

REPORT OF THE
DEPARTMENT OF HEALTH

***CERTIFICATE OF PUBLIC NEED RELATED
CHARITY CARE VALUATION***

TO THE GENERAL ASSEMBLY OF VIRGINIA

November 1, 2018

Executive Summary

In accordance with the requirements of § 32.1-276.5 C of the Code of Virginia, as well as the requirements of the second enactment clause of HB2101 of 2017, the Virginia Department of Health (VDH), in conjunction with Virginia Health Information and with the assistance of the Virginia Hospital and Healthcare Association and the Virginia Association of Health Plans, collected data comparing the amount of charity care reported by inpatient hospitals and outpatient providers for the period from July 1-December 31, 2017. VDH calculated value based on Medicare payment rates for northern Virginia, a requirement outlined by the new law. VDH then compared these data to the data in “Reports of Compliance” submitted by providers for the period January 1, 2017-December 31, 2017. In Reports of Compliance, providers report the value of care at the facility’s gross patient charge rate.

Statewide, 7.7% of inpatient and 9.8% of outpatient providers were subject to some level of charity care. When valued based on Medicare payment rates for northern Virginia, the total care and charity care were substantially lower than the value of the care based on gross patient charges at a particular facility. The gross charge value of charity care, inpatient and outpatient combined, was \$1,969,791,507. The reported care, annualized for comparison, valued at Medicare rates, was \$713,154,100.

Preface

The 2017 Virginia General Assembly passed, and the Governor signed, House Bill 2101 establishing the definition of charity care and modifying how conditions on certificates of public need (“COPN”) are applied and valued. Charity care, previously undefined in the Code of Virginia, is now defined as:

“Health care services delivered to a patient who has a family income at or below 200 percent of the federal poverty level and for which it was determined that no payment was expected (i) at the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person or (ii) at some time following the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person. "Charity care" does not include care provided for a fee subsequently deemed uncollectable as bad debt. For a nursing home as defined in § [32.1-123](#), "charity care" means care at a reduced rate to indigent persons.”

The Code of Virginia definition of charity care is similar to the definition used by the Virginia Department of Health (“VDH”) for “indigent care.” Indigent care is the terminology used in the Code of Virginia in authorizing the State Health Commissioner (“Commissioner”) to condition COPNs “on the agreement of the applicant to provide a level of care at a reduced rate to indigents”.

Virginia Code §32.1-276.5(C) now requires, “*Every medical care facility for which a certificate of public need with conditions imposed pursuant to §32.1-102.4 is issued shall report to the Commissioner data on charity care, as that term is defined in §32.1-102.1, provided to satisfy a condition of a certificate of public need, including;*

- (i) *the total amount of such charity care the facility provided to indigent persons*
- (ii) *the number of patients to whom such charity care was provided*
- (iii) *the specific services delivered to patients that are reported as charity care recipients and*
- (iv) *the portion of the total amount of such charity care provided that each service represents.*

The second enactment clause of HB 2101 requires the Commissioner to report a data analysis to the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions, and the Senate Committees on Finance and Education and Health by November 1, 2018. The analysis is to consider four points:

1. The total amount of charity care as now defined that each medical care facility provided to indigent persons;
2. The number of patients to whom charity care was provided;

3. The specific services delivered to patients that are reported as charity care recipients; and
4. The portion of the total amount of charity care provided that each service represents to comply with any conditions on such certificates based on the method utilized for valuing such care as of July 1, 2017, to the medical care facility's cost using a method established by the nonprofit organization defined in § [32.1-276.3](#) of the Code of Virginia and to the value of such care based on the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq.

Method

In May 2018, the Commissioner notified inpatient hospitals and outpatient providers subject to the new data reporting obligations. To satisfy the reporting requirements, authorized inpatient hospital personnel submitted a data file on or before July 15, 2018 via secure upload to Virginia Health Information (VHI). VHI then linked the data to their inpatient discharge database. The linked records were used to calculate the estimated cost of care and the estimated Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services provided. The documentation for initial submission was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Beginning with fiscal years ending in 2018, facilities will report charity care records to VHI 90 days following their fiscal year end. Ninety-seven (97) of the 105 hospitals submitted reports.

VDH's Office of Licensure and Certification (OLC) instructed all identified outpatient providers with COPN authorized services to report and return the data by July 16, 2018. That deadline was then extended to August 16, 2018 after clarifications were needed on the period of charity care data that needed to be submitted. It is well recognized that providers should and do exhaust all avenues seeking reimbursement before recognizing a patient's care as charity, a process that often takes many months to complete. Providers were also given the ability to report all the Current Procedural Terminology (CPT) codes, the total number of procedures performed, and the number written off to charity. VDH received reports from 169 of 300 outpatient sites (56%), including but not limited to, hospital outpatient services, freestanding emergency departments, freestanding imaging centers and freestanding radiation therapy centers.

Medical care facilities that fail to report data required by Code of Virginia §32.1-276.5 C are subject to a civil penalty of up to \$100 per day per violation, which shall be collected by the State Health Commissioner and paid into the Literary Fund.

Inpatient Charity Care Linkage

VHI received 34,263 records written off to charity care between July 1 and December 31, 2017, from 97 hospitals. Those records spanned dates of service between June 2003 and December 2017. VHI linked the charity care records identified by each facility with the corresponding record within the VHI inpatient discharge database, using deterministic linkage

methods. Records were classified as a link if there was a match between a combination of at least four of the following unique fields: Medicare Provider Number (MPN), Medical Record Number (MRN), Patient Control Number (PCN), Admit Date (+/-1), and Discharge Date (+/-1). With this process, VHI linked 98.63% of the charity care records to the previously submitted patient level data, processed and verified using over 100 edits. VHI's processed and verified patient level database contains patient and hospital demographics, clinical information such as diagnosis and procedure codes, charges, and other calculated fields which enables VHI to aggregate the records by services delivered as well as perform other analyses.

Inpatient Charity Care Financial Calculations

VHI calculated Gross Charges as the sum of all charges submitted from quarterly inpatient discharge data records. Gross Charges Converted to Cost was determined by utilizing the calculation performed by VHI as part of the annual EPICS (Efficiency and Productivity Information Collection System) analysis:

$$\text{Gross Charity Care} \times (\text{Total Operating Expenses} / (\text{Total Gross Revenue} + \text{Other Revenue and Operating Gains})) = \text{Cost}$$

To convert Gross Charges to Charges Calculated at Medicare Reimbursement, VHI worked with the Virginia Hospital and Healthcare Association (VHHA) and other stakeholders to develop the following methodology:

1. VHI obtained the 2017 Federal Fiscal Year (FFY) operating and capital rates per DRG as posted by CMS.
2. VHI increased the operating and capital rates by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894).
3. VHI added the adjusted operating and capital rates together to determine a proxy DRG rate for all inpatient discharges. Note this rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria. In addition, this proxy amount does not take into account additional payments a facility might have received such as DSH, IME, GME and or any quality-based payment program payments or penalties.
4. VHI multiplied the proxy DRG rate by each CMS DRG weight (CMS MS-DRG Tables), as posted by CMS in the 2017 inpatient final rule table to determine the estimated Medicare reimbursement for each DRG.
5. VHI multiplied the Medicare Reimbursement per DRG by the corresponding Gross Charges per DRG for all discharges.

A more detailed description of the VHI analysis, by inpatient facility, is in Appendices B and D.

Table 1

Statewide Financial Summary (Inpatient)
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Reported By	All Patients	Charity Care Patients	%
Gross Charges	\$18,245,092,7	\$1,343,349,593	7.4
Gross Charges Converted to Cost	\$5,046,407,34	\$404,286,087	8.0
Medicare Reimbursement	\$3,618,963,80	\$286,266,187	7.9

Notes: "All Patients" include all inpatient discharges between July 1 and Dec 31, 2017. "Charity Care Patients" include all patients written off to charity care between July 1 and Dec 31, 2017, regardless of date of service. See the attached report for Financial Summary information by Virginia's five health planning districts.

Outpatient Calculation

Outpatient care valuation was developed by multiplying the Federal Centers for Medicare and Medicaid Services (CMS) weights for each CPT Code by the CMS adjusted conversion factor for northern Virginia to arrive at the most generous Virginia payment rate. The conversion factor provides an adjustment for the higher wage adjustment factor assigned to northern Virginia. The resulting payment rates by CPT code were applied to each service listed by the outpatient providers. This resulted in the total value of COPN authorized outpatient services provided and the value of services written off to charity, by provider. In order to compare the gross charge reports, which are for 12 months of data, to the Medicare valuation, which is for 6 months of data, the Medicare valued results were doubled to provide an approximation of the care accounted for over the same 12-month time period. Gross charge data were obtained directly from the annual COPN "Report of Compliance" required from each facility with an actively conditioned COPN. Not all outpatient providers have a COPN with an active indigent care condition.

Table 2

Statewide Financial Summary (Outpatient)			
Reported By	All Patients	Charity Care Patients	%
Gross Charges	\$ 24,248,525,219	\$ 626,441,914	2.6%
Medicare Valuation	\$ 7,164,657,925	\$ 426,887,913	6.0%

Notes: The available gross charges report was for the entire 12 months of 2017. To be comparable to the data reported in the annual Report of Compliance for COPN conditions the value of the care reported by outpatient providers for the period 1 July-31 December 2017, 6 months, was doubled to approximate a full 12 months comparable to that reported in the Report of Compliance.

A more detailed description, by facility, of the outpatient valuation process is found in Appendices C and D.

Inpatient Charity Care Service Lines

Once all cost conversion calculations were complete, the data was grouped by the top 10 service lines with the highest statewide volume. Service lines are broad categories of care based on 3M's All Patient Refined Diagnosis Related Group (APR-DRGs). A full list

of all APR-DRGs which are categorized into the 40 service lines may be found at www.vhi.org/servicelines.

Table 3

Statewide Top 10 Service Lines All Patients Charity Care Patients %					
	All Patients	Charity Care Patients	%	% of All Patients	Charity Patients % of All Charity
Obstetrics/Delivery	47,849	1,754	3.70%	10.9%	5.2%
Normal Newborn	43,560	1,102	2.50%	10.0%	3.3%
Psychiatry	35,398	4,493	12.70%	8.1%	13.3%
Pulmonary	29,807	2,524	8.50%	6.8%	7.5%
Cardiology - Medical	29,724	2,385	8.00%	6.8%	7.1%
Orthopedic Surgery	29,522	1,689	5.70%	6.8%	5.0%
Gastroenterology	28,575	2,903	10.20%	6.5%	8.6%
Infectious Disease	28,462	2,283	8.00%	6.5%	6.8%
General Surgery	23,211	2,344	10.10%	5.3%	6.9%
Neurology	21,502	1,851	8.60%	4.9%	5.5%
All Other Service Lines	119,586	10,466	8.80%	27.4%	31.0%
Grand Total	437,196	33,794	7.70%		

Notes: “All Patients” include all inpatient discharges between July 1 and Dec 31, 2017. “Charity Care Patients” include all patients written off to charity care between July 1 and Dec 31, 2017, regardless of date of service. See the attached report for Top 10 Service Line Summary information by Virginia’s five health planning districts. Financial and service line detail by hospital is also attached. (Additional information may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.)

Results

As seen in Tables 1 (inpatient) and 2 (outpatient) , the value applied to both the total amount of care provided and the care attributed to charity care is substantially higher when valued at gross patient charges, as has been the practice, than when valued based on the most generous Medicare reimbursement rate. As a percentage of the total value of care the proportion of charity care in the inpatient settings is close, 7.9% when valued based on Medicare rates vs. 7.4% when valued based on gross patient charges. For outpatient settings, the proportion of reported charity care is substantially higher, 6.0% when valued based on Medicare rates for a complete listing of relevant CPT codes vs. 2.6% when valued based on facility reported gross patient charges.

Unlike outpatient services provided by acute care hospitals, most outpatient providers are limited in the types of patients served, e.g., imaging, eye surgery, orthopedic surgery, cancer care, etc. Providers reported providing charity care to 7.7% inpatients and 9.8% of reported outpatients.

While the data was incomplete, with 97% of hospitals responding with inpatient data and

56% of outpatient care providers (45% of non-inpatient hospital outpatient care providers) responding, there is sufficient data to obtain a relative comparison of the dollar value of care when measured at gross patient charges and a standardized rate reflective of actual reimbursement for care.

Future collection of outpatient data will be through a modified contract between VDH and VHI. VHI is preparing modules for the intake and analysis of outpatient data.

Appendix A
Code of Virginia Sections 32.1-102.1, 32.1-102.2, 32.1-102.4 and 32.1-276.5

§ [32.1-102.1](#). Definitions.

As used in this article, unless the context indicates otherwise:

"Bad debt" means revenue amounts deemed uncollectable as determined after collection efforts based upon sound credit and collection policies.

"Certificate" means a certificate of public need for a project required by this article.

"Charity care" means health care services delivered to a patient who has a family income at or below 200 percent of the federal poverty level and for which it was determined that no payment was expected (i) at the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person or (ii) at some time following the time the service was provided because the patient met the facility's criteria for the provision of care without charge due to the patient's status as an indigent person. "Charity care" does not include care provided for a fee subsequently deemed uncollectable as bad debt. For a nursing home as defined in § [32.1-123](#), "charity care" means care at a reduced rate to indigent persons.

"Clinical health service" means a single diagnostic, therapeutic, rehabilitative, preventive or palliative procedure or a series of such procedures that may be separately identified for billing and accounting purposes.

"Health planning region" means a contiguous geographical area of the Commonwealth with a population base of at least 500,000 persons which is characterized by the availability of multiple levels of medical care services, reasonable travel time for tertiary care, and congruence with planning districts.

"Medical care facility," as used in this title, means any institution, place, building or agency, whether or not licensed or required to be licensed by the Board or the Department of Behavioral Health and Developmental Services, whether operated for profit or nonprofit and whether privately owned or privately operated or owned or operated by a local governmental unit, (i) by or in which health services are furnished, conducted, operated or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical, of two or more nonrelated persons who are injured or physically sick or have mental illness, or for the care of two or more nonrelated persons requiring or receiving medical, surgical or nursing attention or services as acute, chronic, convalescent, aged, physically disabled or crippled or (ii) which is the recipient of reimbursements from third-party health insurance programs or prepaid medical service plans. For purposes of this article, only the following medical care facilities shall be subject to review:

1. General hospitals.
2. Sanitariums.
3. Nursing homes.
4. Intermediate care facilities, except those intermediate care facilities established for individuals with intellectual disability (ICF/MR) that have no more than 12 beds and are in an area identified as in need of residential services for individuals with intellectual disability in any plan of the Department of Behavioral Health and Developmental Services.
5. Extended care facilities.
6. Mental hospitals.
7. Facilities for individuals with intellectual disability.
8. Psychiatric hospitals and intermediate care facilities established primarily for the medical, psychiatric or psychological treatment and rehabilitation of individuals with substance abuse.
9. Specialized centers or clinics or that portion of a physician's office developed for the provision of outpatient or ambulatory surgery, cardiac catheterization, computed tomographic (CT) scanning, stereotactic radiosurgery, lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging (MSI), positron emission tomographic (PET) scanning, radiation therapy, stereotactic radiotherapy, proton beam therapy, nuclear medicine imaging, except for the purpose of nuclear cardiac imaging, or such other specialty services as may be designated by the Board by regulation.
10. Rehabilitation hospitals.
11. Any facility licensed as a hospital.

The term "medical care facility" does not include any facility of (i) the Department of Behavioral Health and Developmental Services; (ii) any nonhospital substance abuse residential treatment program operated by or contracted primarily for the use of a community services board under the Department of Behavioral Health and Developmental Services' Comprehensive State Plan; (iii) an intermediate care facility for individuals with intellectual disability (ICF/MR) that has no more than 12 beds and is in an area identified as in need of residential services for individuals with intellectual disability in any plan of the Department of Behavioral Health and Developmental Services; (iv) a physician's office, except that portion of a physician's office described in subdivision 9 of the definition of "medical care facility"; (v) the Wilson Workforce and Rehabilitation Center of the Department for Aging and Rehabilitative Services; (vi) the Department of Corrections; or (vii) the Department of Veterans Services. "Medical care facility"

shall also not include that portion of a physician's office dedicated to providing nuclear cardiac imaging.

"Project" means:

1. Establishment of a medical care facility;
2. An increase in the total number of beds or operating rooms in an existing medical care facility;
3. Relocation of beds from one existing facility to another, provided that "project" does not include the relocation of up to 10 beds or 10 percent of the beds, whichever is less, (i) from one existing facility to another existing facility at the same site in any two-year period, or (ii) in any three-year period, from one existing nursing home facility to any other existing nursing home facility owned or controlled by the same person that is located either within the same planning district, or within another planning district out of which, during or prior to that three-year period, at least 10 times that number of beds have been authorized by statute to be relocated from one or more facilities located in that other planning district and at least half of those beds have not been replaced, provided further that, however, a hospital shall not be required to obtain a certificate for the use of 10 percent of its beds as nursing home beds as provided in § [32.1-132](#);
4. Introduction into an existing medical care facility of any new nursing home service, such as intermediate care facility services, extended care facility services, or skilled nursing facility services, regardless of the type of medical care facility in which those services are provided;
5. Introduction into an existing medical care facility of any new cardiac catheterization, computed tomographic (CT) scanning, stereotactic radiosurgery, lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging (MSI), medical rehabilitation, neonatal special care, obstetrical, open heart surgery, positron emission tomographic (PET) scanning, psychiatric, organ or tissue transplant service, radiation therapy, stereotactic radiotherapy, proton beam therapy, nuclear medicine imaging, except for the purpose of nuclear cardiac imaging, substance abuse treatment, or such other specialty clinical services as may be designated by the Board by regulation, which the facility has never provided or has not provided in the previous 12 months;
6. Conversion of beds in an existing medical care facility to medical rehabilitation beds or psychiatric beds;
7. The addition by an existing medical care facility of any medical equipment for the provision of cardiac catheterization, computed tomographic (CT) scanning, stereotactic radiosurgery, lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging (MSI), open heart surgery, positron emission tomographic (PET) scanning, radiation therapy, stereotactic radiotherapy, proton beam therapy, or other specialized service designated by the Board by regulation. Replacement of existing equipment shall not require a certificate of public need;

8. Any capital expenditure of \$15 million or more, not defined as reviewable in subdivisions 1 through 7 of this definition, by or on behalf of a medical care facility other than a general hospital. Capital expenditures of \$5 million or more by a general hospital and capital expenditures between \$5 and \$15 million by a medical care facility other than a general hospital shall be registered with the Commissioner pursuant to regulations developed by the Board. The amounts specified in this subdivision shall be revised effective July 1, 2008, and annually thereafter to reflect inflation using appropriate measures incorporating construction costs and medical inflation. Nothing in this subdivision shall be construed to modify or eliminate the reviewability of any project described in subdivisions 1 through 7 of this definition when undertaken by or on behalf of a general hospital; or

9. Conversion in an existing medical care facility of psychiatric inpatient beds approved pursuant to a Request for Applications (RFA) to nonpsychiatric inpatient beds.

"Regional health planning agency" means the regional agency, including the regional health planning board, its staff and any component thereof, designated by the Virginia Health Planning Board to perform the health planning activities set forth in this chapter within a health planning region.

"State Medical Facilities Plan" means the planning document adopted by the Board of Health which shall include, but not be limited to, (i) methodologies for projecting need for medical care facility beds and services; (ii) statistical information on the availability of medical care facilities and services; and (iii) procedures, criteria and standards for review of applications for projects for medical care facilities and services.

§ [32.1-102.2](#). Regulations.

A. The Board shall promulgate regulations~~which~~ *that* are consistent with this article and:

1. Shall establish concise procedures for the prompt review of applications for certificates consistent with the provisions of this article which may include a structured batching process which incorporates, but is not limited to, authorization for the Commissioner to request proposals for certain projects. In any structured batching process established by the Board, applications, combined or separate, for computed tomographic (CT) scanning, magnetic resonance imaging (MRI), positron emission tomographic (PET) scanning, radiation therapy, stereotactic radiotherapy, proton beam therapy, or nuclear imaging shall be considered in the radiation therapy batch. A single application may be filed for a combination of (i) radiation therapy, stereotactic radiotherapy and proton beam therapy, and (ii) any or all of the computed tomographic (CT) scanning, magnetic resonance imaging (MRI), positron emission tomographic (PET) scanning, and nuclear medicine imaging;

2. May classify projects and may eliminate one or more or all of the procedures prescribed in § [32.1-102.6](#) for different classifications;

3. May provide for exempting from the requirement of a certificate projects determined by the Commissioner, upon application for exemption, to be subject to the economic forces of a competitive market or to have no discernible impact on the cost or quality of health services;
 4. Shall establish specific criteria for determining need in rural areas, giving due consideration to distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to care in such areas and providing for weighted calculations of need based on the barriers to health care access in such rural areas in lieu of the determinations of need used for the particular proposed project within the relevant health systems area as a whole;
 5. May establish, on or after July 1, 1999, a schedule of fees for applications for certificates to be applied to expenses for the administration and operation of the certificate of public need program. Such fees shall not be less than \$1,000 nor exceed the lesser of one percent of the proposed expenditure for the project or \$20,000. Until such time as the Board shall establish a schedule of fees, such fees shall be one percent of the proposed expenditure for the project; however, such fees shall not be less than \$1,000 or more than \$20,000; and
 6. Shall establish an expedited application and review process for any certificate for projects reviewable pursuant to subdivision 8 of the definition of "project" in § [32.1-102.1](#). Regulations establishing the expedited application and review procedure shall include provisions for notice and opportunity for public comment on the application for a certificate, and criteria pursuant to which an application that would normally undergo the review process would instead undergo the full certificate of public need review process set forth in § [32.1-102.6](#).
- B. The Board shall promulgate regulations providing for time limitations for schedules for completion and limitations on the exceeding of the maximum capital expenditure amount for all reviewable projects. The Commissioner shall not approve any such extension or excess unless it complies with the Board's regulations. However, the Commissioner may approve a significant change in cost for an approved project that exceeds the authorized capital expenditure by more than 20 percent, provided the applicant has demonstrated that the cost increases are reasonable and necessary under all the circumstances and do not result from any material expansion of the project as approved.
- C. The Board shall also promulgate regulations authorizing the Commissioner to condition approval of a certificate on the agreement of the applicant to provide a level of *charity care* ~~at a reduced rate to indigents~~ *indigent persons* or accept patients requiring specialized care. In addition, the Board's licensure regulations shall direct the Commissioner to condition the issuing or renewing of any license for any applicant whose certificate was approved upon such condition on whether such applicant has complied with any agreement to provide a level of *charity care* ~~at a reduced rate to indigents~~ *indigent persons* or accept patients requiring specialized care. *Except in the case of nursing homes, the value of charity care provided to individuals pursuant to this subsection shall be based on the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq.*

§ [32.1-102.4](#). Conditions of certificates; monitoring; revocation of certificates.

A. A certificate shall be issued with a schedule for the completion of the project and a maximum capital expenditure amount for the project. The schedule may not be extended and the maximum capital expenditure may not be exceeded without the approval of the Commissioner in accordance with the regulations of the Board.

B. The Commissioner shall monitor each project for which a certificate is issued to determine its progress and compliance with the schedule and with the maximum capital expenditure. The Commissioner shall also monitor all continuing care retirement communities for which a certificate is issued authorizing the establishment of a nursing home facility or an increase in the number of nursing home beds pursuant to § [32.1-102.3:2](#) and shall enforce compliance with the conditions for such applications which are required by § [32.1-102.3:2](#). Any willful violation of a provision of § [32.1-102.3:2](#) or conditions of a certificate of public need granted under the provisions of § [32.1-102.3:2](#) shall be subject to a civil penalty of up to \$100 per violation per day until the date the Commissioner determines that such facility is in compliance.

C. A certificate may be revoked when:

1. Substantial and continuing progress towards completion of the project in accordance with the schedule has not been made;

2. The maximum capital expenditure amount set for the project is exceeded;

3. The applicant has willfully or recklessly misrepresented intentions or facts in obtaining a certificate; or

4. A continuing care retirement community applicant has failed to honor the conditions of a certificate allowing the establishment of a nursing home facility or granting an increase in the number of nursing home beds in an existing facility which was approved in accordance with the requirements of § [32.1-102.3:2](#).

D. Further, the Commissioner shall not approve an extension for a schedule for completion of any project or the exceeding of the maximum capital expenditure of any project unless such extension or excess complies with the limitations provided in the regulations promulgated by the Board pursuant to § [32.1-102.2](#).

E. Any person willfully violating the Board's regulations establishing limitations for schedules for completion of any project or limitations on the exceeding of the maximum capital expenditure of any project shall be subject to a civil penalty of up to \$100 per violation per day until the date of completion of the project.

F. The Commissioner may condition, pursuant to the regulations of the Board, the approval of a certificate (i) upon the agreement of the applicant to provide a level of *charity* care ~~at a reduced~~

rate to ~~indigents~~ *indigent persons* or accept patients requiring specialized care or (ii) upon the agreement of the applicant to facilitate the development and operation of primary medical care services in designated medically underserved areas of the applicant's service area. *Except in the case of nursing homes, the value of charity care provided to individuals pursuant to this subsection shall be based on the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq.*

The certificate holder shall provide documentation to the Department demonstrating that the certificate holder has satisfied the conditions of the certificate, *including documentation of the amount of charity care provided to patients*. If the certificate holder is unable or fails to satisfy the conditions of a certificate, the Department may approve alternative methods to satisfy the conditions pursuant to a plan of compliance. The plan of compliance shall identify a timeframe within which the certificate holder will satisfy the conditions of the certificate, and identify how the certificate holder will satisfy the conditions of the certificate, which may include ~~(i)~~ (a) making direct payments to an organization authorized under a memorandum of understanding with the Department to receive contributions satisfying conditions of a certificate, ~~(ii)~~ (b) making direct payments to a private nonprofit foundation that funds basic insurance coverage for indigents authorized under a memorandum of understanding with the Department to receive contributions satisfying conditions of a certificate, or ~~(iii)~~ (c) other documented efforts or initiatives to provide primary or specialized care to underserved populations. In determining whether the certificate holder has met the conditions of the certificate pursuant to a plan of compliance, only such direct payments, efforts, or initiatives made or undertaken after issuance of the conditioned certificate shall be counted towards satisfaction of conditions.

Any person willfully refusing, failing, or neglecting to honor such agreement shall be subject to a civil penalty of up to \$100 per violation per day until the date of compliance.

G. Pursuant to regulations of the Board, the Commissioner may accept requests for and approve amendments to conditions of existing certificates related to the provision of care at reduced rates or to patients requiring specialized care or related to the development and operation of primary medical care services in designated medically underserved areas of the certificate holder's service area.

H. For the purposes of this section, "completion" means conclusion of construction activities necessary for the substantial performance of the contract.

§ [32.1-276.5](#). Providers to submit data.

A. Every health care provider shall submit data as required pursuant to regulations of the Board, consistent with the recommendations of the nonprofit organization in its strategic plans submitted and approved pursuant to § [32.1-276.4](#), and as required by this section. *Such data shall include relevant data and information for any parent or subsidiary company of the health care provider that operates in the Commonwealth.* Notwithstanding the provisions of Chapter 38 (§

[2.2-3800](#) et seq.) of Title 2.2, it shall be lawful to provide information in compliance with the provisions of this chapter.

