



**METHODOLOGY FOR VERMONT'S
DISPROPORTIONATE SHARE PAYMENTS
IN FEDERAL FISCAL YEAR 2017**

DEPARTMENT OF VERMONT HEALTH ACCESS

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Section 1: Introduction

This document sets forth the criteria by which Vermont defines disproportionate share (DSH) hospitals and the methodology through which DSH payments are calculated and distributed. The document is updated each year to reflect the data used to calculate DSH payments.

The federal government shares in the cost of Medicaid DSH expenditures based on the Federal Medical Assistance Percentage (FMAP)¹ for each state. However, for each fiscal year, the amount of federal funds available to states for DSH payment is fixed. As such, the total amount of DSH payments for a state plan year will not exceed the federal allotment divided by the FMAP. A provision in the Affordable Care Act (ACA) stipulates that beginning in Federal Fiscal Year (FFY) 2014, the federal DSH allotments to states will be reduced in anticipation of expansion of insurance coverage to the uninsured. A Final Rule was released on August 22, 2016 that includes a reduction methodology from FFY 2017 through FFY 2020.

The Department of Vermont Health Access (DVHA) has allocated state funding for DSH in FFY 2017 so that total DSH funding (state and federal funds combined) will not exceed \$37,448,781. In its analysis of the DSH Final Rule, the DVHA has determined that this funding will not exceed the State of Vermont’s federal DSH allotment, inclusive of any reductions as per the Final Rule.

Federal law² states aggregate DSH payments to Institutions for Mental Diseases³ (IMDs) each year. In FFY 2017, this is a moot issue because no IMDs in Vermont received DSH payments.

Section 2: Hospital Eligibility Requirements

In order to be considered a DSH hospital in Vermont⁴, a hospital must:

- Be located in the state of Vermont;
- Submit the information required by Vermont to calculate DSH by the specified due date;
- Satisfy one of the conditions in Column A in the table on the next page;
- Satisfy one of the conditions in Column B; and
- Satisfy the conditions in Column C.

COLUMN A	COLUMN B	COLUMN C
1. The hospital has a Medicaid Inpatient	1. The hospital has at least two obstetricians who	1. The hospital has a MIUR of at least 1 percent.

¹ 42 CFR 433.10 – Rates of FFP for program services.

² 42 CFR 447.297 – Limitation on aggregate payment for disproportionate share hospitals beginning October 1, 1992.

³ “Institutions for Mental Diseases” includes hospitals that are primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. The IMD designation is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such.

⁴ Hospital eligibility requirements are in accordance with Vermont Medicaid State Plan Amendment 4.19-A pg. 1d and Section 1923(b) of the Social Security Act.

<p>Utilization Rate (MIUR) which is at least one standard deviation above the mean MIUR for all hospitals receiving a Medicaid payment in the state (“Group 1”).</p> <p>2. The hospital has a Low Income Utilization Rate (LIUR) that exceeds 25% (“Group 2”).</p> <p>3. The hospital operates a post-graduate training program in the State of Vermont (“Group 3”).</p> <p>4. The hospital’s status is that of a privately-owned or privately-operated acute care general hospital or psychiatric facility with a MIUR of at least 1% that does not meet the criteria for Groups 1, 2 or 3 (“Group 4”).</p>	<p>have staff privileges at the hospital and who have agreed to provide obstetric services to Medicaid patients.</p> <p>2. If the hospital is outside the Burlington-South Burlington Core Based Statistical Area (CBSA), item #1 above must be met but the term “obstetrician” includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures</p> <p>3. The patients of the hospital are predominantly under 18 years of age.</p> <p>4. The hospital was in existence on December 22, 1987 but did not offer non-emergency obstetric services as of that date.</p>	<p>2. The hospital meets the requirements for participation as a hospital in Medicare (except in the case of medical supervision of nurse-midwife services). Therefore, for purposes of DSH, the facility must be Medicare-certified during the base year from which the DSH payment was derived.</p> <p>If a hospital is only Medicare-certified for part of the base year from which the DSH payment was derived, the eligibility and the payment will be calculated based on the period for which the hospital was Medicare-certified.</p>
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In Column A, Groups 1 and 2 contain those hospitals that are deemed to be hospitals eligible to participate in DSH under federal Medicaid law. Groups 3 and 4 contain additional hospitals that the State has deemed to be hospitals eligible to participate in DSH within its federal authority to do so. The criteria listed in Columns B and C are federal eligibility requirements which apply regardless of whether or not the hospital is deemed or designated as a DSH hospital.

Using data available to DVHA prior to the release of the DSH Survey, the eligibility determination calculations shown above are performed annually for all hospitals located in the State of Vermont that are registered as providers with the DVHA. A hospital deemed eligible to participate does not mean that the hospital will receive a DSH payment. Additional federally-required tests must be conducted to determine if a DSH participating hospital is eligible for a payment. For hospitals deemed eligible to participate in DSH, the DSH payment calculations and tests are performed only for hospitals that agree to participate and have completed the DSH Survey⁵ sent to them by the DVHA as well as other information that may be requested by the DVHA. In order to be considered “completed”, the signed and attested DSH Survey must be received by DVHA by the due date specified in a request for information communicated to the Chief Financial Officer of the hospital each year. The deadline for submission of the DSH Survey was April 14, 2016.

⁵ A template of the DSH Survey utilized for DSH FFY 2016 appears in Appendix 10.

From the data reported and attested to on the DSH Survey, the DVHA verifies whether or not each hospital has satisfied the conditions under Columns B and C in the previous table. For hospitals that meet these criteria, the DVHA then assesses each hospital's eligibility for one or more of the Groups 1 through 4 in Column A.

The DVHA may redetermine any hospital's eligibility for any DSH payment should the agency become aware of any information that may prove that

- The hospital was not eligible for a DSH payment, or
- The hospital was eligible for another Group than was originally determined.

Section 3: Definitions of State Plan Payment Year and Base Year

DSH eligibility tests and payment calculations are made based on the State Plan Payment Year (SPY). The SPY is equivalent to the Federal Fiscal Year and runs from October 1 to September 30 of each year. The calculations to determine eligibility for, and the amount of, DSH payments are made on the basis of the Base Year. The Base Year is also equivalent to the Federal Fiscal Year but a look-back period is utilized. For DSH payments made in SPY 2017, the Base Year used was FFY 2014 (October 1, 2013 – September 30, 2014). This also corresponds to each Vermont hospitals' fiscal year with the exception of Retreat Health Care.⁶

Section 4: Definitions of Inpatient and Outpatient Services

The definitions for inpatient and outpatient hospital services used in the calculations for DSH are from Department of Vermont Health Access Medicaid Covered Services Rules 7201 and 7203 reprinted below.

7201 Inpatient Services — Medical and Psychiatric (07/26/2012, 12-01)

Coverage for inpatient services is limited to hospitals included in the Green Mountain Care Network. These hospitals are:

A Vermont hospital approved for participation in Medicare; or

Out-of-state hospitals that are included in the Green Mountain Care Network due to their close proximity to Vermont and that it is the general practice of residents of Vermont to secure care and services at these hospitals.

Coverage for hospitals outside of the Green Mountain Care Network is only available if an out-of-network hospital is approved either for Medicare participation or for Medical Assistance (Title XIX) participation by the single state agency administering the Title XIX program within the state where it is located and the admission receives prior authorization. For emergent and

⁶ Retreat Health Care utilizes the calendar year as its fiscal year. As such, cost report data was prorated across two of Retreat Health Care's hospital years in the DSH FFY 2017 eligibility tests—three months from the hospital's year ending 12/31/13 and nine months from the hospital's year ending 12/31/14. Claims data was used in the Base Year only.

urgent inpatient care, notification to DVHA is required within 24 hours of admission or the next business day. For all other inpatient care, an authorization must be obtained prior to the provision of services. Emergent and urgent care is defined in Medicaid Rule 7101.3.

The current list of hospitals included in the Green Mountain Care Network is located on the DVHA web site (<http://dvha.vermont.gov/for-providers/green-mountain-care-network>).

Coverage for inpatient hospital services is limited to those instances in which the admission and continued stay of the beneficiary are determined medically necessary by the appropriate utilization review authority.

Coverage may also be extended for inpatients who are determined no longer in need of hospital care but have been certified for care in a Nursing Facility. (Medicaid Rule 7606).

7201.1 Inpatient Services (07/26/2012, 12-01)

Covered services include:

- A. Care in a semi-private (2-4 beds) room;
- B. Private room if certified medically necessary by a physician to avoid jeopardizing the health of the patient or to protect the health and safety of other patients. (No payment will be made for any portion of the room charge when the recipient requests and is provided with a private room for his or her personal comfort; i.e., when the private room is not medically necessary;
- C. Use of intensive care unit;
- D. Nursing and related services (except private duty nurses);
- E. Use of hospital facilities, such as operating and recovery room, X-ray, laboratory, etc;
- F. Use of supplies, appliances and equipment, such as splints, casts, wheelchairs, crutches, etc.;
- G. Blood transfusions;
- H. Therapeutic services, such as X-ray or radium treatment;
- I. Drugs furnished by the hospital as part of inpatient care and treatment, including drugs furnished in limited supply to permit or facilitate discharge from a hospital to meet the patient's requirements until a continuing supply can be obtained;
- J. Rehabilitation services, such as physical therapy, occupational therapy, and speech therapy services;
- K. Diagnosis services, such as blood tests, electrocardiograms, etc., but only when these services are specifically ordered by the patient's physician and they are reasonable and necessary for the diagnosis or treatment of the patient's illness or injury.

