

UVA Medical Center
(excludes Culpeper, UVA Imaging and Community Medicine)
(Dollars in Millions)

	Annual Activity			
	<u>FY18</u>	<u>FY17</u>	<u>FY16</u>	<u>FY15</u>
<u>INDIGENT CARE (IC):</u>				
Net Charge Write-Off	<u>\$322.1</u>	<u>\$ 307.2</u>	<u>\$304.0</u>	<u>\$ 269.6</u>
Percentage of Net Write-Offs to Revenue	5.8%	5.9%	6.1%	5.8%
Total Reimbursable Indigent Care Cost	<u>88.0</u>	<u>84.4</u>	<u>78.3</u>	<u>73.5</u>
State and Federal Funding	83.7	80.3	74.5	69.9
Total Indigent Care Cost Funding as a Percent of Total Indigent Care Cost	95.1%	95.1%	95.1%	95.1%
Unfunded Indigent Cost	<u>4.3</u>	<u>4.1</u>	<u>3.8</u>	<u>3.6</u>
<u>BAD DEBT:</u>				
Net Charge Write-Offs	\$108.9	\$45.9	\$49.6	\$46.5 <i>see note 2 below</i>
Percentage of Net Write-Offs to Revenue	2.0%	0.9%	1.0%	1.0%

Note 1: Provisions for bad debt write-offs and indigent care write-offs are recorded for financial statement purposes on overall collectability of the patient accounts receivable. These provisions differ from the actual write-offs of bad debts and indigent care which occur at the time an individual account is written off.

Note 2: For the EPIC conversion, the finance staff changed the definitions of bad debt transaction codes to better reflect the definition of Bad Debt versus Contractual Allowance. So FY18 is not a good comparison with previous years as the make up of Bad Debts has changed. There is a corresponding opposite change to Contractual Allowances and the total is reasonable.

Ex 1: \$10M Insurance challenges medical necessity & does not reimburse us, now maps to BD, used to map to contractual allowances

Ex 2: \$15M Renal bundling, uncovered charges mapped to contractals in legacy, epic is mapping to BD.