Nonprofit hospitals thrive on profits

Hospitals in the Charlotte region are among the most profitable in the U.S. They have billions in investments and real estate. Experts say they should do more to lower patients’ rising costs.

By Karen Garloch and Ames Alexander

The trajectory that we are on in health care spending is not sustainable,” said Mite for providing more sophisticated services the U.S. health care system that rewards hospitals.

- Pay their top executives millions. Nine of the 10 largest not-for-profits have more than 40 percent from 2007 through 2010.
- Increase the cost per hospital admission went up nearly 20 percent higher than the national average.
- Generate some of the nation’s largest property or sales taxes. Experts say they should
- Generate some of the nation’s largest
- Pay no income, property or sales taxes.
- Total revenue $1.4 billion
- Soaring revenue $1.04 billion
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011

Note: Figures for Carolina HealthCare Corp are for the 12-month period ending June 30. NICHD is for fiscal year ending June 30, with some data back to 2005. Also includes Novant Health.

EXECUTIVE SALARIES

INSIDE

IN PRINT

See under加州的Duck-for information about your hospital.

charlotteobserver.com

CAROLINA LIVING

FORMER WOLFPACK QB ENTERS

CAN RUSSELL

INSIDE $73

IN COUPONS

2012 TOTAL

$2,833

SUNDAY • APRIL 22, 2012 • $2.00

Racy ‘Fifty Shades of Grey’ is like ‘Jane Eyre’ with sexting

ASHEVILLE, NC

SUNDAY • APRIL 22, 2012 • $2.00

By Ames Alexander, Karen Garloch

The Charlotte Observer
执行副总裁：
- John McConnell (Novant Health, 首席医疗官)
- Lawrence McGee (Novant Health)
- Paul Franz (Carolinas HealthCare System, 首席医疗官)
- Carl Armato (Carolinas HealthCare System, 首席医疗官)
- Jacqueline Daniels (Carolinas HealthCare System, 首席医疗官)
- Michael Tarwater (Carolinas HealthCare System, 首席行政官)
- Roger Ray (Carolinas HealthCare System)
- David Carr (Carolinas HealthCare System)
- Sallie Line (Carolinas HealthCare System)
- Lawrence Mckenzie (Carolinas HealthCare System)
- Tony Johnson (Carolinas HealthCare System)

Carolinas HealthCare System

- 总营业额：28.6%
- 总收益：20.0%
- 总利润：20.2%
- 总亏损：19.7%
- 总收入：11.3%
- 总支出：9.9%
- 总资产：6.5%
- 总负债：6.1%

Novant Health

- 总营业额：24.7%
- 总收益：33.4%
- 总利润：20.6%
- 总亏损：19.3%
- 总收入：14.5%
- 总支出：11.8%
- 总资产：11.5%
- 总负债：11.0%

Duke University Health System

- 总营业额：27.2%
- 总收益：26.8%
- 总利润：24.7%
- 总亏损：28.6%
- 总收入：2.6%
- 总支出：1.5%
- 总资产：1.5%
- 总负债：1.7%

Hospital profit center

- 预算利润率：3.0%
- 实际利润率：4.7%
- 经营利润率：4.5%
- 经营利润率：2.6%

Rogers Family Foundation, Carolinas HealthCare System

- 总营业额：$1.5 million
- 总利润：$1.5 million
- 总支出：$1.5 million

HOSPITALS (in dollars)

- 总营业额：$1.7 billion
- 总利润：$1.3 billion
- 总支出：$1.5 billion

PROGNOSIS: PROFITS

- 医疗机构的盈利前景

- 总营业额：22.0%
- 总利润：19.8%
- 总支出：19.8%
- 总利润：19.8%
Surgery bills ruin her credit

For Concord resident Traci Polier, a heart attack led to medical bankruptcy.

She is one of the patients whose hospital bills, in the past decade, ended up turning into a financial crisis. Polier, 44, has insurance through her employer, and she thought she was prepared for it.

"Do we want to tax every invoice we see in the hospital," said Traci Polier, who couldn't afford her surgery bills.