7201.2 Excluded Services (07/26/2012, 12-01)

The following inpatient services are excluded:

- Private room at patient's request for his personal comfort;
- Personal comfort items such as telephone, radio or television in hospital room;
- Private duty nurses; and
- Experimental treatment and other non-covered procedures.

7201.3 Dental Procedures (07/26/2012, 12-01)

Coverage of inpatient hospital services for dental procedures is only in the following situations:

For beneficiaries age 21 and over:

When a covered surgical procedure is performed (see rule 7312); or

When prior authorization has been granted by the Department of Vermont Health Access in a case where hospitalization was required to assure proper medical management or control of non-dental impairment during performance of a non-covered dental procedure (e.g., a beneficiary with a history of repeated heart attacks must have all their other teeth extracted) and need for such hospitalization is certified by the physician responsible for the treatment of the non-dental impairment. Should the beneficiary already be hospitalized for the treatment of a medical condition and a non-covered dental procedure is performed during the hospital stay, prior authorization is not required. In these instances hospital and anesthesia charges are covered, but the services of the dentist performing the dental services are not.

For beneficiaries under the age of 21:

When prior authorization has been granted by the Department of Vermont Health Access and the DVHA dental consultant certified that the beneficiary required hospitalization either for management of other medical conditions or to undergo dental treatment.

7201.4 Psychiatric Care (07/26/2012, 12-01)

Inpatient psychiatric services provided in a hospital are covered to the same extent as inpatient services related to any other type of care or treatment. Authorization requirements are defined in Rule 7201.

7201.5 Care of Newborn Child (07/26/2012, 12-01)

For the period after the initial seven days or until the mother is discharged, whichever is earlier, coverage for continuing inpatient care of a newborn child requires application for and determination of the newborn child's eligibility, a separate Medicaid identification number and separate billing.

7203 Outpatient Services (02/26/2011, 10-13)

"Outpatient hospital services" are defined as those covered items and services indicated below when furnished in an institution meeting the hospital services provider criteria (rule 7201), by or under the direction of a physician, to an eligible beneficiary who is not expected to occupy a bed overnight in the institution furnishing the service.

Covered items and services include:

- Use of facilities in connection with accidental injury or minor surgery. Treatment of accidental injury must be provided within 72 hours of the accident.
- Diagnostic tests given to determine the nature and severity of an illness; e.g., x-rays, pulmonary function tests, electrocardiograms, blood tests, urinalysis and kidney function tests. Laboratory and radiologic services may be subject to limitations and/or prior authorizations as specified in Rule 7405.
- Diabetic counseling or education services; one diabetic education course per beneficiary per lifetime provided by a hospital-sponsored outpatient program, in addition to 12 diabetic counseling sessions per calendar year provided by a certified diabetic educator. Additional counseling sessions with a diabetic educator may be covered with prior authorization. Medicaid also covers one membership in the American Diabetes Association (ADA) per lifetime.
- Rehabilitative therapies (physical, occupational, and speech) as specified in Rules 7317–7317.2
- Inhalation therapy
- Emergency room care. Use of the emergency room at any time is limited to instances of emergency medical conditions, as defined in rule 7101.3 (a)(13).

Section 5: Medicaid Inpatient Utilization Rate (MIUR) Calculation

A hospital's MIUR determines the hospital's overall eligibility for DSH as well as the hospital's eligibility for Group 1. A hospital's MIUR is calculated using the following equation:

$$MIUR = \frac{\text{Total Medicaid Inpatient Days}}{\text{Total Number of Inpatient Days}}$$

The calculation is performed using data from the base year. If a hospital has a MIUR which is at least one standard deviation above the mean MIUR, it will meet the eligibility for Group 1. Otherwise, if the hospital does not meet the criteria for placement in Groups 2 or 3 and the hospital has an MIUR of at least 1%, then the hospital is placed in Group 4.

In performing the calculations:

1. "Medicaid Inpatient Days" includes all paid covered inpatient days for Title XIX clients including:
 - a. Days for individuals dually eligible for Medicare and Medicaid;
 - b. Days when the client is in a specialized ward; and

- c. Days when the individual remains in the hospital for lack of suitable placement elsewhere).

It does not include inpatient days in which a Title XIX client was in an IMD and the client was between 22 and 64 years of age or when a Title XIX client was in a hospital skilled nursing facility unit.

Data Source Used:

1. Report MRMN503S, compiled by the DVHA's fiscal agent, which enumerates paid covered Title XIX days for each hospital during the DSH Base Year when DVHA is the primary payer.
2. DVHA claims for Medicare/Medicaid dual eligibles or a detailed report from the hospital.

These figures are attested to by the hospital in the DSH Survey Sheet or updated, with supporting documentation, when necessary.

2. "Total Number of Inpatient Days" includes:
 - a. Fee-for-service and managed care days, and
 - b. Each day in which an individual (including a newborn) is an inpatient in the hospital, whether or not the individual is in a specialized ward, and whether or not the individual remains in the hospital for lack of suitable placement elsewhere.

Data Source Used: The total Inpatient Days reported on a hospital's most recently filed Medicare Cost Report (MCR) from the Base Year, whether it was audited or not audited. The specific figures to be used are found on Worksheet S-3, Column 7.

Calculation of the Mean MIUR and the Standard Deviation

The Mean MIUR is calculated as the average of the individual hospitals' MIURs, weighted by Medicaid days. All hospitals with a MIUR in the base year that was greater than zero are in the calculation, including the MIURs from hospitals with a MIUR that is less than 1%. The Mean MIUR calculated for DSH SPY 2017 was 32.09%. The standard deviation is calculated utilizing the same individual hospital MIURs that were used in the calculation of the mean. The standard deviation for DSH SPY 2017 was 11.45%. Therefore, the threshold for hospitals to meet Group 1 eligibility in DSH SPY 2017 was 43.54%.

Refer to Appendix 3 for details on the MIUR calculations for DSH SPY 2017.

Section 6: Low Income Utilization Rate (LIUR) Calculation

A hospital's LIUR determines the hospital's eligibility for Group 2. A hospital's LIUR is calculated by summing the following two equations:

Equation 1 is the ratio of

$$\frac{\text{Total Medicaid Patient Revenues} + \text{Total State \& Local Cash Subsidies for Patient Services}}{\text{Total Revenues for Patient Services}}$$

Equation 2 is the ratio of

$$\frac{\text{Total Inpatient Charges Attributable to Charity Care} - \text{Cash Subsidies Portion Attributable to Inpatient}}{\text{Total Inpatient Charges}}$$

The calculation is performed using hospital data from the base year. If a hospital has a LIUR that exceeds 25%, it will meet the eligibility for Group 2.

In performing the calculations:

1. "Total Medicaid Patient Revenues" includes Title XIX revenues for inpatient and outpatient services. It does not include DSH payments, payments made for Graduate Medical Education (GME), any other Title XIX supplemental payments that may be authorized by the Legislature, physician revenue or revenue from hospital-based skilled nursing facility (SNF) units.

Data Source Used: The DVHA confirmed with hospitals that for the Base Year, no DSH eligible hospitals reported this value separately on their audited financial statements. Thus, the DVHA used figures reported to the State of Vermont's Green Mountain Care Board (GMCB) by hospitals on an annual basis as per state statute. For DSH SPY 2017, values in the column labeled "Actual 2014" on the report were used. The hospitals attested to the accuracy of these figures at the time that they were submitted to the GMCB as well as on the DSH Survey to DVHA.

2. "Total State and Local Cash Subsidies for Patient Services" includes payments made with state-only or local-only funds.

Data Source Used: Attestation from the hospitals of data populated by the hospitals on the DSH Survey.

3. "Total Revenues for Patient Services" includes total patient revenue for hospital services (including hospital subprovider charges). It does not include DSH payments, payments made for Graduate Medical Education (GME), any other Title XIX supplemental payments that may be authorized by the Legislature, physician revenue or revenue from hospital-based skilled nursing facility (SNF) units.

Data Source Used: DVHA used figures reported to the State of Vermont's GMCB. For DSH SPY 2017, the values in the column labeled "Actual 2014" on the report were used.

The hospitals attested to the accuracy of these figures at the time that they were submitted to the GMCB as well as on the DSH Survey to DVHA.

4. “Total Inpatient Charges Attributable to Charity Care” includes the amount of inpatient services – stated as charges – that is provided free to individuals who cannot afford health care due to inadequate resources as determined by the hospital’s charity care policy and do not otherwise qualify for government subsidized insurance. It does not include bad debt expense or contractual allowances and discounts offered to third party payers or self-pay patients that do not qualify for charity care pursuant to the hospital’s charity care policy.

