

North Carolina Medical Care Commission  
 Community Benefits Report  
 (Hospitals)

Exhibit D

Organization: Moses H Cone Memorial Hospital Corporation

Address: 1200 North Elm Street

Greensboro, NC 27401

Telephone: (336) 832-8005

Contact: Kenneth Boggs

For fiscal year ending: FY 2009

**Direct Community Benefits**

Estimated Costs of Treating Charity Care Patients	45,528,465
Estimated Unreimbursed Costs of Treating Medicare Patients	27,639,934
Estimated Unreimbursed Costs of Treating Medicaid Patients	27,110,980
Estimated Unreimbursed Costs of Treating Patients from Other Government Non-Negotiated Plans	0
Unreimbursed Medical Education and Research Costs	7,833,265
Cash Donations	
In-Kind Donations and Non-Billed Services	6,698,470
Payments made in lieu of taxes	
<b>Total Direct Community Benefits</b>	<b>114,811,114</b>
<i>Less Other Tax Support or Other Subsidies Received for Provision of Community Benefits</i>	
<b>Direct Community Benefits</b>	<b>114,811,114</b>

**Shared Community Benefits**

- Non-Staff Professional Recruitment Expenses
- Economic Development Expenses
- Estimated Losses in Subsidized Hospital Services

**Shared Community Benefits**

**Bad Debt Costs**

Estimated Costs of Treating Bad Debt Patients	25,104,041
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Note: Please refer to the NCHA Community Benefit Guidelines on the definitions and formulas for each Community Benefit line item ( [http://www.ncha.org/public/docs/CB\\_Guidelines.pdf](http://www.ncha.org/public/docs/CB_Guidelines.pdf)).

Time Period

FY 2009

Community Benefits

A. Estimated Costs of Treating Charity Care Patients\* 45,528,465

B. Estimated Unreimbursed Costs of Treating Medicare Patients\* 27,639,934

C. This includes an adjustment in this period's Medicare revenues for extraordinary adjustments<sup>2</sup> of: -

D. Without this Medicare adjustment, Medicare Losses would have been (B + C): 27,639,934

E. Estimated Unreimbursed Costs of Treating Medicaid Patients\* 27,110,980

F. This includes an adjustment in this period's Medicaid revenues for extraordinary adjustments<sup>2</sup> of: -

G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F): 27,110,980

H. Estimated Unreimbursed Costs of Treating Patients from Other Non-Negotiated Government Programs\* -

I. This includes an adjustment in this period's Other Non-Negotiated Government Programs revenues for extraordinary adjustments<sup>2</sup> of: -

J. Without this adjustment, Other Non-Negotiated Government Programs Losses would have been (H + I): -

K. Community Health Improvement Services & Community Benefit Operations -

L. Health Professions Education 7,833,265

M. Subsidized Health Services<sup>3</sup> -

N. Research Costs -

O. Cash and In-kind Contributions to Community Groups 6,698,470

P. Community Building Activities -

Q. Total Community Benefits<sup>1</sup> with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P) 114,811,114

R. Total Community Benefits<sup>1</sup> without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P) 114,811,114

Bad Debt Costs

S. Estimated Costs of Treating Bad Debt Patients\* 25,104,041

Notes:

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

(2) Notes about prior period adjustments

There are no prior period adjustments in FY 2009

(3) Notes about Subsidized Health Services

We do not duplicate amounts for such services. Services are accounted for one time within the line items reported.

(4) Notes about Community Building Activities

Not Applicable

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

Not Applicable

(6) Other Notes

This is the Community Benefit Report for Moses Cone Health System (including Annie Penn Hospital).