

North Carolina Hospital Community Benefits Report

Hospital Name	Vidant Chowan Hospital
Time Period	FY 2017
Community Benefits	
A. Estimated Costs of Treating Charity Care Patients*	\$2,189,689
B. Estimated unreimbursed costs of treating Medicare patients*	\$1,026,949
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	-\$847,003
D. Without this Medicare adjustment, Medicare losses would have been (B + C):	\$179,946
E. Estimated unreimbursed costs of treating Medicaid patients*	\$151,326
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	-\$114,450
G. Without this Medicaid adjustment, Medicaid losses would have been (E + F):	\$36,876
H. Estimated unreimbursed costs of treating patients from other means-tested government programs *	\$0
I. Includes an adjustment in this period's other means-tested government program revenues for extraordinary adjustments ¹ of:	\$0
J. Without this adjustment, other means-tested gov. program losses would have been (H + I):	\$0
K. Community health improvement services & community benefit operations	\$165,041
L. Health professions education	\$112,870
M. Subsidized health services ²	\$0
N. Research costs	\$0
O. Cash and in-kind contributions to community groups	\$110,072

P. **Community Building Activities**³ \$78,453

Q. **Total Community Benefits**¹ **with Settlements and Extraordinary Adjustments** **\$3,834,400**
(A + B + E + H + K + L + M + N + O + P)

R. **Total Community Benefits**¹ **without Settlements and Extraordinary Adjustments** **\$2,872,947**
(A + D + G + J + K + L + M + N + O + P)

Bad Debt Costs

S. **Estimated costs of treating bad debt patients*** **\$1,702,285**

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.

\$0

URL with additional information about this community benefits report

not available

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.

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