

**UNCOMPENSATED COST REPORT**

HOSI Spring Valley

Period:

2017

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

1	Total Operating Expenses (A)	\$	265,003,654	NV Quarterly A07 Total Operating Exp
2	Non - Operating Expense (A)	\$	<u>9,393,450</u>	
3	Total Hospital Expenses (sum of oper & non-oper exp)	\$	274,397,104	
<u>Less Cost Directly Assigned to Uninsured Patients</u>				
4	Graduate Medical Education Cost (B)	\$	(383,550)	Nevada Hospital Report, Health Professionals Education (Line 91)
5	Emergency Room Physician Professional Fees (C)	\$	(4,424,753)	70100-630010; 70100-630030; 74500-630030; 86100-630050
	Other Directly Assigned Cost (list) - (D)			
6	1) Eligibility Fees	\$	(381,059)	85300-641507
7	2)	\$	-	
8	3)	\$	-	
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	\$	<u>(5,189,361)</u>	
15	Adjusted Cost Pool (Total expenses less excluded items)	\$	269,207,743	
16	Billed Charges (G)	\$	<u>2,277,913,709</u>	NV Quarterly A02 Inpatient Billed Charges + NV Quarterly A03 Outpatient Billed Charge
17	Average Ratio of Cost to Charges ( adj cost / charges)		<u>11.8%</u>	

(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**

HOSP Spring Valley

Period: 2017

**Line PART II - Calculate Uncompensated Care**

								1	EPSI	
1	Adjusted RCC from Part I	11.8%						2	NHQR	
		Billed Charges From Hospital Records	Cost = Charges X RCC	Patient & 3rd Party Payments	Uncompensated Cost					
						IP	OP	IP	OP	
2	State and Local Assistance Programs (H)	\$ 5,197,003	\$ 614,191	\$ 17,270	\$ 596,921	(facility reports) 2,995,352	2,201,651	3,850	13,420	
3	Self-Pay / Uninsured Patients (I)	\$ 94,517,148	\$ 11,170,198	\$ 1,356,410	\$ 9,813,788	I3 PrivatePay + Charity (NHQR/facilit 40,081,838	54,435,311	227,442	1,128,969	
4	Underinsured Patients (J)	\$ 40,806,349	\$ 4,822,564	\$ 3,795,947	\$ 1,026,617	(facility reports) 33,527,152	7,279,196	3,241,084	554,863	
5	Subtotal Uninsured Care = "U"	\$ 140,520,501	\$ 16,606,953	\$ 5,169,627	\$ 11,437,327					
6	Medicaid - Title XIX = "M" (K)	\$ 573,689,107	\$ 67,799,561	\$ 41,536,311	\$ 26,263,250	A02 & A03 Medicaid (NHQR) 393,659,961	180,029,146	30,626,454	10,909,857	
7	Total Uncompensated Care M + U	\$ 714,209,608	\$ 84,406,514	\$ 46,705,937	\$ 37,700,577					
8	Cost Directly Assigned to Uninsured Patients (L)					\$	-			
9	Less: Payments Related to Directly Assigned Cost (M)					\$	-			
10	Total Uncompensated Cost Based on Charges					\$	37,700,577			
						A02 & A03 Medicare (NHQR)	926,520,297	180,339,388	96,768,979	17,566,311

(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.

1,106,859,685  
130,810,573  
16,475,283

(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.**