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"Do we want to tax every invoice we see in the hospital," said Traci Polier, who couldn't afford her surgery bills.
in some poorest counties, it’s hard to get forgiveness on bills

Rachael Shelton, with 5-year-old nephew Dallen, has no health insurance and no job but has been unable to get financial help from Caldwell Memorial Hospital in Lenoir. Her bills total $15,000, and she feels hounded by collections agencies, she said.

Instead, the 39-year-old Lenoir resident says, Caldwell Memorial Hospital has sent bill collectors who have hounded her for payment and ruined her credit.

The investigation found:

• About a third of North Carolina hospitals — including Caldwell Memorial — spent less than 2 percent of their budgets on charity care in 2008. Most of those are small hospital in rural areas, and many report they are losing money.

• Some of the hospitals with the lowest percent-ages serve counties where the needs are high. Vidant Duplin Hospital, for instance, is in a high-poverty county where one in four people lack health insurance, is losing money.

• Hospital practices vary widely. While the least generous hospitals are going less than 1 percent of their budget on charity care.

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DO YOU QUALIFY FOR FINANCIAL HELP? Proving eligibility at hospitals isn’t always simple. 5A
CAROLINAS HEALTHCARE Issues statement in response to hospital series. 5A
MORE ONLINE Find more photos and an interactive map for information about your hospital. charlotteobserver.com

NORTH CAROLINA
Most N.C. hospitals
slim on charity care

By Ames Alexander, Joseph Neff and Karen Garloch

A reader letter comments that no government rules dictate how much charity care a nonprofit hospital must provide. Not even the IRS takes action. The result: A nonprofit hospital can spend virtually nothing on charity care and receive the same tax breaks as a hospital that sets aside as much as 80 percent of its budget to help the poor.

The newspapers’ findings raise questions about whether some hospitals are earning their nonprofit status, experts say.

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Looking Ahead
5-DAY FORECAST MORE ON PAGE 3A

Rain 62/74 Partly cloudy and cool Chance of rain 0% Done Little/no health risk

By Ames Alexander 1B

SUN SHINES ON HAMLIN TRUX CAN’T HANG ON TO LEAD, SPORTS

No one behind the wheel
Race to put driverless cars on the road
SciTech 8-9A

The Charlotte Observer
MONDAY • APRIL 23, 2012 • 75C

SUNDAY 5A

Friday 73/48 Chance of rain 0% Tuesday 65/50 Chance of rain 0% Thursday 76/57 Chance of rain 0% Wednesday 77/56 Chance of rain 0%

Classified..................
Lottery ........................
Sports.........................

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THE SERIES SUNDAY Nonprofits very profitable TODAY Charity care lacking TUESDAY Staying strong in Raleigh WEDNESDAY New policies that could help
from 1A

Searing $1.5 million of its $99 million budget on charity care. County’s poor say it has been difficult in Duplin County work demand - Large needs, little help

• Based on a new study published in the Journal of the American Medical Association, most hospitals in North Carolina are spending less than 1 percent of their budgets on charity care – the highest percentage in the hospital industry.

• Thomasville Medical Center President Kathie Johnson said her hospital would encourage some hospitals to provide more charity care, but “it’s unacceptable” that any nonprofit hospital’s spending on charity care exceeds its charitable mission.

• The hospital in January notified her that patient Johnnika Pyles, a 19-year-old student, had no insurance and was never being admitted to the hospital, closed up efforts to make uninsured patients aware of their financial assistance policy in a brochure and on its website. The hospital also encourages some hospitals to provide more charity care, but “it’s unacceptable” that any nonprofit hospital’s spending on charity care. Thomasville Medical Center President Kathie Johnson said her hospital would encourage some hospitals to provide more charity care, but “it’s unacceptable” that any nonprofit hospital’s spending on charity care exceeds its charitable mission.

• The hospital in January notified her that patient Johnnika Pyles, a 19-year-old student, had no insurance and was never being admitted to the hospital. When the $5,486 bill arrived, its “unacceptable” that any nonprofit hospital’s spending on charity care exceeds its charitable mission.

• Thomasville Medical Center isn’t providing enough charity care – a standard that only about a quarter of hospitals meet. Frye Regional Medical Center, which treats more than 120,000 patients a year, spends less than 1 percent of its budget on charity care – the highest percentage in the hospital industry.

