

**North Carolina Medical Care Commission
Community Benefits Report
(Hospitals)**

Organization: Ashe Memorial Hospital, Inc.

Address: 200 Hospital Ave.

Jefferson, NC 28640

Telephone: (336) 846-7101

Contact: Kim Harless

For fiscal year ending: 9/30/2009

Please see attached NCHA ANDI form printed from ANDI System

Direct Community Benefits

Estimated Costs of Treating Charity Care Patients

Estimated Unreimbursed Costs of Treating Medicare Patients

Estimated Unreimbursed Costs of Treating Medicaid Patients

Estimated Unreimbursed Costs of Treating Patients from Other
Government Non-Negotiated Plans

Unreimbursed Medical Education and Research Costs

Cash Donations

In-Kind Donations and Non-Billed Services

Payments made in lieu of taxes

Total Direct Community Benefits

*Less Other Tax Support or Other Subsidies Received for Provision of
Community Benefits*

Direct Community Benefits

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

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).

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(EXHIBIT B)

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Ms. Kim Harless, Ashe Memorial Hospital

Index of Surveys[Reports](#)[Help](#) [Log Out](#)Q **Community Benefit Report (Estimated)**

Q Hospital or Group Name	Ashe Memorial Hospital
Q Time Period	FY 2009
Q Last Updated	4/15/2010 3:25 pm

Community Benefits

Q A. Estimated Costs of Treating Charity Care Patients*	\$653,559
Q B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$1,517,478
Q C. This includes an adjustment in this period's Medicare revenues for extraordinary adjustments ² of:	-\$415,716
Q D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	\$1,101,762
Q E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	\$951,547
Q F. This includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ² of:	\$0
Q G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	\$951,547
Q H. Estimated Unreimbursed Costs of Treating Patients from Other Non-Negotiated Government Programs*	\$31,699
Q I. This includes an adjustment in this period's Other Non-Negotiated Government Programs revenues for extraordinary adjustments ² of:	\$0
Q J. Without this adjustment, Other Non-Negotiated Government Programs Losses would have been (H + I):	\$31,699
Q K. Community Health Improvement Services & Community Benefit Operations	\$105,259
Q L. Health Professions Education	\$0
Q M. Subsidized Health Services ³	\$0
Q N. Research Costs	\$0
Q O. Cash and In-kind Contributions to Community Groups	\$1,456
Q P. Community Building Activities ⁴	\$1,219
Q Q. Total Community Benefits ¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$3,262,217
Q R. Total Community Benefits ¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$2,846,501

Bad Debt Costs

Q S. Estimated Costs of Treating Bad Debt Patients*	\$1,514,856
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Notes:

Q (1) Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits.	\$0
Q (2) Notes about prior period adjustments	
Q (3) Notes about Subsidized Health Services	
Q (4) Notes about Community Building Activities	
Q (5) URL with additional information about this community benefits report	not available
Q (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 an 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.

[«Back To Reports](#)

If you see any statistic in any report that looks odd to you, please email andi@ncha.org us and let us know. All we need is the column and line description that looks suspicious. Thank you.

Report Error Key

divide by zero error	The formula for this item includes division and when your value was being calculated, it was determined to have a denominator value of zero.
N/A	There is an error in your hospital's response to this report item and no answer will be returned until corrected.
n/a error	

This number cannot be calculated. Possible reasons include

- It is (0/0)
- you have asked for a standard deviation based on one number (2 is minimum number of valid responses required in order to calculate a standard deviation.)
- A necessary threshold of variation has not been met.
- A facility "weight" statistics has been requested, but there is an error in the facility's answer (so it can't be used in the weighted average).

no supporting survey error	This report item is dependent upon information in another survey which has not been released yet, or is for a pre-ANDI (prior to Fiscal Year 2003) time period.
not answered error	One or more of the questions needed to calculate this report item were not answered in this survey. Often this is because the question was accidentally left blank (signifying "Missing Value") rather than having a zero in it.
not completed error	This survey has not been completed by this hospital.
not in survey error	One or more of the questions needed to calculate this report item were not asked in this survey (so ANDI could not calculate a value). Try selecting a different survey.
out of range error	Your value for this report item is considered either too high or too low and is suspected of being incorrect. If the value is correct, please contact me so that I can adjust the range to accept this value.
too few resp error	The number of valid responses is less than the group's minimum number of facilities needed to calculate aggregate or rank statistics. In the first five years of ANDI we learned how many responses are needed to get a stable average (one that doesn't change much when another facility marks its survey complete). In general averages reach the first level of stability at 65%, but they really stop moving with each newly completed survey at 80% (this is the overall response rate statistic). We have restricted ANDI to not show averages where participation rates are below that first threshold (65%). In this way you can have more confidence that the averages you can see today are relatively stable averages. We recommend that you always add a column for the overall response rate when asking for any group statistic.

Export Options

HTML Table Export

The HTML Table option outputs the data from this page into a new Web page. Most ANDI users will be able to select the commands in the *Edit* menu to *Select All*, and then *Copy*, the data, then switch to Excel and *Paste* the data into a spreadsheet. For detailed export instructions, [please see the FAQ](#).

Delimited Export

The Semicolon-Delimited option outputs the data into a new Web page with semicolon-delimited values. Most ANDI users will be able to select the commands in the *Edit* menu to *Select All*, and then *Copy*, the data, then switch to Excel and *Paste* the data into a spreadsheet. For detailed export instructions, [please see the FAQ](#).

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