

UNCOMPENSATED COST REPORT

HOSPITAL: Sunrise Hospital & Sunrise Children's Hospital Period: 2015

Line PART II - Calculate Uncompensated Care

Line	Description	9.7%	Billed Charges From Hospital Records	Cost = Charges X RCC	Patient & 3rd Party Payments	Uncompensated Cost	
1	Adjusted RCC from Part I	<u>9.7%</u>					
2	State and Local Assistance Programs (H)		\$ 11,132,502	\$ 1,078,016	\$ 1,078,016	\$ -	FC10
3	Self-Pay / Uninsured Patients (I)		\$ 238,179,367	\$ 23,064,103	\$ 1,011,453	\$ 22,052,650	FC15&99 IPLAN=0, Total Cash Pymt Column
4	Underinsured Patients (J)		\$ -	\$ -	\$ -	\$ -	
5	Subtotal Uninsured Care = "U"		\$ 249,311,869	\$ 24,142,119	\$ 2,089,469	\$ 22,052,650	
6	Medicaid - Title XIX = "M" (K)		\$ 2,290,978,334	\$ 221,846,923	\$ 124,861,127	\$ 96,985,796	NHQ - A2 and A3, Medicaid revenue and medicaid deductions
7	Total Uncompensated Care M + U		\$2,540,290,203	\$ 245,989,042	\$ 126,950,596	\$ 119,038,446	
8	Cost Directly Assigned to Uninsured Patients (L)				\$ 177,164,541	\$ 18,771,671	
9	Less: Payments Related to Directly Assigned Cost (M)					\$ 522,522	From Cost Report
10	Total Uncompensated Cost Based on Charges					\$ 137,287,595	

(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.