



DATE: 03/25/2011

05-07

STATE OF VERMONT
AGENCY OF HUMAN SERVICES
FISCAL OFFICE

REQUEST FOR PROPOSALS

Information for the Bidder

GENERAL PROVISIONS

INTRODUCTION

The Agency of Human Services Fiscal Office, (hereinafter called AHS) is seeking to establish a service agreement with a qualified auditor that can perform the examination requirements for FFY 2005, 2006, and 2007 as implemented in the December 19, 2008 Medicaid Disproportionate Share Hospital (DSH) final rule (73FR 77904) and CMS-2198-F: Medicaid Program: Disproportionate Share Hospital Payments.

SCHEDULE OF EVENTS

Proposal due

April 27, 2011

SINGLE POINT OF CONTACT

All communications concerning this Request For Proposal (RFP) are to be addressed in writing to the attention of: Ursula Boehringer, AHS Audit Chief, 103 South Main Street, Waterbury, VT 05671-0202, (802) 241-1047, Ursula.Boehringer@ahs.state.vt.us will be the sole contact for this proposal.

INSTRUCTIONS to BIDDERS

Your proposal must include:

1. Letter of Submittal: One letter of submittal, signed by a person authorized to bind your organization to a contract. Your letter must include:
 - a. Identifying information about your organization and any sub-contractors. Include the name of the organization, names, addresses, telephone numbers, and address of principal officers and project/program leader, and a description of the type of organization you operate.
 - b. A detailed list of all materials and enclosures being sent in the proposal.
 - c. Any other statements you wish to convey to AHS.
2. Your proposal should respond to the following identified areas
 - a. Timeline for completion
 - b. Cost proposal
3. Delivery of proposal
 - a. Proposals must be delivered to the single point of contact no later than 3 pm April 27, 2011. Late responses will not be accepted.

PROPOSAL REVIEW

SELECTION OF THE BIDDER

The State will evaluate the proposals based on the following:

1. Cost proposal – 50%
2. Timeline/completion - 50%

NOTIFICATION OF AWARD

AHS will notify all bidders when the contract resulting from this RFP are signed.

STATE AND AGENCY CUSTOMARY CONTRACTING PROVISIONS

The contract with the successful bidder will be covered by all customary state and agency contracting provisions.

1. See attachment C Customary Provisions for Contracts and Grants
2. See attachment E Business Associate Agreement
3. See attachment F Agency of Human Services' Customary Contract Provisions

TECHNICAL PROPOSAL/PROGRAM SPECIFICATIONS

SPECIFICATION OF WORK TO BE PERFORMED

The work to be provided under this proposal is the independent examination of the State of Vermont's compliance with the federal government DSH regulations for payments made in Federal fiscal years 2005, 2006, and 2007. These examinations and the related reports must meet the requirements of the December 19, 2008 Medicaid Disproportionate Share Hospital (DSH) final rule (73FR 77904) and CMS-2198-F: Medicaid Program: Disproportionate Share Hospital Payments.

The examination will result in a report that complies with the requirements of the December 19, 2008 Medicaid Disproportionate Share Hospital (DSH) final rule (73FR 77904) specific requirements §455.304 (d).

PREVIOUS REVIEW OF DSH DOCUMENTS

The DSH data and payments for Federal fiscal years 2005, 2006, and 2007 were previously reviewed and reported in an Independent Accountant's Report dated August 26, 2010. For that review, the State could not substantiate that the data sources detailed below were used to calculate payments. Information used was no longer available and the State did not recreate it for the purpose of the examination. The DSH hospital data reporting form was not completed because the information was not available. As a result, CMS did not accept the reports and have required the State to complete the data reporting form and have the Independent Accountant's Report reissued based on the additional documentation.

Consequently, the State has recreated as much of the documentation as possible and completed the DSH hospital data reporting form for years 2005, 2006, and 2007. A sample of this data is attached – the 2007 DSH Data Reporting Form, calculations and hospital data from one of the Vermont hospitals. Specific indentifying information has been omitted for purposes of this sample.

DATA SOURCES (CMS-2198-F)

The following are considered primary data sources utilized by to complete the DSH examination and accompanying report:

1. Medicaid Management Information System (MMIS) data:
 - a. State MMIS data generated IP hospital payments, ancillary charges and routine days for the cost reporting periods covering the Medicaid State plan rate years under audit for each DSH hospital.
 - b. State MMIS generated OP hospital payments and ancillary charges for the cost reporting periods covering the Medicaid State plan years under audit for each DSH hospital.
2. Low Income Utilization Rate (LIUR), Medicaid Inpatient Utilization Rate (MIUR) or other DSH hospital determination criteria and data used to determine eligibility for the Medicaid State plan rate year under audit.
 - a. Medicaid State Plan DSH payment methodologies for the Medicaid State plan rate year under audit.
 - b. State DSH payments to each DSH hospital for the Medicaid State plan rate years under audit.

- c. State methodology for determining the hospital-specific DSH limit, the date used to determine such limit and the hospital specific cost limit generated by methodology and date for the Medicaid State plan rate year under audit.
3. Medicare 2552-96 Hospital Cost Report.
4. Audited Hospital Financial Statements and Other Auditable Hospital Accounting Records.

ATTACHMENT C
CUSTOMARY PROVISIONS FOR CONTRACTS AND GRANTS

1. **Entire Agreement.** This Agreement, whether in the form of a Contract, State Funded Grant, or Federally Funded Grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.
2. **Applicable Law.** This Agreement will be governed by the laws of the State of Vermont.
3. **Definitions:** For purposes of this Attachment, "Party" shall mean the Contractor, Grantee or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement.
4. **Appropriations:** If appropriations are insufficient to support this Agreement, the State may cancel on a date agreed to by the parties or upon the expiration or reduction of existing appropriation authority. In the case that this Agreement is funded in whole or in part by federal or other non-State funds, and in the event those funds become unavailable or reduced, the State may suspend or cancel this Agreement immediately, and the State shall have no obligation to fund this Agreement from State revenues.
5. **No Employee Benefits For Party:** The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the state withhold any state or federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.
6. **Independence, Liability:** The Party will act in an independent capacity and not as officers or employees of the State.

The Party shall defend the State and its officers and employees against all claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit. The Party shall notify its insurance company and the State within 10 days of receiving any claim for damages, notice of claims, pre-claims, or service of judgments or claims, for any act or omissions in the performance of this Agreement.

After a final judgment or settlement the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an

act or omission of the Party.

The Party shall indemnify the State and its officers and employees in the event that the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party.

7. **Insurance:** Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverage is in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the state through the term of the Agreement. No warranty is made that the coverage and limits listed herein are adequate to cover and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the Agreement, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations
Products and Completed Operations
Personal Injury Liability
Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Per Occurrence
\$1,000,000 General Aggregate
\$1,000,000 Products/Completed Operations Aggregate
\$ 50,000 Fire/ Legal/Liability

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000 combined single limit.

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Professional Liability: Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of \$ _____ per occurrence, and \$ _____ aggregate.

8. **Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all prior representations by the Party, including but not limited to bills, invoices, progress reports and other proofs of work.

9. **Requirement to Have a Single Audit:** In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, and if this Subrecipient expends \$500,000 or more in federal assistance during its fiscal year, the Subrecipient is required to have a single audit conducted in accordance with the Single Audit Act, except when it elects to have a program specific audit.

The Subrecipient may elect to have a program specific audit if it expends funds under only one federal program and the federal program's laws, regulating or grant agreements do not require a financial statement audit of the Party.

A Subrecipient is exempt if the Party expends less than \$500,000 in total federal assistance in one year.

The Subrecipient will complete the Certification of Audit Requirement annually within 45 days after its fiscal year end. If a single audit is required, the sub-recipient will submit a copy of the audit report to the primary pass-through Party and any other pass-through Party that requests it within 9 months. If a single audit is not required, the Subrecipient will submit the Schedule of Federal Expenditures within 45 days. These forms will be mailed to the Subrecipient by the Department of Finance and Management near the end of its fiscal year. These forms are also available on the Finance & Management Web page at: <http://finance.vermont.gov/forms>

10. **Records Available for Audit:** The Party will maintain all books, documents, payroll papers, accounting records and other evidence pertaining to costs incurred under this agreement and make them available at reasonable times during the period of the Agreement and for three years thereafter for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved. The State, by any authorized representative, shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed under this Agreement.

11. **Fair Employment Practices and Americans with Disabilities Act:** Party agrees to comply with the requirement of Title 21V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990 that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement. Party further agrees to include this provision in all subcontracts.

12. **Set Off:** The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of

Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

13. Taxes Due to the State:

- a. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
- b. Party certifies under the pains and penalties of perjury that, as of the date the Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
- c. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.

Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

14. Child Support: (Applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date the Agreement is signed, he/she:

- a. is not under any obligation to pay child support; or
- b. is under such an obligation and is in good standing with respect to that obligation; or
- c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

15. Sub-Agreements: Party shall not assign, subcontract or subgrant the performance of his Agreement or any portion thereof to any other Party without the prior written approval of the State. Party also agrees to include in subcontract or subgrant agreements a tax certification in accordance with paragraph 13 above.

Notwithstanding the foregoing, the State agrees that the Party may assign this agreement, including all of the Party's rights and obligations hereunder, to any successor in interest to the Party arising out of the sale of or reorganization of the Party.

16. No Gifts or Gratuities: Party shall not give title or possession of any thing of substantial value (including property,

currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

17. **Copies:** All written reports prepared under this Agreement will be printed using both sides of the paper.
18. **Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs or programs supported in whole or in part by federal funds.

State of Vermont – Attachment C
Revised AHS - 4-06-09

Attachment E BUSINESS ASSOCIATE agreement

THIS BUSINESS ASSOCIATE AGREEMENT ("AGREEMENT") IS ENTERED INTO BY AND BETWEEN THE STATE OF VERMONT AGENCY OF HUMAN SERVICES OPERATING BY AND THROUGH ITS DEPARTMENT, OFFICE, OR DIVISION OF (_____) INSERT DEPARTMENT, OFFICE, OR DIVISION) ("COVERED ENTITY") AND (_____) INSERT NAME OF THE CONTRACTOR) ("BUSINESS ASSOCIATE") AS OF (_____) INSERT DATE) ("EFFECTIVE DATE"). THIS AGREEMENT SUPPLEMENTS AND IS MADE A PART OF THE CONTRACT TO WHICH IT IS AN ATTACHMENT.

Covered Entity and Business Associate enter into this Agreement to comply with standards promulgated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") including the Standards for the Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164 ("Privacy Rule") and the Security Standards at 45 CFR Parts 160 and 164 ("Security Rule"), as amended by subtitle D of the Health Information Technology for Economic and Clinical Health Act.

The parties agree as follows:

1. **Definitions.** All capitalized terms in this Agreement have the meanings identified in this Agreement, 45 CFR Part 160, or 45 CFR Part 164.

The term "Services" includes all work performed by the Business Associate for or on behalf of Covered Entity that requires the use and/or disclosure of protected health information to perform a business associate function described in 45 CFR 160.103 under the definition of Business Associate.

The term "Individual" includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

The term "Breach" means the acquisition, access, use or disclosure of protected health information (PHI) in a manner not permitted under the HIPAA Privacy Rule, 45 CFR part 164, subpart E, which compromises the security or privacy of the PHI. "Compromises the security or privacy of the PHI" means poses a significant risk of financial, reputational or other harm to the individual.

2. **Permitted and Required Uses/Disclosures of PHI.**

2.1 Except as limited in this Agreement, Business Associate may use or disclose PHI to perform Services, as specified in the underlying contract with Covered Entity. Business Associate shall not use or disclose PHI in any manner that would constitute a violation of the Privacy Rule if used or disclosed by Covered Entity in that manner. Business Associate may not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law.

2.2 Business Associate may make PHI available to its employees who need access to perform Services provided that Business Associate makes such employees aware of the use and disclosure restrictions in this Agreement and binds them to comply with such restrictions. Business Associate may only disclose PHI for the purposes authorized by this Agreement: (a) to its agents (including subcontractors) in accordance with Sections 8 and 16 or (b) as otherwise permitted by Section 3.

3. **Business Activities.** Business Associate may use PHI received in its capacity as a "Business Associate" to Covered Entity if necessary for Business Associate's proper management and administration or to carry out its legal responsibilities. Business Associate may disclose PHI received in its capacity as "Business Associate" to Covered Entity for Business Associate's proper management and administration or to carry out its legal responsibilities if a disclosure is Required by Law or if (a) Business Associate obtains reasonable written assurances via a written agreement from the person to whom the information is to be disclosed that the PHI shall remain confidential and be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person and (b) the person notifies Business Associate, within three business days (who in turn will notify Covered Entity within three business days after receiving notice of a Breach as specified in Section 5.1), in writing of any Breach of Unsecured PHI of which it is aware. Uses and disclosures of PHI for the purposes identified in this Section must be of the minimum amount of PHI necessary to accomplish such purposes.

