

UNCOMPENSATED COST REPORT

HOSPITAL: St Rose Dominican Hospitals Siena

Period:

July 1, 2016 to June 30, 2017

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

1	Total Operating Expenses (A)	\$	432,204,865
2	Non - Operating Expense (A)	\$	-
3	Total Hospital Expenses (sum of oper & non-oper exp)	\$	432,204,865
<u>Less Cost Directly Assigned to Uninsured Patients</u>			
4	Graduate Medical Education Cost (B)	\$	(1,715,559)
5	Emergency Room Physician Professional Fees (C)	\$	(4,181,000)
Other Directly Assigned Cost (list) - (D)			
6	1)	\$	(9,204)
7	2)	\$	(168,041)
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	\$	(6,073,804)
15	Adjusted Cost Pool (Total expenses less excluded items)	\$	426,131,061
16	Billed Charges (G)	\$	2,771,366,285
17	Average Ratio of Cost to Charges (adj cost / charges)		<u>15.4%</u>

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

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.

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Line PART II - Calculate Uncompensated Care

Line	Description	15.4%	Billed Charges From Hospital Records	Cost = Charges X RCC	Patient & 3rd Party Payments	Uncompensated Cost
1	Adjusted RCC from Part I	15.4%				
2	State and Local Assistance Programs <i>(H)</i>		\$ 765,061	\$ 117,637	\$ -	\$ 117,637
3	Self-Pay / Uninsured Patients <i>(I)</i>		\$ 81,249,960	\$ 12,493,163	\$ 211,308	\$ 12,281,855
4	Underinsured Patients <i>(J)</i>		\$ 44,550,035	\$ 6,850,106	\$ 2,185,193	\$ 4,664,913
5	Subtotal Uninsured Care = "U"		\$ 126,565,056	\$ 19,460,907	\$ 2,396,501	\$ 17,064,406
6	Medicaid - Title XIX = "M" <i>(K)</i>		\$ 382,813,146	\$ 58,862,148	\$ 23,393,658	\$ 35,468,490
7	Total Uncompensated Care M + U		\$ 509,378,202	\$ 78,323,055	\$ 25,790,159	\$ 52,532,896
8	Cost Directly Assigned to Uninsured Patients <i>(L)</i>					\$ 6,073,804
9	Less: Payments Related to Directly Assigned Cost <i>(M)</i>					\$ 493,229
10	Total Uncompensated Cost Based on Charges					\$ 58,113,471

(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.

Addendum to Nevada Hospital Report:

(Complete all shaded areas.)

Hospital: St Rose Dominican Hospitals Siena**FYE: 2017****FY17**

Line #			
1	Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)		<u>\$32,676,130</u>
Operating Margin:			
2	Net Operating Income (from NHQR tab A01, column Q)		\$13,165,990
3	Total Operating Revenue (from NHQR, Tab A01, column M)		<u>445,370,855</u>
4	Operating Margin (Line 2 divided by Line 3)		<u>2.96%</u>
Calculation of Total Ratio of Cost to Charges:			
5	Total Operating Cost (from NHQR, Tab A01, column O)		<u>\$432,204,865</u>
6	Inpatient Billed Charges (from NHQR, Tab A02, column I)	\$ 1,646,464,039	
7	Outpatient (from NHQR, Tab A03, column I)	1,124,902,246	
8	Long Term Care (from NHQR, Tab A04, column I)		
9	Clinic (from NHQR, Tab A05, column I)		
10	Sub Acute (from NHQR, Tab A06, column I)		
11	Total Billed Charges (Sum of lines 6 through 10)		<u>2,771,366,285</u>
12	Total Ratio of Cost to Charges (Line 5 divided by Line 11)		<u>15.6%</u>
Average Daily Occupancy:			
13	Patient Days (from NHQR Utilization Report, Tab A02, column I)		<u>87,934</u>
14	Observation hours	339,183	
15	Hours in the day	24	
16	Equivalent observation patient days (Line 14 divided by Line 15)		<u>14,133</u>
17	Total Patient Days (Line 13 + Line 16)		<u>102,067</u>
18	Days in the Reporting Period		<u>365</u>
19	Average Daily Occupancy (Line 17 divided by Line 18)		<u>280</u>
20	Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)		<u>\$83,770,071</u>
21	Community Benefits as a % of Net Operating Revenue (Line 21 divided by Line 3)		<u>19%</u>
22	Is the hospital owned by a consolidated corporation? Yes or No		Yes
23	Is the net income of the consolidated corporation publicly available? Yes or No		Yes
24	If you answered "Yes" to both of the questions on lines 20 and 21, report the net income of the consolidated corporation on this line and attach the annual report.		<u>\$383,575,000</u>
25	Medicare Ratio of Cost to Charges		<u>14.3%</u>

Calculation of Amount to Remove from Subsidized Health Section as "Included in Other Categories"

This worksheet provides a consistent method for preventing duplicate costs in the various community benefit sections of the report, which were also already embedded in the subsidized health section. If your hospital has already developed a method you are comfortable with, there is no need to revise that method. If you do not have a method, the attached worksheet allows you to calculate this amount as simply as possible.

Line No. Complete shaded areas.

"Benefit Total" from Each Category: (not including "Other Community Support")

1	Community Health Improvement Services	\$3,398,927
2	Health Professions Education	2,958,642
3	Research	0
4	Financial Contributions	482,306
5	Community Building Activities	99,189
6	Community Benefit Operations	10,000
7	Other Community Benefits	1,260,138
8	Total Community Benefits (not including Subsidized Health) (Sum of lines 1-7)	\$8,209,202

Less: Costs Removed to Determine RCC which are Directly Assigned: (1) (From Uncompensated Cost Report, Part I)

9	GME	\$ 1,715,559
10	Eligibility Vendors	0
11	Amount paid to another provider to accept patients into proper level of care (e.g. LTC)	0
12	Other Directly Assigned Cost	177,245
13		0
14		0
15	Total Costs to be Removed (Sum of lines 9-14)	\$ 1,892,804
16	Total Community Benefits included in RCC (line 8 minus line 15)	\$6,316,398

Allocation of this amount for subsidized patients included in community benefits (based on charges): (2)

17	Billed charges from Uncompensated Cost Report, Part II, Line 7, Column 1	\$ 509,378,202
18	Medicare billed charges	1,346,021,294
19	Total subsidized health patients billed charges (line 17 + line 18)	\$ 1,855,399,496
20	Total facility billed charges (from Uncompensated Cost Report, Part I, line 16)	2,771,366,285
21	Percent of subsidized health patient billed charges to total billed charges	66.95%
22	Community benefits for subsidized patients included in RCC (line 16 X line 21)	\$4,228,760
23	Total directly assigned and included in RCC (line 15 + line 22) Transfer to Subsidized Health Section, line for Cost Reported in Another Category	\$6,121,563.56

(1) Do not include ER Physician on-call cost because this cost remains in Subsidized Health Section

(2) If your hospital is not subsidizing care for Medicare, Medicaid or any other block of business, do not include those charges