

Ms. Jacky Wilson, Mission Hospital

[Index of Surveys](#)

[Reports](#)

[Help](#) [Log Out](#)

Community Benefit Report (Estimated)

Q Hospital or Group Name	Mission Hospital
Q Time Period	FY 2008
Q Last Updated	6/12/2009 9:28 am

Community Benefits

Q A. Estimated Costs of Treating Charity Care Patients*	\$14,052,981
Q B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$31,097,026
Q C. This includes an adjustment in this period's Medicare revenues for extraordinary adjustments ² of:	\$1,124,282
Q D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	\$32,221,308
Q E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	\$18,102,746
Q F. This includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ² of:	\$1,548,556
Q G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	\$19,651,302
Q H. Estimated Unreimbursed Costs of Treating Patients from Other Non-Negotiated Government Programs*	\$1,008,378
Q I. This includes an adjustment in this period's Other Non-Negotiated Government Programs revenues for extraordinary adjustments ² of:	\$151,212
Q J. Without this adjustment, Other Non-Negotiated Government Programs Losses would have been (H + I):	\$1,159,590
Q K. Community Health Improvement Services & Community Benefit Operations	\$2,268,661
Q L. Health Professions Education	\$5,254,816
Q M. Subsidized Health Services ³	\$0
Q N. Research Costs	\$746,015
Q O. Cash and In-kind Contributions to Community Groups	\$2,324,607
Q P. Community Building Activities ⁴	\$751,644
Q Q. Total Community Benefits¹ with Settlements and Extraordinary	\$75,606,874

Adjustments (A + B + E + H + K + L + M + N + O + P)		
Q	R. Total Community Benefits¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$78,430,924

Bad Debt Costs		
Q	S. Estimated Costs of Treating Bad Debt Patients*	\$25,757,367

Notes:

Q	<i>(1) Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits.</i>	\$0
Q	<i>(2) Notes about prior period adjustments</i>	
Q	<i>(3) Notes about Subsidized Health Services</i>	
Q	<i>(4) Notes about Community Building Activities</i>	
Q	<i>(5) URL with additional information about this community benefits report</i>	not available
Q	<i>(6) Other Notes</i>	

Footnotes

* The costing methodology or source used to determine payer costs is:

- X** 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 an 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.

[«Back To Reports](#)