Data Source Used: Claim-level detail data was submitted by each hospital as an addendum to their DSH Survey. The DVHA verified that the totals on the addenda were properly carried forward to the DSH Survey.

5. “Cash Subsidies Portion Attributable to Inpatient” means that portion of “Total State and Local Cash Subsidies for Patient Services” that is attributable to inpatient services.

Data Source Used: Attestation from the hospitals of data populated by the hospitals on the DSH Survey.

6. “Total Inpatient Charges” includes total inpatient and hospital subprovider charges without any deductions for contractual allowances or discounts offered to third party payers or self pay patients.

Data Source Used: DVHA used figures reported to the State of Vermont’s GMCB. For DSH SPY 2017, the values in the column labeled “Actual 2014” on the report were used. The hospitals attested to the accuracy of these figures at the time that they were submitted to the GMCB as well as on the DSH Survey to DVHA.

Refer to Appendix 4 for details on the LIUR calculations for DSH SPY 2017.

Section 7: State-designed Group Eligibility Determinations

Group 3 Eligibility Determination – Teaching Facilities

A privately-owned or privately-operated general acute care hospital with its headquarters in the State of Vermont that operates a post-graduate training program is deemed eligible for Group 3.

Group 4 Eligibility Determination – All Other Eligible Hospitals

By definition, if a hospital meets the federal requirement⁷ of having an MIUR of at least 1% in the base year and has not met the criteria for placement in Groups 1, 2 or 3, then the hospital is automatically eligible for Group 4.

⁷ Requirements in accordance with Section 1923(d) of the Social Security Act.

Section 8: Satisfying the Obstetrical Requirement for Eligibility

In order to ensure that hospitals receiving DSH payments meet requirements related to obstetricians⁸, all hospitals that are determined to have a MIUR of at least 1% must make the obstetrical selection on the DSH Survey and sign the attestation below certifying that the selection is true. Any hospital that fails to return the certification by the date specified by DVHA, or any hospital that cannot attest to one of the obstetrical conditions for DSH eligibility, will not be eligible to receive DSH payments for the DSH SPY.

For the determination of a hospital's compliance with the obstetrician requirement, the certification will be based on the start of the base year for DSH through to actual date of certification.

The DSH Survey Sheet allows for the following selections:

- I certify that the hospital has at least two obstetricians with staff privileges who have agreed to provide obstetric services (emergency and non-emergency) to individuals eligible for Medicaid. OR
- I certify that the hospital is located in a rural area and has at least two qualified physicians with staff privileges who have agreed to provide non-emergency obstetric services to individuals eligible for Medicaid. OR
- I certify that the hospital did not offer non-emergency obstetric services to the general population as of December 22, 1987, or that the inpatients of the hospital are predominantly individuals under 18 years of age.

Section 9: Hospital-specific Limit Calculations

The hospital-specific limit is calculated using the following equation:

$$\begin{array}{l} \text{Costs Incurred Serving Medicaid Recipients} \\ \text{Less Payments Received for Costs Incurred Serving Medicaid Recipients} \\ \text{[the "Medicaid Shortfall"]} \\ \text{Plus Costs Incurred Serving Individuals with No Third Party Coverage} \\ \text{Less Payments Received for Costs Incurred Serving Individuals with No Third Party} \\ \text{Coverage} \end{array}$$

⁸ Requirements in accordance with Vermont Medicaid State Plan Attachment 4.19A pg. 1d and Section 1923(d).

Pursuant to the above equation:

Costs Incurred Serving Medicaid Recipients =

[VT Medicaid Inpatient Days] * [Medicaid Hospital-specific Accommodation Cost Per Day] +
[VT Medicaid Inpatient Ancillary Charges] * [Medicaid Inpatient Ancillary Cost-to-Charge Ratio (CCR)]
+ [VT Medicaid Outpatient Charges] * [Medicaid Outpatient CCR] +
[VT Medicare/Medicaid dual eligible Inpatient Days + Other State Medicaid eligible Inpatient Days] *
[Medicaid Hospital-specific Accommodation Cost Per Day] +
[VT Medicare/Medicaid dual eligible Inpatient Ancillary Charges + Other State Medicaid eligible
Inpatient Ancillary Charges] * [Medicaid Inpatient Ancillary CCR] +
[VT Medicare/Medicaid dual eligible Outpatient Charges + Other State Medicaid eligible Outpatient
Charges] * [Medicaid Outpatient CCR] +
[Medicaid Allocated Portion of Graduate Medical Education Costs Not Paid by Medicare]

Payments Received for Costs Incurred Serving Medicaid Recipients =

[Medicaid Inpatient Payments + Medicaid Outpatient Payments + Payments for Graduate Med. Ed.]

Costs Incurred Serving Individuals with No Third Party Coverage=

[Inpatient Days for Individuals with No Third Party Coverage] * [Medicaid Hospital-specific
Accommodation Cost Per Day] +
[Inpatient Ancillary Charges for Individuals with No Third Party Coverage] * [Medicaid Inpatient
Ancillary CCR] +
[Outpatient Charges for Individuals with No Third Party Coverage] * [Medicaid Outpatient CCR]

Payments Received for Costs Incurred Serving Individuals with no Third Party Coverage =

[Payments from Individuals] + [State/Local Subsidies for Patient Services] + [Section 1011 payments]
during the Base Year for services delivered during the Base Year or any prior year

The hospital-specific limit used to compare against a DSH payment in a SPY is based on information from the Base Year utilized for the DSH SPY. For DSH SPY 2017, this Base Year was for the period 10/1/13 – 9/30/14 for all participating hospitals.

Data Sources for Hospital-specific Limit Calculations

Refer to Appendix 5 for the calculation. Refer to Appendices 6, 7 and 8 for schedules of the data elements used to support the calculation.

1. For Costs Incurred Serving Medicaid Recipients

- a. Vermont Medicaid Inpatient Days: The MMIS Report MRMN503S was used, subject to attestation by the hospital. Inpatient Days were segmented using revenue codes to separately identify Adults & Peds, Nursery, ICU, NICU, Surgical ICU, Subprovider and step-down days (awaiting placement in a SNF).

- b. Medicaid Hospital-specific Accommodation Cost Per Day: Accommodation revenue codes were mapped to a hospital cost center. The cost per day value assigned to each revenue code was based on the cost center that the revenue code was assigned to. The cost per day values used were from among the following sources:

Worksheet D-1, Part II, Line 38: Adults & Peds
Worksheet D-1, Part II, Line 42: Nursery
Worksheet D-1, Part II, Line 43: ICU
Worksheet D-1, Part II, Line 45.01: NICU (only reported by Fletcher Allen)
Worksheet D-1, Part II, Line 46: Surgical ICU (only reported by Fletcher Allen)
Worksheet D-1, Part II, Line 38
(Subprovider schedule): Subprovider days

- c. Vermont Medicaid Inpatient Ancillary Charges: State Audit Report MRMN503S.
d. Vermont Medicaid Outpatient Charges: State Audit Report MRMN503S.
e. Medicaid Inpatient Ancillary CCR: The most recent filed MCR from the hospital's Base Year is used. The specific calculation is shown below.

The *Medicaid Inpatient Ancillary CCR* is calculated by dividing:

The sum of the amounts on the Title XIX schedules of Worksheet D-3 (Hospital),
Column 3, Line 202 and Worksheet D-3 (Subprovider), Column 3, Line 202
By
The sum of the amounts on the Title XIX schedules of Worksheet D-3 (Hospital),
Column 2, Line 200 and Worksheet D-3 (Subprovider), Column 2, Line 200

- f. Medicaid Outpatient CCR: The most recent filed MCR from the hospital's Base Year is used. The specific calculation is shown below.

The *Medicaid Outpatient CCR* is calculated by dividing:

The value on the Title XIX schedule of Worksheet D Part V, Column 6, Line 202
By
The value on the Title XIX schedule of Worksheet D Part V, Column 3, Line 202

- g. Medicare/Medicaid Dual Eligible Inpatient Days, Medicare/Medicaid Dual Eligible Inpatient Ancillary Charges, and Medicare/Medicaid Dual Eligible Outpatient Charges: Hospitals were instructed to either verify and attest to information provided by the DVHA's MMIS in the DSH Survey Supplemental Schedules 5 and 9 or to provide replacement Schedules 5 and 9 which can be supported by claim-level documentation. The Schedules 5 and 9 provided by the DVHA were an itemized claim-level detail of inpatient days, inpatient ancillary charges and outpatient charges for Medicare/Medicaid dual eligibles.

