefits

<input type="radio"/> A. Estimated Costs of Treating Charity Care Patients*	\$432,252
<input type="radio"/> B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$747,808
<input type="radio"/> C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$0
<input type="radio"/> D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	\$747,808
<input type="radio"/> E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	\$3,264,689
<input type="radio"/> F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$0
<input type="radio"/> G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	\$3,264,689
<input type="radio"/> H. Estimated Unreimbursed Costs of Treating Patients from Other Means-Tested Government Programs*	\$0
<input type="radio"/> I. This includes an adjustment in this period's Other Means-Tested Government Programs revenues for extraordinary adjustments ¹ of:	\$0
<input type="radio"/> J. Without this adjustment, Other Means-Tested Gov. Programs Losses would have been (H + I):	\$0
<input type="radio"/> K. Community Health Improvement Services & Community Benefit Operations	\$555,257
<input type="radio"/> L. Health Professions Education	\$0
<input type="radio"/> M. Subsidized Health Services ²	\$0
<input type="radio"/> N. Research Costs	\$0

<input type="radio"/> O. Cash and In-kind Contributions to Community Groups	\$34,677
<input type="radio"/> P. Community Building Activities ³	\$21,758
<hr/>	
<input type="radio"/> Q. Total Community Benefits¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$5,056,441
<hr/>	
<input type="radio"/> R. Total Community Benefits¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$5,056,441

Bad Debt Costs

<input type="radio"/> S. Estimated Costs of Treating Bad Debt Patients*	\$6,134,512
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Notes:

- (1) Notes about prior period adjustments
- (2) Notes about Subsidized Health Services
- (3) Notes about Community Building Activities

Additional Information:

- Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits. \$73,396
- URL with additional information about this community benefits report www.halifaxregional.us/benefits.html
- 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 2010 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 an internal cost-to-charge ratio

approach that is based on the methodology specified in the 2010 NCHA Community Benefits Guidelines.

— An internal cost-to-charge ratio approach that is based on the methodology specified in the 2010 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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