4. **Safeguards.** Business Associate shall implement and use appropriate safeguards to prevent the use or

disclosure of PHI other than as provided for by this Agreement. With respect to any PHI that is maintained in or transmitted by electronic media, Business Associate shall comply with 45 CFR sections 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards) and 164.316 (policies and procedures and documentation requirements). Business Associate shall identify in writing upon request from Covered Entity all of the safeguards that it uses to prevent impermissible uses or disclosures of PHI.

5. Documenting and Reporting Breaches

- 5.1 Business Associate shall report to Covered Entity any Breach of Unsecured PHI as soon as it (or any of its employees or agents) become aware of any such Breach, and in no case later than three (3) business days after it (or any of its employees or agents) becomes aware of the Breach, except when a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security.
- 5.2 Business Associate shall provide Covered Entity with the names of the individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of the Breach and any other available information that is required to be given to the affected individuals, as set forth in 45 CFR §164.404(c), and, if requested by Covered Entity, information necessary for Covered Entity to investigate the impermissible use or disclosure. Business Associate shall continue to provide to Covered Entity information concerning the Breach as it becomes available to it.
- 5.3 When Business Associate determines that an impermissible acquisition, use or disclosure of PHI by a member of its workforce does not pose a significant risk of harm to the affected individuals, it shall document its assessment of risk. Such assessment shall include: 1) the name of the person(s) making the assessment, 2) a brief summary of the facts, and 3) a brief statement of the reasons supporting the determination of low risk of harm. When requested by Covered Entity, Business Associate shall make its risk assessments available to Covered Entity.

6. **Mitigation and Corrective Action.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to it of an impermissible use or disclosure of PHI, even if the impermissible use or disclosure does not constitute a Breach. Business Associate shall draft and carry out a plan of corrective action to address any incident of impermissible use or disclosure of PHI. If requested by Covered Entity, Business Associate shall make its mitigation and corrective action plans available to Covered Entity.

7. Providing Notice of Breaches.

- 7.1 If Covered Entity determines that an impermissible acquisition, access, use or disclosure of PHI for which one of Business Associate's employees or agents was responsible constitutes a Breach as defined in 45 CFR §164.402, and if requested by Covered Entity, Business Associate shall provide notice to the individuals whose PHI was the subject of the Breach. When requested to provide notice, Business Associate shall consult with Covered Entity about the timeliness, content and method of notice, and shall receive Covered Entity's approval concerning these elements. The cost of notice and related remedies shall be borne by Business Associate.
- 7.2 The notice to affected individuals shall be provided as soon as reasonably possible and in no case later than 60 calendar days after Business Associate reported the Breach to Covered Entity.
- 7.3 The notice to affected individuals shall be written in plain language and shall include, to the extent possible, 1) a brief description of what happened, 2) a description of the types of Unsecured PHI that were involved in the Breach, 3) any steps individuals can take to protect themselves from potential harm resulting from the Breach, 4) a brief description of what the Business associate is doing to investigate the Breach, to mitigate harm to individuals and to protect against further Breaches, and 5) contact procedures for individuals to ask questions or obtain additional information, as set forth in 45 CFR §164.404(c).
- 7.4 Business Associate shall notify individuals of Breaches as specified in 45 CFR §164.404(d) (methods of individual notice). In addition, when a Breach involves more than 500 residents of Vermont, Business associate shall, if requested by Covered Entity, notify prominent media outlets

serving Vermont, following the requirements set forth in 45 CFR §164.406.

8. **Agreements by Third Parties.** Business Associate shall ensure that any agent (including a subcontractor) to whom it provides PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity agrees in a written agreement to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such PHI. For example, the written contract must include those restrictions and conditions set forth in Section 14. Business Associate must enter into the written agreement before any use or disclosure of PHI by such agent. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the use or disclosure of PHI. Business Associate shall provide a copy of the written agreement to Covered Entity upon request. Business Associate may not make any disclosure of PHI to any agent without the prior written consent of Covered Entity.
9. **Access to PHI.** Business Associate shall provide access to PHI in a Designated Record Set to Covered Entity or as directed by Covered Entity to an Individual to meet the requirements under 45 CFR 164.524. Business Associate shall provide such access in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for access to PHI that Business Associate directly receives from an Individual.
10. **Amendment of PHI.** Business Associate shall make any amendments to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR 164.526, whether at the request of Covered Entity or an Individual. Business Associate shall make such amendments in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for amendment to PHI that Business Associate directly receives from an Individual.
11. **Accounting of Disclosures.** Business Associate shall document disclosures of PHI and all information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528. Business Associate shall provide such information to Covered Entity or as directed by Covered Entity to an Individual, to permit Covered Entity to respond to an accounting request. Business Associate shall provide such information in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any accounting request that Business Associate directly receives from an Individual.

12. **Books and Records.** Subject to the attorney-client and other applicable legal privileges, Business Associate shall make its internal practices, books, and records (including policies and procedures and PHI) relating to the use and disclosure of PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity available to the Secretary in the time and manner designated by the Secretary. Business Associate shall make the same information available to Covered Entity (without regard to the attorney-client or other applicable legal privileges) upon Covered Entity's request in the time and manner reasonably designated by Covered Entity so that Covered Entity may determine whether Business Associate is in compliance with this Agreement.

13. **Termination.**

13.1 This Agreement commences on the Effective Date and shall remain in effect until terminated by Covered Entity or until all of the PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity is destroyed or returned to Covered Entity subject to Section 17.7.

13.2 If Business Associate breaches any material term of this Agreement, Covered Entity may either: (a) provide an opportunity for Business Associate to cure the breach and Covered Entity may terminate this Contract without liability or penalty if Business Associate does not cure the breach within the time specified by Covered Entity; or (b) immediately terminate this Contract without liability or penalty if Covered Entity believes that cure is not reasonably possible; or (c) if neither termination nor cure are feasible, Covered Entity shall report the breach to the Secretary. Covered Entity has the right to seek to cure any breach by Business Associate and this right, regardless of whether Covered Entity cures such breach, does not lessen any right or remedy available to Covered Entity at law, in equity, or under this Contract, nor does it lessen Business Associate's responsibility for such breach or its duty to cure such breach.

14. **Return/Destruction of PHI.**

14.1 Business Associate in connection with the expiration or termination of this Contract shall return or destroy, at the discretion of the Covered Entity, all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity pursuant to this Contract that Business Associate still maintains in any form or medium (including electronic) within thirty (30) days after such expiration or termination. Business Associate shall not retain any copies of the PHI. Business Associate shall certify in writing for Covered Entity (1) when all PHI has been returned or destroyed and (2) that Business Associate does not continue to maintain any PHI. Business Associate is to provide this certification during this thirty (30) day period.

14.2 Business Associate shall provide to Covered Entity notification of any conditions that Business Associate believes make the return or destruction of PHI infeasible. If Covered Entity agrees that return or destruction is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for so long as Business Associate maintains such PHI.

15. **Penalties and Training.** Business Associate understands that: (a) there may be civil or criminal penalties for misuse or misappropriation of PHI and (b) violations of this Agreement may result in notification by Covered Entity to law enforcement officials and regulatory, accreditation, and licensure organizations. If requested by Covered Entity, Business Associate shall participate in training regarding the use, confidentiality, and security of PHI.

16. **Security Rule Obligations.** The following provisions of this Section apply to the extent that Business Associate creates, receives, maintains or transmits Electronic PHI on behalf of Covered Entity.

16.1 Business Associate shall implement and use administrative, physical, and technical safeguards in compliance with 45 CFR sections 164.308, 164.310, and 164.312 with respect to the Electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity. Business Associate shall identify in writing upon request from Covered Entity all of the safeguards that it uses to protect such

Electronic PHI.

16.2 Business Associate shall ensure that any agent (including a subcontractor) to whom it provides Electronic PHI agrees in a written agreement to implement and use administrative, physical, and technical safeguards that reasonably and appropriately protect the Confidentiality, Integrity and Availability of the Electronic PHI. Business Associate must enter into this written agreement before any use or disclosure of Electronic PHI by such agent. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the use or disclosure of Electronic PHI. Business Associate shall provide a copy of the written agreement to Covered Entity upon request. Business Associate may not make any disclosure of Electronic PHI to any agent without the prior written consent of Covered Entity.

16.3 Business Associate shall report in writing to Covered Entity any Security Incident pertaining to such Electronic PHI (whether involving Business Associate or an agent, including a subcontractor). Business Associate shall provide this written report as soon as it becomes aware of any such Security Incident, and in no case later than three (3) business days after it becomes aware of the incident. Business Associate shall provide Covered Entity with the information necessary for Covered Entity to investigate any such Security Incident.

16.4 Business Associate shall comply with any reasonable policies and procedures Covered Entity implements to obtain compliance under the Security Rule.

17. Miscellaneous.

17.1 In the event of any conflict or inconsistency between the terms of this Agreement and the terms of the Contract, the terms of this Agreement shall govern with respect to its subject matter. Otherwise the terms of the Contract continue in effect.

17.2 Business Associate shall cooperate with Covered Entity to amend this Agreement from time to time as is necessary for Covered Entity to comply with the Privacy Rule, the Security Rule, or any other standards promulgated under HIPAA.

17.3 Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule, Security Rule, or any other standards promulgated under HIPAA.

17.4 In addition to applicable Vermont law, the parties shall rely on applicable federal law (e.g., HIPAA, the Privacy Rule and Security Rule) in construing the meaning and effect of this Agreement.

17.5 As between Business Associate and Covered Entity, Covered Entity owns all PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity.

17.6 Business Associate shall abide by the terms and conditions of this Agreement with respect to all PHI it receives from Covered Entity or creates or receives on behalf of Covered Entity under this Contract even if some of that information relates to specific services for which Business Associate may not be a "Business Associate" of Covered Entity under the Privacy Rule.

17.7 The provisions of this Agreement that by their terms encompass continuing rights or responsibilities shall survive the expiration or termination of this Agreement. For example: (a) the provisions of this Agreement shall continue to apply if Covered Entity determines that it would be infeasible for Business Associate to return or destroy PHI as provided in Section 14.2 and (b) the obligation of Business Associate to provide an accounting of disclosures as set forth in Section 11 survives the expiration or termination of this Agreement with respect to accounting requests, if any, made after such expiration or termination.

ATTACHMENT F
AGENCY OF HUMAN SERVICES' CUSTOMARY CONTRACT PROVISIONS

1. Agency of Human Services - Field Services Directors will share oversight with the department (or field office) that is a party to the contract for provider performance using outcomes, processes, terms and conditions agreed to under this contract.

2. 2-1-1 Data Base: The Contractor providing a health or human services within Vermont, or near the border that is readily accessible to residents of Vermont, will provide relevant descriptive information regarding its agency, programs and/or contact and will adhere to the "Inclusion/Exclusion" policy of Vermont's United Way/Vermont 211. If included, the Contractor will provide accurate and up to date information to their data base as needed. The "Inclusion/Exclusion" policy can be found at www.vermont211.org

3. Medicaid Program Contractors:

Inspection of Records: Any contracts accessing payments for services through the Global Commitment to Health Waiver and Vermont Medicaid program must fulfill state and federal legal requirements to enable the Agency of Human Services (AHS), the United States Department of Health and Human Services (DHHS) and the Government Accounting Office (GAO) to:

Evaluate through inspection or other means the quality, appropriateness, and timeliness of services performed; and inspect and audit any financial records of such Contractor or subcontractor.

Subcontracting for Medicaid Services: Having a subcontract does not terminate the Contractor, receiving funds under Vermont's Medicaid program, from its responsibility to ensure that all activities under this agreement are carried out. Subcontracts must specify the activities and reporting responsibilities of the Contractor or subcontractor and provide for revoking delegation or imposing other sanctions if the Contractor or subcontractor's performance is inadequate. The Contractor agrees to make available upon request to the Agency of Human Services; the Department of Vermont Health Access; the Department of Disabilities, Aging and Independent Living; and the Center for Medicare and Medicaid Services (CMS) all contracts and subcontracts between the Contractor and service providers.

Medicaid Notification of Termination Requirements: Any Contractor accessing payments for services under the Global Commitment to Health Waiver and Medicaid programs who terminates their practice will follow the Department of Vermont Health Access, Managed Care Organization enrollee notification requirements.

Encounter Data: Any Contractor accessing payments for services through the Global Commitment to Health Waiver and Vermont Medicaid programs must provide encounter data to the Agency of Human Services and/or its departments and ensure that it can be linked to enrollee eligibility files maintained by the State.

Federal Medicaid System Security Requirements Compliance: All contractors and subcontractors must provide a security plan, risk assessment, and security controls review document within three months of the start date of this agreement (and update it annually thereafter) to support audit compliance with 45CFR95.621 subpart F, ADP (Automated Data Processing) *System Security Requirements and Review Process*.