- h. Other State Medicaid Eligible Inpatient Days, Other State Medicaid Eligible Inpatient Ancillary Charges, and Other State Medicaid Eligible Outpatient Charges: Hospitals were instructed to complete Supplemental Schedules 6, 7, 10 and 11 in the DSH survey which can be supported by claim-level documentation. The Schedules 6, 7, 10 and 11 provided to the DVHA an itemized claim-level detail of inpatient days, inpatient ancillary charges and outpatient charges for other state Medicaid eligibles, both fee-for-service and HMO days/services.
 - i. Medicaid Allocated Portion of Graduate Medical Education Costs: The most recent filed MCR from the hospital's Base Year is used. The specific cell is on Worksheet E-3, Part IV, Title XIX schedule, Line 23.01.
2. For Payments Received for Costs Incurred Serving Medicaid Recipients
- a. Vermont Medicaid Inpatient Payments: State Audit Report MRMN503S.
 - b. Vermont Medicaid Outpatient Payments: State Audit Report MRMN503S.
 - c. Medicare/Medicaid Dual Eligible Inpatient Payments: Reported by each hospital on Schedule 5 of the DSH Survey.
 - d. Medicare/Medicaid Dual Eligible Outpatient Payments: Reported by each hospital on Schedule 9 of the DSH Survey.
 - e. Other State Medicaid Eligible Inpatient Payments: Reported by each hospital on Schedules 6 and 7 of the DSH Survey.
 - f. Other State Medicaid Eligible Outpatient Payments: Reported by each hospital on Schedules 10 and 11 of the DSH Survey.
 - g. Payments for Graduate Medical Education: DVHA Finance Office
3. For Costs Incurred Serving Individuals with no Third Party Coverage
- a. Inpatient Days and Inpatient Ancillary Charges: Hospitals were instructed to complete Supplemental Schedule 8 in the DSH Survey which can be supported by claim-level documentation. The Schedule 8 provided to the DVHA is an itemized claim-level detail of inpatient days and inpatient ancillary charges for all cases where the individual had no third party coverage.
 - b. Outpatient Charges: Hospitals were instructed to complete Supplemental Schedule 12 in the DSH Survey which can be supported by claim-level documentation. The Schedule 12 provided to the DVHA is an itemized claim-level detail of outpatient charges for all cases where the individual had no third party coverage.

4. For Payments Received for Costs Incurred Serving Individuals with no Third Party Coverage
 - a. Inpatient Payments: Payments to the hospitals from individuals with no third party coverage were reported by each hospital on Schedule 8 of the DSH Survey.
 - b. Outpatient Payments: Payments to the hospitals from individuals with no third party coverage were reported by each hospital on Schedule 12 of the DSH Survey.
 - c. State & Local Subsidies for Patient Services: As reported and attested to by hospitals in their DSH Survey.
 - d. Section 1011 payments: As attested to by hospitals in correspondence to the DVHA.

Section 10: Determining Funding for Each DSH Eligibility Group

Each year of the program, the DVHA determines the DSH Eligibility Group that each hospital is eligible for before calculating payments. If a hospital is eligible for more than one DSH Eligibility Group, for the purposes of computing the funding for each DSH Group, the hospital will be placed in only one DSH Eligibility Group based upon the DSH Group that will maximize their DSH payment in the SPY.

Before the calculation of funding by DSH Group occurs, the calculation of each Hospital Specific Limit is completed as specified in Section 8. Funding for each Group is then completed as follows.

1. Funding for DSH Group #3 is done first. The amount funded for Group #3 is the lesser of 50% of the Total DSH Funding for the DSH SPY or 76% of the combined Hospital Specific Limit for all hospitals in the Group.
2. Subtract the amount funded for DSH Group #3 from the Total Available DSH Funding for the SPY to derive the remaining amount to be allocated between DSH Groups #1, #2 and #4.
3. Calculate for each hospital its percentage of Title XIX statewide days in the Base Year. (Refer to Appendix 3, Column 7)
 - a. The total statewide days value used in the calculation excludes the Title XIX days for any hospitals in DSH Group #3.
 - b. The total statewide days value used in the calculation excludes any hospital that has a Hospital Limit that is less than \$0 as computed in Step 8 above or if they waived participation from the DSH program.

4. Sum the percentage of statewide days in the DSH Group.
 - a. If a hospital was paid for Title XIX days in the Base Year but was not eligible for DSH because it did not meet the minimum MIUR requirement, the percentage of its statewide days is excluded from all calculations.
 - b. If a hospital was paid for Title XIX days in the Base Year but was not eligible for DSH because it did not meet the obstetrical requirement, the percentage of its statewide days is excluded from all calculations.
 - c. If a hospital was paid for Title XIX days in the Base Year but was not eligible for DSH because its Hospital Specific Limit was less than \$0, the percentage of its statewide days is excluded from all calculations.

5. Calculate the DSH Allotment by DSH Eligibility Group using the following formula:

$$\frac{\text{Total Remaining DSH Funding Available (computed in Step 2) *}}{\text{Total Percentage of Statewide Days in the DSH Group (computed in Step 4)}}$$

For DSH SPY 2017, the allocation to each DSH Eligibility Group was as follows: Group 1: \$0; Group 2: \$0; Group 3: \$18,724,390.50; Group 4: \$18,724,390.50.

A summary of this allocation methodology is shown in Appendix 2.

Section 11: Calculation of Hospital-Specific Disproportionate Share Payments

Funding for hospitals in DSH Group #3 was described in Step 9. The DSH payments to each hospital in DSH Groups #1, #2 and #4 are made using the following methodology:

1. For each of the DSH Groups #1, #2 and #4, compute an Aggregate Hospital Limit that is the sum of the individual Hospital Specific Limits within the DSH Group for hospitals that are eligible for a DSH payment, excluding any hospital that waived participation from the DSH program.
2. Determine each hospital's limit as a percentage of the DSH Group's Aggregate Hospital Limit.
3. Multiply the percentage computed in Step 2 by the DSH Group Allotment.

A summary of these calculations is shown in Appendix 2.

The DVHA ensures that the amount funded to each hospital does not exceed the Hospital Specific Limit⁹. If a hospital is found to have exceeded its OBRA limit, the amount of payment to the hospital in excess of its OBRA limit is recouped. The recouped amount is distributed proportionally based on the DSH payments to the eligible hospitals remaining in the DSH Group in which the hospital was placed. If no hospitals remain in the DSH Group, the recouped dollars are distributed proportionally to the remaining DSH Groups.

⁹ In accordance with Section 1923(g) of the Social Security Act.

Section 12: State Plan Changes for DSH FFY 2017

- On pages 1f and 1g of the State Plan, changes were made to date references to account for the new DSH SPY.

Section 13: Other Provisions

A DSH payment will only be issued to the entity which is currently registered with the DVHA as a participating hospital provider. Therefore, it is expected that facilities will consider this information when negotiating ownership changes.

**APPENDIX 1
Disproportionate Share Payments by Hospital in FFYs 2012 through 2017**

	DSH FFY 2012 Payments	DSH FFY 2013 Payments	DSH FFY 2014 Payments	DSH FFY 2015 Payments	DSH FFY 2016 Payments	DSH FFY 2017 Payments	FFY 2017 Payments Compared to FFY 2016 Payments	Pct Diff FFY 2016 to FFY 2017
Brattleboro Memorial Hospital	\$ 1,176,989	\$ 1,236,502	\$ 881,885	\$ 1,100,858	\$ 895,517	\$ 983,812	\$ 88,295	10%
Central Vermont Medical Center	\$ 1,893,868	\$ 2,057,789	\$ 2,123,923	\$ 3,113,501	\$ 3,247,134	\$ 1,606,925	\$ (1,640,209)	-51%
Copley Hospital	\$ 677,478	\$ 667,459	\$ 819,721	\$ 696,562	\$ 502,588	\$ 988,678	\$ 486,090	97%
Gifford Medical Center	\$ 875,394	\$ 807,107	\$ 806,560	\$ 842,693	\$ 982,684	\$ 858,641	\$ (124,043)	-13%
Grace Cottage Hospital	\$ 153,081	\$ 216,999	\$ -	\$ -	\$ -	\$ -		
Mt. Ascutney Hospital	\$ 302,698	\$ 283,346	\$ 533,586	\$ 376,571	\$ 187,766	\$ 541,427	\$ 353,661	188%
North Country Hospital	\$ 2,092,289	\$ 1,848,818	\$ 2,738,458	\$ 2,432,098	\$ 1,825,088	\$ 1,463,567	\$ (361,521)	-20%
Northeastern Vermont Hospital	\$ 1,033,166	\$ 1,293,715	\$ 1,759,289	\$ 1,695,772	\$ 1,472,395	\$ 1,742,622	\$ 270,227	18%
Northwestern Medical Center	\$ 2,109,676	\$ 2,128,462	\$ 1,543,718	\$ 1,274,456	\$ 1,455,325	\$ 1,897,969	\$ 442,644	30%
Porter Medical Center	\$ 753,493	\$ 827,357	\$ 600,425	\$ 962,327	\$ 505,159	\$ 443,503	\$ (61,656)	-12%
Retreat Health Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Rutland Regional Medical Center	\$ 3,821,595	\$ 4,251,425	\$ 5,395,100	\$ 4,701,489	\$ 4,200,184	\$ 5,693,662	\$ 1,493,478	36%
Southwestern Vermont Hospital	\$ 2,437,759	\$ 2,073,221	\$ 2,563,962	\$ 2,884,892	\$ 1,927,505	\$ 727,153	\$ (1,200,351)	-62%
Springfield Hospital	\$ 1,396,906	\$ 1,641,055	\$ 1,433,114	\$ 2,435,484	\$ 1,523,045	\$ 1,776,430	\$ 253,385	17%
University of Vermont Medical Ctr	\$ 18,724,391	\$ 18,115,526	\$ 16,249,041	\$ 14,932,076	\$ 18,724,391	\$ 18,724,391	\$ -	0%
Totals	\$ 37,448,781	\$ 37,448,781	\$ 37,448,781	\$ 37,448,781	\$ 37,448,781	\$ 37,448,781	\$ 0	0%