B. In addition, health maintenance organizations shall annually submit to the Commissioner, to make available to consumers who make health benefit enrollment decisions, audited data consistent with the latest version of the Health Employer Data and Information Set (HEDIS), as required by the National Committee for Quality Assurance, or any other quality of care or performance information set as approved by the Board. The Commissioner, at his discretion, may grant a waiver of the HEDIS or other approved quality of care or performance information set upon a determination by the Commissioner that the health maintenance organization has met Board-approved exemption criteria. The Board shall promulgate regulations to implement the provisions of this section.

C. Every medical care facility as that term is defined in § [32.1-102.1](#) that furnishes, conducts, operates, or offers any reviewable service shall report data on utilization of such service to the Commissioner, who shall contract with the nonprofit organization authorized under this chapter to collect and disseminate such data. For purposes of this section, "reviewable service" shall mean inpatient beds, operating rooms, nursing home services, cardiac catheterization, computed tomographic (CT) scanning, stereotactic radiosurgery, lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging, medical rehabilitation, neonatal special care, obstetrical services, open heart surgery, positron emission tomographic (PET) scanning, psychiatric services, organ and tissue transplant services, radiation therapy, stereotactic radiotherapy, proton beam therapy, nuclear medicine imaging except for the purpose of nuclear cardiac imaging, and substance abuse treatment.

Every medical care facility for which a certificate of public need with conditions imposed pursuant to § [32.1-102.4](#) is issued shall report to the Commissioner data on charity care, as that term is defined in § [32.1-102.1](#), provided to satisfy a condition of a certificate of public need, including (i) the total amount of such charity care the facility provided to indigent persons; (ii) the number of patients to whom such charity care was provided; (iii) the specific services delivered to patients that are reported as charity care recipients; and (iv) the portion of the total amount of such charity care provided that each service represents. The value of charity care reported shall be based on the medical care facility's submission of applicable Diagnosis Related Group codes and Current Procedural Terminology codes aligned with methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. Notwithstanding the foregoing, every nursing home as defined in § [32.1-123](#) for which a certificate of public need with conditions imposed pursuant to § [32.1-102.4](#) is issued shall report data on utilization and other data in accordance with regulations of the Board.

The Commissioner shall also negotiate and contract with a nonprofit organization authorized under § [32.1-276.4](#) for compiling, storing, and making available to consumers the data submitted by health maintenance organizations pursuant to this section. The nonprofit organization shall assist the Board in developing a quality of care or performance information set for such health

maintenance organizations and shall, at the Commissioner's discretion, periodically review this information set for its effectiveness.

D. Every continuing care retirement community established pursuant to Chapter 49 (§ [38.2-4900](#) et seq.) of Title 38.2 that includes nursing home beds shall report data on utilization of such nursing home beds to the Commissioner, who shall contract with the nonprofit organization authorized under this chapter to collect and disseminate such data.

E. Every hospital that receives a disproportionate share hospital adjustment pursuant to § 1886(d)(5)(F) of the Social Security Act shall report, in accordance with regulations of the Board consistent with recommendations of the nonprofit organization in its strategic plan submitted and provided pursuant to § [32.1-276.4](#), the number of inpatient days attributed to patients eligible for Medicaid but not Medicare Part A and the total amount of the disproportionate share hospital adjustment received.

F. The Board shall evaluate biennially the impact and effectiveness of such data collection.

Appendix B

Inpatient Charity Care Summary Report Records Written Off to Charity Care Between July 1 and December 31, 2017 Pursuant to Virginia Chapter Code 791 <http://lis.virginia.gov/cgi-bin/leggp604.exe?171+sum+HB2101>

In order to satisfy the charity care reporting requirements (§32.1-276.5), per notification by the State Health Commissioner, authorized inpatient hospital personnel submitted a charity care data file due on or before July 15, 2018. The file contained certain data elements in an MS Excel file via secure upload to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's inpatient discharge database in order to calculate the estimated cost of care and the estimated Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services provided. The documentation for initial submission was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Beginning with fiscal years ending in 2018, facilities will report charity care records to VHI 90 days following their fiscal year end. The following summary report is based on data submitted by 97 hospitals of over 33,000 discharge records with a linkage rate of over 98% and is presented by health planning region and statewide. Additional detail by hospital may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Financial Summary	Central			Eastern			Northern			Northwestern			Southwestern		
	All Patients	Charity Care Patients	%	All Patients	Charity Care Patients	%	All Patients	Charity Care Patients	%	All Patients	Charity Care Patients	%	All Patients	Charity Care Patients	%
Gross Charges	\$6,491,064,041	\$307,979,454	4.7%	\$3,456,998,144	\$378,901,904	11.0%	\$2,600,391,322	\$161,327,129	6.2%	\$2,746,987,229	\$315,860,299	11.5%	\$2,949,652,061	\$179,280,807	6.1%
Gross Charges Converted to Cost	\$1,292,308,418	\$72,650,446	5.6%	\$980,798,921	\$102,823,993	10.5%	\$987,986,559	\$63,588,887	6.4%	\$908,804,154	\$104,067,796	11.5%	\$876,509,294	\$61,154,966	7.0%
Medicare Reimbursement	\$804,014,478	\$49,380,011	6.1%	\$823,614,985	\$88,110,792	10.7%	\$723,463,182	\$44,951,163	6.2%	\$624,436,984	\$62,763,775	10.1%	\$643,434,178	\$41,060,446	6.4%

Gross Charges were obtained from the sum of all charges as submitted from quarterly inpatient discharge data. Gross Charges Converted to Cost were determined by utilizing the calculation performed by VHI as part of the annual EPICS analysis. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)). VHI worked with the Virginia Hospital and Healthcare Association (VHHA) and other stakeholders to develop the methodology used to convert gross hospital charges to Charges Calculated at Medicare Reimbursement. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate. VHI used the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Financial and service line detail by hospital is also attached. Additional information may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Top 10 Service Lines	Central			Eastern			Northern			Northwestern			Southwestern		
	All Patients	Charity Care Patients	%	All Patients	Charity Care Patients	%	All Patients	Charity Care Patients	%	All Patients	Charity Care Patients	%	All Patients	Charity Care Patients	%
Obstetrics/Delivery	8,763	166	1.9%	9,867	551	5.6%	16,054	413	2.6%	7,458	410	5.5%	5,707	214	3.7%
Normal Newborn	8,102	137	1.7%	8,797	384	4.4%	14,847	256	1.7%	6,769	251	3.7%	5,045	74	1.5%
Psychiatry	9,799	1,036	10.6%	7,856	1,142	14.5%	6,363	718	11.3%	4,047	724	17.9%	7,333	873	11.9%
Pulmonary	6,157	397	6.4%	6,791	820	12.1%	4,721	364	7.7%	5,677	582	10.3%	6,461	361	5.6%
Cardiology - Medical	6,093	381	6.3%	7,929	906	11.4%	4,127	328	7.9%	5,262	493	9.4%	6,313	277	4.4%
Orthopedic Surgery	6,121	310	5.1%	7,435	533	7.2%	5,682	155	2.7%	5,345	425	8.0%	4,939	266	5.4%
Gastroenterology	6,152	564	9.2%	6,430	898	14.0%	5,002	444	8.9%	5,175	621	12.0%	5,816	376	6.5%
Infectious Disease	5,937	403	6.8%	5,862	694	11.8%	5,230	408	7.8%	4,485	399	8.9%	6,948	379	5.5%
General Surgery	5,293	395	7.5%	5,319	695	13.1%	4,671	406	8.7%	3,991	472	11.8%	3,937	376	9.6%
Neurology	5,233	331	6.3%	4,720	613	13.0%	3,685	299	8.1%	3,573	357	10.0%	4,291	251	5.8%
All Other Service Lines	27,622	1,758	6.4%	27,153	3,328	12.3%	22,125	1,752	7.9%	21,297	2,250	10.6%	21,389	1,378	6.4%
Grand Total	95,272	5,878	6.2%	98,159	10,564	10.8%	92,507	5,543	6.0%	73,079	6,984	9.6%	78,179	4,825	6.2%

Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs). Many categories have both medical and surgical versions for example: Neurology and Neurological Surgery both deal with neurological disorders and the separate data headings reflect medical versus surgical care for the condition. A full list of all APR-DRGs which are categorized into the 40 service lines may be found at www.vhi.org/service_lines. Financial and service line detail by hospital is also attached. Additional information may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.



Appendix C
Valuation of Outpatient Care

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Health Planning Region I							
Augusta Health Care Inc	Fishersville	\$ 70,818,948	\$ 3,762,423	5.3%	\$ 57,116,278	\$ 5,127,150	9.0%
Carilion Stonewall Jackson Hospital	Lexington	No Response			\$ 7,157,613	\$ 859,175	12.0%
Charlottesville Surgical Center	Charlottesville	No Response			\$ 2,997,181	\$ 360,361	12.0%
Culpeper Memorial Hospital, Inc.	Culpeper	\$ 52,676,311	\$ 4,901,693	9.3%	\$ 8,586,060	\$ 667,683	7.8%
Culpeper Surgery Center, LLC	Culpeper	No Response			No Response		
ED - LewisGale Medical Center	Cave Spring	No Response			No Response		
ED - Mary Washington	Fredericksburg	No Response			No Response		
Martha Jefferson - Peter Jefferson Place	Charlottesville	No Response			No Response		
Martha Jefferson Health Services - Proffit Road	Charlottesville	No Response			No Response		
Martha Jefferson Hospital	Charlottesville	No Response			\$ 10,740,957	\$ 1,049,266	9.8%
Monticello Community Surgery Center	Charlottesville	No Response			No Response		
Page Memorial Hospital	Luray	\$ 58,489,085	\$ 2,674,546	4.6%	\$ 1,208,655	\$ 143,478	11.9%
RMH East Rockingham Health Center	Elkton	No Response			No Response		
RMH New Market Health Center	New Market	No Response			No Response		
Sentara Martha Jefferson Outpatient Surgery Center	Albermarle	Included in Sentara Norfolk General Hospital			No Response		
Shenandoah Memorial Hospital	Woodstock	\$ 14,767,356	\$ 922,571	6.2%	\$ 5,116,071	\$ 592,223	11.6%
Spotsylvania Regional Medical Center	Fredericksburg	\$ 474,133,743	\$ 10,159,573	2.1%	\$ 32,058,970	\$ 417,180	1.3%
University of Virginia Medical Center, Emily Couric Clinical Cancer Center	Charlottesville	No Response			No Response		
UVA Imaging	Charlottesville	\$ 48,667,991	\$ 3,418,586	7.0%	No Response		
UVA Imaging Center	Charlottesville	\$ 64,887,568	\$ 5,590,565	8.6%	No Response		
UVA Long Tern Acute Care Hospital	Charlottesville	\$ 66,778,876	\$ 1,146,000	1.7%	No Response		
UVA Medical Center	Charlottesville	\$ 31,164,591	\$ 1,270,376	4.1%	\$ 5,801,440	\$ 730,493	12.6%
Virginia Urological Foundation	Charlottesville	No Response			\$ 2,808,976	\$ 234,416	8.3%
Warren Memorial Hospital	Front Royal	\$ 2,654,531	\$ 337,587	12.7%	\$ 6,532,561	\$ 569,971	8.7%

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Winchester Eye Surgery Center, LLC	Winchester	\$ 5,679,355	\$ 189,404	3.3%	No Response		
Winchester Imaging	Winchester	\$ 28,734,123	\$ 389,387	1.4%	No Response		
Winchester Medical Center	Winchester	\$ 1,684,641,838	\$ 36,896,250	2.2%	\$ 65,909,423	\$ 3,446,549	5.2%
	HPR I Total	27			27		
	No Responses	13	48.1%		15	55.6%	
	Regional Total	\$ 2,604,094,316	\$ 71,658,961	2.8%	\$ 206,034,186	\$ 14,197,945	6.9%
	\$						

Health Planning Region II							
AAR Alexandria Imaging Center	Alexandria	No Response			No Response		
AAR Woodbridge Imaging Center	Woodbridge	No Response			No Response		
Arlington MRI	Arlington	No Response			Included in Inova Health System		
Centreville / Clifton Imaging Center	Centreville	No Response			\$ 3,909,346	\$ 79,619	2.0%
Commonwealth Imaging, LLC	Stafford	No Response			No Response		
Dominion Hospital	Falls Church	\$ 114,651,948	\$ 406,363	0.4%	\$ 433,550	\$ 509	0.1%
ED - Inova Alexandria Hospital #2	Leesburg	No Response			Included in Inova Health System		
ED - Inova Loudoun Hospital	Ashburn	No Response			Included in Inova Health System		
ED - Inova Mount Vernon Hospital	Lorton	No Response			Included in Inova Health System		
Fair Oaks Imaging Center	Fairfax	No Response			\$ 348,835	\$ 1,070	0.3%
Fairfax Diagnostic Imaging Center	Fairfax	No Response			\$ 1,556,589	\$ 22,949	1.5%
Fairfax MRI and Imaging Center at Tysons	Falls Church	No Response			Included in Inova Health System		
Fairfax MRI Center at Reston	Herndon	No Response			Included in Fairfax Radiology Centers		
Fairfax PET/CT Imaging Center	Fairfax	No Response			Included in Inova Health System		
Fairfax Radiology Centers	Springfield	No Response			\$ 331,718,687	\$ 20,436,404	6.2%
Falls Church Lithotripsy, L.L.C.	Beltsville	No Response			No Response		
Haymarket Surgery Center	Haymarket	No Response			\$ 1,106,516	\$ -	0.0%
Inova Alexandria Hospital	Alexandria	No Response			Included in Inova Health System		
Inova Ambulatory Surgery Center @ Lorton	LORTON	No Response			Included in Inova Health System		
Inova Ashburn Healthplex	Ashburn	No Response			Included in Inova Health System		
Inova Emergency Room of Fairfax	Fairfax	No Response			Included in Inova Health System		

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
City							
Inova Emergency Room of Reston/Herndon	Reston	No Response			Included in Inova Health System		
Inova Fair Oaks Hospital	Fairfax	No Response			Included in Inova Health System		
Inova Fair Oaks Imaging Center	Fairfax	No Response			Included in Inova Health System		
Inova Fairfax Hospital	Falls Church	No Response			Included in Inova Health System		
Inova Health System		No Response			\$ 361,733,275	\$ 13,416,375	3.7%
Inova Healthplex - Ashburn	Ashburn	No Response			Included in Inova Health System		
Inova Imaging Center - Fair Oaks	Fairfax	No Response			Included in Inova Health System		
Inova Imaging Center - Franconia/Springfield	ALEXANDRIA	No Response			Included in Inova Health System		
Inova Imaging Center - Lorton	LORTON	No Response			Included in Inova Health System		
Inova Imaging Center Leesburg	Leesburg	No Response			Included in Inova Health System		
Inova Imaging Center Lorton	Lorton	No Response			Included in Inova Health System		
Inova Imaging Center-Mark Center	Alexandria	No Response			Included in Inova Health System		
Inova Loudoun Ambulatory Surgery Center, LLC	Leesburg	No Response			Included in Inova Health System		
Inova Loudoun Hospital	Leesburg	No Response			Included in Inova Health System		
Inova Medical Center-Dulles South	Chantilly	No Response			No Response		
Inova Mount Vernon Hospital	Alexandria	No Response			Included in Inova Health System		
Inova MRI Center - Fairfax	Fairfax	No Response			Included in Inova Health System		
Inova Northern Virginia Surgery Center, LLC	Fairfax	No Response			Included in Inova Health System		
Inova PET/CT Imaging Center - Fairfax	Fairfax	No Response			Included in Inova Health System		
Inova Springfield HealthPlex	Alexandria	No Response			Included in Inova Health System		
Inova Surgery Center @ Franconia-Springfield	Alexandria	No Response			Included in Inova Health System		
Inova Woodburn Surgery Center	Annandale	No Response			Included in Inova Health System		
Insight Imaging - Arlington / Medical Imaging Center of Arlington	Arlington	\$ 3,247,572	\$ 101,628	3.1%	\$ 3,612,635	\$ 1,369	0.0%
Insight Imaging - Fairfax / Medical Imaging Center of Fairfax	Fairfax	Included in Insight Arlington			No Response		
Insight Imaging Woodbridge /	Woodbridge	\$ 4,220,091	\$ 445,236	10.6%	\$ 2,377,136	\$ 13,077	0.6%

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Medical Imaging Center of Woodbridge							
Kaiser Permanente - Reston Medical Center	Reston	No Response			No Response		
Kaiser Permanente - Woodbridge Medical Center	Woodbridge	No Response			No Response		
Kaiser Permanente Tysons Corner Surgery Center	McLean	No Response			No Response		
Lake Ridge Ambulatory Surgical Center	Woodbridge	No Response			No Response		
Lakeside @ Loudoun Tech Center 1	Sterling	No Response			\$ 400,880	\$ 7,193	1.8%
McLean Ambulatory Surgery Center	McLean	No Response			Included in Inova Health System		
Medical Imaging Center of Reston	Reston	No Response			No Response		
Medical Imaging of North Stafford	Stafford	No Response			No Response		
Metro Region PET Center	Annandale	No Response			\$ 3,618,812	\$ 101,412	2.8%
Metropolitan ENT & Facial Plastic Surgery	Alexandria	No Response			No Response		
MRI of Reston	Reston	No Response			\$ 5,826,103	\$ 1,774	0.0%
North Spring Behavioral Health Center	Leesburg	\$ 9,246,600	\$ 122,342	1.3%	No Response		
Northern Virginia Eye Surgery Center, LLC	Fairfax	\$ 6,753,213	\$ 151,117	2.2%	\$ 11,429,991	\$ 131,813	1.2%
Novant Health UVA Cancer Center	Gainesville	No Response			\$ 3,219,186	\$ 33,256	1.0%
Novant Health UVA Health System Haymarket Medical Center	Haymarket	No Response			\$ 8,616,978	\$ 145,819	1.7%
Novant Health UVA Health System Prince William Medical Center	Manassas	No Response			\$ 11,883,094	\$ 622,416	5.2%
Novant Imaging Centerville	Centerville	No Response			\$ 1,089,887	\$ 861	0.1%
Orthopaedic Foot and Ankle Center of Washington DC	Falls Church	No Response			No Response		
PET of Reston	Reston	No Response			\$ 862,003	\$ 10,675	1.2%
Potomac Radiation Oncology Center	Woodbridge	No Response			\$ 1,094,878	\$ 45,895	4.2%
Prince William Ambulatory Surgery Center	Manassas	No Response			No Response		
Prosperity Imaging Center	Fairfax	No Response			\$ 302,550	\$ 11,331	3.7%

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Radiology Imaging Associates at Lansdowne	Lansdowne	No Response			Included in Inova Health System		
Radiology Imaging Associates at Sterling	Sterling	\$ 2,327,521	\$ 216,110	9.3%	Included in Inova Health System		
Reston Hospital Center	Reston	\$ 226,899,168	\$ 2,005,098	0.9%	\$ 31,255,449	\$ 159,911	0.5%
Reston Surgery Center	Reston	\$ 2,350,680	\$ 14,049	0.6%	\$ 422,145	\$ -	0.0%
Sentara Advanced Imaging Center - Lake Ridge	Lake Ridge	No Response			No Response		
Sentara Advanced Imaging Center - Lorton	Lorton	No Response			No Response		
Sentara Advanced Imaging Center - Springfield	Springfield	No Response			No Response		
Sentara Northern Virginia Medical Center	Woodbridge	No Response			\$ 13,661,522	\$ 1,742,356	12.8%
StoneSprings Hospital Center	Dullas	\$ 161,105,564	\$ 1,386,438	0.9%	\$ 16,370,546	\$ 112,883	0.7%
Tyson's Corner Diagnostic Imaging	Vienna	No Response			No Response		
UVA Imaging - Zion Crossroads	Zion Crossroads	\$ 18,477,913	\$ 1,410,889	7.6%	No Response		
Virginia Cancer Specialists Radiation Oncology Center	Fairfax City	No Response			No Response		
Virginia Hospital Center	Arlington	No Response			\$ 52,429,263	\$ 1,598,211	3.0%
Washington Radiology Associates, PC	Fairfax	No Response			\$ 874,262	\$ 32,231	3.7%
Woodburn Diagnostic Center	Annandale	No Response			\$ 5,073,534	\$ 155,008	3.1%
Woodburn Nuclear Medicine	Annandale	No Response			Included in Inova Health System		
	HPR II Total	84			84		
	No Responses	73	86.9%		22	26.2%	
	Regional Total	\$ 549,280,270	\$ 6,259,270	1.1%	\$ 875,227,651	\$ 38,884,415	4.4%
		\$					

Health Planning Region III							
Bedford Memorial Hospital	Bedford	No Response			\$ 6,890,728	\$ 672,706	9.8%
Blue Ridge Ear, Nose, Throat and Plastic Surgery	Lynchburg	No Response			\$ 42,117	\$ -	0.0%
Blue Ridge Surgery Center	Salem	No Response			No Response		
Carilion Cancer Center of Western VA	Roanoke	No Response			\$ 15,277,588	\$ 4,752,643	31.1%

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Carilion Clinic Medical Office Building	Roanoke	No Response			No Response		
Carilion Franklin Memorial Hospital	Rocky Mount	No Response			\$ 9,646,440	\$ 1,668,098	17.3%
Carilion Giles Community Hospital	Pearisburg	No Response			\$ 5,267,294	\$ 456,494	8.7%
Carilion Imaging Services-Daleville	Daleville	No Response			\$ 1,543,031	\$ 101,227	6.6%
Carilion New River Valley Medical Center	Christiansburg	\$ 76,175,435	\$ 3,318,814	4.4%	\$ 48,344,582	\$ 5,404,030	11.2%
Carilion Roanoke Memorial Hospital	Roanoke	\$ 173,223,783	\$ 3,642,262	2.1%	\$ 128,176,820	\$ 14,126,896	11.0%
Carilion Tazewell Community Hospital	Tazewell	No Response			\$ 2,007,899	\$ 224,846	11.2%
Carilion Westlake Urgent Care Center	Rocky Mount	No Response			No Response		
Centra Alen B. Pearson Cancer Center	Lynchburg	No Response			Reported in Centra Lynchburg General Hosp.		
Centra Gretna Medical Center	Gretna	No Response			Reported in Centra Lynchburg General Hosp.		
Centra Virginia Baptist Hospital	Lynchburg	No Response			Reported in Centra Lynchburg General Hosp.		
Central Virginia Imaging	Lynchburg	\$ 6,501,055	\$ 105,918	1.6%	\$ 2,958,919	\$ 23,969	0.8%
Clinch Valley Medical Center	Richlands	No Response			\$ 10,397,098	\$ 52,911	0.5%
Clinch Valley Physicians Inc.	Richlands	No Response			No Response		
Community Radiology Of Virginia, Inc.	Bluefield	No Response			No Response		
Crystal Springs Imaging Center	Roanoke	No Response			\$ 17,707,564	\$ 1,623,383	9.2%
Danville Diagnostic Imaging Center	Danville	No Response			\$ 1,970,506	\$ -	0.0%
Dickenson County Hospital	Clintwood	No Response			\$ 4,061,229	\$ 44,696	1.1%
Fairlawn Surgery Center, LLC	Roanoke	\$ 8,983,971	\$ 223,764	2.5%	No Response		
Fauquier Hospital	Warrenton	\$ 54,588,103	\$ 3,013,720	5.5%	No Response		
Insight Imaging - Roanoke	Roanoke	\$ 2,916,723	\$ 179,613	6.2%	\$ 2,540,979	\$ 21,469	0.8%
Johnston Memorial Comprehensive Cancer Center	Abingdon	No Response			No Response		
Johnston Memorial Hospital	Abingdon	\$ 1,017,259,512	\$ 34,925,431	3.4%	\$ 65,500,362	\$ 3,599,760	5.5%
Lewis Gale Hospital Pulaski	Pulaski	\$ 41,674,210	\$ 388,331	0.9%	\$ 4,938,703	\$ 91,230	1.8%
Lewis Gale Imaging at Brambleton	Roanoke	\$ 2,279,206	\$ 14,667	0.6%	\$ 562,711	\$ 5,935	1.1%
Lewis Gale Imaging Blacksburg	Blacksburg	\$ 14,867,406	\$ 28,763	0.2%	\$ 871,261	\$ 1,596	0.2%
Lewis Gale Imaging Daleville	Troutville	\$ 207,932	\$ -	0.0%	\$ 228	\$ -	0.0%
LewisGale Hospital Alleghany	Low Moor	\$ 11,074,335	\$ 21,265	0.2%	\$ 445,992	\$ 2,281	0.5%

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
LewisGale Medical Center	Salem	\$ 385,733,780	\$ 5,656,784	1.5%	\$ 32,673,807	\$ 381,998	1.2%
Lonesome Pine Hospital/Mountain View Regional Medical Center	Big Stone Gap	No Response			\$ 107,245,166	\$ 10,725,697	10.0%
Lynchburg General Hospital (including VBH, Pearson Cancer Center, & Gretna Medical Center)	Lynchburg	No Response			\$ 153,520,351	\$ 12,144,267	7.9%
New River Valley Surgery Center	Christiansburg	No Response			No Response		
Norton Community Hospital	Norton	\$ 269,453,117	\$ 4,127,005	1.5%	\$ 24,228,041	\$ 415,475	1.7%
Piedmont Day Surgery Center	Danville	No Response			No Response		
Regional Surgical Services	Bluefield	No Response			No Response		
Roanoke Ambulatory Surgical Center	Roanoke	No Response			No Response		
Roanoke Valley Center for Sight	Salem	No Response			No Response		
Russell County Medical Center	Lebanon	No Response			\$ 6,904,691	\$ 61,702	0.9%
Sentara RMH Medical Center	Harrisonburg	\$ 1,012,405,525	\$ 31,315,974	3.1%	No Response		
Smyth County Community Hospital	Marion	\$ 170,503,003	\$ 6,460,668	3.8%	\$ 15,422,616	\$ 674,964	4.4%
Southwest Virginia Cancer Center	Norton	No Response			No Response		
Southwest Virginia Regional Cancer Center	Big Stone Gap	No Response			No Response		
Surgery Center of Central Virginia	Forest	No Response			\$ 6,239,059	\$ 58,947	0.9%
Surgery Center, The	Lynchburg	No Response			\$ 22,430,230	\$ 406,242	1.8%
Twin County Regional Healthcare	Galax	No Response			\$ 7,641,551	\$ 165,430	2.2%
Wellmont Urgent Care Abingdon	Abingdon	No Response			No Response		
Wythe County Community Hospital	Wytheville	No Response			\$ 8,419,206	\$ 37,641	0.4%
	HPR III Total Count	51			51		
	No Responses Count	35	68.6%		17	33.3%	
	Regional Total \$	\$ 3,247,847,096	\$ 93,422,979	2.9%	\$ 713,876,767	\$ 57,946,533	8.1%

Health Planning Region IV							
Appomattox Imaging Center	Colonial Heights	\$ 16,316,350	\$ 46,507	0.3%	\$ 1,012,088	\$ 1,825	0.2%
Bon Secours Cancer Institute at	Henrico	\$ 3,993,387	\$ 32,468	0.8%	\$ 1,007,093	\$ 25,757	2.6%