4. **Non-discrimination Based on National Origin as evidenced by Limited English Proficiency.** The Contractor agrees to comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, et seq., and with the federal guidelines promulgated pursuant to Executive Order 13166 of 2000, which require that contractors and subcontractors receiving federal funds must assure that persons with limited English proficiency can meaningfully access services. To the extent the Contractor provides assistance to individuals with limited English proficiency through the use of oral or written translation or interpretive services in compliance with this requirement, such individuals cannot be required to pay for such services.

5. **Voter Registration.** When designated by the Secretary of State, the Contractor agrees to become a voter registration agency as defined by 17 V.S.A. §2103 (41), and to comply with the requirements of state and federal law pertaining to such agencies.

6. **Drug Free Workplace Act.** The Contractor will assure a drug-free workplace in accordance with 45 CFR Part 76.

7. **Privacy and Security Standards.**

Protected Health Information: The Contractor shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this contract. The Contractor shall follow federal and state law relating to privacy and security of individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations.

Substance Abuse Treatment Information: The confidentiality of any alcohol and drug abuse treatment information acquired by or provided to the Contractor or subcontractor shall be maintained in compliance with any applicable state or federal laws or regulations and specifically set out in 42 CFR Part 2.

Other Confidential Consumer Information: The Contractor agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to information. The Contractor agrees to comply with any applicable Vermont State Statute, including but not limited to 12 VSA §1612 and any applicable Board of Health confidentiality regulations. The Contractor shall ensure that all of its employees and subcontractors performing services under this agreement understand the sensitive nature of the information that they may have access to and sign an affirmation of understanding regarding the information's confidential and non-public nature.

Social Security numbers: The Contractor agrees to comply with all applicable Vermont State Statutes to assure protection and security of personal information, including protection from identity theft as outlined in Title 9, Vermont Statutes Annotated, Ch. 62.

8. **Abuse Registry.** The Contractor agrees not to employ any individual, use any volunteer, or otherwise provide reimbursement to any individual in the performance of services connected with this agreement, who provides care,

custody, treatment, transportation, or supervision to children or vulnerable adults if there is a substantiation of abuse or neglect or exploitation against that individual. The Contractor will check the Adult Abuse Registry in the Department of Disabilities, Aging and Independent Living.. Unless the Contractor holds a valid child care license or registration from the Division of Child Development, Department for Children and Families, the Contractor shall also check the Central Child Protection Registry. (See 33 V.S.A. §4919(a)(3) & 33 V.S.A. §6911(c)(3)).

9. **Reporting of Abuse, Neglect, or Exploitation.** Consistent with provisions of 33 V.S.A. §4913(a) and §6903, any agent or employee of a Contractor who, in the performance of services connected with this agreement, has contact with clients or is a caregiver and who has reasonable cause to believe that a child or vulnerable adult has been abused or neglected as defined in Chapter 49 or abused, neglected, or exploited as defined in Chapter 69 of Title 33 V.S.A. shall make a report involving children to the Commissioner of the Department for Children and Families within 24 hours or a report involving vulnerable adults to the Division of Licensing and Protection at the Department of Disabilities, Aging, and Independent Living within 48 hours. This requirement applies except in those instances where particular roles and functions are exempt from reporting under state and federal law. Reports involving children shall contain the information required by 33 V.S.A. §4914. Reports involving vulnerable adults shall contain the information required by 33 V.S.A. §6904. The Contractor will ensure that its agents or employees receive training on the reporting of abuse or neglect to children and abuse, neglect or exploitation of vulnerable adults.

10. **Intellectual Property/Work Product Ownership.** All data, technical information, materials first gathered, originated, developed, prepared, or obtained as a condition of this agreement and used in the performance of this agreement - including, but not limited to all reports, surveys, plans, charts, literature, brochures, mailings, recordings (video or audio), pictures, drawings, analyses, graphic representations, software computer programs and accompanying documentation and printouts, notes and memoranda, written procedures and documents, which are prepared for or obtained specifically for this agreement - or are a result of the services required under this grant - shall be considered "work for hire" and remain the property of the State of Vermont, regardless of the state of completion - unless otherwise specified in this agreement. Such items shall be delivered to the State of Vermont upon 30 days notice by the State. With respect to software computer programs and / or source codes first developed for the State, all the work shall be considered "work for hire," i.e., the State, not the Contractor or subcontractor, shall have full and complete ownership of all software computer programs, documentation and/or source codes developed.

The Contractor shall not sell or copyright a work product or item produced under this agreement without explicit permission from the State.

If the Contractor is operating a system or application on behalf of the State of Vermont, then the Contractor shall not make information entered into the system or application available for uses by any other party than the State of Vermont, without prior authorization by the State. Nothing herein shall entitle the State to pre-existing Contractor's materials.

11. **Security and Data Transfers.** The State shall work with the Contractor to ensure compliance with all applicable State and Agency of Human Services' policies and standards, especially those related to privacy and

security. The State will advise the Contractor of any new policies, procedures, or protocols developed during the term of this agreement as they are issued and will work with the Contractor to implement any required.

The Contractor will ensure the physical and data security associated with computer equipment - including desktops, notebooks, and other portable devices - used in connection with this agreement. The Contractor will also assure that any media or mechanism used to store or transfer data to or from the State includes industry standard security mechanisms such as continually up-to-date malware protection and encryption. The Contractor will make every reasonable effort to ensure media or data files transferred to the State are virus and spyware free. At the conclusion of this agreement and after successful delivery of the data to the State, the Contractor shall securely delete data (including archival backups) from the Contractor's equipment that contains individually identifiable records, in accordance with standards adopted by the Agency of Human Services.

12. **Computing and Communication:** The Contractor shall select, in consultation with the Agency of Human Services' Information Technology unit, one of the approved methods for secure access to the State's systems and data, if required. Approved methods are based on the type of work performed by the Contractor as part of this agreement. Options include, but are not limited to:

1. Contractor's provision of certified computing equipment, peripherals and mobile devices, on a separate Contractor's network with separate internet access. The Agency of Human Services' accounts may or may not be provided.
2. State supplied and managed equipment and accounts to access state applications and data, including State issued active directory accounts and application specific accounts, which follow the National Institutes of Standards and Technology (NIST) security and the Health Insurance Portability & Accountability Act (HIPAA) standards.

The State will not supply e-mail accounts to the Contractor.

13. **Lobbying.** No federal funds under this agreement may be used to influence or attempt to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendments other than federal appropriated funds.

14. **Non-discrimination.** The Contractor will prohibit discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, or on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. No person shall on the grounds of sex (including, in the case of a woman, on the grounds that the woman is pregnant) or on the grounds of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by state and/or federal funds.

The Contractor will also not refuse, withhold from or deny to any person

the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity under Title 9 V.S.A. Chapter 139.

15. Environmental Tobacco Smoke. Public Law 103-227, also known as the Pro-children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, child care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds.

The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, & Children (WIC) coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

Contractors are prohibited from promoting the use of tobacco products for all clients. Facilities supported by state and federal funds are prohibited from making tobacco products available to minors.

Attachment F - Revised AHS -12/10/10

STATE OF VERMONT
AGENCY OF HUMAN SERVICES
FISCAL OFFICE

SAMPLE DATA

The sample data is included with the hospital names and other identifying data omitted for purposes of the RFP. The figures on this report are considered to be final and complete.

2007 DSH Data Reporting Form and related calculation (18 pages) – completed primarily by the Data Analyst Unit at Department of Vermont Health Access (DVHA).

MRMN 502 (2 pages) and MRMN503 (4 pages) – data prepared by HP, DVHA's fiscal agent

HCR (9 pages) – Hospital Cost Report – pages with pertinent information are included. Complete copies are available on request.

BISCHA (2 pages) - For 2005 – 2007 the calculations include information provided by hospitals to the State of Vermont Department of Banking, Insurance, Securities & Health Care Administration (BISCHA). BISCHA collects hospital information on an annual basis to set hospital rates. In 2003, the Vermont Legislature passed Act 53, "An Act Relating to Hospital and Health Care System Accountability, Capital Spending, and Annual Budgets." One of the requirements of Act 53 is that Vermont hospitals publish annual hospital community reports containing information about quality, financial health, costs for services, and other hospital characteristics. The law also requires the Department of Banking, Insurance, Securities and Health Care Administration to collect and publish some of that same information in a comparative format on the BISCHA website. This is a link to the hospital reporting law.

<http://www.leg.state.vt.us/docs/legdoc.cfm?URL=/docs/2004/acts/ACT053.htm>

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=18&Chapter=221&Section=0940>
6

Reporting to BISCHA by hospitals include various financial line items that are not reported in hospital audits or cost reports but identify information needed for the DSH data element calculations. We believe this information is accurate and the best available.

Hospital audited financial statements – not included in this RFP, copies are available on request.

DSH Report

Column M – Total Applicable Section 1011 Payments

This information is not discretely reported in the hospital audits or cost reports. The State did request and collect this information for 2008. The amount reported by each hospital for 2008 was \$0.

We researched our internal records to identify any of these payments for 2005-2007. We identified payments that are most likely Section 1011 payments but we can not confirm this either way. The amounts are not material (\$1800 over 3 years). The information falls outside the time period required to keep paper records, therefore, we can not provide source documents without first undertaking an lengthy search that may not provide source documentation. Given the insignificant amounts, we propose recording the figures as Section 1011 payments.

LIUR Calculation work paper

Columns (2) and (6) – State and local cash subsidies

This information is not discretely reported in the hospital audits or cost reports. The State did request and collect this information for 2008. The amount reported by each hospital for 2008 was \$0. Obtaining this level of details from hospitals for 2005-2007 would be create an extreme hardship for hospitals. Given the insignificant amounts, we propose recording the figures consistent with 2008 figures.

State of Vermont
DSH Report
2007

B C D E F G

Hospital Name	State Estimated Hospital-Specific DSH Limit	Medicaid IP Utilization Rate	Low-Income Utilization Rate	State-Defined DSH Eligibility Statistic	Regular IP/OP Medicaid FFS Rate Payments	IP/OP Medicaid MCO Payments
Hospital 1	<i>cop</i> \$2,563,889	<i>miur</i> 14.70%	<i>LIUR</i> 7.95%	meets State qualification	<i>MSFS</i> \$3,131,487	<i>n/a</i> \$0
Hospital 2	\$6,797,732	20.61%	14.52%	meets State qualification	\$6,108,097	\$0
Hospital 3	\$2,481,117	16.73%	12.16%	meets State qualification	\$3,240,030	\$0
Hospital 4	\$26,375,009	13.69%	5.17%	meets State qualification	\$30,724,285	\$0
Hospital 5	\$1,322,942	10.01%	13.13%	meets State qualification	\$1,902,364	\$0
Hospital 6	\$403,140	0.69%	4.19%	MIUR < 1.0%	\$228,431	\$0
Hospital 7	\$933,284	2.66%	10.49%	meets State qualification	\$904,913	\$0
Hospital 8	\$5,045,360	20.58%	8.65%	meets State qualification	\$4,001,942	\$0
Hospital 9	\$2,979,647	19.90%	8.94%	meets State qualification	\$2,834,339	\$0
Hospital 10	\$2,837,766	17.64%	12.83%	meets State qualification	\$5,513,637	\$0
Hospital 11	\$2,353,264	13.16%	6.81%	meets State qualification	\$2,217,040	\$0
Hospital 12	\$6,361,518	13.33%	7.63%	meets State qualification	\$10,097,518	\$0
Hospital 13	\$3,245,887	10.01%	6.83%	meets State qualification	\$5,530,422	\$0
Hospital 14	\$2,675,949	21.22%	13.06%	meets State qualification	\$3,965,698	\$0
Institutes for Mental Disease						
Hospital 15	-\$1,043,344	14.12%	0.00%	hospital limit < \$0	\$3,636,809	\$0
Out-of-State DSH Hospitals						
None						

DSH/2

DSH
2

State of Vermont
DSH Report
2007

Hospital Name	H	I	J	K
	Supplemental/ Enhanced IP/OP Medicaid Payments	Total Medicaid IP/OP Payments F+G+H	Total Cost of Care - Medicaid IP/OP Services HSL2	Total Medicaid Uncompensated Care J-I
Hospital 1	n/a	\$3,131,487	\$5,049,453	\$1,917,966
Hospital 2	\$0	\$6,108,097	\$12,341,701	\$6,233,604
Hospital 3	\$0	\$3,240,030	\$5,371,643	\$2,131,613
Hospital 4	\$0	\$30,724,285	\$48,849,518	\$18,125,233
Hospital 5	\$0	\$1,902,364	\$3,133,406	\$1,231,042
Hospital 6	\$0	\$228,431	\$538,784	\$310,353
Hospital 7	\$0	\$904,913	\$1,572,116	\$667,203
Hospital 8	\$0	\$4,001,942	\$8,701,718	\$4,699,776
Hospital 9	\$0	\$2,834,339	\$5,326,182	\$2,491,843
Hospital 10	\$0	\$5,513,637	\$8,637,995	\$3,124,358
Hospital 11	\$0	\$2,217,040	\$4,454,051	\$2,237,011
Hospital 12	\$0	\$10,097,518	\$15,294,239	\$5,196,721
Hospital 13	\$0	\$5,530,422	\$8,301,732	\$2,771,310
Hospital 14	\$0	\$3,965,698	\$5,745,142	\$1,779,444
Institutes for Mental Disease				
Hospital 15	\$0	\$3,636,809	\$2,593,465	-\$1,043,344
Out-of-State DSH Hospitals				
None				