• Charlotte-area hospitals

• In 2010, the hospital devoted 13 percent of its $771 million budget to charity care – the highest percentage in the state.

• Currently, the 146-bed hospital is owned by Novant Health, a six-member health system based in Charlotte. The hospital earned $1.1 million in charitable support last year, far less than the $24 million in profit it reported in 2010.

• The hospital said it spent more than $2 million on charity care last year. Officials said they would not discuss specifics about the charity care policy, the hospital said it spent more than $2 million on charity care last year. Officials said they would not discuss specifics about the charity care policy.

• Many uninsured patients are never told they qualify for charity care. That means patients who have large hospital bills can’t in rural areas.}

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Carolinas HealthCare’s charitable giving is above average, but so are its profits.

By Ames Alexander and Karen Garloch

The system declared it spent less than 20 percent of its revenue on charity care in 2010. In fact, it spent about $74 million on charity care in 2010, or about $40 million in 2011. They’re estimated to get sales tax rebates of about $100 million a year for these bond projects. Hospital officials have the power of eminent domain, which means it can demand that property owners sell or lease it at a market-rate price to make room for hospital expansion. Hospital officials say they’ve never used that power. For-profit hospital do pay taxes. They’re expected to generate profits from a variety of sources.

Carolinas HealthCare System says it is healthy, but it is not without its critics.

In exchange for their tax exemp-

tions, nonprofits. And to return much of that money to

To provide care for Caldwell Memorial recently

When people are sick or recovering,

What people do is sick or recovering from

Carolinas HealthCare System,

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BOSTON COLLEGE LINEBACKER LUKE KUECHLY COULD BE PERFECT FOR PANTHERS SPORTS

THE CHARLOTTE OBSERVER
TUESDAY • APRIL 24, 2012 • 75¢

AN IMMEDIATE NECESSITY

Inside

HOW TO REDUCE YOUR HOSPITAL BILL: Controlling costs isn’t easy, but these tips may help. 1D

COLLECTION RULES CAN HELP PATIENTS: North Carolina isn’t among states with safeguards. 3A

More online

See more photos and an interactive map for information about your hospital at charlotteobserver.com

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HOSPITAL: A Just Cause

Joyce Jones had little money and bare-bones insurance when she was hospitalized. Carolinas HealthCare System sued her to collect $34,000. “I was willing to pay if they set me up on a payment plan,” she said, “but they just want it all.”

Investigation: N.C. hospitals sue 40,000 patients, including many who might have qualified for charity care

By James Alexander and David Rumsey

Edwards

6B

10A

6D

4B

8D

1C

Three new and inexpensive video games will draw players – a distinction that could mean the difference between success and failure – a distinction that could mean the difference between success and failure. The Charlotte Observer

WHAT’S THE FUTURE OF SOCIAL SECURITY AND MEDICARE? Congress must restructure Social Security and Medicare or they will fail, a new government report says. 2A

The transcendental Anthony Davis

Tom Simmons/Former Harrisburg, Wash.
cat Anthony Davis can transform the Bobcats overnight. Sports

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Hornets gear riding a retro trend

By Amanda Odom

The Charlotte Hornets are back in style, and retailers are cashing in on the retro-chic wave of nostalgia. “The purple and gold of Charlotte’s first NBA team grew popular in the early 1990s. Now, as the decade’s style enjoys a renaissance, so too have the Hornets’ jerseys, shirts and accessories,” said tammy brown, a sales manager at Travis Broadway, an independent retailer in Charlotte. "Hornets gear riding a retro trend" is a top seller.

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Hospitals

In 2000, Brauninger said. She had received eight years earlier. In 2010, the hospital spent $29,000 on charity care and other uncollectible accounts, putting the hospital's expenses at $34,000. She said she spoke by phone with a Charlotte resident who had been refused credit because she had medical debt. Shuler wants to change the law so that credit bureaus will not consider medical debt when evaluating a person's credit rating.

