

# North Carolina Hospital Community Benefits Report

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

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

Notes:

(1) *Notes about prior period adjustments*

(2) *Notes about Subsidized health services*

(3) *Notes about Community building activities*

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 facility-wide ratio of cost to charges as described in NCHA Community Benefits Guidelines.

- An internal cost accounting system, adjusted for community benefit reporting.
- An internal cost accounting system, adjusted for community benefit reporting, for all items except bad debt and charity care, which use in internal cost-to-charge ratio approach that is based on the methodology specified in the NCHA Community Benefits Guidelines.
- An internal cost-to-charge ratio approach that is based on the methodology specified in the NCHA Community Benefits Guidelines.

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

*Last modified on August 15, 2018 1:45 PM*