DSH/3

DSH/3

State of Vermont
DSH Report
2007

	L	M	N	O	P	Q
Hospital Name	Total IP/OP Indigent Care/Self-Pay Revenues	Total Applicable Section 1011 Payments	Total IP/OP Uninsured Cost of Care	Total Uninsured IP/OP Uncompensated Care Cost	Total Eligible Uncompensated Care Costs	Total DSH Payments Received
Hospital 1	\$246,423	\$0	\$892,345	\$645,922	\$2,563,889	\$1,344,427
Hospital 2	\$378,341	\$0	\$942,469	\$564,128	\$6,797,732	\$2,817,724
Hospital 3	\$263,633	\$0	\$613,137	\$349,504	\$2,481,117	\$1,260,739
Hospital 4	\$721,915	\$0	\$8,971,690	\$8,249,776	\$26,375,009	\$17,086,630
Hospital 5	\$253,947	\$0	\$345,847	\$91,900	\$1,322,942	\$936,116
Hospital 6	\$54,775	\$0	\$147,562	\$92,787	\$403,140	\$106,977
Hospital 7	\$74,136	\$0	\$340,217	\$266,081	\$933,284	\$677,018
Hospital 8	\$290,791	\$0	\$636,375	\$345,585	\$5,045,360	\$1,396,261
Hospital 9	\$113,297	\$0	\$601,100	\$487,803	\$2,979,647	\$937,345
Hospital 10	\$872,491	\$0	\$585,899	\$286,591	\$2,837,766	\$1,630,106
Hospital 11	\$391,551	\$0	\$507,805	\$116,253	\$2,353,264	\$1,112,065
Hospital 12	\$148,490	\$0	\$1,313,287	\$1,164,797	\$6,361,518	\$2,976,091
Hospital 13	\$396,768	\$0	\$871,345	\$474,577	\$3,245,887	\$1,969,061
Hospital 14	\$125,058	\$0	\$1,021,564	\$896,505	\$2,675,949	\$1,712,786
Institutes for Mental Disease						
Hospital 15	\$0	\$0	\$0	\$0	-\$1,043,344	\$0
Out-of-State DSH Hospitals						
None					\$66,376,506	\$35,963,346

* DSH pymts Confirmed w/ initial audit

DSH/3

DSH/3

NONE in '07

OTK

Confirmed*

MIUR

MIUR

DSH FFY 2007
Supporting Schedule for Determining Eligibility for MIUR Group

A	B	C	D	E	F
(1)	(2)	(3)	(4)	(5)	(6)
Variable for Calculation →	Vermont Medicaid Inpatient Days	All Payer Days	Medicaid Inpatient Utilization Rate (MIUR) Percentage	Eligible for DSH at all?	MIUR Eligible?
6	VT MMIS (HP's MRMN503S Report which excludes Medicare dual eligible days)	9/30/07 Medicare Cost Report	calculated as (1) / (2)	If (3) >= 1%, then Yes	If (3) > std dev threshold, then Yes
7	Data Source →				
8	SCH 2 Hospital 1	1,271	SCH 1 8,649 DSH 14.70%	Yes	No
9	Hospital 2	3,190	15,478	20.61%	Yes
10	Hospital 3	987	5,900	16.73%	No
11	Hospital 4	16,228	118,567	13.69%	No
12	Hospital 5	614	6,132	10.01%	No
13	Hospital 6	30	4,359	0.69%	No
14	Hospital 7	166	6,250	2.66%	No
15	Hospital 8	1,265	6,148	20.58%	Yes
16	Hospital 9	1,082	5,438	19.90%	No
17	Hospital 10	1,547	8,768	17.64%	No
18	Hospital 11	693	5,267	13.16%	No
19	Hospital 12	4,520	33,914	13.33%	No
20	Hospital 13	1,846	18,434	10.01%	No
21	Hospital 14	2,165	10,205	21.22%	Yes
22					
23	Hospital 15	3,062	21,680	14.12%	No
24	TOTAL	35,604	253,509	14.04%	weighted average
25				6.41%	= 1 standard deviation
26				20.45%	= 1 std dev above mean
27					
28					

LIUR/

DSH FFY 2007
Supporting Schedule for Determining Eligibility for LIUR Group

	A	B	C	D	E	F	G	H	I	J
4										
5		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
6	Variable for Calculation ↑	Net Medicaid Patient Services Revenue (IP+OP)	State & Local Cash Subsidies for Patient Svcs	Net All Payer Patient Service Revenue (IP+OP)	Ratio 1 of LIUR	Inpatient Charges Attributable to Individuals with No Third Party Coverage	State & Local Cash Subsidies for Inpatient Services	Total Gross Inpatient Charges	Ratio 2 of LIUR	Low Income Utilization Percentage
7	Data Source ↑	BISHCA Actual 2007 Report (Net Patient Revenue-Medicaid)		BISHCA Actual 2007 Report (Net Patient Revenue Before DSH)	calculated as [(1)+(2)] / (3)	BISHCA, with proration (see next page)		BISHCA Actual 2007 Report (Inpatient Care Revenue)	calculated as [(5)-(6)] / (7)	calculated as (4) + (8)
8	Hospital 1	SCH 3 2,689,004	-	SCH 3 46,494,888	5.78%	LIUR/2 505,456	-	LIUR/2 23,323,974	2.17%	7.95%
9	Hospital 2	12,703,178	-	94,585,250	13.43%	407,776	-	37,305,515	1.09%	14.52%
10	Hospital 3	4,256,674	-	40,558,850	10.50%	247,767	-	14,881,507	1.66%	12.16%
11	Hospital 4	28,681,479	-	721,914,511	3.97%	5,321,056	-	446,314,972	1.19%	5.17%
12	Hospital 5	5,271,682	-	43,041,925	12.25%	119,156	-	13,505,530	0.88%	13.13%
13	Hospital 6	352,860	-	11,907,629	2.96%	10,325	-	842,300	1.23%	4.19%
14	Hospital 7	3,980,580	-	41,186,429	9.66%	38,877	-	4,705,171	0.83%	10.49%
15	Hospital 8	3,907,807	-	53,850,110	7.26%	279,606	-	20,063,478	1.39%	8.65%
16	Hospital 9	3,072,316	-	41,961,724	7.32%	289,729	-	17,848,342	1.62%	8.94%
17	Hospital 10	6,089,320	-	52,559,678	11.59%	251,287	-	20,221,983	1.24%	12.83%
18	Hospital 11	2,569,889	-	45,529,203	5.64%	183,593	-	15,811,575	1.16%	6.81%
19	Hospital 12	9,801,903	-	148,489,974	6.60%	1,042,078	-	101,754,516	1.02%	7.63%
20	Hospital 13	5,467,463	-	94,468,544	5.79%	623,421	-	59,764,912	1.04%	6.83%
21	Hospital 14	4,451,058	-	43,123,502	10.32%	604,940	-	22,127,653	2.73%	13.06%
22										
23	Hospital 15								Threshold	25.00%
24										
25										
26										
27		Information for Hospital 15 not collected. BISHCA does not require an annual submission.								
28		However, it was determined that the information was not necessary for the LIUR calculation because the hospital limit calculation had already been completed. It was determined that hospital 15's limit was < \$0.								
29										

LIUR/

LIUR/2

LIUR/2

DSH FFY 2007
Supporting Schedule for Determining Eligibility for LIUR Group

A	K	L	M	N	O	P
Supporting Schedule for Column (5) on front page						
	(10)	(11)	(12)	(13)	(14)	(15)
Variable for Calculation ↑	LIUR Eligible?	Total Gross Inpatient Revenue	Total Gross Revenue	Inpatient as Percent of Total Revenue	Total Charges Attributable to Individuals with No Third Party Coverage	Inpatient Charges Attributable to Individuals with No Third Party Coverage
Data Source ↑	If (9) > 25%, then Yes	BISHCA Actual 2007 Report (Inpatient Care Revenue)	BISHCA Actual 2007 Report (Total Patient Services)	calculation	BISHCA Actual 2007 Report (Free Care)	calculation (move to Column 5 on front page)
8 Hospital 1	No	23,323,974	74,429,609	31.34%	1,612,972	505,456
9 Hospital 2	No	37,305,515	147,220,913	25.34%	1,609,230	407,776
10 Hospital 3	No	14,881,507	60,903,859	24.43%	1,014,006	247,767
11 Hospital 4	No	446,314,972	1,426,168,365	31.29%	17,003,064	5,321,056
12 Hospital 5	No	13,505,530	66,191,938	20.40%	583,994	119,156
13 Hospital 6	No	842,300	12,059,186	6.98%	147,828	10,325
14 Hospital 7	No	4,705,171	55,232,929	8.52%	456,371	38,877
15 Hospital 8	No	20,063,478	99,830,017	20.10%	1,391,238	279,606
16 Hospital 9	No	17,848,342	70,929,614	25.16%	1,151,388	289,729
17 Hospital 10	No	20,221,983	84,222,253	24.01%	1,046,581	251,287
18 Hospital 11	No	15,811,575	69,704,619	22.68%	809,360	183,593
19 Hospital 12	No	101,754,516	257,556,358	39.51%	2,637,661	1,042,078
20 Hospital 13	No	59,764,912	154,064,893	38.79%	1,607,085	623,421
21 Hospital 14	No	22,127,653	69,247,934	31.95%	1,893,144	604,940
22						
23 Hospital 15						
24						
25						
26						
27						
28						
29						

LIUR/1

SC#3

SC#3

LIUR/1

SC#3

HSL/1

DSH FFY 2007
 Calculations for Determining Hospital-specific Limits to be Applied in
 Disproportionate Share Payments

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Variable for Calculation ↑	Adult & Peds Days	Adult & Peds Cost Per Diem	Nursery Days	Nursery Per Diem	ICU Days	ICU Per Diem	NICU Days	NICU Per Diem	Surgical ICU Days	Surgical ICU Per Diem	Subprovide r Days
Data Source ↑	HP Reports, Columns C+D	MCR Source, Column M	HP Reports, Column E	MCR Source, Column N	HP Reports, Column F	MCR Source, Column O	HP Reports, Column G	MCR Source, Column P	HP Reports, Column H	MCR Source, Column Q	HP Reports, Column I
Hospital 1	827	1,129.43	383	1,129.43	61	1,933.22	0	0.00	0	0.00	0
Hospital 2	1,283	1,087.62	341	250.75	330	2,024.96	0	2,024.96	0	0.00	1,236
Hospital 3	637	1,250.97	310	1,033.67	40	2,980.17	0	0.00	0	0.00	0
Hospital 4	12,005	936.77	1,369	495.25	636	1,515.10	2,240	1,530.98	638	1,713.90	0
Hospital 5	419	878.00	190	1,320.18	5	1,382.93	0	1,382.93	0	0.00	0
Hospital 6	30	1,087.98	0	0.00	0	0.00	0	0.00	0	0.00	0
Hospital 7	162	1,048.29	0	0.00	4	1,048.29	0	0.00	0	0.00	0
Hospital 8	834	960.75	371	584.95	60	2,547.95	0	0.00	0	0.00	0
Hospital 9	813	1,378.57	231	640.24	38	2,981.31	0	0.00	0	0.00	0
Hospital 10	990	851.37	472	712.75	85	2,531.23	0	0.00	0	0.00	0
Hospital 11	455	1,361.49	211	1,320.28	27	3,336.54	0	0.00	0	0.00	0
Hospital 12	3,992	995.48	534	760.04	114	1,840.01	0	0.00	0	0.00	0
Hospital 13	1,318	794.99	408	794.99	120	1,585.67	0	0.00	0	0.00	0
Hospital 14	673	828.89	147	563.28	59	3,291.45	0	0.00	0	0.00	1,286
Hospital 15	3,062	780.38	0	0.00	0	0.00	0	0.00	0	0.00	0

HSL/1

HSL/2

HSL/2

DSH FFY 2007
 Calculations for Determining Hospital-specific Limits to be Applied in
 Disproportionate Share Payments

