North Carolina Hospital Community Benefits Report

Hospital Name	Catawba Valley Medical Center
Time Period	FY 2018
Community Benefits	
A. Estimated Costs of Treating Charity Care Patients*	\$3,250,499
B. Estimated unreimbursed costs of treating Medicare patients*	\$15,650,935
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$0
D. Without this Medicare adjustment, Medicare losses would have been $(B + C)$:	\$15,650,935
E. Estimated unreimbursed costs of treating Medicaid patients*	\$7,804,538
F. Includes an adjustment in this period's Medicaid	\$0
revenues for extraordinary adjustments ¹ of:	φ0
G. Without this Medicaid adjustment, Medicaid losses would have been $(E + F)$:	\$7,804,538
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	\$0
extraordinary adjustments ¹ of:	
J. Without this adjustment, other means-tested gov. program losses would have been $(H + I)$:	\$0
K. Community health improvement services & community benefit operations	\$1,986,472
L. Health professions education	\$554,423
M. Subsidized health services ²	\$0
N. Research costs	\$254,441

O. Cash and in-kind contributions to community groups	\$544,452
P. Community Building Activities ³	\$177,551
Q. Total Community Benefits ¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$30,223,311
R. Total Community Benefits ¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$30,223,311
Bad Debt Costs	
S. Estimated costs of treating bad debt patients*	\$15,341,699
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.	
\$150,826	
URL with additional information about this community benefits report	
https://catawbavalleyhealth.org/Medical-Center/	
Patients-Visitors/Apply-For-Financial-Assistance.aspx https://www.catawbavalleyhealth.org/Medical-	
Center/About-Us/Community-Benefit-Report.aspx	
Other Notes	

* Footnotes:

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

- X The ANDI methodology, which uses a facilitywide 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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