PROGNOSIS: PROFITS

Collections agencies began calling every other day. Barber told hospital officials he was deeply in debt. "I can't believe they're doing this," he said. "I can't afford to pay the bill." The hospital won a judgment for more than $50,000 in principal, plus interest — and about $56,000 in attorney's fees.

"We always struggle with, 'Should we write them off?,' said Mark Rukavitz, the hospital's chief financial officer. "But it comes back to a message …: If patients get 'medically necessary' care and qualify for charity care, they don't recall at Iredell Memorial in 2010, the hospital spent $26,000 on charity care and other uncollectible accounts, putting the hospital's expenses at $31,000. She said she spoke by phone with a Charlotte resident who had been refused credit because she had medical debt. Shuler wants to change the law so that credit bureaus will not consider medical debt when evaluating a person's credit rating.

But others disagree. "It's a very frequent problem, coming primarily from legal institutions," said Cindy Ring, a Charlotte nonprofit that tries to improve access to health care. "We never turn off charity care. If patients get 'medically necessary' care and qualify for charity care, they don't recall at Iredell Memorial in 2010, the hospital spent $26,000 on charity care and other uncollectible accounts, putting the hospital's expenses at $31,000. She said she spoke by phone with a Charlotte resident who had been refused credit because she had medical debt. Shuler wants to change the law so that credit bureaus will not consider medical debt when evaluating a person's credit rating.

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Hospitals’ clout in capital built with money, contacts

The N.C. Hospital Association rarely loses when it comes to protecting the financial interests of its members

By Joseph Nepp, Ames Alexander and David Raynor

L ast year, state Rep. Dale Folwell took aim at a substantial tax benefit for North Carolina’s nonprofit hospitals: their status as ‘tax exempt.’

Folwell proposed legislation aimed to put 300 hospitals in the state’s capitol under new scrutiny.

With 300 hospitals in the state and more than 500,000 people employed at those hospitals, there was no shortage of interest groups lobbying for Folwell’s bill.

In the end, however, Folwell’s bill died in committee.

But the battle was far from over.

Folwell had just begun his assault on what he called the state’s ‘tax exempt’ hospitals.

And he had other ideas for his crusade.

O n Tuesday, Folwell and the N.C. Hospital Association, the state’s most powerful lobbying group, went on the offensive.

The hospitals had been a target for Folwell and his allies for years.

But this time, Folwell had support from the state’s politicians.

Folwell met with the House Rules Committee and the Senate Appropriations Committee.

And he had the backing of the state’s political leaders.

Folwell’s bill was just the beginning.

Folwell had other ideas for his crusade.

A nd now, the N.C. Hospital Association was taking its fight to the state’s highest court.

The association filed a lawsuit against the Catawba Indian Nation, which operates a casino in the state’s capital city of Raleigh.

The case was filed in the N.C. Superior Court in New Hanover County.

And the association’s lawyers were making a strong case.

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Hospital bypassed county to get legislators’ OK

In Charlotte, the Board of Trustees of Presbyterian St. Luke’s Hospital is struggling with the law. In March, the hospital entered into negotiations with the Association for Healthcare Access and Reform (AHACR) to sell its hospital to the city of Charlotte. The city of Charlotte is currently negotiating with the hospital to lease the land and build a new hospital on-site. The deal would allow the hospital to operate as a 30-bed hospital without the need for local government approval. Presbyterian St. Luke’s Hospital is a 30-bed hospital located in Charlotte, North Carolina. It is part of the Carolinas HealthCare System, which is the largest hospital system in the state. The hospital is facing financial difficulties and has entered into negotiations with AHACR to sell the hospital to the city. The city of Charlotte is currently negotiating with the hospital to lease the land and build a new hospital on-site. The deal would allow the hospital to operate as a 30-bed hospital without the need for local government approval.

The hospital’s financial troubles have been exacerbated by the COVID-19 pandemic, which has led to a significant decrease in hospital admissions and revenue. The hospital is currently seeking to reduce costs and improve its financial performance. In order to achieve this, the hospital may need to sell its assets or seek additional funding from local government sources. The deal with AHACR would allow the hospital to operate as a 30-bed hospital without the need for local government approval. This would help to reduce the hospital’s financial burden and improve its ability to meet the needs of its patients.