Variable for Calculation	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	Subprovider Per Diem	Total Medicaid Routine Costs	VT Medicaid Inpatient Ancillary Charges	Inpatient Ancillary CCR	VT Medicaid Outpatient Charges	Outpatient CCR	Total Medicaid Ancillary Costs	Total VT Medicaid Costs	VT Medicaid Inpatient Payments
Data Source	MCR Source, Column R	calculated as [(1)*(2) + (3)*(4) + (5)*(6) + (7)*(8) + (9)*(10) + (11)*(12)]	HP Reports, Column J	MCR Source, Column U	HP Reports, Column K	MCR Source, Column Y	calculated as [(14)*(15) + (16)*(17)]	calculated as [(13)+(18)]	HP Reports, Column L
Hospital 1	0.00	1,484,537	1,650,686	0.4432	5,648,301	0.5016	3,564,917	5,049,453	1,067,147
Hospital 2	1,017.34	3,406,591	3,301,600	0.5789	11,086,819	0.6335	8,935,110	12,341,701	2,561,051
Hospital 3	0.00	1,236,512	1,611,854	0.4257	7,138,034	0.4832	4,135,131	5,371,643	833,923
Hospital 4	834.31	17,410,388	31,661,022	0.4552	44,270,273	0.3846	31,439,130	48,849,518	18,411,818
Hospital 5	0.00	625,631	1,292,440	0.2836	4,035,212	0.5307	2,507,776	3,133,406	630,979
Hospital 6	0.00	32,639	25,473	0.6119	596,532	0.8223	506,145	538,784	45,426
Hospital 7	0.00	174,016	286,068	0.4590	2,188,329	0.5789	1,398,100	1,572,116	197,332
Hospital 8	0.00	1,171,159	2,171,391	0.4061	11,924,991	0.5575	7,530,559	8,701,718	954,808
Hospital 9	0.00	1,381,963	1,936,007	0.3720	6,988,549	0.4613	3,944,220	5,326,192	1,003,605
Hospital 10	0.00	1,394,429	1,915,171	0.5900	11,321,922	0.5417	7,243,566	8,637,995	1,374,358
Hospital 11	0.00	988,144	1,113,528	0.6096	5,030,432	0.5541	3,465,907	4,454,051	818,395
Hospital 12	0.00	4,589,579	6,829,059	0.4422	17,211,006	0.4465	10,704,661	15,294,239	4,087,227
Hospital 13	0.00	1,562,433	2,835,142	0.4741	10,350,904	0.5212	6,739,299	8,301,732	1,498,740
Hospital 14	742.57	1,789,786	1,803,240	0.3995	6,333,548	0.5108	3,955,356	5,745,142	1,974,082
Hospital 15	0.00	2,389,531	454,351	0.4488	0	0.0000	203,934	2,593,465	3,636,809

HSL/3

DSH FFY 2007
 Calculations for Determining Hospital-specific Limits to be Applied in
 Disproportionate Share Payments

(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Variable for Calculation	VT Medicaid Outpatient Payments	Individuals with No Third Party Coverage Charges (Routine and Ancillary)	Overall CCR	Total Costs for Individuals with No Third Party Coverage	Individuals with No Third Party Coverage- Payments	Section 1011 Payments	Hospital Limit
Data Source	HP Reports, Column M	BISHCA Reports, Column G	MCR Source, Column X	calculated as (23)*(24)	Calculation attached	Per DVHA data	calculated as [(19)-(22)] + [(25)-(26)]
Hospital 1	2,064,340	1,612,972	0.5532	892,345	246,423	0	2,563,889
Hospital 2	3,547,046	1,609,230	0.5857	942,469	378,341	0	6,797,732
Hospital 3	2,406,107	1,014,006	0.6047	613,137	263,633	0	2,481,117
Hospital 4	12,312,467	17,003,064	0.5277	8,971,690	721,915	0	26,375,009
Hospital 5	1,271,385	583,994	0.5922	345,847	253,947	0	1,322,942
Hospital 6	183,005	147,828	0.9982	147,562	54,775	0	403,140
Hospital 7	707,581	456,371	0.7455	340,217	74,136	0	933,284
Hospital 8	3,047,134	1,391,238	0.4574	636,375	290,791	0	5,045,360
Hospital 9	1,830,734	1,151,388	0.5221	601,100	113,297	0	2,979,647
Hospital 10	4,139,279	1,046,581	0.5598	585,899	872,491	0	2,837,766
Hospital 11	1,398,645	809,360	0.6274	507,805	391,551	0	2,353,264
Hospital 12	6,010,291	2,637,661	0.4979	1,313,287	148,490	0	6,361,518
Hospital 13	4,031,682	1,607,085	0.5422	871,345	396,768	0	3,245,887
Hospital 14	1,991,616	1,893,144	0.5396	1,021,564	125,058	0	2,675,949
Hospital 15	0	0	0.0000	0	0	0	-1,043,344

HSL
3/3

DSH FFY 2007
Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits

A	B	C	D	E
2		Data Source: Medicare Cost Reports		
3		for the hospital year ending 9/30/07.		
4				
5	Hospital	Worksheet S-3, Col 6, Line 12	Worksheet S-3, Col 6, Line 14	C+D Total of All Patient Days
6	470011 Hospital 1	HCR 8,649	0	8,649 MIUR
7	470001 Hospital 2	11,602	3,876	15,478
8	471305 Hospital 3	5,900	0	5,900
9	470003 Hospital 4	108,594	9,973	118,567
10	471301 Hospital 5	6,132	0	6,132
11	471300 Hospital 6	4,359	0	4,359
12	471302 Hospital 7	6,250	0	6,250
13	471304 Hospital 8	6,148	0	6,148
14	471303 Hospital 9	5,438	0	5,438
15	470024 Hospital 10	8,768	0	8,768
16	470006 Hospital 11	5,267	0	5,267
17	470005 Hospital 12	27,732	6,182	33,914
18	470012 Hospital 13	18,434	0	18,434
19	471306 Hospital 14	6,914	3,291	10,205
20				
21	474001 Hospital 15	21,680	0	21,680
22				
23				
24				
25				
26				
27				

SCH 1

SCH 1

DSH FFY 2007
Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits

A	B	F	G	H	I	J
2						
3						
4						
5	Hospital	Worksheet D, Part V, Col 5 or 5.01, Line 104	Worksheet D, Part V, Col 5.02, Line 104	Worksheet D, Part V, Col 9 or 9.01, Line 104	Worksheet D, Part V, Col 9.02, Line 104	(H+I)/(F+G) Outpatient CCR
6	470011 Hospital 1	HCR 3,180,914	0	HCR 1,595,582	0	0.5016 HSH2
7	470001 Hospital 2	5,034,888	0	3,189,807	0	0.6335
8	471305 Hospital 3	4,499,403	0	2,174,014	0	0.4832
9	470003 Hospital 4	23,349,850	0	8,980,711	0	0.3846
10	471301 Hospital 5	2,007,000	0	1,065,023	0	0.5307
11	471300 Hospital 6	254,723	0	209,471	0	0.8223
12	471302 Hospital 7	1,049,915	0	607,778	0	0.5789
13	471304 Hospital 8	5,662,818	0	3,157,256	0	0.5575
14	471303 Hospital 9	3,346,193	0	1,543,678	0	0.4613
15	470024 Hospital 10	5,988,355	0	3,243,724	0	0.5417
16	470006 Hospital 11	2,852,036	0	1,580,179	0	0.5541
17	470005 Hospital 12	9,219,211	0	4,116,551	0	0.4465
18	470012 Hospital 13	4,661,407	0	2,429,632	0	0.5212
19	471306 Hospital 14	3,642,113	0	1,860,291	0	0.5108
20						
21	474001 Hospital 15					0.0000
22		Notes:				
23		1. For Hosp 15, their cost report for year ending 12/31/06 was used.				
24						
25						
26						
27						

SCH 1

DSH FFY 2007
Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits

	A	B	K		L		M		N		O		P	
			Adult & Peds Per Diem		Nursery Per Diem		ICU Per Diem		NICU Per Diem		Surgical ICU Per Diem		Subprovider Per Diem	
2														
3														
4														
5														
6	470011	Hospital 1	HCR Worksheet D-1, Part II, Line 38 1,129.43	HCR Worksheet D-1, Part II, Line 42 1,129.43	HCR Worksheet D-1, Part II, Line 43 1,933.22	Worksheet D-1, Part II, Line 45.01 0.00								
7	470001	Hospital 2	1,087.62	250.75	2,024.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,017.34
8	471305	Hospital 3	1,250.97	1,033.67	2,980.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	470003	Hospital 4	936.77	495.25	1,515.10	1,530.98	1,713.90	1,713.90	1,713.90	1,713.90	1,713.90	1,713.90	1,713.90	834.31
10	471301	Hospital 5	878.00	1,320.18	1,382.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	471300	Hospital 6	1,087.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12	471302	Hospital 7	1,048.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13	471304	Hospital 8	960.75	584.95	2,547.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14	471303	Hospital 9	1,378.57	640.24	2,981.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15	470024	Hospital 10	851.37	712.75	2,531.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	470006	Hospital 11	1,361.49	1,320.28	3,336.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17	470005	Hospital 12	995.48	760.04	1,840.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	470012	Hospital 13	794.99	0.00	1,585.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	471306	Hospital 14	828.89	563.28	3,291.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	742.57
20														
21	474001	Hospital 15	780.38											
22														
23														
24														
25														
26														
27														

SCH 1

SCH 1

SCH 1

DSH FFY 2007
Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits

A	B	Q	R	S	T	U	
2							
3							
4		<i>HCR</i>	<i>HCR</i>			$(R+T)/(Q+S)$	
5	Hospital	Worksheet D-4 (Hospital), Col 2, Line 101	Worksheet D-4 (Hospital), Col 3, Line 101	Worksheet D-4 (Subprovider), Col 2, Line 101	Worksheet D-4 (Subprovider), Col 3, Line 101	Inpatient Ancillary CCR	
6	470011 Hospital 1	1,659,415	735,535	0	0	0.4432	
7	470001 Hospital 2	3,014,554	1,744,999	0	0	0.5789	
8	471305 Hospital 3	1,598,815	680,636	0	0	0.4257	
9	470003 Hospital 4	31,711,718	14,435,180	0	0	0.4552	
10	471301 Hospital 5	1,265,897	358,947	0	0	0.2836	
11	471300 Hospital 6	26,467	16,196	0	0	0.6119	
12	471302 Hospital 7	2,087,450	958,198	0	0	0.4590	
13	471304 Hospital 8	2,158,998	876,848	0	0	0.4061	
14	471303 Hospital 9	1,923,196	715,471	0	0	0.3720	
15	470024 Hospital 10	1,842,093	1,068,413	0	0	0.5800	
16	470006 Hospital 11	1,109,317	676,215	0	0	0.6096	
17	470005 Hospital 12	6,733,999	2,977,590	0	0	0.4422	
18	470012 Hospital 13	2,834,502	1,343,867	0	0	0.4741	
19	471306 Hospital 14	1,624,159	648,106	179,081	72,248	0.3995	
20							
21	474001 Hospital 15					0.4488	
22							
23		Hosp 15 inpatient ancillary cost-to-charge defaults to the Worksheet C CCR.					
24							
25							
26							
27							

HSL/2

SCA 1

SCA 1

DSH FFY 2007
 Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits

	A	B	V	W	X
2					Used for Costing
3					No Third Party
4			HCR	HCR	Charges Only
5		Hospital	Worksheet C, Col 3 or 5, Line 101	Worksheet C, Col 8, Line 101	V/W All Payer CCR
6	470011	Hospital 1	39,759,705	71,868,253	0.5532
7	470001	Hospital 2	66,658,426	113,816,766	0.5857
8	471305	Hospital 3	32,081,660	53,056,691	0.6047
9	470003	Hospital 4	516,672,498	979,192,892	0.5277
10	471301	Hospital 5	32,785,552	55,361,343	0.5922
11	471300	Hospital 6	11,959,014	11,980,544	0.9982
12	471302	Hospital 7	34,665,722	46,501,006	0.7455
13	471304	Hospital 8	39,222,000	85,746,803	0.4574
14	471303	Hospital 9	32,805,128	62,837,171	0.5221
15	470024	Hospital 10	44,002,862	78,601,493	0.5598
16	470006	Hospital 11	37,531,733	59,819,631	0.6274
17	470005	Hospital 12	121,275,891	243,575,577	0.4979
18	470012	Hospital 13	75,893,264	139,975,481	0.5422
19	471306	Hospital 14	37,421,916	69,349,649	0.5396
20					
21	474001	Hospital 15	22,288,691	49,657,703	0.4488
22					
23					
24					
25					
26					
27					

HS4/3

SCH 2

SCH 2

DSH FFY 2007
Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits

A	B	C	D	E	F	G	H
Data Source: Reports produced by HP, DVHA's fiscal agent for services for the 12-month period ending							
Report MRMN503S Column: Covered Days/Svcs, Rows for Accommodation Revenue Co							
		Adult & Peds Inpatient Days Billed to Revenue Codes 110- 119,120-150	Adult & Peds Inpatient Days Billed to Revenue Code 190 ¹	Nursery Inpatient Days Billed to Revenue Codes 170-171	ICU Inpatient Days Billed to Revenue Codes 200-209	NICU Inpatient Days Billed to Revenue Codes 173-179	Surgical ICU Inpatient Days Billed to Revenue Codes 210-214
2							
3							
4							
5	Hospital						
6	Hospital 1	827	0	383	61	0	0
7	Hospital 2	1,283	0	341	330	0	0
8	Hospital 3	637	0	310	40	0	0
9	Hospital 4	11,345	660	1,369	636	2,240	638
10	Hospital 5	419	0	190	5	0	0
11	Hospital 6	30	0	0	0	0	0
12	Hospital 7	162	0	0	4	0	0
13	Hospital 8	834	0	371	60	0	0
14	Hospital 9	813	0	231	38	0	0
15	Hospital 10	990	0	472	85	0	0
16	Hospital 11	455	0	211	27	0	0
17	Hospital 12	3,872	120	534	114	0	0
18	Hospital 13	1,318	0	408	120	0	0
19	Hospital 14	673	0	147	59	0	0
20							
21	Hospital 15	3,062	0	0	0	0	0
22							
23							
24							
25							
26							
27							
28							
29							