APPENDIX 2

Calculations for Determining Disproportionate Share Payments Made in Federal Fiscal Year 2017

Total DSH Allotment:	37,448,781
Less Allocation to DSH Group #3:	18,724,391
Allocation to Other Groups:	18,724,391

Calculate Hospital Specific Limit	Calculate Pct of TXIX Days (excl. DSH Group #3)	Calculate DSH Allotment by Group	Compute Aggregate Limits by DSH Group	Determine Each Hospital's Limit as Pct of Group's Limit	Allocate DSH to Each Hospital	Effective Percent of Hospital Limit Paid
		(Total Available DSH) * (Group's Pct Statewide Title XIX Days)			(Group DSH Allotment) * (Pct of Group Limit)	

DSH Group #1: MIUR ¹

DSH Group #2: LIUR ¹

DSH Group #3: Teaching Hospitals

18,724,391 32,425,788

University of VT Medical Center	32,425,788			100.00%	18,724,391	57.75%
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DSH Group #4: State-Designed Group

18,724,391 62,266,027

Brattleboro Memorial Hospital	3,271,564	5.7%		5.25%	983,812	30.07%
Central Vermont Medical Center	5,343,664	14.8%		8.58%	1,606,925	30.07%
Copley Hospital	3,287,748	4.1%		5.28%	988,678	30.07%
Gifford Medical Center	2,855,322	5.8%		4.59%	858,641	30.07%
Grace Cottage Hospital ²	waived participation					
Mt Ascutney Hospital	1,800,460	2.5%		2.89%	541,427	30.07%
North Country Hospital	4,866,941	5.7%		7.82%	1,463,567	30.07%
Northeastern Vermont Hospital	5,794,911	4.7%		9.31%	1,742,622	30.07%
Northwestern Medical Center	6,311,499	7.0%		10.14%	1,897,969	30.07%
Porter Medical Center	1,474,822	5.2%		2.37%	443,503	30.07%
Retreat Health Care ³	waived participation					
Rutland Regional Medical Center	18,933,687	27.4%		30.41%	5,693,662	30.07%
Southwestern Vermont Hospital	2,418,076	8.8%		3.88%	727,153	30.07%
Springfield Hospital	5,907,333	8.2%		9.49%	1,776,430	30.07%
		100.0%		100.0%	18,724,391	
			37,448,781		37,448,781	

¹ No hospital was deemed eligible for the federally mandated MIUR or LIUR peer groups in this DSH SPY.

² Grace Cottage Hospital waived participation in the program since it cannot meet the federally-mandated obstetrical requirement.

³ Retreat Health Care waived participation since it was determined up front that their hospital limit was <\$0 in this DSH SPY.

APPENDIX 3

Supporting Schedule for Determining Eligibility for DSH Group #1 (MIUR) and for Assignment of Dollars to DSH Eligibility Groups in Federal Fiscal Year 2017

		(1)	(2)	(3)	(4)	(5)	(6)	(7)
Variable for Calculation →		Medicaid Inpatient Days	Total Patient (All Payer) Days	Medicaid Inpatient Utilization Rate (MIUR) Percentage	Eligible for DSH at all using MIUR criteria?	Group 1 (MIUR) Eligible?	Percent of Statewide Title XIX Inpatient Days	Percent of Statewide Title XIX Inpatient Days
Data Source →	Hospital's MCR Filing Status	DSH Survey Schedule 3, II.A.3	DSH Survey Schedule 3, II.A.25	calculated as (1) / (2)	If (3) >= 1%, then Yes	If (3) > std dev threshold, then Yes	calculated as value in (1) / sum of column (1)	Same formula as Column 6 but excludes Fletcher Allen Health Care and Retreat
Brattleboro Memorial Hospital	As Submitted	2,114	6,031	35.05%	Yes	No	2.3%	5.0%
Central Vermont Medical Center	As Submitted	6,513	18,035	36.11%	Yes	No	7.2%	15.5%
Copley Hospital	As Submitted	1,386	4,683	29.60%	Yes	No	1.5%	3.3%
Gifford Medical Center	As Submitted	2,916	7,401	39.40%	Yes	No	3.2%	6.9%
Grace Cottage Hospital	As Submitted	72	4,282	1.68%	Yes	No	0.1%	
Mt. Ascutney Hospital	As Submitted	1,139	8,670	13.14%	Yes	No	1.3%	2.7%
North Country Hospital	As Submitted	2,402	5,582	43.03%	Yes	No	2.7%	5.7%
Northeastern Vermont Hospital	As Submitted	1,553	5,301	29.30%	Yes	No	1.7%	3.7%
Northwestern Medical Center	As Submitted	3,327	9,197	36.17%	Yes	No	3.7%	7.9%
Porter Medical Center	As Submitted	1,975	6,101	32.37%	Yes	No	2.2%	4.7%
Retreat Health Care	As Submitted	6,432	37,601	17.11%	Yes	No	7.1%	
Rutland Regional Medical Center	As Submitted	12,410	30,276	40.99%	Yes	No	13.8%	29.5%
Southwestern Vermont	As Submitted	3,293	13,547	24.31%	Yes	No	3.7%	7.8%
Springfield Hospital	As Submitted	3,093	8,763	35.30%	Yes	No	3.4%	7.3%
University of Vermont Medical Ctr	As Submitted	41,393	115,030	35.98%	Yes	No	46.0%	
TOTAL		90,018	280,500	32.09%	weighted average		100.0%	100.0%
Total Excluding UVMC, Grace Cottage Hospital, Retreat Health Care		42,121						

11.45% = 1 standard deviation
43.54% = 1 std dev above mean

APPENDIX 4
Supporting Schedule for Determining DSH Eligibility for DSH Group #2 (LIUR) in Federal Fiscal Year 2017

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
	Variable for Calculation	Net Medicaid Patient Revenue (IP+OP)	State & Local Cash Subsidies for Patient Services	Net All Payer Patient 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	Group 2 Eligible?
	Data Source	DSH Survey Schedule 4, III.A.3	DSH Survey Schedule 4, III.B.1+III.B.2	DSH Survey Schedule 4, III.C.3	calculated as [(1)+(2)] / (3)	DSH Survey Schedule 4, III.D.1	DSH Survey Schedule 4, III.B.1	DSH Survey Schedule 4, III.D.2	calculated as [(5)-(6)] / (7)	calculated as (4) + (8)	If (9) > 25%, then Yes
Brattleboro Memorial Hospital		5,898,648	0	61,653,079	9.57%	460,887	0	27,716,232	1.66%	11.23%	No
Central Vermont Medical Center		13,269,660	0	118,699,388	11.18%	423,018	0	69,706,991	0.61%	11.79%	No
Copley Hospital		5,872,390	0	56,705,417	10.36%	404,105	0	28,099,712	1.44%	11.79%	No
Gifford Medical Center		1,571,807	0	39,456,269	3.98%	1,055,932	0	23,707,592	4.45%	8.44%	No
Grace Cottage Hospital		did not complete survey -- waived participation from DSH eligibility									
Mt. Ascutney Hospital		2,037,467	0	31,288,539	6.51%	50,246	0	3,665,853	1.37%	7.88%	No
North Country Hospital		6,551,540	0	55,602,739	11.78%	173,196	0	24,191,930	0.72%	12.50%	No
Northeastern Vermont Hospital		5,824,255	0	45,686,096	12.75%	436,910	0	26,127,388	1.67%	14.42%	No
Northwestern Medical Center		12,533,198	0	76,636,078	16.35%	439,583	0	43,078,019	1.02%	17.37%	No
Porter Medical Center		5,648,536	0	53,614,318	10.54%	210,681	0	32,313,293	0.65%	11.19%	No
Retreat Health Care		did not complete survey -- waived participation from DSH eligibility									
Rutland Regional Medical Center		22,100,766	0	196,832,590	11.23%	2,235,748	0	153,505,000	1.46%	12.68%	No
Southwestern Vermont		14,033,153	38,475	115,085,704	12.23%	581,529	0	64,429,940	0.90%	13.13%	No
Springfield Hospital		6,149,115	0	44,828,874	13.72%	680,570	0	25,632,904	2.66%	16.37%	No
University of Vermont Medical Ctr		67,661,515	0	748,201,520	9.04%	6,813,542	0	644,906,400	1.06%	10.10%	No
									Threshold	25.00%	

Net Medicaid Patient Revenue excludes physician revenue and revenue from hospital-based SNF units.
Net All Payer Patient Revenue excludes physician revenue and revenue from hospital-based SNF units.

