

**UNCOMPENSATED COST REPORT**  
**HOSPITAL: MountainView Medical Center**

**Period: 12/31/17**

**Line PART I - Calculate Ratio of Cost to Charges (RCC)**

1	Total Operating Expenses (A)	\$	386,160,857	
2	Non - Operating Expense (A)	\$	-	
3	Total Hospital Expenses (sum of oper & non-oper exp)	\$	386,160,857	
		\$	-	
	<u>Less Cost Directly Assigned to Uninsured Patients</u>		0	
4	Graduate Medical Education Cost (B)	\$	(4,664,224)	GME Total expenses
5	Emergency Room Physician Professional Fees (C)	\$	(2,330,250)	ER Calls (sub account 310)
	Other Directly Assigned Cost (list) - (D)		-	
6	1) Patient Transport Costs	\$	(323,554)	
7	2) Eligibility Vendor Fees	\$	(580,642)	
8	3) Social workers		(311,078)	
9	4)	\$	-	
10	5)	\$	-	
		\$	-	
	<u>Less Cost Prohibited by CMS for DSH Purposes</u>	\$	-	
11	Offsite Clinic Cost (E)	\$	-	
	Other Excluded Cost (list) - (F)	\$	-	
12	1)	\$	-	
13	2)	\$	-	
		\$	-	
14	Total Expenses Excluded from Cost Pool	\$	(8,209,748)	
		\$	-	
15	Adjusted Cost Pool (Total expenses less excluded items)	\$	377,951,109	
16	Billed Charges (G)	\$	3,365,258,253	
17	Average Ratio of Cost to Charges ( adj cost / charges)		11.23%	

(A) From the Nevada Hospital Quarterly Reports found at:

[http://www.unlv.edu/Research\\_Centers/chia/utilizationandfinancial.htm](http://www.unlv.edu/Research_Centers/chia/utilizationandfinancial.htm)

(B) Resident /Faculty Salaries and other costs in support of GME from hospital records.

Exclude allied health education programs.

(C) ER / Trauma /Anesthesiology on-call coverage and compensation to physicians for indigent patient care.

From hospital records. Exclude directorship fees and other services not directly related to patient care.

(D) Any identifiable cost that is solely related to uninsured patients from hospital records.

Examples include payments to nursing homes for placement of patients without pay source, and eligibility workers in excess of standard social services staff.

(E) All costs associated with operating clinics not on hospital campus from hospital records.

(F) Any other cost category specifically prohibited for DSH by regulation or policy

(G) From NHQR for your hospital for the reporting period.

**Note: Cost reported as AB342 community benefits are included either in pool or directly assigned.**

**UNCOMPENSATED COST REPORT  
HOSPITAL:**

**Period:**

**Line PART II - Calculate Uncompensated Care**

		<u>11.23%</u>			
		<b>Billed Charges From Hospital Records</b>	<b>Cost = Charges X RCC</b>	<b>Patient &amp; 3rd Party Payments</b>	<b>Uncompensated Cost</b>
1	Adjusted RCC from Part I				
2	State and Local Assistance Programs <i>(H)</i>	\$ 986,844	\$ 110,832	\$ 86,025	\$ 24,808
3	Self-Pay / Uninsured Patients <i>(I)</i>	\$ 100,309,388	\$ 11,265,716	\$ 846,860	\$ 10,418,856
4	Underinsured Patients <i>(J)</i>	\$ -	\$ -	\$ -	\$ -
5	Subtotal Uninsured Care = "U"	\$ 101,296,232	\$ 11,376,548	\$ 932,885	\$ 10,443,664
6	Medicaid - Title XIX = "M" <i>(K)</i>	\$ 627,960,520	\$ 70,526,051	\$ 34,484,464	\$ 36,041,587
7	Total Uncompensated Care M + U	\$ 729,256,752	\$ 81,902,599	\$ 35,417,348	\$ 46,485,251
8	Cost Directly Assigned to Uninsured Patients <i>(L)</i>				\$ 8,209,748
9	Less: Payments Related to Directly Assigned Cost <i>(M)</i>				\$ -
10	Total Uncompensated Cost Based on Charges				<u>\$ 54,694,999</u>

*(H)* Includes all charges billed to county social services, Indigent Accident Fund, Victims of Crime, and community based charity programs.

Exclude SIIS, Indian Health Services, and other non-indigency based programs from this line.

Exclude from payments, amounts received directly from state or local governments (e.g. IAF, county Supplemental Fund) other than for Medicaid.

*(I)* Includes accounts for which there is no 3rd party pay source even if pending Medicaid or County approval.

Exclude those accounts where patient payments exceeds the cost of providing the care.

*(J)* Refers to those accounts where payments are less than cost of providing care calculated based on application of above RCC.

Exclude Medicaid, SCHIP, Medicare, prisoners, all contracted payers, and accounts already reflected in the other uninsured categories.

*(K)* Include all Title XIX ( Out-of-State, HMO, demonstration wavers, etc) except for SCHIP programs.

Medicaid payments include UPL but Exclude DSH & GME.

*(L)* Must reconcile to amounts excluded in Part I, and be directly related to indigent care. See notes *(3), (4), & (5)*

*(M)* Include Medicaid & Medicare direct GME payments for medical education cost and any other revenues specific to directly assigned cost .

**Note: The following patient populations should not be included in the uncompensated cost reporting in any category:**

**Prisoner programs, SCHIP, Medicare, and all contracted payers.**