However, the hospital’s finances are not the only issue at play. The hospital is also facing challenges related to the city’s decision to build a new hospital on-site. The city of Charlotte has been working on this project for several years and has invested significant resources in it. The hospital is concerned that the new hospital will have a negative impact on its operations and financial performance. The hospital may need to take steps to address these issues in order to remain viable.

In conclusion, the hospital’s financial challenges are compounded by the city’s decision to build a new hospital on-site. The hospital may need to take steps to address these issues in order to remain viable. The hospital is seeking to reduce costs and improve its financial performance, while also addressing the challenges related to the new hospital. The hospital and the city of Charlotte need to work together to ensure that the new hospital has a positive impact on the hospital’s operations and financial performance.

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Most provocative exhibit in museum’s history shows bigotry in Jim Crow South

By Mark Weinberger
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Lavish new exhibit at Levine Museum of the New South will unveil the brutal reality of segregation and segregationist policies in the Jim Crow era, including the intricate ways these policies affected black students, workers, patients and others. The exhibit, titled “Without Sanctuary: Lynching Photography in America,” is a comprehensive look at the history of lynching in America, with an emphasis on the visual documentation of such crimes.

The exhibit, which opened on Saturday, is a powerful reminder of the human cost of segregation and the systematic oppression it entailed. It features over 500 photographs, including many never before exhibited, that document the violence and brutality of lynching.

“Without Sanctuary” is divided into five sections, each focusing on a different aspect of lynching. These sections include “The Roots of Lynching,” “Lynching in America,” “The Aftermath of Lynching,” and “Lynching in the 21st Century.” Each section tells a story of how lynching was used as a tool of terror and control during the Jim Crow era.

The exhibit also includes a series of interactive displays that allow visitors to learn more about the history of lynching and its impact on society today. These displays include a timeline of key events in the history of lynching, a collection of objects and artifacts from the era, and a series of interviews with experts on the subject.

Visitors can also explore the museum’s collection of paintings and sculptures that were created in response to lynching. These works of art serve as a testament to the resilience of the human spirit and the enduring legacy of lynching.

“I don’t think we should be complacent,” said Erika Smith, director of the Levine Museum of the New South. “It’s important to remember the violence and brutality of lynching, and to understand the ways in which it continues to impact our society today.”

“Without Sanctuary” will be on display through May 2023. It is open to the public from Monday to Saturday, 10 a.m. to 5 p.m., and on Sunday, 1 p.m. to 5 p.m. Admission is $12 for adults, $10 for seniors and students, and free for children 12 and under. Parking is free.

The museum is located at 1000 N. McDowell Blvd., Charlotte. For more information, call (704) 362-2000 or visit levinemuseum.org.
Paying a premium for cancer drugs

Many thousands of patients have to pay more for their cancer drugs than independent doctors, according to a Charlotte Observer review of more than 5,000 chemotherapy bills.

The average sales price for that same dose of Neulasta, a drug used to treat pain after chemotherapy, is $1,224. A typical single-session dose of Aloxi, an anti-nausea drug commonly given to cancer patients, costs $400.

The $680 charge is a reduction from 1A

The cost of care went up – much more in an outpatient hospital than in a doctor’s office, according to a review of chemotherapy charges in our own region. But hospital officials say they can’t afford to buy the drugs or provide the medical care, so they are charging much more.

Chemotherapy drugs are profitable for hospitals, as are the patients who receive them. Hospitals are fast becoming the most lucrative markets in health care.

It’s understandable why many hospitals increased their charges. Hospitals have become hugely profitable, and they are investing heavily in new technologies, new equipment and facilities.

Some hospitals have hired new plaque on the wall,” Ber- nardy said, referring to his recent promotion to chief of the medical department, “But we have to continue to make sure to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintain our quality and to maintai...
In at least two ways, the hospital provides a financial incentive to doctors to recommend Avastin:

• The maximum income doctors can make from Avastin is $800,000 a year.

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The choice of cost-sharing among doctors has potential consequences for drug use and cost. Some health care analysts believe that doctors are more likely to prescribe drugs when the cost-sharing is low, which could lead to overuse of drugs.

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