North Carolina Hospital Community Benefits Report

Hospital Name	New Hanover Regional Medical Center
Time Period	FY 2017
Community Benefits	
A. Estimated Costs of Treating Charity Care Patients*	12,972,393
B. Estimated unreimbursed costs of treating Medicare patients*	0
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	3,001,819
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	0
E. Estimated unreimbursed costs of treating Medicaid patients*	16,788,387
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	294,352
G. Without this Medicaid adjustment, Medicaid losses would have been $(E + F)$:	17,082,740
H. Estimated unreimbursed costs of treating patients from other means-tested government programs *	51,176
I. Includes an adjustment in this period's other meanstested government program revenues for extraordinary adjustments ¹ of:	0
J. Without this adjustment, other means-tested gov. program losses would have been (H + I):	51,176
K. Community health improvement services & community benefit operations	8,136,933
L. Health professions education	13,084,165
M. Subsidized health services ²	0
N. Research costs	924,454

O. Cash and in-kind contributions to community groups	7,278,890
P. Community Building Activities ³	4,876,013
Q. Total Community Benefits 1 with Settlements and Extraordinary Adjustments $(A + B + E + H + K + L + M + N + O + P)$	64,112,412
R. Total Community Benefits 1 without Settlements and Extraordinary Adjustments $(A+D+G+J+K+L+M+N+O+P)$	64,406,764
Bad Debt Costs	
S. Estimated costs of treating bad debt patients*	35,398,015
Notes:	

⁽¹⁾ Notes about prior period adjustments

Additional Information:

Additional support received for any community benefit activities. These amounts have not been netted from Total Community Benefits.

 URL with additional information about this community benefits report

Other Notes

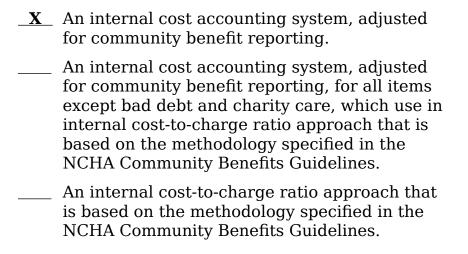
* Footnotes:

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

____ The ANDI methodology, which uses a facilitywide ratio of cost to charges as described in NCHA Community Benefits Guidelines.

⁽²⁾ Notes about Subsidized health services

⁽³⁾ Notes about Community building activities



All costing methodologies do not double-count expenses reported in other community benefit items. For example, amounts reported in Subsidized Health Services do not also appear in Medicaid losses.

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