

Calculation of Amount to Remove from Subsidized Health Section as "Included in Other Categories"

This worksheet provides a consistent method for preventing duplicate costs in the various community benefit sections of the report, which were also already embedded in the subsidized health section. If your hospital has already developed a method you are comfortable with, there is no need to revise that method. If you do not have a method, the attached worksheet allows you to calculate this amount as simply as possible.

Line No.	Complete shaded areas.	
	"Benefit Total" from Each Category: (not including "Other Community Support")	
1	Community Health Improvement Services	\$389,404
2	Health Professions Education	374,791
3	Research	
4	Financial Contributions	
5	Community Building Activities	
6	Community Benefit Operations	
7	Other Community Benefits	1,000,897
8	Total Community Benefits (not including Subsidized Health) (Sum of lines 1-7)	\$1,765,092
	Less: Costs Removed to Determine RCC which are Directly Assigned: (1) (From Uncompensated Cost Report, Part I)	
9	GME	\$374,791
10	Eligibility Vendors	336,690
11	Amount paid to another provider to accept patients into proper level of care (e.g. LTC)	
12	Other Directly Assigned Cost	
13		
14		
15	Total Costs to be Removed (Sum of lines 9-14)	\$711,481
16	Total Community Benefits included in RCC (line 8 minus line 15)	\$1,053,611
	Allocation of this amount for subsidized patients included in community benefits (based on charges): (2)	
17	Billed charges from Uncompensated Cost Report, Part II, Line 7, Column 1	\$ 582,730,448
18	Medicare billed charges	967,463,944
19	Total subsidized health patients billed charges (line 17 + line 18)	\$ 1,550,194,392
20	Total facility billed charges (from Uncompensated Cost Report, Part I, line 16)	1,750,220,129
21	Percent of subsidized health patient billed charges to total billed charges	88.57%
22	Community benefits for subsidized patients included in RCC (line 16 X line 21)	\$933,198
23	Total directly assigned and included in RCC (line 15 + line 22) Transfer to Subsidized Health Section, line for Cost Reported in Another Category	\$1,644,679

(1) Do not include ER Physician on-call cost because this cost remains in Subsidized Health Section

(2) If your hospital is not subsidizing care for Medicare, Medicaid or any other block of business, do not include those charges