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2017

VT Medicaid Eligible														
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider IPF Days	Subprovider IRF Days	Adult & Peds Cost Per Diem	Nursery Per Diem	ICU Per Diem	NICU Per Diem	Surgical ICU Per Diem	Subprovider IPF Per Diem
	Data Source →	Appendix 7, Column C	Appendix 7, Column D	Appendix 7, Column E	Appendix 7, Column F	Appendix 7, Column G	Appendix 7, Column H	Appendix 7, Column I	Appendix 6, Column J	Appendix 6, Column K	Appendix 6, Column L	Appendix 6, Column M	Appendix 6, Column N	Appendix 6, Column O
Brattleboro Memorial Hospital		788	372	116	0	0	0	0	1,646.97	1,646.97	2,104.85	0.00	0.00	0.00
Central Vermont Med Center		1,514	461	316	0	0	1,584	0	1,124.39	805.23	3,444.03	3,444.03	3,444.03	1,087.81
Copley Hospital		558	270	31	0	0	0	0	1,475.87	1,427.15	3,290.24	0.00	0.00	0.00
Gifford Medical Center		778	147	13	0	0	0	0	1,051.02	1,109.76	1,633.53	1,633.53	0.00	0.00
Grace Cottage Hospital		72	0	0	0	0	0	0	1,306.69	0.00	0.00	0.00	0.00	0.00
Mt. Ascutney Hospital		53	0	0	0	0	0	0	1,582.44	0.00	0.00	0.00	0.00	0.00
North Country Hospital		833	370	62	0	0	0	0	1,235.95	694.93	3,918.20	0.00	0.00	0.00
Northeastern Vermont Hospital		587	297	49	0	0	0	0	2,276.51	604.22	4,137.92	0.00	0.00	0.00
Northwestern Medical Center		1,205	530	175	0	0	0	0	1,334.11	569.88	1,443.22	0.00	0.00	0.00
Porter Medical Center		697	366	58	0	0	0	0	1,479.27	849.67	2,167.20	0.00	0.00	0.00
Retreat Health Care		6,432	0	0	0	0	0	0	907.46	0.00	0.00	0.00	0.00	0.00
Rutland Regional Med Center		7,625	681	160	0	0	0	0	1,540.40	1,013.71	2,278.28	0.00	0.00	1,329.52
Southwestern Vermont		1,249	460	175	0	0	0	0	1,219.21	803.93	2,321.28	0.00	0.00	0.00
Springfield Hospital		738	166	1	17	0	985	0	1,119.47	858.69	1,119.47	0.00	0.00	1,106.84
University of Vermont Medical Ctr		14,858	1,837	899	2,868	742	0	1,639	1,224.58	601.88	2,537.76	1,995.75	2,394.80	0.00

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2017

	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Variable for Calculation →	Subprovider IRF Per Diem	Total Medicaid Routine Costs	VT Medicaid Inpatient Ancillary Charges	Inpatient Ancillary CCR	VT Medicaid Outpatient Charges	Outpatient CCR	Total Medicaid Ancillary Costs
Data Source →	Appendix 6, Column P	calculated as [(1)*(8) + (2)*(9) + (3)*(10) + (4)*(11) + (5)*(12) + (6)*(13) + (7) * (14)]	Appendix 7, Column J	Appendix 6, Column W	Appendix 7, Column K	Appendix 6, Column L	calculated as [(16)*(17)+ (18)*(19)]
Brattleboro Memorial Hospital	0.00	2,154,648	2,796,985	0.3596	15,021,343	0.3349	6,037,163
Central Vermont Med Center	0.00	4,884,942	6,176,961	0.4606	28,106,175	0.3354	12,271,734
Copley Hospital	0.00	1,310,863	2,809,540	0.3886	13,122,442	0.4317	6,756,429
Gifford Medical Center	0.00	1,002,064	2,761,633	0.3210	12,210,908	0.3606	5,289,988
Grace Cottage Hospital	0.00	94,082	127,914	0.4349	1,868,456	0.4495	895,487
Mt. Ascutney Hospital	1,507.47	83,869	154,231	0.3483	4,415,706	0.4224	1,918,932
North Country Hospital	0.00	1,529,599	3,089,911	0.3247	21,143,890	0.4200	9,884,397
Northeastern Vermont Hospital	0.00	1,718,523	3,218,974	0.3295	14,613,112	0.4360	7,432,076
Northwestern Medical Center	0.00	2,162,202	5,429,145	0.5134	21,433,244	0.4878	13,243,191
Porter Medical Center	0.00	1,467,728	2,725,125	0.5000	11,533,722	0.3702	5,632,779
Retreat Health Care	0.00	5,836,767	1,395,516	0.3697	51,786	0.3335	533,203
Rutland Regional Med Center	0.00	12,800,411	13,333,131	0.4713	39,662,494	0.4214	22,998,564
Southwestern Vermont	0.00	2,298,825	4,337,556	0.3687	23,376,931	0.3232	9,155,593
Springfield Hospital	0.00	2,060,068	2,336,462	0.4016	12,702,275	0.4918	7,184,665
University of Vermont Medical Ctr	1,149.91	30,967,365	62,976,655	0.3744	114,017,761	0.2839	55,945,836

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2017

		VT Medicare/Medicaid Dual Eligibles							Other State Medicaid Eligible						
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider IPF Days	Subprovider IRF Days	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider IPF Days	Subprovider IRF Days
	Data Source →	Appendix 8, Column C	Appendix 8, Column D	Appendix 8, Column E	Appendix 8, Column F	Appendix 8, Column G	Appendix 8, Column H	Appendix 8, Column I	Appendix 8, Column J	Appendix 8, Column K	Appendix 8, Column L	Appendix 8, Column M	Appendix 8, Column N	Appendix 8, Column O	Appendix 8, Column P
Brattleboro Memorial Hospital		464	0	182	0	0	0	0	121	39	32	0	0	0	0
Central Vermont Med Center		1,250	0	212	0	113	1,063	0	0	0	0	0	0	0	0
Copley Hospital		501	0	20	0	0	0	0	5	0	1	0	0	0	0
Gifford Medical Center		1,926	0	46	0	0	0	0	2	4	0	0	0	0	0
Grace Cottage Hospital		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mt. Ascutney Hospital		895	0	2	0	0	0	173	11	0	0	0	0	0	5
North Country Hospital		1,035	0	93	0	0	0	0	7	0	2	0	0	0	0
Northeastern Vermont Hospital		552	0	60	0	0	0	0	4	4	0	0	0	0	0
Northwestern Medical Center		1,077	0	338	0	0	0	0	2	0	0	0	0	0	0
Porter Medical Center		794	0	57	0	0	0	0	3	0	0	0	0	0	0
Retreat Health Care		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rutland Regional Med Center		3,648	0	166	0	0	0	0	67	3	0	0	0	60	0
Southwestern Vermont		829	0	171	0	0	0	0	264	132	13	0	0	0	0
Springfield Hospital		651	5	0	0	0	333	0	95	44	2	0	0	56	0
University of Vermont Medical Ctr		10,291	0	711	0	352	0	1,751	3,382	122	239	1,066	468	0	168

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2017

Individuals with No Third Party Insurance												
		(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider IPF Days	Subprovider IRF Days	VT Medicare/Medicaid Eligibles Routine Costs	Other State Medicaid Beneficiaries Routine Costs	Individuals with No Third Party Coverage Routine Costs	VT Medicare/Medicaid Eligibles Inpatient Ancillary Charges
	Data Source →	Appendix 8, Column Q	Appendix 8, Column R	Appendix 8, Column S	Appendix 8, Column T	Appendix 8, Column U	Appendix 8, Column V	Appendix 8, Column W	calculated as [(21)*(8) + (22)*(9) + (23)*(10) + (24)*(11) + (25)*(12) + (26)*(13) + (27)*(14)]	calculated as [(28)*(8) + (29)*(9) + (30)*(10) + (31)*(11) + (32)*(12) + (33)*(13) + (34)*(14)]	calculated as [(35)*(8) + (36)*(9) + (37)*(10) + (38)*(11) + (39)*(12) + (40)*(13) + (41)*(14)]	Appendix 8, Column F
Brattleboro Memorial Hospital		86	63	15	0	0	0	0	1,147,277	330,870	276,971	1,818,746
Central Vermont Med Center		39	14	16	0	0	49	0	3,681,139	0	163,532	4,320,793
Copley Hospital		106	8	6	0	0	0	0	805,216	10,670	187,601	1,137,733
Gifford Medical Center		316	102	1	0	0	0	0	2,099,407	6,541	446,951	3,719,676
Grace Cottage Hospital		0	0	0	0	0	0	0	0	0	0	0
Mt. Ascutney Hospital		15	0	0	0	0	0	0	1,677,076	24,944	23,737	1,201,140
North Country Hospital		26	0	0	0	0	0	0	1,643,601	16,488	32,135	2,715,774
Northeastern Vermont Hospital		46	2	3	0	0	0	0	1,504,909	11,523	118,342	2,384,121
Northwestern Medical Center		71	24	23	0	0	0	0	1,924,645	2,668	141,593	5,048,474
Porter Medical Center		34	11	5	0	0	0	0	1,298,071	4,438	70,478	2,248,448
Retreat Health Care		0	0	0	0	0	0	0	0	0	0	0
Rutland Regional Med Center		318	2	5	0	0	321	0	5,997,574	186,019	930,042	9,262,603
Southwestern Vermont		97	18	12	0	0	0	0	1,407,664	458,167	160,589	2,998,951
Springfield Hospital		94	31	2	0	0	139	0	1,101,646	208,354	287,939	1,577,184
University of Vermont Medical Ctr		592	38	78	35	80	0	4	17,262,962	8,262,904	1,211,803	38,171,176