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Reynolds Crossing							
Bon Secours Cancer Institute at St. Francis	Midlothian	\$ 21,217,822	\$ 223,856	1.1%	\$ 1,144,724	\$ 34,625	3.0%
Bon Secours Imaging Center at Reynolds Crossng	Richmond	\$ 10,379,664	\$ 61,655	0.6%	\$ 951,941	\$ 34,065	3.6%
Bon Secours Imaging Center Innsbrook	Glen Allen	\$ 3,091,074	\$ 63,985	2.1%	\$ 639,234	\$ 11,958	1.9%
Bon Secours Memorial Regional Medical Center	Mechanicsville	\$ 155,553,915	\$ 1,939,531	1.2%	\$ 64,071,099	\$ 6,453,549	10.1%
Bon Secours Midlothian Imaging Center	North Chesterfield	No Response			\$ 679,682	\$ 25,182	3.7%
Bon Secours Richmond Community Hospital	Richmond	\$ 2,549,884	\$ 88,838	3.5%	\$ 2,762,486	\$ 974,018	35.3%
Bon Secours St. Francis Medical Center	Midlothian	\$ 973,310,391	\$ 54,518,217	5.6%	\$ 42,200,554	\$ 3,976,575	9.4%
Bon Secours St. May's Hospital	Richmond	\$ 366,663,813	\$ 6,630,416	1.8%	\$ 77,276,296	\$ 7,843,148	10.1%
Bon Secours Virginia Breast Center	Midlothian	No Response			No Response		
Bon Secours Virginia HealthSource, Inc.	Midlothian	No Response			No Response		
Bon Secours West End MRI	Richmond	\$ 3,051,752	\$ 17,914	0.6%	\$ 221,843	\$ 5,880	2.7%
Bon Secours Westchester Imaging Center	Midlothian	No Response			\$ 3,050,520	\$ 442,452	14.5%
Boulders Ambulatory Surgery Center	Richmond	\$ 67,915,918	\$ 2,008,134	3.0%	\$ 13,657,949	\$ 362,040	2.7%
Buford Road Imaging	Richmond	\$ 2,771,741	\$ 14,983	0.5%	\$ 412,278	\$ 2,486	0.6%
Cancer Treatment Center of Southside Regional Medical Center	Petersburg	No Response			No Response		
Cataract and Refractive Surgery Center	Richmond	No Response			No Response		
Centra Southside Community Hospital	Farmville	No Response			\$ 19,551,981	\$ 2,485,963	12.7%
Chesterfield Imaging	Midlothian	\$ 17,390,125	\$ 114,136	0.7%	\$ 1,721,145	\$ 12,836	0.7%
Chippenham Hospital	Richmond	\$ 286,371,323	\$ 14,935,623	5.2%	\$ 19,178,987	\$ 154,398	0.8%
Colonial Heights Imaging Center	Colonial Heights	No Response			No Response		
Colonial Heights Surgery Center	Colonial Heights	\$ 19,012,243	\$ 111,692	0.6%	\$ 2,942,588	\$ 33,396	1.1%

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Community Memorial Hospital	South Hill	No Response			\$ 5,060,277	\$ 88,690	1.8%
ED - John Randolph Prince George	Prince George	No Response			Part of John Randolph Hospital		
ED - Swift Creek	Chesterfield	\$ 17,707,665	\$ 303,812	1.7%	\$ 604,873	\$ 7,629	1.3%
ED - West Creek Emergency Center	Richmond	No Response			No Response		
Ellen Shaw De Paredes Institute For Women's Imaging	Glen Allen	No Response			No Response		
Greensville Correctional Center	Jarratt	No Response			No Response		
Hanover Emergency Center	Mechanicsville	\$ 16,135,107	\$ 211,060	1.3%	\$ 452,711	\$ 5,104	1.1%
Henrico Doctors Hospital - Forest	Richmond	\$ 221,423,170	\$ 3,522,221	1.6%	\$ 26,078,163	\$ 342,222	1.3%
Henrico Doctors' Hospital - Parham	Richmond	\$ 99,227,624	\$ 5,826,673	5.9%	\$ 8,578,234	\$ 232,028	2.7%
Independence Park Imaging	Richmond	\$ 14,344,533	\$ 258,368	1.8%	\$ 1,100,466	\$ 23,567	2.1%
Intecardia Life Imaging / Virginia Cardiovascular Specialists	Richmond	No Response			No Response		
John Randolp Medical Center	Hopewell	\$ 35,009,476	\$ 3,853,311	11.0%	\$ 55,125	\$ -	0.0%
Johnston-Willis Hospital	Richmond	\$ 157,323,005	\$ 2,753,838	1.8%	\$ 11,291,492	\$ 346,435	3.1%
Massey Cancer Center	Richmond	No Response			Included in VCU Medical Center		
Massey Cancer Center at Stony Point	Richmond	No Response			Included in VCU Medical Center		
Open MRI of Southern Virginia	Farmville	No Response			\$ 3,809,383,379	\$ 237,919,983	6.2%
OrthoVirginia MRI	Henrico	No Response			\$ 1,127,102	\$ 51,096	4.5%
Parham Surgery Center	Henrico	\$ 4,032,096	\$ 111,404	2.8%	\$ 703,125	\$ -	0.0%
Retreat Doctors Hospital	Richmond	\$ 18,706,712	\$ 711,753	3.8%	\$ 581,422	\$ 25,422	4.4%
Richmond Ear Nose and Throat		No Response			\$ 44,635	\$ 455	1.0%
Skin Surgery Center of Virginia	Henrico	No Response			No Response		
Southern Virginia Regional Medical Center	Emporia	No Response			\$ 24,341,970	\$ 196,995	0.8%
Southside Regional Medical Center	Petersburg	No Response			\$ 638,805,968	\$ 891,457	0.1%
St. Mary's Ambulatory Surgery Center	Richmond	No Response			No Response		
Stony Point Surgery Center	Richmond	\$ 45,754,333	\$ 1,017,273	2.2%	\$ 42,617,278	\$ 6,317,850	14.8%
Tuckahoe Orthopedic MRI Center	Richmond	No Response			No Response		
Urosurgical Center of Richmond	Mechanicsville	\$ 15,182,401	\$ 482,101	3.2%	No Response		
Urosurgical Center of Richmond	Richmond	\$ 3,206,588	\$ 112,334	3.5%	No Response		

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
VCU Massy Cancer Center at Hanover Medical Park	Mechanicsville	No Response			Included in VCU Medical Center		
VCU Medical Center	Richmond	No Response			\$ 115,237,415	\$ 9,714,364	8.4%
VCU Medical Center at Stony Point Radiology	Richmond	No Response			No Response		
Virginia Cancer Institute - Reynolds Crossing	Richmond	No Response			No Response		
Virginia Ear Nose & Throat - Chesterfield	Richmond	No Response			No Response		
Virginia Ear Nose & Throat - Henrico	Richmond	No Response			No Response		
Virginia Eye Institute	Richmond	No Response			No Response		
	HPR IV Total Count	58			58		
	No Responses Count	30	51.7%		18	31.0%	
	Regional Total	\$ 2,597,642,112	\$ 99,972,103	3.8%	\$ 4,938,546,123	\$ 279,043,450	5.7%

Health Planning Region V							
Advanced Imaging Center-Fort Norfolk	Norfolk	Included in Sentara Norfolk General Hospital			No Response		
Advanced Vision Surgery Center LLC	Williamsburg	\$ 2,666,059,535	\$159,509,059	6.0%	No Response		
Ambulatory Foot & Ankle Center	Hampton	No Response			No Response		
Atlantic Foot and Ankle Center	Virginia Beach	No Response			No Response		
Bayview Medical Center, Inc / Lakeview Ambulatory Surgery Center	Suffolk	Included in Bon Secours Ambulatory Foot & Ankle			No Response		
Bon Secours DePaul Medcial Center	Norfolk	Included in Bon Secours Ambulatory Foot & Ankle			\$ 27,022,229	\$ 3,272,882	12.1%
Bon Secours Health Center Harbour View	Suffolk	Included in Bon Secours Ambulatory Foot & Ankle			No Response		
Bon Secours Mary Immaculate Ambulatory Surgery Center	Newport news	Included in Bon Secours Ambulatory Foot & Ankle			No Response		
Bon Secours Maryview Medical Center	Portsmouth	Included in Bon Secours Ambulatory Foot & Ankle			\$ 36,650,900	\$ 4,848,568	13.2%
Bon Secours Surgery Center at	Suffolk	Included in Bon Secours			No Response		

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Harbour View		Ambulatory Foot & Ankle					
Bon Secours Surgery Center at Virginia Beach	Virginia Beach	No Response			No Response		
Careplex Orthopaedic Ambulatory Surgery Center	Hampton	No Response			\$ 8,480,090	\$ 793,996	9.4%
Chesapeake Regional Imaging - Kempsville	Norfolk	No Response			No Response		
Chesapeake Regional Imaging - Kingsborough	Chesapeake	\$ 325,447,448	\$ 4,133,622	1.3%	No Response	\$ -	#VALUE!
Chesapeake Regional Medical Center	Chesapeake	No Response			\$ 70,821,668	\$ 1,141,859	1.6%
Children's Hospital of The Kings Daughters	Norfolk	No Response			\$ 30,642,696	\$ 1,673,152	5.5%
CHKD Health & Surgery Center	Virginia Beach	No Response			No Response		
CHKD Health & Surgery Center (Newport News)	Newport News	No Response			No Response		
Diagnostic Center of Chesapeake	Chesapeake	Included in Bon Secours Ambulatory Foot & Ankle			No Response		
ED - Bon Secours Health Care Center @ Harborview	Suffolk	Included in Sentara Norfolk General Hospital			No Response		
ED - Sentara Port Warwick	Newport News	No Response			No Response		
First Meridian d/b/a MRI & CT Diagnostics - Virginia Beach	Virginia Beach	No Response			No Response		
First Meridian d/b/a MRI & CT Diagnostics -Chesapeake	Chesapeake	No Response			No Response		
Hampton Roads ENT - Allergy	Hampton	\$ 1,018,377	\$ 90,174	8.9%	No Response		
Hampton Roads Orthopaedics and Sports Medicine	Newport News	No Response			No Response		
Hampton University Proton Therapy Institute	Hampton	\$ 57,897,369	\$ 1,028,447	1.8%	\$ 12,484,908	\$ 272,922	2.2%
Mary Immaculate Hospital	Newport News	\$ 8,440,500	\$ 346,028	4.1%	\$ 36,130,143	\$ 2,598,535	7.2%
Newport News Behavioral Health Center	Newport News	\$ 1,509,960	\$ 83,750	5.5%	No Response		
Orthopaedic and Spine Center	Newport News	No Response			No Response		
PET Institute of Hampton Roads	Norfolk	Included in Sentara Norfolk General Hospital			No Response		

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Princess Anne Ambulatory Surgery Center	Virginia Beach	Included in Bon Secours Ambulatory Foot & Ankle			No Response		
Rappahannock General Hospital	Kilmarnock	No Response			\$ 1,521,777	\$ 44,354	2.9%
Regional Cancer Center at Montross	Montross	No Response			No Response		
Riverside and University of Virginia Radiosurgery Center, LLC	Newport News	No Response			No Response		
Riverside Cancer Care Center	Newport News	No Response			No Response		
Riverside Diagnostic & Breast Imaging Center (Riverside Diagnostic Center - Oyster Point)	Newport News	No Response			No Response		
Riverside Diagnostic Center - Smithfield	Smithfield	No Response			No Response		
Riverside Diagnostic Center - Williamsburg	Williamsburg	\$ 8,290,081	\$ 6,513,270	6.6%	No Response		
Riverside Doctors Hospital of Williamsburg	Williamsburg	No Response			No Response		
Riverside Doctors Surgery Center	Williamsburg	No Response			No Response		
Riverside Hampton Surgery Center	Hampton	\$ 211,958,750	\$ 10,481,624	4.9%	No Response		
Riverside Middle Peninsula Cancer Center	Gloucester	No Response			No Response		
Riverside Peninsula Surgery Center	Newport News	\$ 1,663,458,894	\$ 95,512,087	5.7%	No Response		
Riverside Regional Medical Center	Newport News	No Response			No Response		
Riverside Regional Medical Center MRI Center - Hampton	Hampton	\$ 192,384,233	\$ 168,438	4.2%	No Response		
Riverside Shore Memorial Hospital	Onancock	\$ 165,364,000	\$ 9,381,454	5.7%	No Response		
Riverside Tappahannock Hospital	Tappahannock	\$ 211,958,750	\$ 10,481,624	4.9%	No Response		
Riverside Walter Reed Hospital	Glouster	No Response			No Response		
RVS Radiation Oncology - Williamsburg.	Williamsburg	Included in Sentara Norfolk General Hospital			No Response		
Sentara Advanced Imaging Center - Belleharbour	Suffolk	Included in Sentara Norfolk General Hospital			No Response		
Sentara Advanced Imaging Center - Greenbrier Healthplex	Chesapeake	Included in Sentara Norfolk General Hospital			No Response		
Sentara Advanced Imaging Center - Leigh	Norfolk	Included in Sentara Norfolk General Hospital			No Response		

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Sentara Advanced Imaging Center - Princess Anne	Virginia Beach	Included in Sentara Norfolk General Hospital			No Response		
Sentara Advanced Imaging Center - St. Luke's	Carrollton	Included in Sentara Norfolk General Hospital			No Response		
Sentara Advanced Imaging Center at First Colonial	Virginia Beach	Included in Sentara Norfolk General Hospital			No Response		
Sentara Careplex Hospital	Hampton	Included in Sentara Norfolk General Hospital			\$ 18,881,143	\$ 2,758,863	14.6%
Sentara Geddy Outpatient Center	Williamsburg	Included in Sentara Norfolk General Hospital			No Response		
Sentara Gloucester Medical Arts	Gloucester	Included in Sentara Norfolk General Hospital			No Response		
Sentara Healthcare & Virginia Oncology Associates - Hampton	Hampton	Included in Sentara Norfolk General Hospital			No Response		
Sentara Healthcare & Virginia Oncology Associates - Lake Wright	Norfolk	Included in Sentara Norfolk General Hospital			No Response		
Sentara Independence	Virginia Beach	Included in Sentara Norfolk General Hospital			No Response		
Sentara Leigh - Ambulatory Surgery	Norfolk	Included in Sentara Norfolk General Hospital			No Response		
Sentara Leigh Hospital	Norfolk	\$ 9,626,391,573	\$ 49,098,070	0.5%	\$ 40,199,104	\$ 4,154,420	10.3%
Sentara Norfolk General Hospital	Norfolk	Included in Sentara Norfolk General Hospital			\$ 20,172,236	\$ 3,123,709	15.5%
Sentara Obici Ambulatory Surgery LLC	Suffolk	Included in Sentara Norfolk General Hospital			No Response		
Sentara Obici Hospital	Suffolk	Included in Sentara Norfolk General Hospital			\$ 15,388,926	\$ 2,448,096	15.9%
Sentara Port Warwick Surgery Center	Newport News	Included in Sentara Norfolk General Hospital			No Response		
Sentara Princess Anne Hospital	Virginia Beach	Included in Sentara Norfolk General Hospital			\$ 12,481,450	\$ 1,392,646	11.2%
Sentara Virginia Beach ASC	Virginia Beach	Included in Sentara Norfolk General Hospital			No Response		
Sentara Virginia Beach General Hospital	Virginia Beach	Included in Sentara Norfolk General Hospital			\$ 43,263,307	\$ 4,681,971	10.8%
Sentara Williamsburg Regional	Williamsburg	No Response			\$ 27,509,653	\$ 1,970,979	7.2%

		2017 Condition Report (12 Months)			2017 Special Report Annualized		
		(includes inpatient)			NoVa Medicare Valuation		
		Total Gross	Gross Charity		12 Month Total	12 Month Charity	
Medical Center							
Southampton Memorial Hospital	Franklin	No Response			No Response	NO CPT Codes Given	
Surgery Center of Chesapeake	Chesapeake	No Response			\$ 16,421,092	\$ 51,272	0.3%
Tidewater Orthopaedic Associates	Hampton	\$ 1,902,801	\$ 41,306	2.2%	\$ 311,598	\$ 7,300	2.3%
TPMG Imaging Center - Newport News	Newport News	\$ 4,606,563	\$ 94,775	2.1%	No Response		
TPMG Imaging Center - Williamsburg	Williamsburg	\$ 1,001,286	\$ 57,959	5.8%	No Response		
Virginia Beach Eye Center	Virginia Beach	No Response			\$ 1,544,602	\$ 48,437	3.1%
Virginia Beach Health Center	Virginia Beach	\$ 3,979,077	\$ 18,700	0.5%	\$ 5,150,640	\$ 1,499,287	29.1%
Virginia Center for Eye Surgery	Virginia Beach	\$ 7,992,228	\$ 88,214	1.1%	\$ 5,895,038	\$ 32,320	0.5%
Virginia Surgery Center, LLC	Norfolk	No Response			No Response		
	HPR V Total	80			80		
	No Responses	32	40.0%		59	73.8%	
	Regional Total	\$ 15,249,661,425	\$355,128,601	2.3%	\$ 430,973,199	\$ 36,815,568	8.5%
	\$						
	Total	300			300		
	No Response	183	61.0%		131	43.7%	
	Value	\$ 24,248,525,219	\$626,441,914	2.6%	\$ 7,164,657,925	\$ 426,887,913	6.0%

Data reported for the 6 month period 1 July 2017 - 31 December 2017 was doubled to approximate the value to all care accounted for during the entire 12 months of the year.

Appendix D Outpatients Served

Facility	Location	System	Patients	Charity Patients	%
Appomattox Imaging Center	Colonial Heights	HCA Healthcare	2,336	4	0.2%
Arlington MRI	Arlington	Inova Health System	Included in Inova Health System		
Augusta Health Care Inc	Fishersville		133,625	12,914	9.7%
Bedford Memorial Hospital	Bedford	Centra Health	327,371	34,275	10.5%
Blue Ridge Ear, Nose, Throat and Plastic Surgery	Lynchburg	Blue Ridge Ear, Nose, Throat & Plastic Surgery	306	-	0.0%
Bon Secours Cancer Institute at Reynolds Crossing	Henrico	Bon Secours Health System	4,712	59	1.3%
Bon Secours Cancer Institute at St. Francis	Midlothian	Bon Secours Health System	4,980	61	1.2%
Bon Secours DePaul Medcial Center	Norfolk	Bon Secours Health System	159,549	25,175	15.8%
Bon Secours Imaging Center at Reynolds Crossng	Richmond	Bon Secours Health System	3,299	108	3.3%
Bon Secours Imaging Center Innsbrook	Glen Allen	Bon Secours Health System	1,250	20	1.6%
Bon Secours Maryview Medical Center	Portsmouth	Bon Secours Health System	224,640	43,167	19.2%
Bon Secours Memorial Regional Medical Center	Mechanicsville	Bon Secours Health System	255,566	37,140	14.5%
Bon Secours Midlothian Imaging Center	North Chesterfield	Bon Secours Health System	1,591	55	3.5%
Bon Secours Richmond Community Hospital	Richmond	Bon Secours Health System	26,017	8,169	31.4%
Bon Secours St. Francis Medical Center	Midlothian	Bon Secours Health System	163,309	21,034	12.9%
Bon Secours St. May's Hospital	Richmond	Bon Secours Health System	305,221	42,746	14.0%
Bon Secours West End MRI	Richmond	Bon Secours Health System	501	13	2.6%
Bon Secours Westchester Imaging Center	Midlothian	Bon Secours Health System	20,635	3,443	16.7%
Boulders Ambulatory Surgery Center	Richmond	HCA Healthcare	3,900	80	2.1%
Buford Road Imaging	Richmond	HCA Healthcare	1,476	7	0.5%
Careplex Orthopaedic Ambulatory Surgery Center	Hampton	Tidewater Orthopaedics	3,372	236	7.0%
Carilion Cancer Center of Western VA	Roanoke	Carilion Clinic	17,442	5,438	31.2%
Carilion Franklin Memorial Hospital	Rocky Mount	Carilion Clinic	27,899	4,462	16.0%
Carilion Giles Community Hospital	Pearisburg	Carilion Clinic	18,544	1,520	8.2%
Carilion Imaging Services-Daleville	Daleville	Carilion Clinic	3,416	224	6.6%
Carilion New River Valley Medical Center	Christiansburg	Carilion Clinic	81,701	9,322	11.4%
Carilion Roanoke Memorial Hospital	Roanoke	Carilion Clinic	178,058	21,456	12.1%
Carilion Stonewall Jackson Hospital	Lexington	Carilion Clinic	17,648	1,973	11.2%
Carilion Tazewell Community Hospital	Tazewell	Carilion Clinic	13,046	1,342	10.3%
Centra Alen B. Pearson Cancer Center	Lynchburg	Centra Health	Reported in Centra Lynchburg General Hosp.		
Centra Gretna Medical Center	Gretna	Centra Health	Reported in Centra Lynchburg General Hosp.		
Centra Southside Community Hospital	Farmville	Centra Health	628,806	90,014	14.3%
Centra Virginia Baptist Hospital	Lynchburg	Centra Health	Reported in Centra Lynchburg		

			General Hosp.		
Central Virginia Imaging	Lynchburg		3,691	19	0.5%
Centreville / Clifton Imaging Center	Centreville	Fairfax Radiological Consultants	28,574	421	1.5%
Charlottesville Surgical Center	Charlottesville		2,683	405	15.1%
Chesapeake Regional Medical Center	Chesapeake	Chesapeake Regional Healthcare	184,734	1,538	0.8%
Chesterfield Imaging	Midlothian	HCA Healthcare	5,098	34	0.7%
Children's Hospital of The Kings Daughters	Norfolk		12,561	694	5.5%
Chippenham Hospital	Richmond	HCA Healthcare	4,606	23	0.5%
Clinch Valley Medical Center	Richlands	LifePoint Health	11,190	52	0.5%
Colonial Heights Surgery Center	Colonial Heights	HCA Healthcare	807	6	0.7%
Community Memorial Hospital	South Hill	VCU Health System	16,121	175	1.1%
Crystal Springs Imaging Center	Roanoke	Carilion Clinic	23,923	2,133	8.9%
Culpeper Memorial Hospital, Inc.	Culpeper	Novant Health UVA Health System	11,215	751	6.7%
Danville Diagnostic Imaging Center	Danville	SOVAH LifePoint Hospitals, Inc.	4,161	-	0.0%
Dickenson County Hospital	Clintwood	Ballad Health	62,119	366	0.6%
Dominion Hospital	Falls Church	HCA Healthcare	4,030	3	0.1%
ED - John Randolph Prince George	Prince George	HCA Healthcare	Part of John Randolph Hospital		
ED - Swift Creek	Chesterfield	HCA Healthcare	1,619	19	1.2%
Fair Oaks Imaging Center	Fairfax	Reston Radiology Consultants	854	2	0.2%
Fairfax Diagnostic Imaging Center	Fairfax	Fairfax Radiological Consultants	6,483	102	1.6%
Fairfax MRI and Imaging Center at Tysons	Falls Church	Inova Health System	Included in Inova Health System		
Fairfax MRI Center at Reston	Herndon	Fairfax Radiological Consultants	Included in Inova Health System		
Fairfax Radiology Centers	Springfield	Fairfax Radiology Consultants	48,451	2,099	4.3%
Hampton University Proton Therapy Institute	Hampton	Hampton University	13,723	278	2.0%
Hanover Emergency Center	Mechanicsville	HCA Healthcare	1,232	13	1.1%
Haymarket Surgery Center	Haymarket	Novant Health	217	-	0.0%
Henrico Doctors Hospital - Forest	Richmond	HCA Healthcare	66,707	1,261	1.9%
Henrico Doctors' Hospital - Parham	Richmond	HCA Healthcare	22,438	578	2.6%
Independence Park Imaging	Richmond	HCA Healthcare	3,699	61	1.6%
Inova Alexandria Hospital	Alexandria	Inova Health System	Included in Inova Health System		
Inova Ambulatory Surgery Center @ Lorton	LORTON	Inova Health System	Included in Inova Health System		
Inova Emergency Room of Fairfax City	Fairfax	Inova Health System	Included in Inova Health System		
Inova Fair Oaks Hospital	Fairfax	Inova Health System	Included in Inova Health System		
Inova Fairfax Hospital	Falls Church	Inova Health System	Included in Inova Health System		
Inova Health System		Inova Health System	206,741	6,120	3.0%
Inova Healthplex - Ashburn	Ashburn	Inova Health System	Included in Inova Health System		
Inova Imaging Center - Fair Oaks	Fairfax	Inova Health System	Included in Inova Health System		
Inova Imaging Center - Franconia/Springfield	ALEXANDRIA	Inova Health System	Included in Inova Health System		
Inova Imaging Center Leesburg	Leesburg	Inova Health System	Included in Inova Health System		
Inova Imaging Center Lorton	Lorton	Inova Health System	Included in Inova Health System		
Inova Imaging Center-Mark Center	Alexandria	Inova Health System	Included in Inova Health System		
Inova Loudoun Ambulatory Surgery Center, LLC	Leesburg	Inova Health System	Included in Inova Health System		

Inova Loudoun Hospital	Leesburg	Inova Health System	Included in Inova Health System		
Inova Mount Vernon Hospital	Alexandria	Inova Health System	Included in Inova Health System		
Inova MRI Center - Fairfax	Fairfax	Inova Health System	Included in Inova Health System		
Inova Northern Virginia Surgery Center, LLC	Fairfax	Inova Health System	Included in Inova Health System		
Inova PET/CT Imaging Center - Fairfax	Fairfax	Inova Health System	Included in Inova Health System		
Inova Surgery Center @ Franconia-Springfield	Alexandria	Inova Health System	Included in Inova Health System		
Inova Woodburn Surgery Center	Annandale	Inova Health System	Included in Inova Health System		
Insight Imaging - Arlington / Medical Imaging Center of Arlington	Arlington	Insight Health Corp.	2,914,255	334,417	11.5%
Insight Imaging - Roanoke	Roanoke	Insight Health Corp.	4,626	35	0.8%
Insight Imaging Woodbridge / Medical Imaging Center of Woodbridge	Woodbridge	Insight Health Corp.	4,294	26	0.6%
John Randolph Medical Center	Hopewell	HCA Healthcare	73	-	0.0%
Johnston Memorial Hospital	Abingdon	Ballad Health	1,105,702	58,002	5.2%
Johnston-Willis Hospital	Richmond	HCA Healthcare	18,365	869	4.7%
Lakeside @ Loudoun Tech Center 1	Sterling	Washington Radiology Associates, PC	1,123	17	1.5%
Lewis Gale Hospital Pulaski	Pulaski	HCA Healthcare	8,721	236	2.7%
Lewis Gale Imaging at Brambleton	Roanoke	HCA Healthcare	1,127	10	0.9%
Lewis Gale Imaging Blacksburg	Blacksburg	HCA Healthcare	1,783	4	0.2%
Lewis Gale Imaging Daleville	Troutville	HCA Healthcare	1	0	0.0%
LewisGale Hospital Alleghany	Low Moor	HCA Healthcare	794	5	0.6%
LewisGale Medical Center	Salem	HCA Healthcare	19,852	258	1.3%
Lonesome Pine Hospital/Mountain View Regional Medical Center	Big Stone Gap	Ballad Health	2,460,975	268,022	10.9%
Lynchburg General Hospital (including VBH, Pearson Cancer Center, & Gretna Medical Center)	Lynchburg	Centra Health	4,393,488	483,272	11.0%
Martha Jefferson Hospital	Charlottesville	Sentara Healthcare	26,237	2,670	10.2%
Mary Immaculate Hospital	Newport News	Bon Secours Health System	200,820	26,019	13.0%
Massey Cancer Center	Richmond	VCU Health System	Included in VCU Health System		
Massey Cancer Center at Stony Point	Richmond	VCU Health System	Included in VCU Health System		
McLean Ambulatory Surgery Center	McLean	Inova Health System	Included in Inova Health System		
Metro Region PET Center	Annandale	Woodburn Nuclear Medicine	1,356	38	2.8%
MRI of Reston	Reston	Reston Radiology Consultants	9,819	4	0.0%
Northern Virginia Eye Surgery Center, LLC	Fairfax		3,341	37	1.1%
Norton Community Hospital	Norton	Ballad Health	429,635	8,601	2.0%
Novant Health UVA Cancer Center	Gainesville	Novant Health	15,361	204	1.3%
Novant Health UVA Health System Haymarket Medical Center	Haymarket	Epic	9,392	293	3.1%
Novant Health UVA Health System Prince William Medical Center	Manassas	Epic	13,031	1,112	8.5%
Novant Imaging Centerville	Centerville	MedQuest Associates, Inc.	2,180	1	0.0%
Open MRI of Southern Virginia	Farmville	Ortho Virginia	2,080	149	7.2%
OrthoVirginia MRI	Henrico	Ortho Virginia	2,468	112	4.5%
Page Memorial Hospital	Luray	Valley Health	2,173	242	11.1%
Parham Surgery Center	Henrico	HCA Healthcare	179	-	0.0%
PET of Reston	Reston	Reston Radiology Consultants	323	4	1.2%
Potomac Radiation Oncology Center	Woodbridge	Inova Health System	6,526	333	5.1%
Prosperity Imaging Center	Fairfax	Fairfax Radiological Consultants	1,218	81	6.7%
Radiology Imaging Associates at Lansdowne	Lansdowne	Inova Health System	Included in Inova Health System		

