

## North Carolina Hospital Community Benefits Report

Hospital Name	Grace Hospital
Time Period	FY 2009
<b>Community Benefits</b>	
A. Estimated Costs of Treating Charity Care Patients*	4,431,931
B. Estimated Unreimbursed Costs of Treating Medicare Patients*	12,996,894
C. This includes an adjustment in this period's Medicare revenues for extraordinary adjustments <sup>2</sup> of:	165,152
D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	13,162,046
E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	9,365,151
F. This includes an adjustment in this period's Medicaid revenues for extraordinary adjustments <sup>2</sup> of:	-121,675
G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	9,243,476
H. Estimated Unreimbursed Costs of Treating Patients from Other Non-Negotiated Government Programs*	0
I. This includes an adjustment in this period's Other Non-Negotiated Government Programs revenues for extraordinary adjustments <sup>2</sup> of:	0
J. Without this adjustment, Other Non-Negotiated Government Programs Losses would have been (H + I):	0
K. Community Health Improvement Services & Community Benefit Operations	189,532
L. Health Professions Education	60,938
M. Subsidized Health Services <sup>3</sup>	0
N. Research Costs	0
O. Cash and In-kind Contributions to Community Groups	476,288
P. Community Building Activities <sup>4</sup>	0
Q. Total Community Benefits <sup>1</sup> with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	27,520,734
R. Total Community Benefits <sup>1</sup> without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	27,564,211
<b>Bad Debt Costs</b>	
S. Estimated Costs of Treating Bad Debt Patients*	11,589,236

**Notes:**

(1) Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits.

(2) Notes about prior period adjustments

(3) Notes about Subsidized Health Services

(4) Notes about Community Building Activities

(5) URL with additional information about this community benefits report

(6) 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 June 28, 2010 4:39 PM*

# North Carolina Hospital Community Benefits Report

Hospital Name	Valdese General Hospital
Time Period	FY 2009
<b>Community Benefits</b>	
A. Estimated Costs of Treating Charity Care Patients*	4,431,931
B. Estimated Unreimbursed Costs of Treating Medicare Patients*	12,996,894
C. This includes an adjustment in this period's Medicare revenues for extraordinary adjustments <sup>2</sup> of:	165,152
D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	13,162,046
E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	9,365,151
F. This includes an adjustment in this period's Medicaid revenues for extraordinary adjustments <sup>2</sup> of:	-121,675
G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	9,243,476
H. Estimated Unreimbursed Costs of Treating Patients from Other Non-Negotiated Government Programs*	0
I. This includes an adjustment in this period's Other Non-Negotiated Government Programs revenues for extraordinary adjustments <sup>2</sup> of:	0
J. Without this adjustment, Other Non-Negotiated Government Programs Losses would have been (H + I):	0
K. Community Health Improvement Services & Community Benefit Operations	189,532
L. Health Professions Education	60,938
M. Subsidized Health Services <sup>3</sup>	0
N. Research Costs	0
O. Cash and In-kind Contributions to Community Groups	476,288
P. Community Building Activities <sup>4</sup>	0
<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>27,520,734</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>27,564,211</b>
<b>Bad Debt Costs</b>	
<b>S. Estimated Costs of Treating Bad Debt Patients*</b>	<b>11,589,236</b>

**Notes:**

(1) Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits.

(2) Notes about prior period adjustments

(3) Notes about Subsidized Health Services

(4) Notes about Community Building Activities

(5) URL with additional information about this community benefits report

(6) Other Notes

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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.
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- 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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