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2017

	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)
Variable for Calculation →	Other State Medicaid Beneficiaries Inpatient Ancillary Charges	Individuals with No Third Party Coverage Inpatient Ancillary Charges	VT Medicare/Medicaid Eligibles Inpatient Ancillary Costs	Other State Medicaid Beneficiaries Inpatient Ancillary Costs	Individuals with No Third Party Coverage Inpatient Ancillary Costs	VT Medicare/Medicaid Eligibles Outpatient Charges	Other State Medicaid Beneficiaries Outpatient Charges	Individuals with No Third Party Coverage Outpatient Charges	VT Medicare/Medicaid Eligibles Outpatient Costs
Data Source →	Appendix 8, Column G	Appendix 8, Column H	calculated as (45)*(17)	calculated as (46)*(17)	calculated as (47)*(17)	Appendix 8, Column I	Appendix 8, Column J	Appendix 8, Column K	calculated as (51)*(19)
Brattleboro Memorial Hospital	383,916	231,487	654,080	138,069	83,250	5,255,336	546,311	1,756,543	1,760,232
Central Vermont Med Center	0	265,584	1,990,231	0	122,332	11,638,127	258,169	2,606,236	3,903,308
Copley Hospital	11,856	274,090	442,116	4,607	106,510	3,608,314	31,169	3,769,326	1,557,627
Gifford Medical Center	11,051	665,981	1,194,102	3,548	213,795	5,936,078	16,825	2,974,631	2,140,640
Grace Cottage Hospital	0	0	0	0	0	0	0	0	0
Mt. Ascutney Hospital	26,565	34,411	418,305	9,251	11,984	1,715,617	438,151	1,111,888	724,687
North Country Hospital	47,176	127,332	881,817	15,318	41,345	10,850,772	98,792	1,183,209	4,557,664
Northeastern Vermont Hospital	21,781	248,400	785,598	7,177	81,851	5,005,996	150,676	1,762,786	2,182,637
Northwestern Medical Center	8,619	301,698	2,591,766	4,425	154,885	9,420,170	30,367	3,245,786	4,595,538
Porter Medical Center	6,339	135,808	1,124,324	3,170	67,910	4,986,267	121,934	1,381,920	1,846,051
Retreat Health Care	0	0	0	0	0	0	0	0	0
Rutland Regional Med Center	259,084	1,019,683	4,365,652	122,112	480,597	18,935,335	684,262	5,138,365	7,979,644
Southwestern Vermont	832,660	409,286	1,105,608	306,973	150,889	9,984,018	3,127,141	2,816,087	3,227,289
Springfield Hospital	286,939	372,570	633,375	115,231	149,619	6,524,044	1,085,033	3,397,032	3,208,215
University of Vermont Medical Ctr	19,082,490	5,173,070	14,293,048	7,145,364	1,937,036	63,745,991	14,416,288	12,979,753	18,094,596

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2017

	(55)	(56)	(57)	(58)
Variable for Calculation →	Other State Medicaid Beneficiaries Outpatient Costs	Individuals with No Third Party Coverage Outpatient Costs	Medicaid Portion of Graduate Medical Education Costs	Total Cost of Care
Data Source →	calculated as (52)*(19)	calculated as (53)*(19)	Appendix 6, Column X	calculated as (15)+(20)+(42)+(43)+ (44)+(48)+(49)+ (50)+(54)+(55)+ (56)+(57)
Brattleboro Memorial Hospital	182,982	588,340	0	13,353,882
Central Vermont Med Center	86,587	874,105	0	27,977,909
Copley Hospital	13,455	1,627,132	0	12,822,226
Gifford Medical Center	6,067	1,072,697	0	13,475,802
Grace Cottage Hospital	0	0	0	989,568
Mt. Ascutney Hospital	185,078	469,668	0	5,547,531
North Country Hospital	41,496	496,985	0	19,140,845
Northeastern Vermont Hospital	65,695	768,583	0	14,676,914
Northwestern Medical Center	14,814	1,583,425	0	26,419,152
Porter Medical Center	45,143	511,624	0	12,071,716
Retreat Health Care	0	0	0	6,369,970
Rutland Regional Med Center	288,359	2,165,387	0	58,314,360
Southwestern Vermont	1,010,834	910,288	0	20,192,720
Springfield Hospital	533,568	1,670,499	0	17,153,177
University of Vermont Medical Ctr	4,092,130	3,684,363	4,460,316	167,357,724

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2017

	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)	
	Variable for Calculation →	VT Medicaid Inpatient Payments	VT Medicaid Outpatient Payments	VT Medicare/Medicaid Eligibles-Inpatient Payments	VT Medicare/Medicaid Eligibles-Outpatient Payments	Other State Medicaid Beneficiaries-Inpatient Payments	Other State Medicaid Beneficiaries-Outpatient Payments	Individuals with No Third Party Coverage-Inpatient Payments	Individuals with No Third Party Coverage-Outpatient Payments	Other State DSH and Section 1011 Payments	Other Supplemental Payments	Total Payments	Hospital Specific Limit FFY 2015
	Data Source →	Appendix 7, Column L	Appendix 7, Column M	Appendix 8, Column L	Appendix 8, Column M	Appendix 8, Column N	Appendix 8, Column O	Appendix 8, Column P	Appendix 8, Column Q	Appendix 8, Columns R + S	DVHA Accounting Office	calculated as (59)+(60)+(61)+(62)+(63)+(64)+(65)+(66)+(67)+(68)	calculated as (58) - (69)
Brattleboro Memorial Hospital		2,880,906	3,529,585	1,787,935	1,351,783	217,239	148,527	22,043	144,300	0	0	10,082,318	3,271,564
Central Vermont Med Center		7,107,976	6,702,888	4,640,116	3,670,363	0	76,142	40,957	395,803	0	0	22,634,245	5,343,664
Copley Hospital		2,244,624	3,549,576	1,458,003	1,802,006	12,841	6,886	41,639	418,903	0	0	9,534,478	3,287,748
Gifford Medical Center		1,863,617	2,579,333	3,522,821	2,490,304	1,771	3,301	4,015	155,318	0	0	10,620,480	2,855,322
Grace Cottage Hospital		98,707	440,144	0	0	0	0	0	0	0	0	538,851	450,717
Mt. Ascutney Hospital		113,699	929,632	1,595,380	973,362	11,914	123,084	0	0	0	0	3,747,071	1,800,460
North Country Hospital		2,849,226	4,380,236	2,824,609	4,028,018	15,545	14,690	9,273	152,307	0	0	14,273,904	4,866,941
Northeastern Vermont Hospital		2,151,784	3,015,625	1,549,057	2,046,333	2,552	23,908	14,863	77,881	0	0	8,882,003	5,794,911
Northwestern Medical Center		5,256,834	7,425,986	4,258,118	2,892,887	8,440	5,427	63,378	196,583	0	0	20,107,653	6,311,499
Porter Medical Center		2,329,916	2,979,189	2,726,491	2,149,197	9,923	39,821	7,175	355,182	0	0	10,596,894	1,474,822
Retreat Health Care		8,054,476	7,770	0	0	0	0	0	0	0	0	8,062,246	-1,692,276
Rutland Regional Med Center		13,555,437	10,641,261	7,310,309	5,257,622	45,106	72,318	1,237,316	1,261,304	0	0	39,380,673	18,933,687
Southwestern Vermont		4,439,616	6,380,782	2,127,649	2,856,282	514,498	1,000,102	58,755	358,485	38,475	0	17,774,644	2,418,076
Springfield Hospital		3,057,249	3,221,194	1,563,644	2,638,421	144,962	328,892	20,008	271,474	0	0	11,245,844	5,907,333
University of Vermont Medical Ctr		45,260,441	24,242,212	24,311,591	16,251,410	12,479,348	2,645,259	278,271	1,016,181	0	8,447,223	134,931,936	32,425,788

APPENDIX 6

Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2017

Data Source: Medicare Cost Reports for the hospital year ending 9/30/14

(Retreat Health Care 12/31/14) from Medicare fiscal intermediary. Most reports were delivered to DVHA March 2015.