Radiology Imaging Associates at Sterling	Sterling	Inova Health System	Included in Inova Health System		
Rappahannock General Hospital	Kilmarnock	Bon Secours Health System	2,892	126	4.4%
Reston Hospital Center	Reston	HCA Healthcare	18,685	144	0.8%
Reston Surgery Center	Reston	HCA Healthcare	60	-	0.0%
Retreat Doctors Hospital	Richmond	HCA Healthcare	1,154	46	4.0%
Richmond Ear Nose and Throat	Richmond		197	2	1.0%
Russell County Medical Center	Lebanon	Ballad Health	189,919	8,047	4.2%
Sentara Careplex Hospital	Hampton	Sentara Healthcare	47,131	8,462	18.0%
Sentara Leigh Hospital	Norfolk	Sentara Healthcare	54,437	6,979	12.8%
Sentara Norfolk General Hospital	Norfolk	Sentara Healthcare	47,154	7,618	16.2%
Sentara Northern Virginia Medical Center	Woodbridge	Sentara Healthcare	49,655	5,528	11.1%
Sentara Obici Hospital	Suffolk	Sentara Healthcare	49,944	7,965	15.9%
Sentara Princess Anne Hospital	Virginia Beach	Sentara Healthcare	34,389	4,124	12.0%
Sentara Virginia Beach General Hospital	Virginia Beach	Sentara Healthcare	65,706	8,953	13.6%
Sentara Williamsburg Regional Medical Center	Williamsburg	Sentara Healthcare	25,039	2,592	10.4%
Shenandoah Memorail Hospital	Woodstock	Valley Health	4,886	438	9.0%
Smyth County Community Hospital	Marion	Ballad Health	267,367	11,552	4.3%
Southampton Memorial Hospital	Franklin	Community Health Systems	12,837	263	2.0%
Southern Virginia Regional Medical Center	Emporia		205,904	1,534	0.7%
Southside Regional Medical Center	Petersburg	Community Health Systems	286,510	846	0.3%
Spotsylvania Regional Medical Center	Fredericksburg	HCA Healthcare	158,288	2,767	1.7%
StoneSprings Hospital Center	Dullas	HCA Healthcare	54,469	734	1.3%
Stony Point Surgery Center	Richmond	MEDARVA	20,214	1,327	6.6%
Surgery Center of Central Virginia	Forest		1,964	16	0.8%
Surgery Center of Chesapeake	Chesapeake	Chesapeake Regional Healthcare	4,138	12	0.3%
Surgery Center, The	Lynchburg	Centra Health	6,436	101	1.6%
Tidewater Orthopaedic Associates	Hampton	Tidewater Orthopaedics	683	16	2.3%
Twin County Regional Healthcare	Galax	LifePoint Health	8,690	162	1.9%
UVA Medical Center	Charlottesville	University of Virginia	11,712	1,402	12.0%
VCU Massy Cancer Center at Hanover Medical Park	Mechanicsville	VCU Health System	Included in VCU Health System		
VCU Medical Center	Richmond	VCU Health System	120,228	9,074	7.5%
Virginia Beach Eye Center	Virginia Beach		672	14	2.1%
Virginia Beach Health Center	Virginia Beach	Virginia League of Planned Parenthood	1,223	356	29.1%
Virginia Center for Eye Surgery	Virginia Beach		2,009	11	0.5%
Virginia Hospital Center	Arlington		31,045	1,034	3.3%
Virginia Urological Foundation	Charlottesville	University of Virginia	1,070	56	5.2%
Warren Memorial Hospital	Front Royal	Valley Health	5,180	469	9.1%
Washington Radiology Associates, PC	Fairfax	Washington Radiology Associates, PC	1,752	54	3.1%
Winchester Medical Center	Winchester	Valley Health	36,260	2,239	6.2%
Woodburn Diagnostic Center	Annandale	Inova Health System	15,671	460	2.9%
Wythe County Community Hospital	Wytheville		5,972	14	0.2%
			16,890,753	1,662,220	9.8%

**Appendix E
Inpatient By
Hospital
Augusta Health**

Health Planning Region : NORTHWESTERN VIRGINIA

**78 Medical Center Drive
Fishersville, VA 22939**

**Administrator : Mary N. Mannix
President/CEO**

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	32	\$80,161	\$23,094	\$13,710
Cardiology - Medical	22	\$20,280	\$5,843	\$6,002
Dental	1	\$8,842	\$2,547	\$4,748
Endocrinology	5	\$20,836	\$6,003	\$6,090
ENT Surgery	1	\$17,852	\$5,143	\$7,949
Gastroenterology	56	\$18,954	\$5,461	\$5,790
General Medicine	19	\$25,623	\$7,382	\$7,219
General Surgery	35	\$60,327	\$17,380	\$14,854
Gynecological Surg	2	\$47,725	\$13,750	\$5,474
Hematology	2	\$15,625	\$4,502	\$4,838
Infectious Disease	27	\$40,078	\$11,546	\$10,820
Nephrology	2	\$25,592	\$7,373	\$8,590
Neurological Surgery	1	\$271,334	\$78,171	\$22,362
Neurology	22	\$23,656	\$6,815	\$6,556
Normal Newborn	1	\$4,941	\$1,424	\$993
Obstetrics/Delivery	9	\$20,449	\$5,891	\$4,996
Oncology	7	\$36,141	\$10,412	\$7,679
Orthopedic Surgery	51	\$59,405	\$17,115	\$11,712
Orthopedics	1	\$13,964	\$4,023	\$6,685
Otolaryngology	1	\$16,275	\$4,689	\$5,308
Psychiatry	4	\$8,997	\$2,592	\$4,554
Pulmonary	19	\$38,708	\$11,152	\$10,088
Rheumatology	1	\$19,874	\$5,726	\$9,157
Trauma	3	\$146,061	\$42,080	\$13,866
Urological Surgery	2	\$50,465	\$14,539	\$9,941
Urology	9	\$21,282	\$6,131	\$5,769
Vascular Surgery	14	\$91,997	\$26,504	\$19,344
Totals	349	\$43,454	\$12,519	\$9,754

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Bath County Community Hospital
PO Drawer Z
Hot Springs, VA 24445

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : Kathy Landreth
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	3	\$10,682	\$9,436	\$4,293
Gastroenterology	1	\$14,724	\$13,007	\$3,520
General Medicine	1	\$9,554	\$8,440	\$4,734
Neurology	2	\$52,223	\$46,133	\$5,328
Orthopedics	2	\$23,606	\$20,853	\$5,447
Pulmonary	5	\$27,770	\$24,532	\$6,364
Trauma	1	\$18,106	\$15,995	\$5,527
Urology	2	\$15,331	\$13,543	\$4,359
Totals	17	\$23,270	\$20,557	\$5,221

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Bedford Memorial Hospital
1613 Oakwood Street
Bedford, VA 24523

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Patti Jurkus
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	5	\$15,006	\$5,731	\$5,376
Endocrinology	9	\$11,223	\$4,286	\$5,177
Gastroenterology	9	\$18,039	\$6,889	\$4,748
General Medicine	7	\$10,172	\$3,885	\$6,049
General Surgery	2	\$26,263	\$10,030	\$8,340
Infectious Disease	16	\$15,634	\$5,970	\$7,314
Nephrology	1	\$8,352	\$3,190	\$5,152
Neurology	5	\$14,866	\$5,677	\$4,822
Orthopedics	1	\$6,757	\$2,580	\$6,465
Other Obstetrics	1	\$10,711	\$4,091	\$4,586
Psychiatry	1	\$4,518	\$1,725	\$4,193
Pulmonary	9	\$17,091	\$6,527	\$6,504
Urology	2	\$13,126	\$5,013	\$5,164
Totals	68	\$14,662	\$5,599	\$5,965

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	12	\$80,252	\$22,944	\$12,458
Cardiology - Medical	40	\$21,255	\$6,077	\$6,501
Endocrinology	12	\$16,817	\$4,808	\$7,164
Gastroenterology	52	\$18,734	\$5,356	\$5,097
General Medicine	26	\$13,248	\$3,787	\$5,476
General Surgery	38	\$69,364	\$19,831	\$16,168
Gynecological Surg	4	\$36,242	\$10,362	\$11,104
Gynecology	1	\$12,701	\$3,631	\$5,874
Hematology	5	\$28,580	\$8,171	\$6,309
Infectious Disease	33	\$33,161	\$9,481	\$9,018
Neonatology	3	\$5,159	\$1,475	\$16,259
Neurological Surgery	8	\$186,006	\$53,179	\$30,162
Neurology	40	\$26,097	\$7,461	\$6,441
Normal Newborn	23	\$3,334	\$953	\$5,676
Obstetrics/Delivery	27	\$8,032	\$2,296	\$3,782
Oncology	4	\$27,808	\$7,950	\$7,720
Oncology Surgery	1	\$33,212	\$9,495	\$12,648
Ophthalmology	1	\$28,894	\$8,261	\$4,057
Orthopedic Surgery	10	\$56,283	\$16,091	\$11,759
Orthopedics	5	\$19,090	\$5,458	\$5,853
Other Obstetrics	6	\$6,493	\$1,856	\$4,158
Otolaryngology	1	\$19,405	\$5,548	\$3,812
Psychiatry	13	\$13,701	\$3,917	\$4,969
Pulmonary	43	\$18,891	\$5,401	\$5,780
Rheumatology	2	\$15,127	\$4,325	\$4,385
Trauma	6	\$62,430	\$17,849	\$13,192
Urological Surgery	4	\$82,620	\$23,621	\$11,151
Urology	18	\$11,693	\$3,343	\$4,921
Vascular Surgery	10	\$51,963	\$14,856	\$28,785
Totals	448	\$30,248	\$8,648	\$8,309

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Bon Secours Mary Immaculate Hospital
2 Bernardine Drive
Newport News, VA 23602

Health Planning Region : EASTERN VIRGINIA
Administrator : Darlene Stephenson
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	6	\$62,966	\$15,962	\$13,604
Cardiology - Medical	22	\$19,785	\$5,016	\$5,785
Dental	2	\$11,967	\$3,034	\$4,112
Endocrinology	12	\$15,669	\$3,972	\$4,789
Gastroenterology	26	\$18,091	\$4,586	\$5,465
General Medicine	30	\$17,413	\$4,414	\$5,653
General Surgery	28	\$49,566	\$12,565	\$11,344
Gynecological Surg	5	\$63,683	\$16,144	\$11,282
Gynecology	1	\$7,076	\$1,794	\$4,929
Hematology	1	\$12,935	\$3,279	\$4,838
Infectious Disease	26	\$26,917	\$6,823	\$7,786
Neonatology	5	\$13,764	\$3,489	\$18,421
Nephrology	2	\$35,457	\$8,988	\$7,292
Neurological Surgery	1	\$145,514	\$36,888	\$22,362
Neurology	15	\$23,267	\$5,898	\$6,156
Normal Newborn	34	\$2,270	\$575	\$3,251
Obstetrics/Delivery	26	\$10,299	\$2,611	\$3,992
Oncology	1	\$32,272	\$8,181	\$10,107
Orthopedic Surgery	37	\$49,668	\$12,591	\$11,871
Orthopedics	1	\$21,727	\$5,508	\$4,887
Other Obstetrics	3	\$21,163	\$5,365	\$4,222
Otolaryngology	1	\$6,774	\$1,717	\$3,925
Psychiatry	4	\$19,305	\$4,894	\$5,032
Pulmonary	39	\$21,648	\$5,488	\$8,162
Rheumatology	1	\$8,363	\$2,120	\$7,696
Trauma	2	\$49,381	\$12,518	\$17,025
Urological Surgery	2	\$35,766	\$9,067	\$8,947
Urology	11	\$17,845	\$4,524	\$4,949
Vascular Surgery	1	\$156,266	\$39,613	\$17,529
Totals	345	\$25,617	\$6,494	\$7,389

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Bon Secours Maryview Medical Center
3636 High Street
Portsmouth, VA 23707

Health Planning Region : EASTERN VIRGINIA
Administrator : Daniel Duggan
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	27	\$62,199	\$17,808	\$11,715
Cardiology - Medical	63	\$19,468	\$5,574	\$6,093
Cardiology - Open Heart Surgery	10	\$159,658	\$45,710	\$34,514
Dermatology	3	\$11,236	\$3,217	\$6,036
Endocrinology	15	\$14,549	\$4,165	\$5,194
Gastroenterology	70	\$20,078	\$5,748	\$5,809
General Medicine	33	\$17,138	\$4,907	\$5,182
General Surgery	65	\$59,974	\$17,171	\$16,240
Gynecological Surg	6	\$30,201	\$8,647	\$6,606
Gynecology	6	\$11,392	\$3,261	\$5,468
Hematology	18	\$21,554	\$6,171	\$7,145
Infectious Disease	72	\$34,621	\$9,912	\$9,324
Neonatology	3	\$4,386	\$1,256	\$15,816
Nephrology	2	\$14,283	\$4,089	\$9,885
Neurological Surgery	3	\$152,212	\$43,578	\$28,584
Neurology	61	\$22,846	\$6,541	\$6,220
Normal Newborn	8	\$3,282	\$940	\$6,629
Obstetrics/Delivery	19	\$9,637	\$2,759	\$4,266
Oncology	5	\$35,053	\$10,036	\$10,334
Orthopedic Surgery	44	\$52,741	\$15,100	\$11,524
Orthopedics	8	\$14,384	\$4,118	\$6,137
Other Obstetrics	6	\$12,784	\$3,660	\$4,853
Otolaryngology	1	\$18,433	\$5,277	\$7,769
Psychiatry	125	\$8,670	\$2,482	\$5,237
Pulmonary	53	\$19,567	\$5,602	\$6,642
Rheumatology	6	\$26,218	\$7,506	\$8,419
Trauma	5	\$44,606	\$12,771	\$13,686
Urological Surgery	4	\$56,528	\$16,184	\$10,555
Urology	19	\$19,133	\$5,478	\$6,697
Vascular Surgery	12	\$70,557	\$20,200	\$16,286
Totals	772	\$29,143	\$8,344	\$8,353

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Bon Secours Memorial Regional Medical Center
8260 Atlee Road
Mechanicsville, VA 23116

Health Planning Region : CENTRAL VIRGINIA
Administrator : Mark Gordon
 chief Executive officer

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	61	\$96,157	\$24,184	\$14,071
Cardiology - Medical	55	\$24,980	\$6,282	\$6,685
Cardiology - Open Heart Surgery	4	\$146,102	\$36,745	\$36,002
Dermatology	1	\$52,340	\$13,164	\$7,557
Endocrinology	30	\$24,039	\$6,046	\$5,411
Gastroenterology	101	\$28,698	\$7,217	\$5,486
General Medicine	36	\$33,746	\$8,487	\$5,690
General Surgery	74	\$91,263	\$22,953	\$17,692
Gynecological Surg	6	\$33,812	\$8,504	\$7,911
Gynecology	4	\$22,914	\$5,763	\$5,954
Hematology	8	\$36,554	\$9,193	\$5,913
Infectious Disease	89	\$51,238	\$12,886	\$9,085
Neonatology	3	\$23,241	\$5,845	\$26,414
Nephrology	2	\$38,773	\$9,751	\$8,402
Neurological Surgery	2	\$103,113	\$25,933	\$16,501
Neurology	71	\$30,199	\$7,595	\$6,104
Normal Newborn	24	\$3,120	\$785	\$3,377
Obstetrics/Delivery	28	\$17,567	\$4,418	\$4,367
Oncology	10	\$44,524	\$11,198	\$8,073
Ophthalmology	1	\$15,654	\$3,937	\$6,873
Orthopedic Surgery	29	\$61,359	\$15,432	\$12,620
Orthopedics	5	\$29,849	\$7,507	\$6,849
Other Obstetrics	2	\$8,561	\$2,153	\$5,013
Otolaryngology	2	\$20,277	\$5,100	\$5,790
Psychiatry	17	\$29,294	\$7,367	\$5,357
Pulmonary	69	\$31,448	\$7,909	\$7,606
Rheumatology	3	\$22,173	\$5,576	\$5,497
Trauma	8	\$94,865	\$23,858	\$14,932
Urological Surgery	8	\$96,455	\$24,259	\$13,080
Urology	27	\$30,224	\$7,601	\$5,906
Vascular Surgery	14	\$100,811	\$25,354	\$17,070
Totals	794	\$46,115	\$11,598	\$8,898

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Bon Secours Rappahannock General Hospital
101 Harris Road PO Box 1449
Kilmarnock, VA 22482

Health Planning Region : EASTERN VIRGINIA
Administrator : Christopher S. Accashian
 President/CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	3	\$11,757	\$4,983	\$3,892
Gastroenterology	16	\$8,752	\$3,709	\$4,588
General Medicine	3	\$9,581	\$4,060	\$4,734
General Surgery	1	\$16,818	\$7,127	\$6,785
Hematology	4	\$8,988	\$3,809	\$4,838
Infectious Disease	10	\$15,760	\$6,679	\$7,668
Neurology	3	\$14,033	\$5,947	\$4,704
Oncology	1	\$5,899	\$2,500	\$6,864
Orthopedics	1	\$6,060	\$2,568	\$4,062
Psychiatry	23	\$8,584	\$3,638	\$6,047
Pulmonary	8	\$13,604	\$5,765	\$6,356
Urology	3	\$5,281	\$2,238	\$6,027
Totals	76	\$10,402	\$4,408	\$5,726

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Bon Secours Richmond Community Hospital
1500 North 28th Street
Richmond, VA 23223

Health Planning Region : CENTRAL VIRGINIA
Administrator : Mark Gordon
 chief Executive officer

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	19	\$19,574	\$3,656	\$5,535
Dermatology	1	\$22,904	\$4,278	\$4,570
Endocrinology	16	\$17,821	\$3,329	\$4,332
Gastroenterology	31	\$16,403	\$3,064	\$4,507
General Medicine	12	\$13,254	\$2,476	\$5,124
General Surgery	4	\$28,712	\$5,363	\$9,174
Gynecology	2	\$18,050	\$3,372	\$5,401
Hematology	2	\$23,519	\$4,393	\$4,838
Infectious Disease	31	\$28,502	\$5,324	\$8,620
Neurology	8	\$13,437	\$2,510	\$5,431
Oncology	1	\$18,773	\$3,507	\$6,080
Ophthalmology	1	\$15,090	\$2,819	\$4,244
Orthopedic Surgery	3	\$47,147	\$8,807	\$11,262
Orthopedics	4	\$29,032	\$5,423	\$5,460
Psychiatry	168	\$6,701	\$1,252	\$4,790
Pulmonary	17	\$16,498	\$3,082	\$5,419
Trauma	1	\$47,437	\$8,861	\$15,314
Urology	3	\$20,336	\$3,799	\$5,160
Totals	324	\$13,403	\$2,504	\$5,376

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Bon Secours St. Francis Medical Center
13700 St. Francis Boulevard
Midlothian, VA 23114

Health Planning Region : CENTRAL VIRGINIA
Administrator : Christopher Accashian
 Chief Executive Officer

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	25	\$70,503	\$18,930	\$12,544
Cardiology - Medical	30	\$22,855	\$6,136	\$5,815
Dental	1	\$14,352	\$3,854	\$4,748
Endocrinology	20	\$22,918	\$6,154	\$5,895
ENT Surgery	2	\$236,390	\$63,471	\$40,390
Gastroenterology	53	\$28,037	\$7,528	\$5,652
General Medicine	33	\$20,286	\$5,447	\$5,813
General Surgery	38	\$66,394	\$17,827	\$16,296
Gynecological Surg	3	\$37,110	\$9,964	\$9,135
Gynecology	5	\$25,390	\$6,817	\$4,174
Hematology	11	\$24,786	\$6,655	\$5,794
Infectious Disease	44	\$37,167	\$9,979	\$8,483
Nephrology	3	\$22,835	\$6,131	\$6,797
Neurological Surgery	2	\$132,498	\$35,576	\$15,991
Neurology	31	\$28,514	\$7,656	\$5,907
Normal Newborn	48	\$2,246	\$603	\$2,651
Obstetrics/Delivery	57	\$12,549	\$3,370	\$3,933
Oncology	6	\$26,411	\$7,091	\$11,255
Ophthalmology	1	\$15,933	\$4,278	\$4,244
Orthopedic Surgery	20	\$64,086	\$17,207	\$12,296
Orthopedics	7	\$35,649	\$9,572	\$8,235
Other Obstetrics	3	\$16,755	\$4,499	\$4,258
Otolaryngology	2	\$11,804	\$3,169	\$3,771
Psychiatry	15	\$32,134	\$8,628	\$4,048
Pulmonary	31	\$27,894	\$7,489	\$6,878
Rheumatology	1	\$56,108	\$15,065	\$6,362
Trauma	3	\$84,915	\$22,800	\$15,984
Urological Surgery	2	\$31,115	\$8,354	\$6,567
Urology	11	\$29,563	\$7,938	\$6,400
Vascular Surgery	5	\$47,035	\$12,629	\$12,619
Totals	513	\$31,810	\$8,541	\$7,300

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	30	\$145,716	\$37,828	\$19,840
Cardiology - Medical	65	\$25,899	\$6,723	\$5,772
Cardiology - Open Heart Surgery	17	\$161,680	\$41,972	\$32,752
Dental	1	\$73,234	\$19,012	\$8,636
Dermatology	2	\$10,512	\$2,729	\$4,992
Endocrinology	31	\$22,449	\$5,828	\$5,278
ENT Surgery	4	\$98,339	\$25,529	\$19,702
Gastroenterology	129	\$26,938	\$6,993	\$5,851
General Medicine	59	\$22,957	\$5,960	\$5,256
General Surgery	94	\$81,910	\$21,264	\$15,253
Gynecological Surg	9	\$45,616	\$11,842	\$8,474
Gynecology	11	\$19,923	\$5,172	\$4,736
Hematology	13	\$19,426	\$5,043	\$5,653
Infectious Disease	76	\$46,374	\$12,039	\$9,047
Neonatology	8	\$24,678	\$6,406	\$11,086
Nephrology	1	\$63,791	\$16,560	\$8,778
Neurological Surgery	21	\$154,824	\$40,192	\$22,986
Neurology	46	\$37,222	\$9,663	\$6,411
Normal Newborn	44	\$3,121	\$810	\$3,967
Obstetrics/Delivery	51	\$14,376	\$3,732	\$4,258
Oncology	26	\$37,487	\$9,732	\$9,247
Ophthalmology	3	\$16,367	\$4,249	\$4,805
Orthopedic Surgery	47	\$82,128	\$21,320	\$13,046
Orthopedics	9	\$32,436	\$8,420	\$6,406
Other Obstetrics	8	\$19,970	\$5,184	\$4,856
Otolaryngology	6	\$11,989	\$3,112	\$4,073
Psychiatry	172	\$13,866	\$3,600	\$4,721
Pulmonary	81	\$29,566	\$7,675	\$7,142
Rheumatology	7	\$29,419	\$7,637	\$6,665
Trauma	27	\$81,443	\$21,143	\$12,401
Urological Surgery	5	\$56,356	\$14,630	\$10,487
Urology	30	\$22,129	\$5,745	\$5,540
Vascular Surgery	23	\$151,611	\$39,358	\$21,950
Totals	1156	\$43,289	\$11,238	\$8,588

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY capital rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Buchanan General Hospital
1535 Slate Creek Road
Grundy, VA 24614

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Robert Ruchti
Administrator/CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	2	\$17,115	\$4,862	\$4,538
Gastroenterology	2	\$18,494	\$5,254	\$4,742
General Medicine	3	\$20,019	\$5,687	\$4,550
Infectious Disease	4	\$32,624	\$9,269	\$7,831
Pulmonary	6	\$35,562	\$10,103	\$5,391
Urology	1	\$15,847	\$4,502	\$4,528
Totals	18	\$27,277	\$7,749	\$5,578

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Carilion Franklin Memorial Hospital
390 South Main Street
Rocky Mount, VA 24151

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : William Jacobsen
CEO/VP

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	11	\$19,481	\$6,376	\$7,345
Endocrinology	5	\$16,476	\$5,393	\$4,095
Gastroenterology	16	\$18,255	\$5,975	\$5,414
General Medicine	7	\$32,221	\$10,546	\$6,611
General Surgery	2	\$30,722	\$10,055	\$7,073
Infectious Disease	7	\$16,850	\$5,515	\$8,497
Nephrology	1	\$22,649	\$7,413	\$5,806
Neurology	3	\$14,566	\$4,767	\$5,528
Otolaryngology	1	\$36,997	\$12,109	\$3,812
Psychiatry	3	\$53,775	\$17,601	\$6,922
Pulmonary	21	\$23,672	\$7,748	\$7,034
Urology	4	\$17,702	\$5,794	\$4,730
Totals	81	\$22,547	\$7,380	\$6,437

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Carilion Giles Community Hospital
159 Hartley Way
Pearisburg, VA 24134

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : William Flattery
CEO/VP

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	3	\$22,067	\$7,648	\$6,804
Endocrinology	3	\$13,657	\$4,733	\$5,614
Gastroenterology	6	\$12,421	\$4,305	\$5,210
General Medicine	2	\$24,577	\$8,518	\$6,429
General Surgery	1	\$60,250	\$20,883	\$11,630
Hematology	1	\$5,920	\$2,052	\$4,838
Infectious Disease	5	\$25,283	\$8,763	\$9,072
Orthopedic Surgery	4	\$68,912	\$23,885	\$11,498
Psychiatry	1	\$40,039	\$13,878	\$9,023
Pulmonary	10	\$23,243	\$8,056	\$6,583
Trauma	1	\$12,133	\$4,205	\$14,474
Urology	2	\$8,631	\$2,991	\$5,560
Totals	39	\$25,665	\$8,896	\$7,427

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Carilion Medical Center
1906 Belleview Avenue
Roanoke, VA 24014