COG-IF 1271

to MIUR

HSL/1

HSL/1

HSL/1

¹ Not counted in MIUR calc

DSH FFY 2007
Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits

A	B	I	J	K	L	M
2		9/30/07				
3		des	Report MRMN503S	Report MRMN502V		
4		Subprovider	Column: Billed Amount	Column: Amount Paid		
5	Hospital	Inpatient Days Billed to Revenue Codes 110-119, 120-150	VT Medicaid Inpatient Ancillary Charges	VT Medicaid Outpatient Charges	VT Medicaid Inpatient Payments	VT Medicaid Outpatient Payments
6	470011 Hospital 1	0	1,650,686 HSA/2	5,648,301 HSA/2	1,067,147 HSA/2	2,064,340 HSA/2
7	470001* Hospital 2	1,236	3,301,600	11,086,819	2,561,051	3,547,046
8	471305 Hospital 3	0	1,611,854	7,138,034	833,923	2,406,107
9	470003 Hospital 4	0	31,661,022	44,270,273	18,411,818	12,312,467
10	471301 Hospital 5	0	1,292,440	4,035,212	630,979	1,271,385
11	471300 Hospital 6	0	25,473	596,532	45,426	183,005
12	471302 Hospital 7	0	286,068	2,188,329	197,332	707,581
13	471304 Hospital 8	0	2,171,391	11,924,991	954,808	3,047,134
14	471303 Hospital 9	0	1,936,007	6,988,549	1,003,605	1,830,734
15	470024 Hospital 10	0	1,915,171	11,321,922	1,374,358	4,139,279
16	471307 Hospital 11	0	1,113,528	5,030,432	818,395	1,398,645
17	470005 Hospital 12	0	6,829,059	17,211,006	4,087,227	6,010,291
18	470012 Hospital 13	0	2,835,142	10,350,904	1,498,740	4,031,682
19	471306* Hospital 14	1,286	1,803,240	6,333,548	1,974,082	1,991,616
20						
21	474001 Hospital 15	0	454,351	0	3,636,809	0
22						
23						
24						
25						
26						
27						
28						
29						

DSH FFY 2007
Supporting Schedule of BISHCA Report Data Elements Used to Calculate the LIUR and Hospital-specific Limits

Data Source: Report 5 produced by Vermont's Banking, Insurance, Securities and Health Care Administration from information submitted by each hospital = BISHCA "Actual 2007" column on the report

Hospital	Net Patient Revenue- Medicaid	Net Patient Revenue- All Payers (Revenue Before DSH)	Inpatient Care Revenue	Total Patient Services	Free Care
470011 Hospital 1	2,689,004	46,494,888	23,323,974	74,429,609	1,612,972
470001 Hospital 2	12,703,178	94,585,250	37,305,515	147,220,913	1,609,230
471305 Hospital 3	4,256,674	40,558,850	14,881,507	60,903,859	1,014,006
470003 Hospital 4	28,681,479	721,914,511	446,314,972	1,426,168,365	17,003,064
471301 Hospital 5	5,271,682	43,041,925	13,505,530	66,191,938	583,994
471300 Hospital 6	352,860	11,907,629	842,300	12,059,186	147,828
471302 Hospital 7	3,980,580	41,186,429	4,705,171	55,232,929	456,371
471304 Hospital 8	3,907,807	53,850,110	20,063,478	99,830,017	1,391,238
471303 Hospital 9	3,072,316	41,961,724	17,848,342	70,929,614	1,151,388
470024 Hospital 10	6,089,320	52,559,678	20,221,983	84,222,253	1,046,581
470006 Hospital 11	2,569,889	45,529,203	15,811,575	69,704,619	809,360
470005 Hospital 12	9,801,903	148,489,974	101,754,516	257,556,358	2,637,661
470012 Hospital 13	5,467,463	94,468,544	59,764,912	154,064,893	1,607,085
471306 Hospital 14	4,451,058	43,123,502	22,127,653	69,247,934	1,893,144
474001 Hospital 15					

Qual 2
HSL 3

Payments received from uninsured
FFY 2007

Calculation: the payments from uninsured was collected for FFY 2008. The payments are deemed to be immaterial when compared to total revenue or medicaid revenue. Payments from uninsured can not be collected from hospitals for year 2005 - 2007 due to the overwhelming time and difficulty required. Payments from uninsured are estimated to be consistent as a percent of total revenue for for years 05 - 07 as with 2008. Calculated as follows:

Hospital	Net Patient Revenue- All Payers (Revenue Before DSH)	Uninsured payments as a percent of total revenue	Total uninsured payments
Hospital 1	<i>BISHCA</i> 46,494,888	0.53%	246,423 <i>HSL/3</i>
Hospital 2	94,585,250	0.40%	378,341
Hospital 3	40,558,850	0.65%	263,633
Hospital 4	721,914,511	0.10%	721,915
Hospital 5	43,041,925	0.59%	253,947
Hospital 6	11,907,629	0.46%	54,775
Hospital 7	41,186,429	0.18%	74,136
Hospital 8	53,850,110	0.54%	290,791
Hospital 9	41,961,724	0.27%	113,297
Hospital 10	52,559,678	1.66%	872,491
Hospital 11	45,529,203	0.86%	391,551
Hospital 12	148,489,974	0.10%	148,490
Hospital 13	94,468,544	0.42%	396,768
Hospital 14	43,123,502	0.29%	125,058
Hospital 15	0	0.19%	-
		0.48%	4,331,614

MEDICAID PAID CLAIMS

REPORT FOR PAY PERIOD 2006/10/01 TO 2008/01/18 AND SERVICE PERIOD 2006/10/01 TO 2007/09/30

* FACILITY NO. 0470011

* PROVIDER DESC GENERAL HOSPITAL

* PROVIDER CODE 001

** X I X - I N P A T I E N T **

** M O N T H L Y S U M M A R Y **

** R E Q U E S T E D P E R I O D **

MONTH	ACCOM CHARGES	ANCILLARY CHARGES	DAYS COVD	SVCS N/COV	PDIEM DAYS	TPL DAYS ADMITS	NUMBER ADMITS	AMOUNT BILLED	NON-COV CHARGES	COVERED CHARGES	PT LIAB COFAY	OTHER COVERAGE	AMOUNT PAID
2006/10	87,450	0	99	0	99	0	31	87,450	4,641	82,808	0	290	82,443
2006/11	102,300	0	126	0	126	0	27	102,300	639	101,660	0	0	101,435
2006/12	105,950	0	128	0	128	0	34	105,950	4,564	101,385	0	2,076	99,158
2007/01	97,250	0	104	0	104	0	28	97,250	4,994	92,255	0	0	92,180
2007/02	97,250	0	113	0	113	0	27	97,250	-6,520	103,770	0	84	103,686
2007/03	78,500	0	95	0	95	0	28	78,500	6,665	71,834	0	0	71,759
2007/04	89,950	0	106	0	106	0	29	89,950	-3,723	93,673	0	3,039	90,484
2007/05	120,500	0	137	0	137	0	35	120,500	-2,299	122,799	0	2,155	120,643
2007/06	49,750	0	58	0	58	0	19	49,750	-1,039	50,789	0	0	50,789
2007/07	60,600	0	72	0	72	0	23	60,600	-3,497	64,097	0	0	64,097
2007/08	98,250	0	120	0	120	0	35	98,250	2,574	95,675	0	0	95,525
2007/09	96,050	0	113	0	113	0	31	96,050	1,032	95,017	0	0	94,942
TOTAL	1,083,800	0	1271	0	1271	0	347	1,083,800	8,031	1,075,768	0	7,646	1,067,147

SC#2

MRMNS02

REPORT FOR PAY PERIOD 2006/10/01 TO 2008/01/18 AND SERVICE PERIOD 2006/10/01 TO 2007/09/30

* FACILITY NO. 0470011

* PROVIDER DESC GENERAL HOSPITAL

* PROVIDER CODE 001

** X I X - O U T P A T I E N T **

** M O N T H L Y S U M M A R Y **

** R E Q U E S T E D P E R I O D **

MONTH	ACCOM CHARGES	ANCILLARY CHARGES	COVD	DAYS	SVCS / N/COV	PDIEM DAYS	TPL DAYS	ADMITTS	AMOUNT BILLED	NON-COV CHARGES	COVERED CHARGES	PT LIAB COPAY	OTHER COVERAGE	AMOUNT PAID
2006/10	0	433,880	4222	0	0	0	0	833	433,880	283,806	150,074	1,392	1,198	147,484
2006/11	0	418,215	5437	0	0	0	0	794	418,215	265,754	152,460	1,502	115	150,843
2006/12	0	351,233	4100	0	0	0	0	708	351,233	220,884	130,349	1,724	170	128,453
2007/01	0	498,097	4830	0	0	0	0	862	498,097	315,473	182,624	1,580	3,116	177,927
2007/02	0	475,067	5170	0	0	0	0	752	475,067	294,115	180,952	1,550	54	179,347
2007/03	0	518,854	6392	0	0	0	0	854	518,854	323,168	195,685	1,744	446	193,493
2007/04	0	486,996	6031	0	0	0	0	857	486,996	307,262	179,734	1,618	92	178,023
2007/05	0	516,543	6649	0	0	0	0	895	516,543	325,009	191,533	1,519	1,881	188,132
2007/06	0	512,543	6954	0	0	0	0	864	512,543	322,663	189,880	2,089	217	187,573
2007/07	0	481,339	5556	0	0	0	0	844	481,339	302,303	179,036	2,100	285	176,650
2007/08	0	513,303	5261	0	0	0	0	850	513,303	313,581	199,722	1,802	647	197,271
2007/09	0	442,224	5253	0	0	0	0	773	442,224	281,299	160,925	1,690	95	159,139
TOTAL	0	5,648,300	65855	0	0	0	0	9886	5,648,300	3,555,321	2,092,979	20,315	8,321	2,064,340

2,064,340

SCH 2

MRMN 502/2

VERMONT STATE AUDITS - MRMN503S

REQUESTED 2008/01/16 BY PRD

MEDICAID PAID CLAIMS
REPORT FOR PAY PERIOD 2006/10/01 TO 2008/01/18 AND SERVICE PERIOD 2006/10/01 TO 2007/09/30

* FACILITY NO. 0470011
* PROVIDER DESC GENERAL HOSPITAL
* PROVIDER CODE 001

** X I X - I N P A T I E N T **

** S E R V I C E S R E N D E R E D S U M M A R Y **

** R E Q U E S T E D P E R I O D **

DESCRIPTION	UNDUPLICATED RECIPIENTS	COVERED DAYS/SVCS	NUMBER OF DISCHARGES	BILLED AMOUNT	COVERED CHARGES	ALLOWED AMOUNT
120 - ROOM AND BOARD, 2 BED SEMIPRIVATE	249	827	0	702,950.00	882,109.19	882,109.19
170 - NURSERY	155	334	0	235,150.00	99,882.77	99,882.77
171 - NURSERY, NEWBORN	20	49	0	41,650.00	14,697.84	14,697.84
200 - INTENSIVE CARE, GENERAL CLASSIFICA	31	61	0	104,050.00	79,078.80	79,078.80
ACCOMMODATION TOTAL	455	1,271	0	1,083,800.00	1,075,768.60	1,075,768.60
250 - PHARMACY	303	29,111	0	142,388.35	0.00	0.00
255 - DRUGS INCIDENT TO RADIOLOGY (IE,CO	19	2,776	0	3,422.70	0.00	0.00
258 - PHARMACY, IV SOLUTIONS	242	2,613	0	36,451.62	0.00	0.00
260 - IV THERAPY, GENERAL CLASSIFICATION	73	275	0	21,650.00	0.00	0.00
270 - MEDICAL/SURGICAL SUPPLIES AND DEVI	308	6,964	0	274,401.16	0.00	0.00
271 - NON-STERILE SUPPLY	1	1	0	43.25	0.00	0.00
300 - LABORATORY, GENERAL CLASSIFICATION	305	4,735	0	165,969.43	0.00	0.00
310 - LABORATORY PATHOLOGICAL, GENERAL	12	25	0	1,376.25	0.00	0.00
320 - RADIOLOGY, GENERAL CLASSIFICATION	82	280	0	34,986.94	0.00	0.00
340 - NUCLEAR MEDICINE, GENERAL CLASSIFI	2	4	0	3,040.30	0.00	0.00
350 - CT SCAN, GENERAL	28	97	0	67,523.05	0.00	0.00
351 - CT SCAN, HEAD SCAN	7	7	0	5,230.50	0.00	0.00
360 - OR SVCS, GENERAL	90	93	0	260,032.50	0.00	0.00
370 - ANESTHESIA, GENERAL	93	96	0	75,340.65	0.00	0.00
391 - BLOOD STORAGE AND PROCESSING, BLOO	21	47	0	22,130.20	0.00	0.00
401 - OTHER IMAGING SVCS, MAMMOGRAPHY	1	2	0	203.75	0.00	0.00
402 - OTHER IMAGING SVCS, ULTRA SOUND	25	31	0	12,110.35	0.00	0.00
410 - RESPIRATORY SVCS, GENERAL	29	102	0	4,899.65	0.00	0.00
420 - PHYSICAL THERAPY	28	220	0	18,616.05	0.00	0.00
430 - OCCUPATIONAL THERAPY	7	18	0	2,156.85	0.00	0.00
440 - SPEECH THERAPY	3	6	0	1,242.75	0.00	0.00
450 - ER, GENERAL	92	127	0	57,164.09	0.00	0.00

