

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

(EXHIBIT B)

Organization: _____

Address: _____

Telephone: () _____

Contact: _____

For fiscal year ending: _____

Community Benefits

A. Estimated Costs of Treating Charity Care Patients*	\$
B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$
D. Without this Medicare adjustment, Medicare Losses would have been (B+C):	\$
E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	\$
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$
G. Without this Medicaid adjustment, Medicaid Losses would have been (E+F):	\$
H. Estimated Unreimbursed Costs of Treating Patients from Other Means-Tested Government Programs*	\$
I. Includes an adjustment in this period's Other Means-Tested Government Programs revenues for extraordinary adjustments ¹ of:	\$
J. Without this adjustment, Other Means-Tested Gov. Programs Losses would have been (H+I):	\$
K. Community Health Improvement Services & Community Benefit Operations	\$
L. Health Professions Education	\$
M. Subsidized Health Services ²	\$
N. Research Costs	\$
O. Cash and In-kind Contributions to Community Groups	\$
P. Community Building Activities ³	\$
Q. Total Community Benefits ¹ with Settlements and Extraordinary Adjustments (A+B+E+H+K+L+M+N+O+P)	\$
R. Total Community Benefits ¹ without Settlements and Extraordinary Adjustments (A+D+G+J+K+L+M+N+O+P)	\$

Bad Debt Costs

S. Estimated Costs of Treating Bad Debt Patients*	\$
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Notes:

(1) Notes about prior period adjustments

(2) Notes about Subsidized Health Services

(3) Notes about Community Building Activities

Additional Information:

* Place an "X" next to the costing methodology or source used to determine payer costs:

<input type="checkbox"/>	The ANDI methodology, which uses a facility-wide ratio of cost to charges as described in 2010 NCHA Community Benefits Guidelines.
<input type="checkbox"/>	An internal cost accounting system, adjusted for community benefit reporting.
<input type="checkbox"/>	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 2010 NCHA Community Benefits Guidelines.
<input type="checkbox"/>	An internal cost-to-charge ratio approach that is based on the methodology specified in the 2010 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.

Note: Please refer to the NCHA Community Benefit Guidelines on the definitions and formulas for each Community Benefit line item (<https://www.ncha.org/issues/community-benefit>).