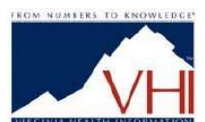
Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Steven Arner
Chief Operating Officer

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Burns	1	\$3,708	\$1,388	\$9,324
Cardiology - Invasive	119	\$90,927	\$34,043	\$15,111
Cardiology - Medical	109	\$24,568	\$9,198	\$6,212
Cardiology - Open Heart Surgery	19	\$185,144	\$69,318	\$30,287
Dental	3	\$8,345	\$3,124	\$4,324
Dermatology	1	\$13,187	\$4,937	\$4,570
Endocrinology	38	\$18,609	\$6,967	\$4,713
ENT Surgery	18	\$125,306	\$46,915	\$19,543
Gastroenterology	129	\$21,034	\$7,875	\$6,118
General Medicine	105	\$34,227	\$12,815	\$6,015
General Surgery	206	\$75,151	\$28,136	\$15,717
Gynecological Surg	17	\$46,271	\$17,324	\$7,475
Gynecology	9	\$11,985	\$4,487	\$4,645
Hematology	17	\$29,837	\$11,171	\$6,581
Infectious Disease	126	\$53,733	\$20,118	\$10,109
Neonatology	11	\$56,950	\$21,322	\$16,684
Nephrology	3	\$49,873	\$18,672	\$6,016
Neurological Surgery	49	\$130,455	\$48,842	\$24,159
Neurology	134	\$31,383	\$11,750	\$6,275
Normal Newborn	28	\$5,601	\$2,097	\$4,933
Obstetrics/Delivery	86	\$17,508	\$6,555	\$4,306
Oncology	29	\$45,994	\$17,220	\$10,199
Oncology Surgery	5	\$84,200	\$31,525	\$17,728
Ophthalmologic Surg	1	\$49,768	\$18,633	\$8,838
Ophthalmology	4	\$36,359	\$13,613	\$4,665
Orthopedic Surgery	174	\$76,193	\$28,526	\$13,600
Orthopedics	27	\$31,158	\$11,666	\$5,976
Other Obstetrics	6	\$16,584	\$6,209	\$4,656
Otolaryngology	17	\$16,360	\$6,125	\$4,308
Psychiatry	298	\$11,186	\$4,188	\$5,492
Pulmonary	116	\$32,027	\$11,991	\$8,566
Rehabilitation	2	\$18,405	\$6,891	\$6,857
Rheumatology	13	\$22,745	\$8,516	\$5,269
Trauma	59	\$85,903	\$32,162	\$16,300
Urological Surgery	5	\$46,036	\$17,236	\$7,475
Urology	45	\$19,837	\$7,427	\$5,474
Vascular Surgery	50	\$88,837	\$33,261	\$17,340
Totals	2079	\$46,877	\$17,551	\$9,823

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY capital rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

VIRGINIA HEALTH INFORMATION
 102 N 5th St. • RICHMOND, VA 23219
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 BY Email: Info@vhi.org • On the Web: www.vhi.org



Carilion New River Valley dba St. Albans
2900 Lamb Circle
Christiansburg, VA 24073

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : William Flattery
Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	3	\$85,265	\$28,726	\$11,898
Cardiology - Medical	27	\$20,343	\$6,854	\$6,387
Endocrinology	5	\$24,162	\$8,140	\$4,906
Gastroenterology	27	\$18,323	\$6,173	\$5,765
General Medicine	13	\$16,329	\$5,501	\$6,580
General Surgery	23	\$60,925	\$20,526	\$14,308
Gynecological Surg	1	\$35,765	\$12,049	\$5,699
Gynecology	1	\$7,883	\$2,656	\$5,874
Hematology	1	\$12,992	\$4,377	\$6,754
Infectious Disease	16	\$39,045	\$13,154	\$9,443
Neonatology	1	\$1,769	\$596	\$7,334
Nephrology	3	\$66,054	\$22,253	\$8,653
Neurological Surgery	2	\$129,832	\$43,740	\$22,362
Neurology	5	\$25,616	\$8,630	\$9,433
Normal Newborn	6	\$2,715	\$915	\$5,220
Obstetrics/Delivery	21	\$13,844	\$4,664	\$3,907
Oncology	2	\$17,466	\$5,884	\$9,929
Oncology Surgery	1	\$32,034	\$10,792	\$12,648
Orthopedic Surgery	19	\$71,572	\$24,113	\$12,366
Orthopedics	4	\$8,452	\$2,847	\$6,868
Other Obstetrics	1	\$9,627	\$3,243	\$4,586
Otolaryngology	2	\$13,458	\$4,534	\$3,828
Psychiatry	202	\$9,725	\$3,276	\$4,845
Pulmonary	23	\$23,638	\$7,964	\$7,370
Rheumatology	2	\$27,216	\$9,169	\$11,253
Trauma	4	\$32,573	\$10,974	\$13,297
Urological Surgery	5	\$73,117	\$24,633	\$10,576
Urology	11	\$20,776	\$6,999	\$5,715
Vascular Surgery	5	\$75,599	\$25,469	\$15,475
Totals	436	\$22,414	\$7,551	\$6,732

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Carilion Stonewall Jackson Hospital
1 Health Circle
Lexington, VA 24450

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : Greg Madsen
CEO/VP

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	6	\$14,931	\$5,581	\$6,033
Endocrinology	11	\$13,109	\$4,900	\$5,025
Gastroenterology	15	\$16,021	\$5,989	\$5,607
General Surgery	1	\$30,318	\$11,333	\$7,073
Hematology	3	\$16,442	\$6,146	\$5,477
Infectious Disease	13	\$26,949	\$10,074	\$9,203
Neurology	1	\$33,773	\$12,624	\$9,819
Oncology	2	\$12,200	\$4,560	\$6,637
Orthopedic Surgery	1	\$59,679	\$22,308	\$13,507
Orthopedics	1	\$6,480	\$2,422	\$6,465
Pulmonary	9	\$19,416	\$7,258	\$6,037
Rheumatology	1	\$7,652	\$2,860	\$4,062
Urology	2	\$8,310	\$3,106	\$5,152
Totals	66	\$18,597	\$6,952	\$6,522

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Carilion Tazewell Community Hospital
141 Ben Bolt Avenue
Tazewell, VA 24651

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Kathern Dowdy
 Adminstrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	2	\$10,227	\$3,453	\$8,497
General Medicine	4	\$10,690	\$3,609	\$5,404
Hematology	1	\$9,681	\$3,268	\$4,838
Infectious Disease	3	\$28,705	\$9,691	\$9,899
Pulmonary	6	\$17,865	\$6,031	\$6,129
Rheumatology	1	\$6,956	\$2,348	\$7,696
Urology	1	\$7,234	\$2,442	\$3,465
Totals	18	\$15,577	\$5,259	\$6,727

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

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Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	49	\$59,420	\$22,283	\$13,877
Cardiology - Medical	66	\$25,699	\$9,637	\$5,760
Cardiology - Open Heart Surgery	11	\$162,257	\$60,847	\$35,681
Dental	1	\$10,094	\$3,785	\$3,476
Dermatology	6	\$16,025	\$6,010	\$4,345
Endocrinology	41	\$18,393	\$6,897	\$5,176
ENT Surgery	3	\$30,820	\$11,557	\$12,973
Gastroenterology	111	\$19,186	\$7,195	\$4,955
General Medicine	71	\$17,028	\$6,386	\$5,956
General Surgery	93	\$60,782	\$22,793	\$14,157
Gynecological Surg	5	\$28,817	\$10,806	\$7,760
Gynecology	5	\$14,375	\$5,391	\$4,725
Hematology	7	\$18,057	\$6,771	\$5,216
Infectious Disease	94	\$29,031	\$10,887	\$8,306
Neonatology	7	\$39,279	\$14,729	\$18,077
Nephrology	4	\$18,105	\$6,789	\$7,682
Neurological Surgery	8	\$55,030	\$20,636	\$13,629
Neurology	73	\$32,084	\$12,032	\$6,890
Normal Newborn	30	\$2,170	\$814	\$3,479
Obstetrics/Delivery	85	\$13,365	\$5,012	\$4,124
Oncology	5	\$48,804	\$18,302	\$9,872
Ophthalmology	1	\$11,457	\$4,296	\$4,244
Orthopedic Surgery	45	\$39,483	\$14,806	\$12,714
Orthopedics	16	\$32,381	\$12,143	\$6,392
Other Obstetrics	5	\$9,789	\$3,671	\$4,350
Otolaryngology	2	\$20,755	\$7,783	\$5,203
Psychiatry	345	\$10,873	\$4,077	\$5,692
Pulmonary	67	\$36,687	\$13,758	\$8,803
Rheumatology	9	\$23,894	\$8,960	\$6,915
Trauma	22	\$73,649	\$27,618	\$15,254
Urological Surgery	12	\$31,371	\$11,764	\$8,441
Urology	30	\$17,650	\$6,619	\$5,349
Vascular Surgery	20	\$95,924	\$35,971	\$17,205
Totals	1349	\$27,612	\$10,355	\$7,742

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

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Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	2	\$48,767	\$14,518	\$12,393
Cardiology - Medical	23	\$16,406	\$4,884	\$5,827
Dermatology	1	\$3,493	\$1,040	\$4,327
Endocrinology	19	\$14,213	\$4,231	\$5,132
Gastroenterology	44	\$16,263	\$4,841	\$5,434
General Medicine	8	\$18,722	\$5,573	\$5,640
General Surgery	27	\$54,526	\$16,232	\$12,804
Gynecological Surg	1	\$42,571	\$12,673	\$5,699
Hematology	1	\$18,128	\$5,397	\$4,838
Infectious Disease	21	\$20,154	\$6,000	\$7,728
Nephrology	1	\$6,178	\$1,839	\$5,152
Neurology	10	\$19,632	\$5,844	\$5,207
Normal Newborn	9	\$2,742	\$816	\$993
Obstetrics/Delivery	15	\$14,450	\$4,302	\$4,192
Oncology	1	\$14,689	\$4,373	\$6,523
Orthopedic Surgery	4	\$43,910	\$13,072	\$16,466
Other Obstetrics	2	\$11,008	\$3,277	\$4,586
Otolaryngology	1	\$9,223	\$2,746	\$3,730
Psychiatry	7	\$16,272	\$4,844	\$5,567
Pulmonary	26	\$15,352	\$4,570	\$6,836
Trauma	1	\$36,020	\$10,723	\$12,949
Urology	11	\$13,054	\$3,886	\$5,200
Totals	235	\$20,970	\$6,243	\$6,658

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Centra Specialty Hospital
3300 Rivermont Avenue
Lynchburg, VA 24503

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Kay Bowling
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Endocrinology	1	\$318,525		\$7,605
Gastroenterology	2	\$59,333		\$7,729
General Medicine	1	\$119,801		\$4,698
Orthopedics	2	\$86,445		\$5,056
Pulmonary	3	\$279,109		\$15,727
Totals	9	\$174,134		\$9,451

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

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Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	6	\$50,396	\$19,871	\$13,118
Cardiology - Medical	9	\$13,346	\$5,262	\$5,849
Dermatology	1	\$7,885	\$3,109	\$5,421
Endocrinology	5	\$16,235	\$6,401	\$5,458
ENT Surgery	1	\$155,609	\$61,357	\$61,241
Gastroenterology	20	\$12,592	\$4,965	\$5,508
General Medicine	13	\$13,485	\$5,317	\$6,297
General Surgery	12	\$26,443	\$10,426	\$12,382
Gynecological Surg	3	\$23,994	\$9,461	\$5,699
Gynecology	1	\$5,059	\$1,995	\$3,116
Hematology	1	\$22,433	\$8,845	\$4,838
Infectious Disease	13	\$28,653	\$11,298	\$11,377
Neonatology	1	\$7,411	\$2,922	\$20,721
Nephrology	1	\$30,247	\$11,926	\$8,778
Neurological Surgery	3	\$44,196	\$17,426	\$18,777
Neurology	12	\$22,997	\$9,068	\$6,230
Normal Newborn	3	\$3,179	\$1,254	\$3,106
Obstetrics/Delivery	5	\$10,835	\$4,272	\$3,641
Oncology	1	\$46,269	\$18,244	\$10,958
Orthopedic Surgery	13	\$34,910	\$13,765	\$10,839
Orthopedics	4	\$15,849	\$6,249	\$6,647
Otolaryngology	1	\$8,034	\$3,168	\$4,992
Psychiatry	8	\$13,474	\$5,313	\$3,825
Pulmonary	12	\$23,360	\$9,211	\$6,525
Rheumatology	2	\$10,351	\$4,081	\$5,061
Trauma	1	\$25,194	\$9,934	\$16,556
Urology	7	\$15,219	\$6,001	\$5,417
Totals	159	\$22,048	\$8,693	\$8,075

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	2	\$34,089	\$11,423	\$5,272
Dermatology	2	\$21,761	\$7,292	\$6,907
Endocrinology	8	\$28,257	\$9,469	\$4,028
Gastroenterology	3	\$43,732	\$14,654	\$5,402
General Medicine	7	\$23,726	\$7,951	\$5,739
General Surgery	6	\$58,811	\$19,708	\$8,790
Gynecology	1	\$32,346	\$10,839	\$3,947
Hematology	5	\$21,002	\$7,038	\$5,321
Infectious Disease	3	\$99,816	\$33,448	\$15,356
Neonatology	9	\$151,583	\$50,795	\$16,836
Nephrology	1	\$22,543	\$7,554	\$4,166
Neurological Surgery	1	\$206,281	\$69,125	\$23,774
Neurology	3	\$93,926	\$31,475	\$4,935
Normal Newborn	3	\$33,238	\$11,138	\$8,946
Oncology	2	\$210,809	\$70,642	\$23,747
Oncology Surgery	1	\$182,634	\$61,201	\$33,151
Ophthalmology	2	\$27,177	\$9,107	\$3,928
Orthopedic Surgery	1	\$283,779	\$95,094	\$29,926
Orthopedics	2	\$72,728	\$24,371	\$5,400
Otolaryngology	1	\$6,367	\$2,134	\$4,992
Plastic Surgery	1	\$28,362	\$9,504	\$5,894
Psychiatry	1	\$25,864	\$8,667	\$4,150
Pulmonary	15	\$40,481	\$13,565	\$5,973
Rheumatology	3	\$45,734	\$15,325	\$5,428
Transplant Surgery	1	\$519,119	\$173,957	\$18,477
Trauma	3	\$138,647	\$46,461	\$13,396
Urological Surgery	1	\$54,660	\$18,317	\$7,981
Urology	4	\$24,902	\$8,345	\$4,305
Totals	92	\$69,364	\$23,244	\$8,668

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

CJW Medical Center

Health Planning Region : CENTRAL VIRGINIA

**7101 Jahnke Road
Richmond, VA 23225**

**Administrator : Greg Lowe
CEO**

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	23	\$191,430	\$23,584	\$13,787
Cardiology - Medical	5	\$93,242	\$11,487	\$3,907
Cardiology - Open Heart Surgery	4	\$582,990	\$71,824	\$45,802
Endocrinology	1	\$30,168	\$3,717	\$4,698
Gastroenterology	4	\$81,265	\$10,012	\$7,198
General Medicine	4	\$84,971	\$10,468	\$6,190
General Surgery	4	\$246,106	\$30,320	\$33,090
Infectious Disease	3	\$168,613	\$20,773	\$9,899
Neurological Surgery	2	\$282,825	\$34,844	\$22,289
Neurology	19	\$70,093	\$8,635	\$6,768
Oncology	4	\$62,431	\$7,691	\$6,729
Orthopedic Surgery	2	\$108,712	\$13,393	\$11,019
Other Obstetrics	1	\$51,256	\$6,315	\$3,531
Psychiatry	285	\$26,146	\$3,221	\$5,599
Rheumatology	2	\$76,777	\$9,459	\$5,224
Urology	1	\$56,804	\$6,998	\$4,166
Vascular Surgery	4	\$486,293	\$59,911	\$19,857
Totals	368	\$58,178	\$7,168	\$7,216

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Clinch Valley Medical Center
6801 Gov. G.C. Peery Highway
Richlands, VA 24641

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Peter Mulkey
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	1	\$32,670	\$7,086	\$6,554
Cardiology - Medical	4	\$38,090	\$8,262	\$4,748
Endocrinology	2	\$24,492	\$5,312	\$4,362
Gastroenterology	9	\$31,450	\$6,822	\$4,921
General Medicine	4	\$43,759	\$9,491	\$9,826
General Surgery	1	\$45,876	\$9,951	\$9,248
Gynecological Surg	1	\$53,520	\$11,608	\$5,699
Infectious Disease	5	\$41,266	\$8,951	\$9,072
Neurology	2	\$37,683	\$8,173	\$5,015
Oncology	2	\$18,534	\$4,020	\$8,021
Orthopedic Surgery	2	\$66,780	\$14,485	\$10,189
Psychiatry	1	\$10,802	\$2,343	\$4,193
Pulmonary	20	\$36,110	\$7,832	\$6,094
Rheumatology	1	\$26,480	\$5,744	\$6,362
Trauma	1	\$27,243	\$5,909	\$8,359
Urology	2	\$34,703	\$7,527	\$4,124
Totals	58	\$36,206	\$7,853	\$6,442

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Coastal Virginia Rehab
245 Chesapeake Avenue
Newport News, VA 23607

Health Planning Region : EASTERN VIRGINIA
Administrator : Daniel Ballin
Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Neurology	2	\$50,400		\$6,277
Rheumatology	2	\$30,150		\$7,112
Totals	4	\$40,275		\$6,695

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Danville Regional Medical Center
142 South Main Street
Danville, VA 24541

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Michael S. Coggins
 SVP, Chief Accounting Off

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	1	\$102,486	\$28,829	\$17,065
Cardiology - Medical	3	\$14,567	\$4,098	\$5,077
Endocrinology	3	\$16,568	\$4,661	\$5,443
Gastroenterology	1	\$28,936	\$8,140	\$4,149
General Medicine	2	\$13,947	\$3,923	\$4,160
Infectious Disease	4	\$37,316	\$10,497	\$8,865
Oncology	2	\$32,155	\$9,045	\$8,061
Orthopedic Surgery	1	\$40,857	\$11,493	\$9,148
Psychiatry	3	\$66,147	\$18,607	\$6,449
Pulmonary	2	\$17,902	\$5,036	\$5,282
Rheumatology	2	\$15,538	\$4,371	\$4,397
Trauma	1	\$131,069	\$36,870	\$38,630
Totals	25	\$36,142	\$10,167	\$7,966

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Dickenson Community Hospital and Green Oak B
312 Hospital Drive PO Box 1440
Clintwood, VA 24228

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Mark Vanover
 Assistant Vice President

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Psychiatry	1	\$10,211	\$4,368	\$6,131
Totals	1	\$10,211	\$4,368	\$6,131

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Dominion Hospital**Health Planning Region : NORTHERN VIRGINIA****2960 Sleepy Hollow Road
Falls Church, VA 22044****Administrator : Matt Untch
CFO**

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Psychiatry	14	\$54,535	\$18,962	\$5,986
Totals	14	\$54,535	\$18,962	\$5,986

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Encompass Health Rehab Hosp of Fredericksburg
300 Park Hill Drive
Fredericksburg, VA 22401

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : David Cashwell, MHA FA
 chief Executive officer

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
General Medicine	8	\$35,989	\$23,774	\$6,566
Infectious Disease	1	\$290,690	\$192,030	\$19,517
Neurology	15	\$29,613	\$19,562	\$6,845
Totals	24	\$42,616	\$28,152	\$7,280

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Encompass Health Rehab Hosp of Northern Virgi
24430 Millstream Drive
Aldie, VA 20105

Health Planning Region : NORTHERN VIRGINIA
Administrator : Alfred
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
General Medicine	10	\$22,591	\$16,139	\$5,541
Neurology	17	\$36,999	\$26,432	\$6,038
Orthopedics	1	\$24,509	\$17,509	\$4,887
Totals	28	\$31,408	\$22,438	\$5,819

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Encompass Health Rehab Hosp of Petersburg
95 Medical Park Boulevard
Petersburg, VA 23805

Health Planning Region : CENTRAL VIRGINIA
Administrator : Collier
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Gastroenterology	1	\$35,685	\$24,237	\$5,241
General Medicine	4	\$19,579	\$13,298	\$5,472
Neurology	12	\$32,330	\$21,958	\$7,338
Totals	17	\$29,527	\$20,055	\$6,775

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	12	\$21,194	\$6,530	\$5,602
Dermatology	1	\$25,002	\$7,703	\$4,327
Endocrinology	2	\$11,273	\$3,473	\$3,686
Gastroenterology	23	\$31,446	\$9,689	\$5,289
General Medicine	11	\$19,089	\$5,881	\$5,187
General Surgery	9	\$60,028	\$18,495	\$12,776
Gynecological Surg	1	\$31,360	\$9,662	\$5,699
Hematology	1	\$28,545	\$8,795	\$10,788
Infectious Disease	8	\$69,132	\$21,299	\$11,322
Nephrology	1	\$10,572	\$3,257	\$8,402
Neurological Surgery	1	\$123,589	\$38,078	\$22,362
Neurology	7	\$16,030	\$4,939	\$5,386
Normal Newborn	1	\$4,889	\$1,506	\$993
Obstetrics/Delivery	11	\$15,150	\$4,668	\$4,283
Orthopedic Surgery	4	\$76,772	\$23,653	\$12,605
Orthopedics	1	\$16,330	\$5,031	\$4,053
Other Obstetrics	1	\$10,761	\$3,315	\$4,586
Psychiatry	3	\$17,964	\$5,535	\$7,413
Pulmonary	25	\$20,857	\$6,426	\$5,699
Trauma	2	\$150,917	\$46,498	\$16,444
Urology	4	\$14,730	\$4,538	\$4,110
Totals	129	\$31,601	\$9,736	\$6,739

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Henrico Doctors' Hospital
1602 Skipwith Road
Richmond, VA 23229

Health Planning Region : CENTRAL VIRGINIA
Administrator : Chris Denton
CFO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	14	\$176,326	\$23,733	\$14,641
Cardiology - Medical	16	\$84,028	\$11,310	\$6,602
Cardiology - Open Heart Surgery	2	\$382,812	\$51,526	\$25,244
Dental	1	\$58,465	\$7,869	\$4,748
Dermatology	2	\$34,388	\$4,629	\$2,781
Endocrinology	13	\$31,362	\$4,221	\$4,719
ENT Surgery	1	\$167,200	\$22,505	\$8,183
Gastroenterology	16	\$87,755	\$11,812	\$5,878
General Medicine	16	\$63,418	\$8,536	\$6,303
General Surgery	23	\$373,863	\$50,322	\$19,535
Gynecological Surg	1	\$88,541	\$11,918	\$5,699
Hematology	5	\$82,168	\$11,060	\$6,418
Infectious Disease	20	\$132,307	\$17,809	\$11,311
Nephrology	2	\$43,554	\$5,862	\$7,104
Neurological Surgery	3	\$219,760	\$29,580	\$17,347
Neurology	7	\$60,807	\$8,185	\$5,962
Obstetrics/Delivery	1	\$102,565	\$13,805	\$6,366
Oncology	1	\$276,913	\$37,272	\$11,397
Orthopedic Surgery	9	\$168,488	\$22,679	\$12,153
Orthopedics	1	\$72,414	\$9,747	\$4,437
Other Obstetrics	1	\$16,168	\$2,176	\$4,586
Otolaryngology	2	\$21,320	\$2,870	\$4,402
Psychiatry	115	\$27,845	\$3,748	\$5,916
Pulmonary	19	\$95,389	\$12,839	\$10,247
Trauma	5	\$149,611	\$20,138	\$8,591
Urology	4	\$42,978	\$5,785	\$5,542
Vascular Surgery	4	\$342,532	\$46,105	\$21,500
Totals	304	\$98,512	\$13,260	\$8,646

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Hospital for Extended Recovery
600 Gresham Drive, Suite 700
Norfolk, VA 23507

Health Planning Region : EASTERN VIRGINIA
Administrator : Aimee Vergara
Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
General Medicine	2	\$90,691		\$6,615
General Surgery	2	\$379,988		\$28,641
Infectious Disease	2	\$151,446		\$10,174
Orthopedic Surgery	1	\$486,395		\$30,163
Orthopedics	1	\$82,661		\$20,634
Pulmonary	6	\$232,815		\$12,148
Trauma	2	\$295,345		\$17,833
Urology	1	\$94,082		\$4,528
Totals	17	\$229,116		\$14,985

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Inova Alexandria Hospital
4320 Seminary Road
Alexandria, VA 22304

Health Planning Region : NORTHERN VIRGINIA
Administrator : Susan Carroll
Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	49	\$61,405	\$24,089	\$14,777
Cardiology - Medical	66	\$21,194	\$8,314	\$5,398
Cardiology - Open Heart Surgery	4	\$127,078	\$49,853	\$36,875
Dermatology	2	\$9,966	\$3,910	\$4,303
Endocrinology	31	\$13,866	\$5,440	\$5,395
ENT Surgery	2	\$48,049	\$18,850	\$9,478
Gastroenterology	73	\$21,339	\$8,371	\$5,558
General Medicine	36	\$15,441	\$6,058	\$5,809
General Surgery	38	\$34,937	\$13,706	\$11,656
Gynecological Surg	4	\$30,544	\$11,982	\$7,213
Gynecology	4	\$17,697	\$6,943	\$3,569
Hematology	16	\$21,100	\$8,278	\$6,274
Infectious Disease	74	\$26,259	\$10,301	\$8,342
Neonatology	1	\$157,825	\$61,915	\$29,535
Nephrology	4	\$24,128	\$9,465	\$6,694
Neurology	49	\$28,475	\$11,171	\$5,850
Normal Newborn	59	\$3,248	\$1,274	\$3,305
Obstetrics/Delivery	78	\$12,179	\$4,778	\$4,237
Oncology	33	\$32,219	\$12,640	\$11,137
Oncology Surgery	2	\$63,746	\$25,007	\$18,741
Orthopedic Surgery	11	\$39,764	\$15,600	\$11,654
Orthopedics	7	\$12,795	\$5,019	\$4,667
Other Obstetrics	8	\$13,846	\$5,432	\$4,679
Otolaryngology	3	\$15,399	\$6,041	\$3,849
Psychiatry	29	\$16,396	\$6,432	\$5,158
Pulmonary	63	\$20,846	\$8,178	\$5,989
Rheumatology	4	\$14,044	\$5,509	\$5,541
Trauma	5	\$40,373	\$15,838	\$12,882
Urological Surgery	3	\$53,190	\$20,866	\$8,923
Urology	34	\$18,369	\$7,206	\$5,722
Vascular Surgery	4	\$69,286	\$27,181	\$17,043
Totals	796	\$24,059	\$9,438	\$7,070

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY capital rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Inova Fair Oaks Hospital
3600 Joseph Siewick Drive
Fairfax, VA 22033

Health Planning Region : NORTHERN VIRGINIA
Administrator : John Fitzgerald
Sr. Vice-President/Admin