SCH#2
SCH#2
SCH#2

MEDICAID PAID CLAIMS

REPORT FOR PAY PERIOD 2006/10/01 TO 2008/01/18 AND SERVICE PERIOD 2006/10/01 TO 2007/09/30

[REDACTED]

* FACILITY NO. 0470011

* PROVIDER DESC GENERAL HOSPITAL

* PROVIDER CODE 001

** X I X - I N P A T I E N T **

** S E R V I C E S R E N D E R E D S U M M A R Y **

** R E Q U E S T E D P E R I O D **

DESCRIPTION	UNDUPLICATED RECIPIENTS	COVERED DAYS/SVCS	NUMBER OF DISCHARGES	BILLED AMOUNT	COVERED CHARGES	ALLOWED AMOUNT
460 - PULMONARY FUNCTION, GENERAL	110	795	0	59,024.00	0.00	0.00
471 - AUDIOLOGY, DIAGNOSTIC	134	137	0	6,198.75	0.00	0.00
480 - CARDIOLOGY, GENERAL	8	17	0	6,232.95	0.00	0.00
482 - CARDIOLOGY, STRESS TEST	1	1	0	369.60	0.00	0.00
490 - AMBULATORY SURGICAL CARE, GENERAL	23	27	0	4,973.80	0.00	0.00
510 - CLINIC, GENERAL	30	124	0	3,286.00	0.00	0.00
610 - MAGNETIC RESONANCE IMAGING - GENER	5	6	0	8,797.40	0.00	0.00
636 - ANY DRUG ASSOCIATED WITH CANCER TR	5	330	0	395.42	0.00	0.00
710 - RECOVERY ROOM, GENERAL	83	96	0	37,537.60	0.00	0.00
720 - LABOR ROOM/DELIVERY, GENERAL	30	228	0	13,540.00	0.00	0.00
722 - LABOR ROOM/DELIVERY, DELIVERY	146	1,193	0	273,175.50	0.00	0.00
730 - EKG/ECG, GENERAL	40	82	0	6,900.30	0.00	0.00
732 - TELEMETRY	9	30	0	2,670.00	0.00	0.00
750 - GASTROINTESTINAL SVCS, GENERAL	3	3	0	2,083.20	0.00	0.00
760 - OLD "OBSERVATION ROOM" CODE. FOR E	2	4	0	559.20	0.00	0.00
762 - OBSERVATION ROOM	14	45	0	4,409.60	0.00	0.00
920 - OTHER DIAGNOSTIC SERVICES, GENERAL	23	32	0	3,443.94	0.00	0.00
921 - OTHER DIAGNOSTIC SERVICES, PERIPHE	5	7	0	2,835.85	0.00	0.00
940 - OTHER THERAPEUTIC SERVICES, GENERA	14	27	0	2,030.85	0.00	0.00
942 - OTHER THERAPEUTIC SERVICES, EDUCAT	8	35	0	1,841.30	0.00	0.00
ANCILLARY TOTAL	2,464	50,849	0	1,650,685.65	0.00	0.00
GRAND TOTAL	2,919	52,120	0	2,734,485.65	1,075,768.60	1,075,768.60

SCH 2

MEDICAID PAID CLAIMS

REPORT FOR PAY PERIOD 2006/10/01 TO 2008/01/18 AND SERVICE PERIOD 2006/10/01 TO 2007/09/30

* FACILITY NO. 0470011

* PROVIDER DESC GENERAL HOSPITAL

* PROVIDER CODE 001

** X I X - O U T P A T I E N T **

** S E R V I C E S R E N D E R E D S U M M A R Y **

** R E Q U E S T E D P E R I O D **

DESCRIPTION	UNDUPLICATED RECIPIENTS	COVERED DAYS/SVCS	NUMBER OF DISCHARGES	BILLED AMOUNT	COVERED CHARGES	ALLOWED AMOUNT
250 - PHARMACY	1,096	11,933	0	609,017.60	288,759.65	288,759.65
255 - DRUGS INCIDENT TO RADIOLOGY (IE,CO	143	12,844	0	34,277.12	16,408.89	16,408.89
258 - PHARMACY, IV SOLUTIONS	566	2,388	0	49,239.15	22,754.60	22,754.60
260 - IV THERAPY, GENERAL CLASSIFICATION	208	563	0	48,831.15	21,706.51	21,706.51
270 - MEDICAL/SURGICAL SUPPLIES AND DEVI	995	6,850	0	278,889.04	129,152.74	129,152.74
276 - MEDICAL-SURGICAL SUPPLIES AND DEVI	5	11	0	5,595.00	2,685.60	2,685.60
280 - ONCOLOGY	32	147	0	12,900.10	6,174.66	6,174.66
300 - LABORATORY, GENERAL CLASSIFICATION	2,294	17,424	0	1,014,784.24	199,081.27	199,081.27
320 - RADIOLOGY, GENERAL CLASSIFICATION	1,707	4,080	0	1,438,197.53	391,651.12	391,651.12
331 - RADIOLOGY THERAPEUTIC, CHEMOTHERAP	2	3	0	334.20	160.41	160.41
335 - RADIOLOGY THERAPEUTIC, CHEMOTHERAP	9	167	0	71,835.05	34,396.65	34,396.65
341 - NUCLEAR MEDICINE, DIAGNOSTIC	2	2	0	584.20	163.58	163.58
350 - CT SCAN, GENERAL	8	10	0	13,819.00	447.34	447.34
360 - OR SVCS, GENERAL	259	279	0	622,524.40	286,831.06	286,831.06
361 - OR SVCS, MINOR SURGERY	15	29	0	18,635.45	8,919.99	8,919.99
370 - ANESTHESIA, GENERAL	263	286	0	177,100.51	81,366.93	81,366.93
391 - BLOOD STORAGE AND PROCESSING, BLOO	25	66	0	54,442.15	25,881.35	25,881.35
410 - RESPIRATORY SVCS, GENERAL	30	30	0	4,604.40	1,827.04	1,827.04
420 - PHYSICAL THERAPY	171	2,559	0	193,230.50	92,463.52	92,463.52
424 - PHYSICAL THERAPY, EVALUATION OR RE	2	2	0	187.90	90.20	90.20
430 - OCCUPATIONAL THERAPY	34	517	0	38,615.45	18,452.98	18,452.98
440 - SPEECH THERAPY	1	1	0	253.20	121.54	121.54
450 - ER, GENERAL	1,445	2,459	0	454,815.79	217,263.50	217,263.50
460 - PULMONARY FUNCTION, GENERAL	99	182	0	18,070.05	8,650.57	8,650.57
480 - CARDIOLOGY, GENERAL	23	23	0	16,987.25	8,153.92	8,153.92
490 - AMBULATORY SURGICAL CARE, GENERAL	359	401	0	94,844.59	44,272.39	44,272.39

MRMN503
3

MEDICAID PAID CLAIMS

REPORT FOR PAY PERIOD 2006/10/01 TO 2008/01/18 AND SERVICE PERIOD 2006/10/01 TO 2007/09/30

* FACILITY NO. 0470011

* PROVIDER DESC GENERAL HOSPITAL

* PROVIDER CODE 001

** X I X - O U T P A T I E N T **

** S E R V I C E S R E N D E R E D S U M M A R Y **

** R E Q U E S T E D P E R I O D **

DESCRIPTION	UNDUPLICATED RECIPIENTS	COVERED DAYS/SVCS	NUMBER OF DISCHARGES	BILLED AMOUNT	COVERED CHARGES	ALLOWED AMOUNT
636 - ANY DRUG ASSOCIATED WITH CANCER TR	8	722	0	882.14	423.42	423.42
710 - RECOVERY ROOM, GENERAL	273	302	0	147,510.40	67,477.50	67,477.50
720 - LABOR ROOM/DELIVERY, GENERAL	72	98	0	19,257.99	8,880.14	8,880.14
721 - LABOR ROOM/DELIVERY, LABOR	1	1	0	139.80	64.31	64.31
722 - LABOR ROOM/DELIVERY, DELIVERY	71	165	0	38,261.30	18,834.45	18,834.45
730 - EKG/ECG, GENERAL	132	135	0	11,612.69	5,555.34	5,555.34
732 - TELEMETRY	4	4	0	356.00	167.32	167.32
750 - GASTROINTESTINAL SVCS, GENERAL	82	85	0	64,356.32	30,790.47	30,790.47
761 - TREATMENT ROOM	16	58	0	3,172.40	1,522.76	1,522.76
762 - OBSERVATION ROOM	23	234	0	14,635.40	15,264.59	15,264.59
780 - VDH HEALTHY BABIES KIDS & FAMILIES	11	259	0	505.05	242.43	242.43
790 - LITHOTRIPSY - GENERAL	2	2	0	7,663.60	3,678.52	3,678.52
920 - OTHER DIAGNOSTIC SERVICES, GENERAL	182	217	0	29,560.99	14,151.98	14,151.98
942 - OTHER THERAPEUTIC SERVICES, EDUCAT	86	247	0	29,721.86	14,224.08	14,224.08
943 - OTHER THERAPEUTIC SERVICES, CARDIA	2	70	0	8,050.00	3,863.99	3,863.99
ANCILLARY TOTAL	10,758	65,855	0	5,648,300.96	2,092,979.31	2,092,979.31
GRAND TOTAL	10,758	65,855	0	5,648,300.96	2,092,979.31	2,092,979.31

SCAZ

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 47-0011
I PERIOD: I FROM 10/ 1/2006 I TO 9/30/2007 I
PREPARED 10/13/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	42	15,330	2.01	3	4	4,105	5
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							1,214
3 ADULTS & PED-SB SNF							129
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	42	15,330				4,105	1,214
6 INTENSIVE CARE UNIT	5	1,825				649	61
12 TOTAL	47	17,155				4,754	1,275
13 RPCH VISITS							
25 TOTAL	47						
26 OBSERVATION BED DAYS							
26 03 OBSERVATION BED DAYS-SUB III							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	TRIPS / NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL / NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			7,751				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			7,751				
6 INTENSIVE CARE UNIT			888				
12 TOTAL			8,649				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS			476			476	
26 03 OBSERVATION BED DAYS-SUB III							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

SCH 1

COMPONENT	I & R FTES / NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	DISCHARGES / TITLE V	DISCHARGES / TITLE XVIII	DISCHARGES / TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					997	320	2,415
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
12 TOTAL		309.80			997	320	2,415
13 RPCH VISITS							
25 TOTAL		309.80					
26 OBSERVATION BED DAYS							
26 03 OBSERVATION BED DAYS-SUB III							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	9,291,833		9,291,833		9,291,833
26	INTENSIVE CARE UNIT	1,736,033		1,736,033	5,758	1,741,791
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,454,112		4,454,112		4,454,112
38	RECOVERY ROOM	828,144		828,144		828,144
39	DELIVERY ROOM & LABOR-ROO	195,364		195,364		195,364
40	ANESTHESIOLOGY	306,539		306,539		306,539
41	RADIOLOGY-DIAGNOSTIC	4,485,497		4,485,497		4,485,497
44	LABORATORY	4,096,332		4,096,332		4,096,332
48	INTRAVENOUS THERAPY	227,546		227,546		227,546
49	RESPIRATORY THERAPY	947,591		947,591	3,498	951,089
50	PHYSICAL THERAPY	1,164,612		1,164,612		1,164,612
51	OCCUPATIONAL THERAPY	224,767		224,767		224,767
52	SPEECH PATHOLOGY	35,564		35,564		35,564
53	ELECTROCARDIOLOGY	719,817		719,817		719,817
54	ELECTROENCEPHALOGRAPHY	22,582		22,582		22,582
55	MEDICAL SUPPLIES CHARGED	3,176,958		3,176,958		3,176,958
56	DRUGS CHARGED TO PATIENTS	3,545,962		3,545,962		3,545,962
59	ONCOLOGY	747,615		747,615		747,615
59 01	DIABETES	135,318		135,318		135,318
59 02	CARDIAC REHAB	328,391		328,391		328,391
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,525,563		2,525,563	16,700	2,542,263
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	537,609		537,609		537,609
101	SUBTOTAL	39,733,749		39,733,749	25,956	39,759,705
102	LESS OBSERVATION BEDS	537,609		537,609		537,609
103	TOTAL	39,196,140		39,196,140	25,956	39,222,096

