

# UNCOMPENSATED COST REPORT

HOSPITAL: **Carson Tahoe Regional HealthCare**

Period: **FYE 12/31/2017**

<u>Line</u>	<b>PART I - Calculate Ratio of Cost to Charges (RCC)</b>	<b>FY2017</b>	<b>FY2016</b>
1	Total Operating Expenses (A)	\$ 255,771,202	\$ 246,974,911
2	Non - Operating Expense (A)	\$ -	\$ -
3	Total Hospital Expenses (sum of oper & non-oper exp)	\$ 255,771,202	\$ 246,974,911
<u>Less Cost Directly Assigned to Uninsured Patients</u>			
4	Graduate Medical Education Cost (B)	\$ -	\$ -
5	Emergency Room Physician Professional Fees (C)	\$ (431,052)	\$ (466,248)
<u>Other Directly Assigned Cost (list) - (D)</u>			
6	1) Case Mgmt-IP Discharge Support	\$ (935,410)	\$ (354,954)
7	2) Medicaid Eligibility - Vendor	\$ -	\$ -
8	3) Medicaid Clinic - MOM's Clinic & FISH Free Lab	\$ (377,859)	\$ (408,786)
9	4)	\$ -	\$ -
10	5)	\$ -	\$ -
<u>Less Cost Prohibited by CMS for DSH Purposes</u>			
11	Offsite Clinic Cost (E)	\$ (17,494,757)	\$ (17,475,697)
<u>Other Excluded Cost (list) - (F)</u>			
12	1) Support Services to CTCCH	\$ (434,930)	\$ (408,435)
13	2) Other Excluded per M-Care Cost Report	\$ (1,900,257)	\$ (2,043,023)
14	Total Expenses Excluded from Cost Pool	\$ (21,574,265)	\$ (21,157,143)
15	Adjusted Cost Pool (Total expenses less excluded items)	\$ 234,196,937	\$ 225,817,768
16	Billed Charges (G)	\$ <u>971,037,157</u>	\$ <u>893,726,811</u>
17	Average Ratio of Cost to Charges ( adj cost / charges)	<u>24.12%</u>	<u>25.27%</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.**