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	13	\$12,576	\$5,048	\$4,782
Dental	1	\$7,387	\$2,965	\$4,748
Dermatology	3	\$14,210	\$5,704	\$4,408
Endocrinology	17	\$13,990	\$5,616	\$4,973
Gastroenterology	38	\$18,898	\$7,585	\$5,356
General Medicine	10	\$15,796	\$6,340	\$5,378
General Surgery	28	\$30,429	\$12,214	\$12,033
Gynecological Surg	1	\$18,063	\$7,250	\$5,699
Hematology	6	\$20,750	\$8,329	\$5,158
Infectious Disease	34	\$23,115	\$9,278	\$8,521
Neonatology	2	\$22,179	\$8,903	\$14,564
Nephrology	1	\$34,871	\$13,997	\$8,778
Neurology	11	\$21,056	\$8,452	\$6,211
Normal Newborn	17	\$3,676	\$1,475	\$3,977
Obstetrics/Delivery	33	\$11,934	\$4,790	\$4,022
Oncology	10	\$30,101	\$12,083	\$12,391
Oncology Surgery	3	\$132,724	\$53,275	\$19,155
Orthopedic Surgery	8	\$36,408	\$14,614	\$11,757
Orthopedics	5	\$14,584	\$5,854	\$5,085
Other Obstetrics	5	\$11,283	\$4,529	\$4,462
Otolaryngology	1	\$11,141	\$4,472	\$3,925
Psychiatry	21	\$13,844	\$5,557	\$5,503
Pulmonary	20	\$19,550	\$7,848	\$5,993
Rheumatology	4	\$19,071	\$7,655	\$6,632
Trauma	4	\$23,543	\$9,450	\$10,754
Urological Surgery	2	\$15,264	\$6,127	\$6,366
Urology	12	\$10,895	\$4,373	\$4,730
Vascular Surgery	2	\$52,360	\$21,017	\$17,767
Totals	312	\$19,629	\$7,879	\$6,823

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	78	\$78,829	\$33,731	\$21,894
Cardiology - Medical	89	\$23,251	\$9,949	\$6,360
Cardiology - Open Heart Surgery	26	\$131,281	\$56,175	\$31,265
Dental	1	\$14,033	\$6,005	\$4,748
Dermatology	3	\$14,668	\$6,276	\$4,489
Endocrinology	49	\$16,097	\$6,888	\$5,543
ENT Surgery	17	\$45,182	\$19,333	\$19,833
Gastroenterology	121	\$20,023	\$8,568	\$5,341
General Medicine	49	\$18,657	\$7,983	\$5,310
General Surgery	172	\$63,703	\$27,259	\$18,534
Gynecological Surg	39	\$29,720	\$12,717	\$8,422
Gynecology	4	\$13,412	\$5,739	\$4,230
Hematology	22	\$26,477	\$11,330	\$6,550
Infectious Disease	112	\$33,838	\$14,479	\$9,803
Neonatology	11	\$93,474	\$39,998	\$19,714
Nephrology	15	\$28,663	\$12,265	\$7,129
Neurological Surgery	40	\$111,141	\$47,557	\$27,488
Neurology	103	\$26,916	\$11,517	\$7,032
Normal Newborn	61	\$4,622	\$1,978	\$5,128
Obstetrics/Delivery	101	\$14,807	\$6,336	\$4,239
Oncology	58	\$44,259	\$18,938	\$12,667
Oncology Surgery	8	\$59,090	\$25,285	\$17,857
Ophthalmology	4	\$16,948	\$7,252	\$4,197
Orthopedic Surgery	64	\$46,034	\$19,698	\$12,217
Orthopedics	32	\$23,313	\$9,975	\$6,063
Other Obstetrics	31	\$14,398	\$6,161	\$4,631
Otolaryngology	11	\$17,995	\$7,700	\$5,196
Psychiatry	200	\$12,122	\$5,187	\$5,551
Pulmonary	83	\$31,605	\$13,524	\$9,026
Rheumatology	10	\$37,660	\$16,115	\$6,361
Transplant Surgery	6	\$277,048	\$118,549	\$46,692
Trauma	59	\$62,327	\$26,670	\$15,902
Urological Surgery	10	\$44,068	\$18,857	\$10,869
Urology	42	\$19,412	\$8,306	\$5,254
Vascular Surgery	43	\$84,087	\$35,981	\$20,747
Totals	1774	\$37,575	\$16,078	\$10,551

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY capital rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Inova Loudoun Hospital
44045 Riverside Parkway
Leesburg, VA 20176

Health Planning Region : NORTHERN VIRGINIA
Administrator : Deborah Addo
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	22	\$48,910	\$20,571	\$14,575
Cardiology - Medical	27	\$17,384	\$7,312	\$5,827
Dental	2	\$11,618	\$4,887	\$4,748
Dermatology	1	\$6,552	\$2,756	\$3,706
Endocrinology	13	\$11,930	\$5,018	\$4,650
ENT Surgery	2	\$33,008	\$13,883	\$8,017
Gastroenterology	31	\$26,379	\$11,095	\$5,321
General Medicine	21	\$13,360	\$5,619	\$5,001
General Surgery	32	\$30,357	\$12,768	\$11,280
Gynecological Surg	1	\$36,572	\$15,382	\$5,699
Hematology	2	\$29,058	\$12,222	\$7,813
Infectious Disease	34	\$22,320	\$9,388	\$8,395
Neonatology	4	\$61,336	\$25,798	\$17,100
Nephrology	4	\$11,493	\$4,834	\$7,292
Neurological Surgery	2	\$30,960	\$13,022	\$8,210
Neurology	14	\$16,723	\$7,034	\$5,199
Normal Newborn	21	\$3,536	\$1,487	\$5,110
Obstetrics/Delivery	34	\$12,881	\$5,418	\$4,210
Oncology	23	\$20,529	\$8,634	\$8,291
Orthopedic Surgery	8	\$46,636	\$19,615	\$12,704
Orthopedics	3	\$16,460	\$6,923	\$5,482
Other Obstetrics	8	\$9,417	\$3,961	\$4,385
Otolaryngology	4	\$10,513	\$4,422	\$4,255
Psychiatry	77	\$9,461	\$3,979	\$4,917
Pulmonary	40	\$20,519	\$8,630	\$7,302
Trauma	4	\$43,585	\$18,332	\$14,446
Urological Surgery	2	\$42,377	\$17,824	\$10,361
Urology	18	\$20,151	\$8,476	\$5,198
Vascular Surgery	2	\$49,049	\$20,630	\$12,799
Totals	456	\$19,957	\$8,394	\$6,956

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Inova Mount Vernon Hospital
2501 Parker's Lane
Alexandria, VA 22306

Health Planning Region : NORTHERN VIRGINIA
Administrator : Donald Brideau
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	28	\$24,397	\$10,125	\$6,257
Dermatology	2	\$7,232	\$3,001	\$4,327
Endocrinology	26	\$11,815	\$4,903	\$5,133
ENT Surgery	1	\$22,186	\$9,207	\$5,894
Gastroenterology	41	\$16,940	\$7,030	\$5,112
General Medicine	40	\$28,187	\$11,698	\$6,031
General Surgery	16	\$35,182	\$14,601	\$14,324
Infectious Disease	21	\$21,216	\$8,805	\$8,165
Nephrology	5	\$21,668	\$8,992	\$7,459
Neurology	40	\$36,560	\$15,172	\$6,854
Oncology	1	\$44,552	\$18,489	\$19,933
Ophthalmology	1	\$10,010	\$4,154	\$4,244
Orthopedic Surgery	10	\$46,733	\$19,394	\$12,781
Orthopedics	3	\$11,371	\$4,719	\$4,556
Other Obstetrics	1	\$8,949	\$3,714	\$3,966
Otolaryngology	1	\$3,990	\$1,656	\$3,730
Psychiatry	106	\$10,521	\$4,366	\$5,634
Pulmonary	24	\$22,515	\$9,344	\$7,397
Rheumatology	4	\$17,883	\$7,421	\$5,950
Trauma	1	\$18,819	\$7,810	\$5,892
Urological Surgery	2	\$90,344	\$37,493	\$8,947
Urology	6	\$13,578	\$5,635	\$4,519
Totals	380	\$21,066	\$8,743	\$6,602

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

John Randolph Medical Center
411 W. Randolph Road
Hopewell, VA 23860

Health Planning Region : CENTRAL VIRGINIA
Administrator : Jennifer Honaker
CFO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	1	\$95,962	\$13,070	\$4,348
General Medicine	1	\$349,228	\$47,565	\$8,019
Psychiatry	64	\$35,480	\$4,832	\$5,935
Totals	66	\$41,150	\$5,605	\$5,942

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, VA 24211

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Stan Hickson
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	10	\$110,228	\$19,113	\$13,267
Cardiology - Medical	12	\$21,001	\$3,642	\$5,088
Dermatology	1	\$29,956	\$5,194	\$5,657
Endocrinology	6	\$19,391	\$3,362	\$4,250
Gastroenterology	18	\$33,200	\$5,757	\$7,201
General Medicine	3	\$12,647	\$2,193	\$5,343
General Surgery	19	\$78,918	\$13,684	\$14,298
Gynecological Surg	1	\$25,458	\$4,414	\$5,699
Gynecology	1	\$12,755	\$2,212	\$5,874
Hematology	3	\$36,530	\$6,334	\$7,222
Infectious Disease	23	\$43,085	\$7,471	\$10,776
Nephrology	1	\$46,116	\$7,997	\$8,778
Neurology	4	\$29,469	\$5,110	\$5,760
Obstetrics/Delivery	1	\$26,688	\$4,628	\$3,416
Oncology	3	\$34,050	\$5,904	\$8,268
Orthopedic Surgery	5	\$72,811	\$12,625	\$11,161
Orthopedics	5	\$26,749	\$4,638	\$6,398
Pulmonary	21	\$32,418	\$5,621	\$8,286
Trauma	2	\$32,939	\$5,712	\$9,986
Urology	10	\$20,476	\$3,551	\$5,477
Vascular Surgery	5	\$124,849	\$21,649	\$17,533
Totals	154	\$46,368	\$8,040	\$9,140

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Kempsville Center for Behavioral Health
860 Kempsville Road
Norfolk, VA 23502

Health Planning Region : EASTERN VIRGINIA
Administrator : Jaime Fernandez
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Psychiatry	2	\$8,400	\$3,898	\$6,131
Totals	2	\$8,400	\$3,898	\$6,131

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

LewisGale Hospital - Alleghany
1 ARH Lane P.O. Box 7
Low Moor, VA 24457

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Will Windham
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Neurology	2	\$37,214	\$8,124	\$6,889
Totals	2	\$37,214	\$8,124	\$6,889

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

LewisGale Medical Center
1900 Electric Road
Salem, VA 24153

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Brian Baumgardner
President and CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	10	\$119,642	\$20,686	\$10,744
Cardiology - Medical	5	\$73,503	\$12,709	\$5,180
Cardiology - Open Heart Surgery	3	\$222,080	\$38,398	\$23,647
Endocrinology	5	\$54,647	\$9,449	\$6,307
Gastroenterology	20	\$50,483	\$8,728	\$5,949
General Medicine	5	\$45,723	\$7,906	\$6,814
General Surgery	16	\$133,870	\$23,146	\$14,501
Gynecological Surg	1	\$56,423	\$9,756	\$5,699
Infectious Disease	22	\$92,196	\$15,941	\$9,481
Neurological Surgery	3	\$223,833	\$38,701	\$25,460
Neurology	9	\$29,068	\$5,026	\$6,038
Oncology	4	\$101,768	\$17,596	\$8,867
Orthopedic Surgery	7	\$123,863	\$21,416	\$12,570
Orthopedics	2	\$23,685	\$4,095	\$4,887
Other Obstetrics	2	\$30,700	\$5,308	\$4,215
Psychiatry	6	\$17,379	\$3,005	\$4,509
Pulmonary	5	\$32,423	\$5,606	\$7,298
Urology	2	\$25,940	\$4,485	\$4,359
Vascular Surgery	1	\$92,089	\$15,922	\$9,957
Totals	128	\$83,552	\$14,446	\$9,295

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Mary Washington Hospital
1001 Sam Perry Boulevard
Fredericksburg, VA 22401

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : Eliese Bernard
 Senior Vice President

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	31	\$99,979	\$32,583	\$17,692
Cardiology - Medical	67	\$24,089	\$7,851	\$5,945
Cardiology - Open Heart Surgery	10	\$102,229	\$33,317	\$27,557
Dental	1	\$12,962	\$4,224	\$4,748
Dermatology	3	\$26,990	\$8,796	\$4,392
Endocrinology	14	\$24,875	\$8,107	\$4,930
ENT Surgery	5	\$234,435	\$76,402	\$59,480
Gastroenterology	67	\$30,409	\$9,910	\$5,176
General Medicine	54	\$23,874	\$7,780	\$6,063
General Surgery	64	\$88,362	\$28,797	\$23,219
Gynecological Surg	1	\$25,994	\$8,471	\$5,699
Hematology	12	\$18,024	\$5,874	\$7,025
Infectious Disease	43	\$41,290	\$13,456	\$9,277
Neonatology	4	\$32,684	\$10,652	\$20,584
Nephrology	7	\$19,296	\$6,288	\$7,929
Neurological Surgery	5	\$81,762	\$26,646	\$16,471
Neurology	45	\$45,449	\$14,812	\$6,378
Normal Newborn	26	\$3,465	\$1,129	\$3,188
Obstetrics/Delivery	46	\$16,743	\$5,457	\$4,102
Oncology	38	\$36,738	\$11,973	\$8,133
Oncology Surgery	2	\$52,497	\$17,109	\$11,317
Ophthalmology	1	\$27,629	\$9,004	\$4,244
Orthopedic Surgery	49	\$49,257	\$16,053	\$12,184
Orthopedics	10	\$47,363	\$15,436	\$7,978
Other Obstetrics	2	\$12,356	\$4,027	\$3,997
Otolaryngology	2	\$22,946	\$7,478	\$4,402
Psychiatry	186	\$21,129	\$6,886	\$5,899
Pulmonary	109	\$27,938	\$9,105	\$7,921
Rheumatology	2	\$26,544	\$8,651	\$4,751
Trauma	22	\$97,332	\$31,721	\$17,093
Urological Surgery	3	\$27,023	\$8,807	\$7,476
Urology	32	\$21,311	\$6,945	\$5,383
Vascular Surgery	13	\$44,833	\$14,611	\$15,156
Totals	976	\$37,840	\$12,332	\$9,018

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY capital rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Memorial Hospital of Martinsville & Henry Count
320 Hospital Drive P.O. Box 4788
Martinsville, VA 24112

Health Planning Region : SOUTHWEST VIRGINIA

Administrator : Michael Ehrat
C. E. O.

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	3	\$26,283	\$6,868	\$5,562
Gastroenterology	2	\$11,167	\$2,918	\$4,469
General Surgery	2	\$45,641	\$11,926	\$10,295
Infectious Disease	1	\$18,202	\$4,756	\$5,764
Psychiatry	1	\$6,787	\$1,773	\$3,743
Pulmonary	1	\$28,483	\$7,443	\$6,802
Rheumatology	1	\$12,495	\$3,265	\$4,062
Urology	1	\$21,805	\$5,698	\$4,142
Totals	12	\$23,353	\$6,102	\$5,894

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

North Spring Behavioral Healthcare
42009 Victory Lane
Leesburg, VA 20176

Health Planning Region : NORTHERN VIRGINIA
Administrator : David Winters
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Psychiatry	16	\$15,075	\$3,998	\$6,040
Totals	16	\$15,075	\$3,998	\$6,040

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Norton Community Hospital
100 Fifteenth Street, NW
Norton, VA 24273

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Mark Leonard
 AVP/Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	2	\$8,225	\$1,609	\$6,039
Dermatology	1	\$18,495	\$3,618	\$8,067
Gastroenterology	4	\$21,811	\$4,266	\$5,144
General Medicine	1	\$18,834	\$3,684	\$8,160
General Surgery	8	\$47,190	\$9,230	\$10,742
Gynecological Surg	1	\$44,968	\$8,796	\$5,699
Hematology	1	\$16,538	\$3,235	\$7,484
Infectious Disease	8	\$38,897	\$7,608	\$9,295
Orthopedic Surgery	2	\$48,850	\$9,555	\$10,040
Orthopedics	1	\$72,058	\$14,095	\$4,437
Pulmonary	1	\$21,827	\$4,269	\$7,769
Urology	2	\$20,895	\$4,087	\$6,777
Totals	32	\$35,144	\$6,874	\$8,381

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Novant Health UVA Health System Culpeper Hos
501 Sunset Lane PO Box 592
Culpeper, VA 22701

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : Maggie Gill
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	16	\$16,044	\$4,911	\$5,743
Endocrinology	6	\$16,333	\$4,999	\$4,958
Gastroenterology	8	\$15,414	\$4,718	\$4,155
General Medicine	5	\$17,083	\$5,229	\$5,228
General Surgery	8	\$45,163	\$13,824	\$9,072
Infectious Disease	10	\$20,890	\$6,394	\$7,941
Neonatology	1	\$5,006	\$1,532	\$7,334
Neurology	4	\$20,780	\$6,361	\$5,787
Normal Newborn	16	\$3,639	\$1,114	\$2,182
Obstetrics/Delivery	18	\$8,839	\$2,706	\$4,046
Orthopedic Surgery	6	\$66,743	\$20,430	\$11,587
Orthopedics	1	\$16,639	\$5,093	\$4,437
Other Obstetrics	1	\$19,460	\$5,957	\$5,441
Psychiatry	1	\$53,853	\$16,484	\$9,023
Pulmonary	9	\$18,921	\$5,792	\$5,934
Rheumatology	1	\$29,132	\$8,917	\$4,166
Trauma	1	\$25,640	\$7,848	\$9,625
Urology	4	\$23,021	\$7,047	\$6,981
Totals	116	\$19,368	\$5,928	\$5,644

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Novant Health UVA Health System Haymarket M
15225 Healthcote Blvd
Haymarket, VA 20169

Health Planning Region : NORTHERN VIRGINIA

Administrator : Greg Napps
President and COO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	3	\$11,577	\$3,671	\$4,232
Endocrinology	1	\$5,728	\$1,816	\$4,025
Gastroenterology	2	\$14,484	\$4,593	\$9,938
General Medicine	3	\$10,432	\$3,308	\$6,924
General Surgery	3	\$41,349	\$13,112	\$10,187
Infectious Disease	5	\$15,418	\$4,889	\$7,418
Neurology	1	\$32,903	\$10,434	\$5,847
Normal Newborn	3	\$2,744	\$870	\$5,220
Obstetrics/Delivery	1	\$10,259	\$3,253	\$3,416
Psychiatry	16	\$10,136	\$3,214	\$4,495
Pulmonary	4	\$13,426	\$4,257	\$5,546
Rheumatology	2	\$8,738	\$2,771	\$4,087
Totals	44	\$13,332	\$4,228	\$5,732

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Novant Health UVA Health System Prince William
8700 Sudley Road
Manassas, VA 20110

Health Planning Region : NORTHERN VIRGINIA
Administrator : Greg Napps
President and COO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	15	\$39,429	\$14,967	\$10,375
Cardiology - Medical	6	\$28,862	\$10,956	\$7,461
Dermatology	1	\$10,109	\$3,837	\$4,570
Endocrinology	12	\$18,781	\$7,129	\$4,967
Gastroenterology	17	\$25,263	\$9,590	\$5,456
General Medicine	19	\$16,482	\$6,257	\$5,092
General Surgery	21	\$35,910	\$13,631	\$9,450
Gynecology	1	\$10,276	\$3,901	\$4,929
Hematology	1	\$14,006	\$5,317	\$7,484
Infectious Disease	18	\$25,566	\$9,705	\$7,279
Neurology	7	\$29,688	\$11,270	\$6,100
Normal Newborn	34	\$5,674	\$2,154	\$3,524
Obstetrics/Delivery	17	\$11,198	\$4,251	\$3,774
Oncology Surgery	1	\$25,925	\$9,841	\$12,648
Orthopedic Surgery	3	\$33,163	\$12,589	\$9,428
Orthopedics	1	\$26,938	\$10,226	\$4,263
Other Obstetrics	6	\$16,306	\$6,190	\$4,379
Psychiatry	170	\$12,071	\$4,582	\$4,372
Pulmonary	11	\$21,331	\$8,097	\$7,179
Rheumatology	1	\$30,086	\$11,421	\$13,733
Trauma	1	\$57,141	\$21,691	\$15,314
Urological Surgery	2	\$31,799	\$12,071	\$6,366
Urology	3	\$14,838	\$5,633	\$5,742
Totals	368	\$17,132	\$6,503	\$5,368

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Reston Hospital Center
1850 Town Center Parkway
Reston, VA 20190

Health Planning Region : NORTHERN VIRGINIA
Administrator : John Dearthoff
CEO/President

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	2	\$113,318	\$28,613	\$13,958
Cardiology - Medical	5	\$26,609	\$6,719	\$5,561
Gastroenterology	10	\$59,079	\$14,918	\$5,824
General Medicine	1	\$46,242	\$11,676	\$3,988
General Surgery	12	\$119,128	\$30,080	\$15,564
Hematology	1	\$37,071	\$9,360	\$4,838
Infectious Disease	12	\$108,977	\$27,517	\$14,213
Neurological Surgery	1	\$94,347	\$23,823	\$22,485
Neurology	6	\$52,121	\$13,161	\$7,144
Obstetrics/Delivery	1	\$51,303	\$12,954	\$6,366
Oncology	1	\$43,870	\$11,077	\$9,751
Orthopedic Surgery	4	\$75,641	\$19,099	\$15,100
Orthopedics	4	\$35,321	\$8,919	\$4,775
Psychiatry	2	\$31,640	\$7,989	\$4,172
Pulmonary	5	\$58,263	\$14,711	\$6,841
Trauma	6	\$81,906	\$20,681	\$12,571
Urological Surgery	1	\$139,424	\$35,205	\$9,481
Urology	1	\$20,043	\$5,061	\$4,142
Vascular Surgery	3	\$193,811	\$48,937	\$14,292
Totals	78	\$80,821	\$20,407	\$10,456

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Riverside Doctors' Hospital Williamsburg
1500 Commonwealth Avenue
Williamsburg, VA 23185

Health Planning Region : EASTERN VIRGINIA
Administrator : Adria VanHoozier
Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	8	\$16,611	\$7,086	\$7,070
Dental	1	\$6,966	\$2,972	\$4,748
Endocrinology	6	\$17,143	\$7,313	\$4,931
Gastroenterology	5	\$14,690	\$6,267	\$5,778
General Medicine	4	\$36,886	\$15,735	\$6,476
General Surgery	3	\$57,732	\$24,629	\$18,441
Hematology	2	\$14,303	\$6,102	\$5,118
Infectious Disease	5	\$28,199	\$12,030	\$7,418
Neurology	5	\$11,290	\$4,816	\$5,846
Orthopedic Surgery	4	\$47,891	\$20,430	\$12,286
Psychiatry	1	\$7,616	\$3,249	\$4,193
Pulmonary	2	\$17,119	\$7,303	\$6,619
Trauma	1	\$63,043	\$26,894	\$20,634
Totals	47	\$24,668	\$10,523	\$7,761

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Riverside Regional Medical Center
500 J. Clyde Morris Boulevard
Newport News, VA 23601

Health Planning Region : EASTERN VIRGINIA
Administrator : Michael Doucette Vice-
President/Administr

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	29	\$41,733	\$13,217	\$10,920
Cardiology - Medical	47	\$19,168	\$6,070	\$5,702
Cardiology - Open Heart Surgery	3	\$190,082	\$60,199	\$50,446
Dermatology	3	\$25,387	\$8,040	\$4,570
Endocrinology	28	\$20,625	\$6,532	\$5,237
Gastroenterology	85	\$18,807	\$5,956	\$5,544
General Medicine	53	\$22,561	\$7,145	\$5,945
General Surgery	46	\$47,598	\$15,074	\$18,034
Gynecological Surg	12	\$36,546	\$11,574	\$7,635
Hematology	6	\$16,531	\$5,235	\$6,064
Infectious Disease	50	\$30,227	\$9,573	\$9,568
Neonatology	12	\$57,207	\$18,118	\$17,643
Nephrology	1	\$12,426	\$3,935	\$5,806
Neurological Surgery	13	\$92,004	\$29,138	\$24,708
Neurology	52	\$27,660	\$8,760	\$6,015
Normal Newborn	49	\$3,168	\$1,003	\$4,624
Obstetrics/Delivery	60	\$10,229	\$3,240	\$3,973
Oncology	4	\$31,484	\$9,971	\$10,416
Orthopedic Surgery	49	\$46,435	\$14,706	\$12,267
Orthopedics	10	\$19,246	\$6,095	\$6,128
Other Obstetrics	8	\$11,324	\$3,586	\$4,037
Otolaryngology	3	\$26,724	\$8,463	\$4,124
Psychiatry	166	\$12,006	\$3,802	\$5,411
Pulmonary	48	\$21,311	\$6,749	\$9,121
Rheumatology	6	\$13,726	\$4,347	\$4,853
Trauma	23	\$58,554	\$18,544	\$16,628
Urological Surgery	6	\$33,467	\$10,599	\$7,688
Urology	11	\$14,592	\$4,621	\$4,906
Vascular Surgery	5	\$132,056	\$41,822	\$34,556
Totals	888	\$25,565	\$8,096	\$8,113

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Riverside Shore Memorial Hospital
20480 Market Street P O Box 430
Onancock, VA 23417

Health Planning Region : EASTERN VIRGINIA
Administrator : John Peterman
Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	13	\$14,361	\$4,894	\$5,006
Endocrinology	1	\$14,001	\$4,772	\$3,347
Gastroenterology	15	\$20,332	\$6,929	\$5,101
General Medicine	7	\$11,667	\$3,976	\$4,772
General Surgery	10	\$37,130	\$12,654	\$12,160
Gynecological Surg	1	\$25,565	\$8,713	\$9,370
Hematology	2	\$9,713	\$3,310	\$6,441
Infectious Disease	9	\$16,545	\$5,639	\$8,213
Neonatology	1	\$2,926	\$997	\$7,334
Neurology	10	\$25,430	\$8,667	\$5,542
Normal Newborn	10	\$2,637	\$899	\$7,545
Obstetrics/Delivery	17	\$11,731	\$3,998	\$4,235
Orthopedic Surgery	2	\$31,701	\$10,804	\$15,024
Orthopedics	1	\$32,934	\$11,224	\$5,415
Psychiatry	2	\$11,987	\$4,085	\$4,193
Pulmonary	18	\$13,379	\$4,560	\$6,559
Trauma	1	\$25,394	\$8,654	\$11,229
Urology	2	\$20,905	\$7,124	\$6,777
Totals	122	\$16,917	\$5,765	\$6,500

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Riverside Tappahannock Hospital
618 Hospital Road
Tappahannock, VA 22560

Health Planning Region : EASTERN VIRGINIA
Administrator : Esther Desimini
 VP/Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	7	\$17,354	\$6,084	\$5,806
Endocrinology	5	\$13,242	\$4,643	\$4,605
Gastroenterology	10	\$13,533	\$4,745	\$5,099
General Medicine	3	\$15,639	\$5,483	\$5,596
General Surgery	5	\$32,181	\$11,283	\$12,299
Hematology	1	\$12,367	\$4,336	\$4,838
Infectious Disease	8	\$14,940	\$5,238	\$8,348
Neurology	5	\$19,048	\$6,678	\$4,898
Orthopedic Surgery	3	\$45,548	\$15,969	\$13,064
Otolaryngology	1	\$10,418	\$3,653	\$3,730
Psychiatry	3	\$15,293	\$5,362	\$4,193
Pulmonary	8	\$15,311	\$5,368	\$5,076
Urological Surgery	1	\$23,322	\$8,177	\$7,322
Urology	2	\$6,714	\$2,354	\$4,124
Vascular Surgery	2	\$28,791	\$10,094	\$10,154
Totals	64	\$18,246	\$6,397	\$6,579