SCH 1

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 10/13/2009
 I 47-0011 I FROM 10/ 1/2006 I WORKSHEET C
 I I TO 9/30/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,543,878		6,543,878			
26	INTENSIVE CARE UNIT	1,630,136		1,630,136			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,269,808	7,405,800	9,675,608	.460344	.460344	.460344
38	RECOVERY ROOM	256,196	873,089	1,129,285	.733335	.733335	.733335
39	DELIVERY ROOM & LABOR, ROO.	828,353	177,207	1,005,560	.194284	.194284	.194284
40	ANESTHESIOLOGY	585,827	1,323,667	1,909,494	.160534	.160534	.160534
41	RADIOLOGY-DIAGNOSTIC	1,898,073	14,169,950	16,068,023	.279157	.279157	.279157
44	LABORATORY	1,831,786	7,814,130	9,645,916	.424670	.424670	.424670
48	INTRAVENOUS THERAPY	602,165	752,949	1,355,114	.167917	.167917	.167917
49	RESPIRATORY THERAPY	713,945	251,379	965,324	.981630	.981630	.981630
50	PHYSICAL THERAPY	449,149	1,669,868	2,119,017	.549600	.549600	.549600
51	OCCUPATIONAL THERAPY	41,027	470,104	511,131	.439744	.439744	.439744
52	SPEECH PATHOLOGY	19,112	34,020	53,132	.669352	.669352	.669352
53	ELECTROCARDIOLOGY	512,285	1,553,868	2,066,153	.348385	.348385	.348385
54	ELECTROENCEPHALOGRAPHY	1,250	37,500	38,750	.582761	.582761	.582761
55	MEDICAL SUPPLIES CHARGED	2,534,877	2,591,228	5,126,105	.619761	.619761	.619761
56	DRUGS CHARGED TO PATIENTS	1,274,895	5,223,161	6,498,056	.545696	.545696	.545696
59	ONCOLOGY	15,798	1,006,576	1,022,374	.731254	.731254	.731254
59 01	DIABETES	73,178	182,487	255,665	.529279	.529279	.529279
59 02	CARDIAC REHAB	500	211,620	212,120	1.548138	1.548138	1.548138
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	732,684	2,636,078	3,368,762	.749701	.749701	.754658
62	OBSERVATION BEDS (NON-DIS	13,230	655,420	668,650	.804022	.804022	.804022
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	22,828,152	49,040,101	71,868,253			
102	LESS OBSERVATION BEDS						
103	TOTAL	22,828,152	49,040,101	71,868,253			

71,868,253 SCH 1

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 47-0011
 PERIOD: FROM 10/1/2006 TO 9/30/2007
 PREPARED 10/13/2009
 WORKSHEET D PART V

TITLE XIX - O/P

SUBPROVIDER 3

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.432123				808,024
38 RECOVERY ROOM	.689586				147,510
39 DELIVERY ROOM & LABOR ROOM	.182914				58,164
40 ANESTHESIOLOGY	.150709				177,101
41 RADIOLOGY-DIAGNOSTIC	.261222				29,561
44 LABORATORY	.399075				54,442
48 INTRAVENOUS THERAPY	.157455				98,070
49 RESPIRATORY THERAPY	.922993				22,674
50 PHYSICAL THERAPY	.516816				193,418
51 OCCUPATIONAL THERAPY	.413150				38,615
52 SPEECH PATHOLOGY	.630035				253
53 ELECTROCARDIOLOGY	.327870				28,956
54 ELECTROENCEPHALOGRAPHY	.542194				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.583386				284,484
56 DRUGS CHARGED TO PATIENTS	.513702				644,177
59 01 ONCOLOGY	.687759				85,069
59 01 DIABETES	.497827				29,722
59 02 CARDIAC REHAB	1.451513				8,050
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.705005				454,816
62 OBSERVATION BEDS (NON-DISTINCT PART)	.755983				17,808
101 SUBTOTAL					3,180,914
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					3,180,914

3,180,914 SCH

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/13/2009
 I 47-0011 I FROM 10/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2007 I PART V
 I 47-0011 I I

TITLE XIX - O/P

SUBPROVIDER 3

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
59 ONCOLOGY					
59 01 DIABETES					
59 02 CARDIAC REHAB					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 47-0011
 PERIOD: FROM 10/1/2006 TO 9/30/2007
 PREPARED 10/13/2009
 WORKSHEET D
 PART V

TITLE XIX - O/P

SUBPROVIDER 3

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		349,166			
38 RECOVERY ROOM		101,721			
39 DELIVERY ROOM & LABOR ROOM		10,639			
40 ANESTHESIOLOGY		26,691			
41 RADIOLOGY-DIAGNOSTIC		7,722			
44 LABORATORY		21,726			
48 INTRAVENOUS THERAPY		15,442			
49 RESPIRATORY THERAPY		20,928			
50 PHYSICAL THERAPY		99,962			
51 OCCUPATIONAL THERAPY		15,954			
52 SPEECH PATHOLOGY		159			
53 ELECTROCARDIOLOGY		9,494			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		165,964			
56 DRUGS CHARGED TO PATIENTS		330,915			
59 ONCOLOGY		58,507			
59 01 DIABETES		14,796			
59 02 CARDIAC REHAB		11,685			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		320,648			
62 OBSERVATION BEDS (NON-DISTINCT PART)		13,463			
101 SUBTOTAL		1,595,582			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES			1,595,582		

1,595,582 SCH1

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,129.43 SCHI
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,371,128
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,371,128

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	1,736,033	898	1,933.22 SCHI	61	117,926
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 735,535
49 TOTAL PROGRAM INPATIENT COSTS					2,224,589

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 10/13/2009
I 47-0011 I FROM 10/ 1/2006 I WORKSHEET D-1
I COMPONENT NO: I TO 9/30/2007 I PART II
I 47-0011 I I

TITLE XIX - I/P

SUBPROVIDER III

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52 TOTAL PROGRAM EXCLUDABLE COST
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/13/2009
 I 47-0011 I FROM 10/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2007 I
 I 47-0011 I
 OTHER

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION HOSPITAL	RATIO COST	INPATIENT	INPATIENT
		TO CHARGES 1	CHARGES 2	COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		992,550	
26	INTENSIVE CARE UNIT		106,720	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.460344	268,282	123,502
38	RECOVERY ROOM	.733335	37,971	27,845
39	DELIVERY ROOM & LABOR ROOM	.194284	296,582	57,621
40	ANESTHESIOLOGY	.160534	75,667	12,147
41	RADIOLOGY-DIAGNOSTIC	.279157	132,685	37,040
44	LABORATORY	.424670	193,714	82,265
48	INTRAVENOUS THERAPY	.167917	58,163	9,767
49	RESPIRATORY THERAPY	.981630	64,104	62,926
50	PHYSICAL THERAPY	.549600	18,616	10,231
51	OCCUPATIONAL THERAPY	.439744	2,157	949
52	SPEECH PATHOLOGY	.669352	1,243	832
53	ELECTROCARDIOLOGY	.348385	13,503	4,704
54	ELECTROENCEPHALOGRAPHY	.582761		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.619761	276,022	171,068
56	DRUGS CHARGED TO PATIENTS	.545696	149,862	81,779
59	ONCOLOGY	.731254	6,730	4,921
59 01	DIABETES	.529279	1,841	974
59 02	CARDIAC REHAB	1.548138		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.749701	57,164	42,856
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.804022	5,109	4,108
101	TOTAL		1,659,415	735,535
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,659,415	

1,659,415 735,535
 SCH I SCH I

REPORT 5
NET PATIENT CARE REVENUE BY PAYER

ACT 05 ACT 06 ACT 07

	ACT 05	ACT 06	ACT 07
MEDICARE			
INPATIENT CARE REVENUE	\$12,205,739	\$13,645,203	\$13,337,771
OUTPATIENT CARE REVENUE	\$11,598,756	\$14,306,543	\$16,365,584
CHRONIC/SNF PT CARE REV	\$0	\$0	\$0
SWING BEDS PT CARE REV	\$0	\$0	\$0
TOTAL PATIENT SERVICES	\$23,804,495	\$27,951,746	\$29,703,355
CONTRACTUAL ALLOWANCES	(\$11,932,054)	(\$15,307,797)	(\$16,196,710)
NET PATIENT REVENUE - MEDICARE	\$11,872,441	\$12,643,949	\$13,506,645
NET AS PERCENT OF PAYER TOTAL	49.87%	45.23%	45.47%
MEDICAID			
INPATIENT CARE REVENUE	\$2,405,206	\$2,750,092	\$2,777,000
OUTPATIENT CARE REVENUE	\$4,683,389	\$5,603,255	\$6,542,523
CHRONIC/SNF/PT CARE REV	\$0	\$0	\$0
SWING BEDS PT CARE REV	\$0	\$0	\$0
TOTAL PATIENT SERVICES	\$7,088,595	\$8,353,347	\$9,319,523
CONTRACTUAL ALLOWANCES	(\$3,974,298)	(\$4,992,565)	(\$6,630,519)
NET PATIENT REVENUE - MEDICAID	(\$3,114,297)	(\$3,360,782)	(\$2,689,004)
NET AS PERCENT OF PAYER TOTAL	43.93%	40.23%	28.85%
COMMERCIAL/SELF PAY/OTHER			
INPATIENT CARE REVENUE	\$6,832,494	\$7,139,641	\$7,209,203
OUTPATIENT CARE REVENUE	\$20,565,159	\$23,739,615	\$28,197,528
CHRONIC/SNF PT CARE REV	\$0	\$0	\$0
SWING BEDS PT CARE REV	\$0	\$0	\$0
TOTAL PATIENT SERVICES	\$27,397,653	\$30,879,256	\$35,406,731
COMMERCIAL DISCOUNTS	(\$2,441,142)	(\$2,852,861)	(\$3,472,410)

SC# 3

ALL OTHER DISCOUNTS & ALLOWANCE	(\$1,200,729)	(\$1,223,632)	(\$1,635,082)
NET PATIENT REVENUE-COMM/SELF/OTHER	\$23,755,782	\$26,802,763	\$30,299,239
NET AS PERCENT OF PAYER TOTAL	86.71%	86.80%	85.57%
<u>UNALLOCATED</u>			
PHYSICIAN CLINIC OR PRACTICE	\$0	\$0	\$0
TOTAL UNALLOCATED PATIENT REVENUES	\$0	\$0	\$0
CONTRACTUAL ALLOWANCES	\$0	\$0	\$0
ALL OTHER DISCOUNTS	\$0	\$0	\$0
NET PATIENT REVENUE - UNALLOCATED	\$0	\$0	\$0
NET AS PERCENT OF PAYER TOTAL	#DIV/0!	#DIV/0!	#DIV/0!
<u>GRAND TOTALS</u>			
REVENUES			
INPATIENT CARE REVENUE	\$21,443,439	\$23,534,936	\$23,323,974
OUTPATIENT CARE REVENUE	\$36,847,304	\$43,649,413	\$51,105,635
CHRONIC/SNFP CARE REV	\$0	\$0	\$0
SWING BEDS PT CARE REV	\$0	\$0	\$0
TOTAL PATIENT SERVICES	\$58,290,743	\$67,184,349	\$74,429,609
DISCOUNTS & ALLOWANCES			
CONTRACTUAL ALLOWANCES	(\$15,906,352)	(\$20,300,363)	(\$22,827,229)
COMMERCIAL DISCOUNTS	(\$2,441,142)	(\$2,852,861)	(\$3,472,410)
FREE CARE	(\$1,178,332)	(\$1,202,014)	(\$1,612,972)
EMPLOYEE DISCOUNTS	(\$22,397)	(\$21,618)	(\$22,110)
OTHER DISCOUNTS (NOT DSH)	\$0	\$0	\$0
TOTAL DISCOUNTS & ALLOWANCES	(\$19,548,223)	(\$24,376,855)	(\$27,934,721)
NET PATIENT REVENUE BEFORE DSH	\$38,742,520	\$42,807,494	\$46,494,888
NET AS PERCENT OF PAYER TOTAL	66.46%	63.72%	62.47%
DISPROPORTIONATE SHARE PAYTS	\$1,457,238	\$1,743,270	\$2,123,018
TOTAL NET PATIENT REVENUE WITH DSH	\$40,199,758	\$44,550,763	\$48,617,906

SC# 3

SC# 3

SC# 3

SC# 3

SC# 4