North Carolina Hospital Community Benefits Report

Time F	al Name ⁷ Period		Novant Health FY 2009
11110	OTOG		7 1 2000
Comm	unity Benefits		Total
A			106,085,918
В	Estimated Unreimbursed Costs of Treating Medicare Patients *		172,018,087
<u>C</u>			-
D E			172,018,087 103,542,255
F			103,342,233
G	Without this Medicaid adjustment, Medicaid Losses would have been (E+F):		103,542,255
	Estimated Unreimbursed Costs of Treating Patients from Other Non-Negotiated Government Programs *		9,575,061
1	This includes an adjustment in this period's Other Non-Negotiated Government Programs		
	revenues for extraordinary adjustments ² of:		-
J			9,575,061
K			14,769,031
L			*
N N			20,272,296
C			1,493,821 4,099,954
P			4,000,004
	· · · · · · · · · · · · · · · · · · ·	\$	431,856,423
R		\$	431,856,423
(1)	Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits.	e Ostarija inglija i ja	2,173,959
(2)	Notes about prior period adjustments: None		
(3)	Notes about Subsidized Health Services: This information is captured on an annual basis only.		
(4)	Notes about Community Building Activities: None		
(5)	URL with additional information about this community benefit report: Not available		
(6)	Other Notes: Information on community health improvement services and community benefit operations is captured on an annual basis	only.	
(7)	Other Notes: The Novant System total is \$431,856,423.		
Footn	oles:		
he cos	ing methodology or source used to determine payer costs is:		
Tr	ne ANDI methodology, which used a facility-wide ratio of cost to charges as described in NCHA Community Benefits Guidelines.		
A	n internal cost accounting system, adjusted for community benefit reporting.		
	n internal cost accounting system, adjusted for community benefit reporting, for all items except bad debt and charity care, which use an ternal cost-to-charge ratio approach that is based on the methodology specified in the NCHA Community Benefit Guidelines.		
<u>X</u> A	n internal cost-to-charge ratio approach that is based on the methodology specified in the NCHA Community Benefits Guidelines.		
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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.