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Riverside Walter Reed Hospital
Route 17
Gloucester, VA 23061

Health Planning Region : EASTERN VIRGINIA
Administrator : Megan Crain, MHA
 Vice President/Administr

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	5	\$11,882	\$3,527	\$4,733
Endocrinology	3	\$15,491	\$4,598	\$4,698
Gastroenterology	13	\$21,811	\$6,474	\$5,534
General Medicine	16	\$13,492	\$4,005	\$5,526
General Surgery	5	\$33,840	\$10,044	\$10,464
Infectious Disease	9	\$20,790	\$6,171	\$7,602
Neurology	7	\$20,871	\$6,194	\$6,883
Oncology	1	\$14,460	\$4,292	\$4,762
Orthopedic Surgery	4	\$32,139	\$9,539	\$10,850
Orthopedics	2	\$8,196	\$2,432	\$5,901
Psychiatry	3	\$35,292	\$10,475	\$7,413
Pulmonary	7	\$12,787	\$3,795	\$5,275
Rheumatology	2	\$17,513	\$5,198	\$4,437
Urology	5	\$16,626	\$4,935	\$3,779
Totals	82	\$19,276	\$5,721	\$6,267

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Russell County Medical Center
PO Box 3600 58 Carroll Street
Lebanon, VA 24266

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Stephen K. Givens
 AVP/Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	1	\$33,548	\$8,139	\$6,752
General Surgery	1	\$31,326	\$7,600	\$9,239
Infectious Disease	1	\$13,595	\$3,298	\$9,899
Neurology	1	\$23,006	\$5,581	\$5,499
Psychiatry	7	\$15,078	\$3,658	\$5,840
Pulmonary	1	\$8,657	\$2,100	\$6,435
Urology	1	\$13,506	\$3,277	\$4,359
Totals	13	\$17,629	\$4,277	\$6,390

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	34	\$80,928	\$18,605	\$12,977
Cardiology - Medical	108	\$27,705	\$6,369	\$6,580
Dermatology	1	\$51,410	\$11,819	\$4,570
Endocrinology	40	\$18,426	\$4,236	\$5,165
ENT Surgery	1	\$403,694	\$92,809	\$61,241
Gastroenterology	60	\$28,872	\$6,638	\$5,496
General Medicine	42	\$23,108	\$5,313	\$5,208
General Surgery	66	\$44,599	\$10,253	\$11,447
Gynecological Surg	2	\$51,869	\$11,925	\$8,093
Gynecology	4	\$19,219	\$4,419	\$4,022
Hematology	24	\$22,463	\$5,164	\$5,499
Infectious Disease	84	\$42,024	\$9,661	\$10,212
Nephrology	4	\$21,490	\$4,940	\$6,882
Neurological Surgery	8	\$63,025	\$14,489	\$19,086
Neurology	65	\$33,386	\$7,675	\$6,064
Oncology	11	\$62,324	\$14,328	\$11,983
Orthopedic Surgery	35	\$47,714	\$10,969	\$11,877
Orthopedics	5	\$14,534	\$3,341	\$6,060
Other Obstetrics	2	\$28,957	\$6,657	\$4,094
Otolaryngology	2	\$14,855	\$3,415	\$4,402
Psychiatry	6	\$19,365	\$4,452	\$4,670
Pulmonary	64	\$20,800	\$4,782	\$5,927
Rheumatology	3	\$19,578	\$4,501	\$4,492
Trauma	9	\$73,270	\$16,845	\$16,015
Urological Surgery	4	\$43,074	\$9,903	\$12,044
Urology	35	\$22,909	\$5,267	\$5,367
Vascular Surgery	26	\$81,244	\$18,678	\$16,960
Totals	745	\$36,725	\$8,443	\$8,270

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Sentara Halifax Regional Hospital
2204 Wilborn Avenue
South Boston, VA 24592

Health Planning Region : CENTRAL VIRGINIA
Administrator : Jason Studley
President

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	4	\$39,976	\$14,755	\$11,273
Cardiology - Medical	12	\$20,817	\$7,683	\$6,972
Endocrinology	5	\$9,609	\$3,547	\$4,024
Gastroenterology	8	\$18,092	\$6,678	\$4,893
General Medicine	5	\$11,809	\$4,359	\$5,947
General Surgery	6	\$51,746	\$19,100	\$9,669
Gynecological Surg	4	\$25,993	\$9,594	\$5,699
Hematology	1	\$22,070	\$8,146	\$4,838
Infectious Disease	5	\$42,297	\$15,612	\$17,450
Neurology	3	\$26,597	\$9,817	\$6,868
Normal Newborn	1	\$2,462	\$909	\$7,334
Obstetrics/Delivery	5	\$14,018	\$5,174	\$4,546
Oncology	4	\$12,129	\$4,477	\$6,937
Orthopedic Surgery	19	\$47,946	\$17,697	\$12,195
Orthopedics	2	\$35,542	\$13,119	\$14,273
Pulmonary	21	\$16,143	\$5,958	\$5,338
Urology	5	\$12,021	\$4,437	\$4,835
Vascular Surgery	2	\$67,528	\$24,924	\$15,244
Totals	112	\$27,023	\$9,974	\$8,001

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Sentara Leigh Hospital
830 Kempsville Road
Norfolk, VA 23502

Health Planning Region : EASTERN VIRGINIA
Administrator : Joanne Inman
Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	31	\$62,148	\$15,991	\$11,565
Cardiology - Medical	118	\$25,312	\$6,513	\$6,109
Dental	4	\$13,001	\$3,345	\$4,112
Endocrinology	83	\$19,498	\$5,017	\$5,062
ENT Surgery	12	\$23,095	\$5,942	\$8,469
Gastroenterology	97	\$28,141	\$7,241	\$5,525
General Medicine	60	\$23,779	\$6,118	\$5,690
General Surgery	82	\$65,392	\$16,825	\$14,720
Gynecological Surg	4	\$34,159	\$8,789	\$7,665
Gynecology	3	\$29,274	\$7,532	\$5,715
Hematology	14	\$27,196	\$6,997	\$5,766
Infectious Disease	86	\$47,668	\$12,265	\$11,962
Neonatology	3	\$44,058	\$11,336	\$20,355
Nephrology	2	\$28,114	\$7,234	\$7,292
Neurological Surgery	1	\$17,898	\$4,605	\$16,660
Neurology	62	\$31,211	\$8,031	\$5,761
Normal Newborn	47	\$5,345	\$1,375	\$4,721
Obstetrics/Delivery	72	\$15,700	\$4,040	\$4,054
Oncology	16	\$39,980	\$10,287	\$8,555
Ophthalmology	1	\$18,353	\$4,722	\$4,244
Orthopedic Surgery	108	\$45,665	\$11,750	\$12,948
Orthopedics	5	\$43,066	\$11,081	\$8,220
Other Obstetrics	2	\$23,560	\$6,062	\$3,966
Otolaryngology	4	\$27,461	\$7,066	\$4,592
Psychiatry	25	\$21,906	\$5,636	\$5,248
Pulmonary	132	\$36,899	\$9,494	\$8,190
Rheumatology	6	\$26,828	\$6,903	\$5,889
Trauma	9	\$61,498	\$15,824	\$13,617
Urological Surgery	4	\$31,976	\$8,227	\$10,912
Urology	62	\$24,927	\$6,414	\$5,871
Vascular Surgery	6	\$80,820	\$20,795	\$16,256
Totals	1161	\$33,471	\$8,612	\$8,015

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Sentara Martha Jefferson Hospital
500 Martha Jefferson Drive
Charlottesville, VA 22911

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : Jonathan S. Davis
President

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	19	\$43,696	\$17,723	\$13,501
Cardiology - Medical	43	\$15,634	\$6,341	\$5,945
Dermatology	2	\$6,378	\$2,587	\$4,327
Endocrinology	18	\$10,148	\$4,116	\$4,689
ENT Surgery	1	\$24,114	\$9,781	\$19,539
Gastroenterology	56	\$16,027	\$6,501	\$5,383
General Medicine	26	\$15,121	\$6,133	\$5,392
General Surgery	49	\$35,448	\$14,378	\$12,267
Gynecological Surg	1	\$43,870	\$17,794	\$9,017
Gynecology	2	\$8,598	\$3,487	\$3,947
Hematology	5	\$20,906	\$8,480	\$4,838
Infectious Disease	41	\$17,053	\$6,916	\$8,075
Neonatology	1	\$63,691	\$25,833	\$20,172
Neurological Surgery	3	\$53,030	\$21,509	\$18,115
Neurology	34	\$33,665	\$13,655	\$5,500
Normal Newborn	22	\$4,702	\$1,907	\$3,839
Obstetrics/Delivery	43	\$10,869	\$4,408	\$4,110
Oncology	3	\$15,872	\$6,438	\$6,414
Orthopedic Surgery	35	\$31,635	\$12,831	\$12,107
Orthopedics	3	\$17,497	\$7,097	\$4,737
Other Obstetrics	4	\$10,200	\$4,137	\$4,377
Otolaryngology	3	\$10,387	\$4,213	\$5,431
Psychiatry	4	\$14,995	\$6,082	\$5,379
Pulmonary	38	\$21,285	\$8,633	\$6,854
Rheumatology	1	\$35,246	\$14,296	\$4,707
Trauma	7	\$46,804	\$18,984	\$9,356
Urological Surgery	1	\$22,831	\$9,260	\$15,314
Urology	15	\$9,884	\$4,009	\$5,099
Vascular Surgery	14	\$64,908	\$26,327	\$14,135
Totals	494	\$22,557	\$9,149	\$7,480

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Burns	11	\$45,991	\$12,703	\$12,917
Cardiology - Invasive	105	\$104,796	\$28,945	\$18,002
Cardiology - Medical	180	\$29,294	\$8,091	\$6,039
Cardiology - Open Heart Surgery	48	\$183,181	\$50,595	\$36,898
Dental	3	\$18,515	\$5,114	\$4,748
Dermatology	17	\$39,624	\$10,944	\$5,660
Endocrinology	54	\$32,223	\$8,900	\$5,254
ENT Surgery	42	\$91,486	\$25,268	\$12,949
Gastroenterology	137	\$27,999	\$7,733	\$5,494
General Medicine	74	\$26,091	\$7,206	\$5,634
General Surgery	145	\$119,317	\$32,955	\$19,724
Gynecological Surg	18	\$35,644	\$9,845	\$7,187
Gynecology	6	\$30,443	\$8,408	\$6,370
Hematology	35	\$24,395	\$6,738	\$5,746
Infectious Disease	103	\$57,751	\$15,951	\$10,084
Neonatology	49	\$40,624	\$11,220	\$17,909
Nephrology	14	\$52,169	\$14,409	\$6,946
Neurological Surgery	53	\$102,874	\$28,414	\$22,858
Neurology	110	\$38,179	\$10,545	\$6,203
Normal Newborn	83	\$9,541	\$2,635	\$5,129
Obstetrics/Delivery	143	\$21,851	\$6,035	\$4,661
Oncology	35	\$43,679	\$12,064	\$9,671
Oncology Surgery	7	\$108,611	\$29,998	\$22,751
Ophthalmologic Surg	3	\$58,732	\$16,222	\$10,070
Ophthalmology	10	\$22,524	\$6,221	\$4,062
Orthopedic Surgery	88	\$63,613	\$17,570	\$12,342
Orthopedics	17	\$31,426	\$8,680	\$6,113
Other Obstetrics	56	\$14,216	\$3,926	\$4,300
Otolaryngology	15	\$17,257	\$4,766	\$4,913
Psychiatry	175	\$24,266	\$6,702	\$5,488
Pulmonary	112	\$36,039	\$9,954	\$8,042
Rehabilitation	18	\$64,497	\$17,814	\$6,406
Rheumatology	11	\$34,394	\$9,500	\$6,472
Transplant Surgery	12	\$273,845	\$75,636	\$21,835
Trauma	85	\$82,930	\$22,905	\$15,630
Ungroupable	1	\$34,822	\$9,618	\$12,171
Urological Surgery	32	\$69,234	\$19,122	\$10,447
Urology	55	\$26,184	\$7,232	\$5,401

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Sentara Norfolk General Hospital

Health Planning Region : EASTERN VIRGINIA

Vascular Surgery	86	\$120,743	\$33,349	\$20,844
Totals	2248	\$54,706	\$15,110	\$10,398

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	41	\$63,869	\$22,137	\$10,428
Cardiology - Medical	69	\$26,254	\$9,100	\$5,399
Dental	2	\$22,628	\$7,843	\$6,692
Dermatology	3	\$16,685	\$5,783	\$4,851
Endocrinology	29	\$22,520	\$7,805	\$4,771
ENT Surgery	3	\$139,458	\$48,336	\$23,958
Gastroenterology	57	\$29,271	\$10,145	\$5,276
General Medicine	42	\$25,478	\$8,831	\$5,799
General Surgery	45	\$49,883	\$17,289	\$12,407
Gynecological Surg	2	\$52,154	\$18,076	\$7,358
Gynecology	5	\$15,386	\$5,333	\$4,841
Hematology	13	\$20,072	\$6,957	\$5,519
Infectious Disease	37	\$45,010	\$15,601	\$8,691
Neonatology	7	\$14,678	\$5,088	\$13,456
Neurological Surgery	2	\$71,083	\$24,637	\$22,362
Neurology	32	\$32,829	\$11,379	\$5,808
Normal Newborn	44	\$4,489	\$1,556	\$4,163
Obstetrics/Delivery	87	\$18,739	\$6,495	\$4,081
Oncology	7	\$58,685	\$20,340	\$8,001
Oncology Surgery	1	\$269,517	\$93,415	\$24,833
Ophthalmologic Surg	1	\$45,499	\$15,770	\$11,755
Ophthalmology	1	\$23,027	\$7,981	\$4,244
Orthopedic Surgery	21	\$51,937	\$18,001	\$11,694
Orthopedics	3	\$20,675	\$7,166	\$7,541
Other Obstetrics	7	\$18,109	\$6,276	\$5,734
Otolaryngology	2	\$37,653	\$13,050	\$4,853
Psychiatry	10	\$18,023	\$6,247	\$4,911
Pulmonary	70	\$33,847	\$11,731	\$7,139
Rheumatology	1	\$24,316	\$8,428	\$4,087
Trauma	6	\$42,132	\$14,603	\$10,402
Urological Surgery	4	\$39,804	\$13,796	\$6,425
Urology	26	\$20,041	\$6,946	\$5,875
Vascular Surgery	3	\$55,880	\$19,368	\$12,717
Totals	683	\$31,609	\$10,956	\$6,856

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY capital rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Sentara Obici Hospital
2800 Godwin Boulevard
Suffolk, VA 23434

Health Planning Region : EASTERN VIRGINIA
Administrator : J. Steve Julian, MD, MBA,
President

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	29	\$64,341	\$17,089	\$11,167
Cardiology - Medical	99	\$26,348	\$6,998	\$6,111
Endocrinology	37	\$19,244	\$5,111	\$4,702
ENT Surgery	2	\$176,440	\$46,862	\$61,241
Gastroenterology	75	\$24,206	\$6,429	\$5,497
General Medicine	45	\$25,299	\$6,720	\$5,260
General Surgery	54	\$56,144	\$14,912	\$11,649
Gynecological Surg	9	\$34,904	\$9,270	\$7,067
Gynecology	1	\$18,106	\$4,809	\$5,874
Hematology	17	\$27,627	\$7,338	\$5,575
Infectious Disease	51	\$38,546	\$10,238	\$8,873
Neonatology	3	\$17,607	\$4,676	\$8,957
Nephrology	4	\$29,526	\$7,842	\$6,965
Neurological Surgery	8	\$102,036	\$27,101	\$21,800
Neurology	56	\$34,689	\$9,213	\$5,578
Normal Newborn	25	\$4,802	\$1,275	\$5,587
Obstetrics/Delivery	66	\$14,129	\$3,753	\$3,970
Oncology	8	\$44,955	\$11,940	\$9,008
Orthopedic Surgery	25	\$54,598	\$14,501	\$13,195
Orthopedics	4	\$51,480	\$13,673	\$6,964
Other Obstetrics	4	\$10,433	\$2,771	\$4,233
Otolaryngology	2	\$32,997	\$8,764	\$6,718
Psychiatry	68	\$20,574	\$5,464	\$5,224
Pulmonary	67	\$31,213	\$8,290	\$6,787
Rheumatology	3	\$16,354	\$4,344	\$4,736
Trauma	4	\$67,106	\$17,823	\$17,625
Urological Surgery	1	\$31,794	\$8,444	\$7,322
Urology	26	\$22,349	\$5,936	\$5,681
Vascular Surgery	12	\$52,460	\$13,933	\$12,900
Totals	805	\$31,507	\$8,368	\$7,115

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	14	\$53,134	\$14,213	\$10,565
Cardiology - Medical	69	\$28,479	\$7,618	\$6,289
Dental	1	\$31,460	\$8,416	\$3,476
Endocrinology	29	\$24,577	\$6,574	\$4,953
Gastroenterology	88	\$28,414	\$7,601	\$5,514
General Medicine	43	\$21,588	\$5,775	\$5,729
General Surgery	44	\$48,180	\$12,888	\$11,894
Gynecological Surg	6	\$29,985	\$8,021	\$8,469
Gynecology	3	\$13,386	\$3,581	\$4,640
Hematology	12	\$28,159	\$7,532	\$6,559
Infectious Disease	47	\$48,740	\$13,038	\$10,466
Neonatology	9	\$47,454	\$12,694	\$17,185
Nephrology	6	\$16,101	\$4,307	\$6,579
Neurological Surgery	4	\$96,236	\$25,743	\$16,559
Neurology	35	\$38,023	\$10,171	\$6,080
Normal Newborn	66	\$7,191	\$1,923	\$4,675
Obstetrics/Delivery	69	\$14,569	\$3,897	\$4,036
Oncology	11	\$38,546	\$10,311	\$7,557
Oncology Surgery	1	\$72,942	\$19,512	\$7,601
Orthopedic Surgery	26	\$48,692	\$13,025	\$13,206
Orthopedics	4	\$22,218	\$5,943	\$7,617
Other Obstetrics	10	\$8,779	\$2,348	\$4,183
Otolaryngology	2	\$16,259	\$4,349	\$3,812
Psychiatry	7	\$42,657	\$11,411	\$6,953
Pulmonary	62	\$33,362	\$8,924	\$7,267
Rheumatology	7	\$25,608	\$6,850	\$7,209
Trauma	8	\$62,822	\$16,805	\$11,949
Urological Surgery	5	\$43,411	\$11,612	\$5,094
Urology	22	\$22,919	\$6,131	\$5,071
Vascular Surgery	22	\$79,974	\$21,393	\$15,426
Totals	732	\$31,518	\$8,431	\$7,261

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	32	\$66,958	\$28,638	\$15,174
Cardiology - Medical	64	\$15,192	\$6,497	\$5,947
Cardiology - Open Heart Surgery	11	\$113,114	\$48,379	\$35,119
Dermatology	1	\$7,127	\$3,048	\$3,706
Endocrinology	20	\$10,334	\$4,420	\$4,558
ENT Surgery	2	\$14,551	\$6,223	\$5,894
Gastroenterology	49	\$17,314	\$7,405	\$5,914
General Medicine	41	\$15,945	\$6,820	\$5,337
General Surgery	34	\$53,578	\$22,915	\$13,792
Gynecological Surg	3	\$21,934	\$9,381	\$6,805
Gynecology	2	\$6,903	\$2,952	\$5,401
Hematology	6	\$12,029	\$5,145	\$6,822
Infectious Disease	43	\$19,731	\$8,439	\$7,871
Neonatology	2	\$4,552	\$1,947	\$8,145
Neurological Surgery	6	\$64,183	\$27,451	\$17,663
Neurology	26	\$18,060	\$7,724	\$5,577
Normal Newborn	27	\$4,208	\$1,800	\$4,727
Obstetrics/Delivery	46	\$10,922	\$4,671	\$4,003
Oncology	7	\$21,941	\$9,384	\$9,948
Orthopedic Surgery	36	\$32,976	\$14,104	\$11,839
Orthopedics	2	\$48,949	\$20,935	\$6,819
Other Obstetrics	3	\$7,818	\$3,344	\$4,379
Otolaryngology	3	\$7,070	\$3,024	\$4,970
Psychiatry	124	\$12,966	\$5,545	\$5,007
Pulmonary	66	\$17,406	\$7,445	\$6,895
Rheumatology	3	\$8,030	\$3,434	\$4,410
Trauma	7	\$23,162	\$9,906	\$11,822
Urological Surgery	4	\$26,435	\$11,306	\$10,637
Urology	15	\$12,722	\$5,441	\$5,236
Vascular Surgery	12	\$65,767	\$28,129	\$18,116
Totals	697	\$22,837	\$9,768	\$7,711

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	49	\$81,317	\$19,817	\$12,226
Cardiology - Medical	70	\$25,251	\$6,154	\$5,088
Cardiology - Open Heart Surgery	4	\$152,251	\$37,104	\$42,250
Dermatology	3	\$45,278	\$11,034	\$9,561
Endocrinology	35	\$27,989	\$6,821	\$4,656
ENT Surgery	2	\$322,048	\$78,483	\$61,241
Gastroenterology	83	\$26,330	\$6,417	\$5,453
General Medicine	71	\$21,711	\$5,291	\$5,451
General Surgery	84	\$71,026	\$17,309	\$16,861
Gynecological Surg	6	\$33,312	\$8,118	\$9,770
Hematology	7	\$27,413	\$6,680	\$5,674
Infectious Disease	58	\$43,702	\$10,650	\$9,857
Nephrology	5	\$36,979	\$9,012	\$6,864
Neurological Surgery	13	\$131,409	\$32,024	\$24,691
Neurology	51	\$33,041	\$8,052	\$5,995
Oncology	29	\$42,503	\$10,358	\$8,496
Oncology Surgery	2	\$100,212	\$24,422	\$18,998
Orthopedic Surgery	56	\$55,359	\$13,491	\$12,967
Orthopedics	5	\$19,390	\$4,725	\$5,374
Other Obstetrics	2	\$16,759	\$4,084	\$4,586
Otolaryngology	2	\$21,121	\$5,147	\$3,812
Psychiatry	145	\$21,915	\$5,341	\$5,534
Pulmonary	74	\$27,003	\$6,581	\$6,302
Rehabilitation	2	\$74,766	\$18,220	\$6,857
Rheumatology	4	\$28,693	\$6,993	\$4,986
Trauma	33	\$78,169	\$19,050	\$15,777
Urological Surgery	3	\$56,868	\$13,859	\$7,727
Urology	41	\$21,415	\$5,219	\$5,471
Vascular Surgery	19	\$78,956	\$19,242	\$16,679
Totals	958	\$41,329	\$10,072	\$8,838

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Sentara Williamsburg Regional Medical Center
100 Sentara Circle
Williamsburg, VA 23188

Health Planning Region : EASTERN VIRGINIA
Administrator : David Masterson
Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	9	\$64,135	\$18,266	\$10,216
Cardiology - Medical	42	\$22,509	\$6,410	\$6,083
Endocrinology	21	\$23,864	\$6,796	\$4,613
ENT Surgery	1	\$265,559	\$75,631	\$8,636
Gastroenterology	42	\$24,973	\$7,112	\$5,942
General Medicine	27	\$20,622	\$5,873	\$4,826
General Surgery	18	\$51,842	\$14,765	\$12,494
Gynecological Surg	2	\$28,690	\$8,171	\$7,358
Gynecology	2	\$16,574	\$4,720	\$4,438
Hematology	5	\$23,459	\$6,681	\$5,225
Infectious Disease	25	\$35,371	\$10,074	\$8,649
Neonatology	1	\$4,721	\$1,345	\$7,334
Nephrology	6	\$23,530	\$6,701	\$7,397
Neurological Surgery	4	\$58,977	\$16,797	\$19,431
Neurology	18	\$33,828	\$9,634	\$5,430
Normal Newborn	33	\$4,728	\$1,346	\$4,235
Obstetrics/Delivery	47	\$15,832	\$4,509	\$4,020
Oncology	4	\$28,421	\$8,094	\$8,970
Orthopedic Surgery	27	\$44,141	\$12,571	\$11,520
Other Obstetrics	1	\$10,072	\$2,869	\$4,586
Otolaryngology	4	\$15,458	\$4,403	\$4,801
Psychiatry	4	\$32,115	\$9,146	\$5,032
Pulmonary	53	\$26,513	\$7,551	\$6,669
Rheumatology	1	\$19,503	\$5,554	\$5,415
Trauma	3	\$53,352	\$15,195	\$8,597
Urology	22	\$27,072	\$7,710	\$5,657
Vascular Surgery	3	\$68,172	\$19,415	\$7,362
Totals	425	\$27,534	\$7,842	\$6,592

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Sheltering Arms Hospital
8254 Atlee Road
Mechanicsville, VA 23116

Health Planning Region : CENTRAL VIRGINIA
Administrator : Mary Zweifel
 President/CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
General Medicine	4	\$25,290	\$16,830	\$8,051
Infectious Disease	1	\$22,676	\$15,091	\$5,764
Neurology	7	\$35,504	\$23,628	\$6,842
Rehabilitation	1	\$143,014	\$95,176	\$6,857
Totals	13	\$39,645	\$26,384	\$7,132

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Sheltering Arms Hospital South
13700 St. Francis Blvd., Suite 400
Midlothian, VA 23114

Health Planning Region : CENTRAL VIRGINIA
Administrator : Mary Zweifel
 President/CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
General Medicine	3	\$28,605	\$16,228	\$13,822
Neurology	5	\$37,431	\$21,234	\$7,097
Totals	8	\$34,121	\$19,357	\$9,619

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Smyth County Community Hospital
245 Medical Park Drive PO Box 880
Marion, VA 24354

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : James Tyler
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	2	\$17,631	\$4,073	\$5,366
Gastroenterology	1	\$22,756	\$5,257	\$4,149
General Surgery	1	\$78,011	\$18,021	\$28,641
Hematology	1	\$20,527	\$4,742	\$7,484
Infectious Disease	6	\$26,784	\$6,187	\$8,521
Orthopedics	1	\$66,432	\$15,346	\$4,698
Pulmonary	7	\$19,651	\$4,539	\$6,783
Rheumatology	1	\$51,520	\$11,901	\$4,087
Urology	2	\$19,909	\$4,599	\$4,755
Totals	22	\$27,845	\$6,432	\$7,632

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Southampton Memorial Hospital
100 Fairview Drive
Franklin, VA 23851

Health Planning Region : EASTERN VIRGINIA
Administrator : Kimberly Marks
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	1	\$29,620	\$7,094	\$3,710
Endocrinology	2	\$26,409	\$6,325	\$4,698
Gastroenterology	1	\$20,604	\$4,935	\$5,241
General Medicine	1	\$15,236	\$3,649	\$6,370
Gynecological Surg	1	\$183,576	\$43,966	\$9,017
Neurology	1	\$64,802	\$15,520	\$5,847
Psychiatry	2	\$17,282	\$4,139	\$6,608
Pulmonary	2	\$29,659	\$7,103	\$5,898
Rheumatology	1	\$37,765	\$9,045	\$4,707
Totals	12	\$41,525	\$9,945	\$5,775

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Southern Virginia Regional Medical Center
727 North Main Street
Emporia, VA 23847

Health Planning Region : CENTRAL VIRGINIA
Administrator : Robert M Tavenner
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	1	\$32,427	\$6,832	\$4,664
Endocrinology	6	\$68,324	\$14,396	\$5,840
Gastroenterology	5	\$41,709	\$8,788	\$4,196
General Surgery	1	\$132,240	\$27,863	\$7,073
Gynecology	1	\$37,842	\$7,973	\$5,874
Infectious Disease	3	\$55,880	\$11,774	\$5,764
Nephrology	1	\$25,827	\$5,442	\$5,152
Neurology	1	\$41,703	\$8,787	\$4,184
Psychiatry	5	\$22,137	\$4,664	\$5,176
Totals	24	\$48,619	\$10,244	\$5,256

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Southside Regional Medical Center
200 Medical Park Boulevard
Petersburg, VA 23805

Health Planning Region : CENTRAL VIRGINIA
Administrator : Trent Nobles
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Burns	1	\$83,062	\$10,765	\$9,324
Cardiology - Invasive	28	\$144,199	\$18,688	\$14,034
Cardiology - Medical	77	\$65,917	\$8,543	\$5,914
Dental	1	\$14,212	\$1,842	\$3,476
Dermatology	1	\$42,664	\$5,529	\$5,657
Endocrinology	28	\$39,498	\$5,119	\$4,904
ENT Surgery	1	\$522,344	\$67,696	\$61,241
Gastroenterology	38	\$69,756	\$9,040	\$5,831
General Medicine	25	\$43,306	\$5,612	\$5,114
General Surgery	28	\$116,048	\$15,040	\$12,480
Gynecological Surg	1	\$28,923	\$3,748	\$5,699
Hematology	5	\$43,819	\$5,679	\$5,368
Infectious Disease	37	\$109,949	\$14,249	\$8,961
Nephrology	3	\$19,447	\$2,520	\$5,782
Neurology	30	\$76,391	\$9,900	\$5,750
Obstetrics/Delivery	1	\$55,354	\$7,174	\$3,416
Oncology	2	\$83,702	\$10,848	\$8,366
Oncology Surgery	2	\$139,849	\$18,124	\$24,833
Orthopedic Surgery	11	\$120,469	\$15,613	\$11,633
Orthopedics	1	\$57,685	\$7,476	\$4,887
Other Obstetrics	1	\$27,887	\$3,614	\$3,408
Psychiatry	82	\$34,549	\$4,478	\$5,585
Pulmonary	36	\$77,499	\$10,044	\$11,664
Rheumatology	2	\$44,417	\$5,756	\$8,301
Trauma	5	\$123,403	\$15,993	\$13,807
Urological Surgery	3	\$106,677	\$13,825	\$8,946
Urology	16	\$55,732	\$7,223	\$5,610
Totals	466	\$72,927	\$9,451	\$7,734

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Spotsylvania Regional Medical Center
4600 Spotsylvania Parkway
Fredericksburg, VA 22408

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : David McKnight
Interim CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	5	\$86,751	\$24,160	\$12,388
Cardiology - Medical	13	\$44,923	\$12,511	\$5,772
Endocrinology	4	\$69,600	\$19,384	\$6,878
ENT Surgery	1	\$199,003	\$55,422	\$61,241
Gastroenterology	10	\$28,389	\$7,906	\$5,301
General Medicine	7	\$49,501	\$13,786	\$5,517
General Surgery	14	\$63,616	\$17,717	\$15,278
Gynecological Surg	2	\$58,382	\$16,259	\$6,491
Hematology	4	\$73,472	\$20,462	\$6,161
Infectious Disease	8	\$69,412	\$19,331	\$8,779
Nephrology	1	\$55,679	\$15,507	\$8,402
Neurological Surgery	1	\$55,927	\$15,576	\$22,362
Neurology	4	\$25,708	\$7,160	\$5,732
Oncology	1	\$36,463	\$10,155	\$4,344
Orthopedic Surgery	3	\$81,153	\$22,601	\$10,779
Psychiatry	35	\$13,532	\$3,769	\$5,799
Pulmonary	15	\$33,661	\$9,375	\$6,711
Trauma	2	\$108,605	\$30,246	\$10,256
Urological Surgery	1	\$75,103	\$20,916	\$12,639
Urology	4	\$25,780	\$7,180	\$9,162
Vascular Surgery	1	\$113,396	\$31,581	\$14,821
Totals	136	\$43,852	\$12,213	\$8,219

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Stafford Hospital Center
101 Hospital Center Blvd
Stafford, VA 22554

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : Cathy Yablonski
VP & Administrator

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	3	\$56,042	\$18,068	\$8,485
Cardiology - Medical	19	\$17,540	\$5,655	\$5,096
Endocrinology	4	\$13,308	\$4,291	\$4,789
Gastroenterology	19	\$23,746	\$7,656	\$5,443
General Medicine	12	\$37,482	\$12,084	\$5,534
General Surgery	16	\$47,818	\$15,417	\$16,402
Gynecological Surg	2	\$21,617	\$6,969	\$5,995
Gynecology	3	\$7,931	\$2,557	\$5,244
Hematology	2	\$59,070	\$19,044	\$6,161
Infectious Disease	13	\$34,949	\$11,267	\$7,767
Neonatology	1	\$1,795	\$579	\$7,334
Nephrology	2	\$21,124	\$6,810	\$5,152
Neurology	4	\$30,049	\$9,688	\$4,747
Normal Newborn	9	\$2,841	\$916	\$2,402
Obstetrics/Delivery	38	\$13,489	\$4,349	\$4,106
Oncology	3	\$24,088	\$7,766	\$7,442
Ophthalmology	1	\$14,270	\$4,601	\$6,873
Orthopedic Surgery	5	\$50,803	\$16,379	\$11,160
Orthopedics	1	\$12,807	\$4,129	\$4,887
Other Obstetrics	3	\$11,790	\$3,801	\$4,586
Otolaryngology	2	\$19,283	\$6,217	\$3,875
Psychiatry	12	\$13,443	\$4,334	\$5,239
Pulmonary	22	\$27,018	\$8,711	\$6,754
Trauma	2	\$74,581	\$24,045	\$14,137
Urological Surgery	2	\$25,783	\$8,312	\$4,537
Urology	7	\$18,301	\$5,900	\$4,681
Totals	207	\$24,514	\$7,903	\$6,386

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Stone Springs Hospital Center
24440 Stone Springs Blvd
Dulles, VA 20166

Health Planning Region : NORTHERN VIRGINIA
Administrator : Lance Jones
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	5	\$41,332	\$17,926	\$6,069
Endocrinology	1	\$23,052	\$9,998	\$4,025
Gastroenterology	3	\$23,455	\$10,173	\$4,447
General Medicine	2	\$32,502	\$14,096	\$5,191
General Surgery	2	\$31,305	\$13,577	\$9,278
Infectious Disease	3	\$39,124	\$16,968	\$8,521
Nephrology	1	\$24,592	\$10,666	\$5,152
Oncology	1	\$40,701	\$17,652	\$10,107
Orthopedic Surgery	1	\$65,595	\$28,449	\$11,231
Trauma	1	\$28,182	\$12,223	\$7,348
Urology	1	\$15,468	\$6,708	\$4,359
Totals	21	\$34,267	\$14,862	\$6,686

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

The Pavilion at Williamsburg Place
5483 Mooretown Road
Williamsburg, VA 23188

Health Planning Region : EASTERN VIRGINIA
Administrator : Richard Failla
 chief Executive officer

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Neurology	1	\$2,140	\$1,608	\$6,277
Psychiatry	359	\$3,234	\$2,429	\$5,793
Totals	360	\$3,231	\$2,427	\$5,794

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Gastroenterology	1	\$6,766	\$3,277	\$10,600
General Medicine	4	\$18,209	\$8,819	\$5,546
Infectious Disease	1	\$40,479	\$19,604	\$19,517
Neurology	8	\$27,042	\$13,096	\$6,481
Pulmonary	2	\$13,840	\$6,703	\$5,792
Totals	16	\$22,756	\$11,021	\$7,233

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Twin County Regional Hospital
200 Hospital Drive
Galax, VA 24333

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Dale Alward
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	1	\$31,389	\$8,158	\$8,294
Gastroenterology	5	\$22,142	\$5,755	\$4,641
General Medicine	3	\$21,205	\$5,511	\$4,508
General Surgery	2	\$48,555	\$12,619	\$10,415
Infectious Disease	3	\$16,217	\$4,215	\$7,142
Psychiatry	1	\$23,084	\$6,000	\$4,193
Pulmonary	1	\$14,904	\$3,874	\$5,308
Urology	1	\$11,523	\$2,995	\$4,359
Totals	17	\$23,587	\$6,130	\$5,949

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Burns	3	\$65,480	\$19,913	\$15,922
Cardiology - Invasive	64	\$120,023	\$36,499	\$21,781
Cardiology - Medical	124	\$38,750	\$11,784	\$6,120
Cardiology - Open Heart Surgery	36	\$286,834	\$87,226	\$34,572
Dental	5	\$18,187	\$5,531	\$4,762
Dermatology	9	\$24,025	\$7,306	\$4,996
Endocrinology	73	\$38,642	\$11,751	\$5,072
ENT Surgery	23	\$148,700	\$45,220	\$15,895
Gastroenterology	200	\$39,737	\$12,084	\$5,730
General Medicine	120	\$30,298	\$9,214	\$5,102
General Surgery	189	\$130,857	\$39,794	\$17,593
Gynecological Surg	46	\$48,728	\$14,818	\$7,333
Gynecology	10	\$20,221	\$6,149	\$4,446
Hematology	31	\$62,891	\$19,125	\$6,342
Infectious Disease	100	\$52,124	\$15,851	\$9,012
Neonatology	22	\$248,127	\$75,455	\$22,254
Nephrology	17	\$35,970	\$10,939	\$6,568
Neurological Surgery	83	\$135,971	\$41,349	\$22,867
Neurology	115	\$41,342	\$12,572	\$5,979
Normal Newborn	133	\$6,935	\$2,109	\$6,587
Obstetrics/Delivery	164	\$21,088	\$6,413	\$4,282
Oncology	95	\$80,932	\$24,611	\$9,775
Oncology Surgery	11	\$174,537	\$53,077	\$13,818
Ophthalmologic Surg	1	\$16,478	\$5,011	\$7,719
Ophthalmology	2	\$48,189	\$14,654	\$5,559
Orthopedic Surgery	168	\$75,187	\$22,865	\$13,039
Orthopedics	27	\$43,404	\$13,199	\$6,659
Other Obstetrics	10	\$11,833	\$3,598	\$4,288
Otolaryngology	8	\$19,745	\$6,004	\$4,416
Psychiatry	208	\$21,264	\$6,466	\$4,933
Pulmonary	109	\$47,197	\$14,353	\$9,462
Rheumatology	18	\$49,474	\$15,045	\$6,534
Transplant Surgery	24	\$407,559	\$123,939	\$33,332
Trauma	90	\$152,839	\$46,478	\$15,183
Ungroupable	1	\$2,548	\$775	\$7,334
Urological Surgery	31	\$70,338	\$21,390	\$10,472
Urology	29	\$46,429	\$14,119	\$5,914
Vascular Surgery	77	\$154,142	\$46,875	\$18,451

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Totals	2476	\$70,744	\$21,513	\$10,255
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Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

UVA HealthSouth Rehabilitation Hospital
515 Ray C. Hunt Drive
Charlottesville, VA 22903

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : Barbara Mohr
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Gastroenterology	1	\$19,290	\$9,728	\$10,600
General Medicine	1	\$48,546	\$24,482	\$10,450
Neurology	2	\$28,474	\$14,359	\$7,556
Totals	4	\$31,196	\$15,732	\$9,041

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Valley Health Page Memorial Hospital
200 Memorial Drive
Luray, VA 22835

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : Nelson Travis Clark
CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
General Medicine	2	\$19,136	\$11,035	\$6,953
Infectious Disease	1	\$21,014	\$12,119	\$9,899
Neurology	2	\$15,761	\$9,089	\$6,062
Ophthalmology	1	\$16,323	\$9,413	\$4,244
Otolaryngology	1	\$16,582	\$9,563	\$7,980
Pulmonary	9	\$14,554	\$8,393	\$5,627
Urology	2	\$10,443	\$6,022	\$5,164
Totals	18	\$15,310	\$8,829	\$6,062

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	3	\$16,938	\$8,515	\$6,978
Endocrinology	1	\$18,197	\$9,148	\$4,025
Gastroenterology	10	\$12,730	\$6,399	\$5,321
General Medicine	12	\$13,972	\$7,024	\$5,167
General Surgery	3	\$17,768	\$8,932	\$7,766
Gynecological Surg	1	\$22,178	\$11,149	\$5,699
Infectious Disease	7	\$17,521	\$8,808	\$6,605
Orthopedic Surgery	12	\$34,645	\$17,416	\$10,716
Orthopedics	3	\$19,036	\$9,569	\$6,458
Psychiatry	2	\$20,460	\$10,285	\$6,608
Pulmonary	18	\$16,633	\$8,361	\$6,621
Trauma	2	\$25,992	\$13,066	\$13,466
Urology	4	\$10,327	\$5,191	\$4,960
Totals	78	\$18,828	\$9,465	\$6,956

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Valley Health Warren Memorial Hospital
1000 N. Shenandoah Avenue
Front Royal, VA 22630

Health Planning Region : NORTHWESTERN VIRGINIA
Administrator : Floyd Heater
 President

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	6	\$14,618	\$7,291	\$6,554
Endocrinology	6	\$11,497	\$5,735	\$5,555
Gastroenterology	11	\$12,178	\$6,074	\$4,551
General Medicine	6	\$10,149	\$5,062	\$4,418
General Surgery	2	\$24,273	\$12,107	\$17,281
Hematology	1	\$17,554	\$8,756	\$4,838
Infectious Disease	8	\$24,968	\$12,454	\$8,865
Neurology	3	\$21,509	\$10,729	\$5,731
Normal Newborn	5	\$3,906	\$1,948	\$2,261
Obstetrics/Delivery	7	\$7,947	\$3,964	\$3,416
Orthopedic Surgery	5	\$41,151	\$20,526	\$12,887
Orthopedics	1	\$18,596	\$9,276	\$4,887
Other Obstetrics	1	\$5,781	\$2,884	\$4,586
Psychiatry	1	\$10,157	\$5,066	\$2,720
Pulmonary	22	\$15,918	\$7,940	\$5,336
Rheumatology	1	\$10,949	\$5,461	\$4,707
Urology	5	\$14,069	\$7,018	\$4,357
Totals	91	\$15,702	\$7,832	\$5,851

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	58	\$79,304	\$30,429	\$15,244
Cardiology - Medical	95	\$26,478	\$10,160	\$6,763
Cardiology - Open Heart Surgery	4	\$101,536	\$38,959	\$31,192
Dermatology	5	\$36,384	\$13,960	\$5,338
Endocrinology	35	\$18,795	\$7,212	\$4,895
ENT Surgery	1	\$265,425	\$101,844	\$61,241
Gastroenterology	95	\$23,210	\$8,906	\$5,948
General Medicine	67	\$27,160	\$10,421	\$6,139
General Surgery	76	\$67,703	\$25,978	\$18,996
Gynecological Surg	4	\$20,708	\$7,946	\$8,668
Hematology	10	\$23,911	\$9,175	\$7,886
Infectious Disease	76	\$36,779	\$14,112	\$10,206
Neonatology	3	\$22,140	\$8,495	\$20,538
Nephrology	13	\$13,705	\$5,259	\$6,481
Neurological Surgery	10	\$64,792	\$24,861	\$23,613
Neurology	71	\$27,633	\$10,603	\$6,600
Normal Newborn	11	\$7,490	\$2,874	\$5,546
Obstetrics/Delivery	28	\$9,258	\$3,552	\$3,874
Oncology	18	\$24,760	\$9,500	\$9,201
Oncology Surgery	2	\$102,338	\$39,267	\$15,936
Ophthalmology	1	\$48,852	\$18,745	\$4,057
Orthopedic Surgery	50	\$48,106	\$18,458	\$12,894
Orthopedics	9	\$20,999	\$8,057	\$6,490
Otolaryngology	3	\$26,013	\$9,981	\$4,704
Psychiatry	144	\$14,841	\$5,695	\$5,836
Pulmonary	110	\$28,443	\$10,913	\$9,087
Rheumatology	3	\$17,918	\$6,875	\$8,633
Trauma	23	\$37,960	\$14,565	\$10,965
Urological Surgery	6	\$28,380	\$10,889	\$10,509
Urology	34	\$16,951	\$6,504	\$5,407
Vascular Surgery	41	\$93,018	\$35,691	\$18,121
Totals	1106	\$34,570	\$13,264	\$9,283

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	8	\$17,659	\$5,889	\$4,524
Endocrinology	4	\$14,977	\$4,995	\$4,361
Gastroenterology	14	\$23,514	\$7,842	\$5,210
General Medicine	3	\$17,898	\$5,969	\$4,351
General Surgery	6	\$40,230	\$13,417	\$8,887
Hematology	3	\$16,765	\$5,591	\$4,838
Infectious Disease	5	\$36,474	\$12,164	\$8,772
Neurology	1	\$24,045	\$8,019	\$4,479
Orthopedic Surgery	1	\$46,936	\$15,653	\$11,587
Psychiatry	1	\$32,232	\$10,749	\$4,193
Pulmonary	2	\$12,449	\$4,152	\$4,586
Urology	3	\$39,410	\$13,143	\$6,756
Totals	51	\$25,578	\$8,530	\$5,902

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

VCU Health System

1250 East Marshall Street 2nd Floor, Suite 2-300, P.O.Box 98
 Richmond, VA 23298

Health Planning Region : CENTRAL VIRGINIA

Administrator : Deborah Davis
 CEO

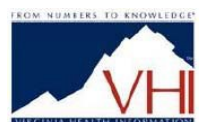
In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Burns	14	\$128,767	\$37,922	\$19,402
Cardiology - Invasive	58	\$102,239	\$30,109	\$13,332
Cardiology - Medical	69	\$36,095	\$10,630	\$5,829
Cardiology - Open Heart Surgery	13	\$269,373	\$79,330	\$39,537
Dental	4	\$34,238	\$10,083	\$4,430
Dermatology	12	\$22,607	\$6,658	\$4,914
Endocrinology	47	\$33,883	\$9,979	\$4,921
ENT Surgery	17	\$169,923	\$50,042	\$21,537
Gastroenterology	120	\$35,623	\$10,491	\$5,726
General Medicine	75	\$35,648	\$10,498	\$5,520
General Surgery	111	\$127,505	\$37,550	\$16,719
Gynecological Surg	26	\$59,099	\$17,405	\$8,051
Gynecology	7	\$26,033	\$7,667	\$4,913
Hematology	18	\$59,961	\$17,658	\$6,708
Infectious Disease	68	\$75,065	\$22,107	\$10,372
Nephrology	1	\$94,579	\$27,854	\$5,806
Neurological Surgery	47	\$129,243	\$38,062	\$22,603
Neurology	80	\$48,903	\$14,402	\$6,231
Normal Newborn	11	\$3,171	\$934	\$6,245
Obstetrics/Delivery	8	\$15,577	\$4,587	\$3,916
Oncology	17	\$66,803	\$19,673	\$9,444
Oncology Surgery	2	\$47,100	\$13,871	\$9,933
Ophthalmologic Surg	1	\$55,691	\$16,401	\$4,776
Ophthalmology	2	\$28,939	\$8,523	\$4,992
Orthopedic Surgery	165	\$76,221	\$22,447	\$12,319
Orthopedics	25	\$44,109	\$12,990	\$5,959
Other Obstetrics	4	\$42,748	\$12,589	\$5,468
Otolaryngology	7	\$35,815	\$10,548	\$4,703
Psychiatry	105	\$24,705	\$7,276	\$5,203
Pulmonary	98	\$48,784	\$14,367	\$8,449
Rehabilitation	24	\$50,644	\$14,915	\$6,347
Rheumatology	17	\$40,954	\$12,061	\$5,603
Trauma	74	\$159,487	\$46,969	\$15,633
Urological Surgery	14	\$57,788	\$17,018	\$8,777
Urology	29	\$35,834	\$10,553	\$6,433
Vascular Surgery	37	\$125,583	\$36,984	\$16,510
Totals	1427	\$70,698	\$20,821	\$10,133

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

VIRGINIA HEALTH INFORMATION

102 N 5th St. • RICHMOND, VA 23219
 TOLL FREE 1-877-VHI-INFO or 804-643-5573
 BY Email: Info@vhi.org • On the Web: www.vhi.org



In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Invasive	16	\$66,060	\$22,262	\$15,427
Cardiology - Medical	17	\$15,128	\$5,098	\$6,768
Cardiology - Open Heart Surgery	5	\$86,111	\$29,020	\$24,586
Dental	1	\$3,444	\$1,161	\$4,748
Dermatology	1	\$17,446	\$5,879	\$7,882
Endocrinology	19	\$14,299	\$4,819	\$5,621
Gastroenterology	51	\$15,675	\$5,282	\$5,013
General Medicine	18	\$14,478	\$4,879	\$5,924
General Surgery	53	\$46,233	\$15,580	\$11,459
Gynecological Surg	7	\$54,040	\$18,211	\$6,969
Gynecology	4	\$11,383	\$3,836	\$3,739
Hematology	4	\$8,449	\$2,847	\$4,838
Infectious Disease	58	\$32,162	\$10,839	\$10,246
Neonatology	5	\$50,046	\$16,865	\$21,289
Nephrology	2	\$11,302	\$3,809	\$7,104
Neurological Surgery	12	\$78,486	\$26,450	\$21,894
Neurology	19	\$23,982	\$8,082	\$7,656
Normal Newborn	17	\$5,892	\$1,986	\$5,389
Obstetrics/Delivery	61	\$13,456	\$4,535	\$4,172
Oncology	8	\$33,069	\$11,144	\$7,410
Oncology Surgery	1	\$117,183	\$39,491	\$24,833
Orthopedic Surgery	25	\$37,349	\$12,587	\$12,080
Orthopedics	1	\$6,507	\$2,193	\$4,887
Other Obstetrics	14	\$7,676	\$2,587	\$4,382
Otolaryngology	4	\$9,880	\$3,329	\$4,163
Psychiatry	57	\$10,186	\$3,433	\$5,110
Pulmonary	47	\$18,347	\$6,183	\$7,103
Rehabilitation	18	\$28,494	\$9,602	\$6,593
Rheumatology	1	\$12,305	\$4,147	\$11,608
Trauma	7	\$66,880	\$22,539	\$13,668
Urological Surgery	4	\$39,766	\$13,401	\$9,522
Urology	14	\$20,828	\$7,019	\$5,140
Vascular Surgery	2	\$41,337	\$13,931	\$15,084
Totals	573	\$26,004	\$8,763	\$8,004

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS FFY capital rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Wellmont Lonesome Pine Mt. View Hospital
1990 Holton Avenue, East
Big Stone Gap, VA 24219

Health Planning Region : SOUTHWEST VIRGINIA
Administrator : Dale M Clark
 President/CEO

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	18	\$14,788	\$4,014	\$6,468
Endocrinology	8	\$14,375	\$3,901	\$4,480
ENT Surgery	1	\$12,661	\$3,436	\$10,732
Gastroenterology	13	\$14,981	\$4,066	\$5,409
General Medicine	19	\$16,171	\$4,389	\$5,239
General Surgery	16	\$39,875	\$10,822	\$15,389
Gynecological Surg	6	\$16,948	\$4,600	\$6,351
Hematology	3	\$12,253	\$3,325	\$4,792
Infectious Disease	32	\$18,354	\$4,981	\$8,296
Neonatology	4	\$3,014	\$818	\$8,957
Nephrology	2	\$9,151	\$2,483	\$6,777
Neurology	5	\$19,728	\$5,354	\$5,708
Normal Newborn	10	\$3,734	\$1,013	\$2,895
Obstetrics/Delivery	21	\$12,191	\$3,309	\$4,490
Oncology	1	\$13,143	\$3,567	\$6,624
Ophthalmology	1	\$12,776	\$3,467	\$6,873
Orthopedic Surgery	6	\$34,315	\$9,313	\$12,727
Orthopedics	2	\$19,215	\$5,215	\$4,519
Other Obstetrics	3	\$14,141	\$3,838	\$4,121
Otolaryngology	7	\$12,088	\$3,281	\$4,846
Psychiatry	3	\$11,425	\$3,101	\$4,179
Pulmonary	40	\$18,743	\$5,087	\$7,454
Rheumatology	3	\$11,403	\$3,095	\$5,523
Trauma	1	\$72,608	\$19,706	\$29,912
Urology	11	\$13,226	\$3,590	\$5,233
Totals	236	\$17,439	\$4,733	\$7,026

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

Wythe County Community Hospital
600 West Ridge Road
Wytheville, VA 24382

Health Planning Region : SOUTHWEST VIRGINIA

In order to satisfy reporting requirements of §32.1-276.5, hospitals submitted a charity care data file due July 15, 2018, to Virginia Health Information (VHI). The file contained fields that VHI used to link to VHI's discharge database in order to calculate the estimated cost of care and Medicare reimbursement for the inpatient charity care services provided as well as to stratify the data by type of services. The reporting period was based on those claims written off to charity care from July 1 to December 31, 2017, regardless of the date of service. Additional detail may be obtained by contacting Virginia Health Information (VHI) at 804.643.5573 or info@vhi.org.

Service Line	# of Charity Patients	Avg Gross Charges	Avg Gross Charges Converted to Cost	Avg Medicare Reimbursement
Cardiology - Medical	1	\$13,886	\$3,334	\$3,154
Endocrinology	1	\$14,370	\$3,450	\$4,025
General Medicine	1	\$212,683	\$51,065	\$6,011
General Surgery	1	\$44,106	\$10,590	\$14,240
Gynecological Surg	1	\$29,972	\$7,196	\$5,699
Hematology	1	\$32,899	\$7,899	\$7,484
Infectious Disease	2	\$29,428	\$7,066	\$5,764
Orthopedic Surgery	1	\$78,724	\$18,902	\$11,587
Orthopedics	1	\$46,907	\$11,262	\$7,406
Pulmonary	1	\$17,829	\$4,281	\$5,227
Rheumatology	1	\$38,516	\$9,248	\$4,707
Totals	12	\$49,062	\$11,780	\$6,756

Gross Charges were obtained from the quarterly inpatient discharge data. VHI used the Efficiency and Productivity Information Collection System (EPICS) formula--Gross Charity Care x (Total Operating Expenses/(Total Gross Revenue + Other Revenue and Operating Gains)) to convert Gross Charges to Costs. VHI used the 2017 CMS Federal Fiscal year (FFY) operating rate increased by the Washington-Arlington-Alexandria CBSA wage Index (CBSA 47894) as the base operating rate and the 2017 CMS FFY capital rate increased by CBSA 47894 as the base capital rate. The base operating and base capital rates were added together to determine a proxy DRG rate for all inpatient discharges. This rate does not take into account any claims that would qualify as meeting outlier or transfer payment criteria or additional payments a facility may receive such as DSH, IME, GME and/or any quality-based payment program payments or penalties. The proxy DRG rate is multiplied by the CMS DRG weights as posted by CMS in the 2017 inpatient final rule to determine the estimated Medicare reimbursement for that case (CMS MS-DRG Tables). Service Lines are broad categories of care based on 3M's All Patient Refined-Diagnosis Related Groups (APR-DRGs).

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