Hospital	Hospital's MCR Filing Status	Adult & Peds Per Diem	Nursery Per Diem	ICU Per Diem	NICU Per Diem	Surgical ICU Per Diem	Subprovider IPF Per Diem	Subprovider IRF Per Diem
		Wksheet D-1, Part II, Line 38	Wksheet D-1, Part II, Line 42	Wksheet D-1, Part II, Line 43	Wksheet D-1, Part II, Line 45.01	Wksheet D-1, Part II, Line 46	Wksheet D-1, Part II, Line 38 (Subprovider)	Wksheet D-1, Part II, Line 38 (Subprovider)
		DSH Survey I.A.41	DSH Survey I.A.42	DSH Survey I.A.43	DSH Survey I.A.44	DSH Survey I.A.45	DSH Survey I.A.46	DSH Survey I.A.47
470011	Brattleboro Memorial Hospital	As Submitted	1,646.97	1,646.97	2,104.85	0.00	0.00	0.00
470001	Central Vermont Hospital	As Submitted	1,124.39	805.23	3,444.03	0.00	3,444.03	1,087.81
471305	Copley Hospital	As Submitted	1,475.87	1,427.15	3,290.24	0.00	0.00	0.00
471301	Gifford Hospital	As Submitted	1,051.02	1,109.76	1,633.53	0.00	0.00	0.00
471300	Grace Cottage Hospital	As Submitted	1,306.69	0.00	0.00	0.00	0.00	0.00
471302	Mt. Ascutney Hospital	As Submitted	1,582.44	0.00	0.00	0.00	0.00	0.00
471304	North Country Hospital	As Submitted	1,235.95	694.93	3,918.20	0.00	0.00	0.00
471303	Northeastern Vermont Hospital	As Submitted	2,276.51	604.22	4,137.92	0.00	0.00	0.00
470024	Northwestern Medical Center	As Submitted	1,334.11	569.88	1,443.22	0.00	0.00	0.00
471307	Porter Hospital	As Submitted	1,479.27	849.67	2,167.20	0.00	0.00	0.00
474001	Retreat Health Care	see below	907.46	0.00	0.00	0.00	0.00	0.00
470005	Rutland Regional Medical Center	As Submitted	1,540.40	1,013.71	2,278.28	0.00	0.00	1,329.52
470012	Southwestern Vermont Hospital	As Submitted	1,219.21	803.93	2,321.28	0.00	0.00	0.00
471306	Springfield Hospital	As Submitted	1,119.47	858.69	1,119.47	0.00	0.00	1,106.84
470003	University of Vermont Medical Ctr	As Submitted	1,224.58	601.88	2,537.76	1,995.75	2,394.80	0.00

Apportion 25% of 12/31/13 MCR and 75% of 12/31/14 MCR to data used in calculations.

474001	Retreat Health Care	12/31/14 As Sub	932.01	0.00	0.00	0.00	0.00	0.00
474001	Retreat Health Care	12/31/13 As Sub	833.80	0.00	0.00	0.00	0.00	0.00
474001	Retreat Health Care	Blend	907.46	0.00	0.00	0.00	0.00	0.00

APPENDIX 6

Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2017

Hospital	Wksheet D-3 (Hospital), Col 2, Line 202	Wksheet D-3 (Hospital), Col 3, Line 200	Wksheet D-3 (Subprovider), Col 2, Line 202	Wksheet D-3 (Subprovider), Col 3, Line 202	Inpatient Ancillary CCR	Wksheet D, Part V, Col 3 ¹ , Line 202	Wksheet D, Part V, Col 6 ² , Line 202	Outpatient CCR	
	DSH Survey I.B.6	DSH Survey I.B.7	DSH Survey I.B.8	DSH Survey I.B.9		DSH Survey I.C.6	DSH Survey I.C.7		
470011	Brattleboro Memorial Hospital	2,638,660	948,947	0	0	0.3596	12,596,909	4,219,233	0.3349
470001	Central Vermont Hospital	5,583,290	2,598,616	533,113	218,703	0.4606	28,151,943	9,441,871	0.3354
471305	Copley Hospital	2,781,889	1,081,024	0	0	0.3886	13,029,534	5,624,554	0.4317
471301	Gifford Hospital	1,653,722	530,883	0	0	0.3210	6,028,552	2,173,988	0.3606
471300	Grace Cottage Hospital	125,662	54,647	0	0	0.4349	1,150,582	517,180	0.4495
471302	Mt. Ascutney Hospital	154,231	53,712	0	0	0.3483	3,095,920	1,307,735	0.4224
471304	North Country Hospital	3,061,089	993,942	0	0	0.3247	8,063,727	3,387,018	0.4200
471303	Northeastern Vermont Hospital	3,223,767	1,062,272	0	0	0.3295	14,613,113	6,371,384	0.4360
470024	Northwestern Medical Center	4,818,582	2,473,745	0	0	0.5134	17,595,354	8,583,721	0.4878
471307	Porter Hospital	2,691,538	1,345,889	0	0	0.5000	8,954,090	3,315,046	0.3702
474001	Retreat Health Care	1,449,116	535,747	0	0	0.3697	9,727,367	3,244,502	0.3335
470005	Rutland Regional Medical Center	12,543,890	5,912,189	0	0	0.4713	39,356,718	16,585,531	0.4214
470012	Southwestern Vermont Hospital	4,323,471	1,593,912	0	0	0.3687	23,303,149	7,532,639	0.3232
471306	Springfield Hospital	2,123,641	851,378	175,472	71,913	0.4016	6,055,006	2,977,564	0.4918
470003	University of Vermont Medical Ctr	60,156,507	22,525,370	0	0	0.3744	112,098,397	31,819,652	0.2839

¹ For some hospitals, this may be Column 2 or 4.

² For some hospitals, this may be Column 5 or 7.

For Central Vermont and Springfield, this includes data on their IPF Subprov wksheet

Apportion 25% of 12/31/13 MCR and 75% of 12/31/14 MCR to data used in calculations.

474001	Retreat Health Care	1,458,060	544,272	0	0	0.3733	12,596,909	4,219,233	0.3349
474001	Retreat Health Care	1,422,284	510,171	0	0	0.3587	1,118,739	320,308	0.2863
474001	Retreat Health Care	1,449,116	535,747	0	0	0.3697	9,727,367	3,244,502	0.3335

APPENDIX 6

Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2017

		Medicaid Portion of GME	
Hospital		Wksheet E-4 Part IV (Title XIX), Line 31	Wksheet S-3 All Patient Days (compiled on DSH Survey)
		DSH Survey I.D.1	DSH Survey II.A.15
470011	Brattleboro Memorial Hospital	0	6,031
470001	Central Vermont Hospital	0	18,035
471305	Copley Hospital	0	4,683
471301	Gifford Hospital	0	7,401
471300	Grace Cottage Hospital	0	4,282
471302	Mt. Ascutney Hospital	0	8,670
471304	North Country Hospital	0	5,582
471303	Northeastern Vermont Hospital	0	5,301
470024	Northwestern Medical Center	0	9,197
471307	Porter Hospital	0	6,101
474001	Retreat Health Care	0	37,601
470005	Rutland Regional Medical Center	0	30,276
470012	Southwestern Vermont Hospital	0	13,547
471306	Springfield Hospital	0	8,763
470003	University of Vermont Medical Ctr	4,460,316	115,030

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474001	Retreat Health Care		38,126
474001	Retreat Health Care	0	36,025
474001	Retreat Health Care	0	37,601

APPENDIX 7

Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2017

Data Source: Reports produced by HP, DVHA's fiscal agent
for services rendered for the 12-month period ending 9/30/14. Reports were produced in January 2016.

Hospital		Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF
		Inpatient Days Billed to Revenue Codes 110-119,120-150, 190	Inpatient Days Billed to Revenue Codes 170-171	Inpatient Days Billed to Revenue Codes 200-206	Inpatient Days Billed to Revenue Codes 172-179	Inpatient Days Billed to Revenue Codes 210-214	Inpatient Days Billed to Revenue Codes 110-119,120-150	Inpatient Days Billed to Revenue Codes 110-119,120-150
		DSH Survey I.A.1 + I.A.3	DSH Survey I.A.2	DSH Survey I.A.4	DSH Survey I.A.5	DSH Survey I.A.6	DSH Survey I.A.7	DSH Survey I.A.8
470011	Brattleboro Memorial Hospital	788	372	116	0	0	0	0
470001	Central Vermont Hospital	1,514	461	316	0	0	1,584	0
471305	Copley Hospital	558	270	31	0	0	0	0
471301	Gifford Hospital	778	147	13	0	0	0	0
471300	Grace Cottage Hospital	72	0	0	0	0	0	0
471302	Mt. Ascutney Hospital	53	0	0	0	0	0	0
471304	North Country Hospital	833	370	62	0	0	0	0
471303	Northeastern Vermont Hospital	587	297	49	0	0	0	0
470024	Northwestern Medical Center	1,205	530	175	0	0	0	0
471307	Porter Hospital	697	366	58	0	0	0	0
474001	Retreat Health Care	6,432	0	0	0	0	0	0
470005	Rutland Regional Medical Center	7,625	681	160	0	0	0	0
470012	Southwestern Vermont Hospital	1,249	460	175	0	0	0	0
471306	Springfield Hospital	738	166	1	17	0	985	0
470003	University of Vermont Medical Ctr	14,858	1,837	899	2,868	742	0	1,639

APPENDIX 7

Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2017

Hospital	VT Medicaid Inpatient Ancillary Charges	VT Medicaid Outpatient Charges	VT Medicaid Inpatient Payments	VT Medicaid Outpatient Payments
	DSH Survey I.B.1	DSH Survey I.C.1	DSH Survey I.E.1	DSH Survey I.E.6
470011 Brattleboro Memorial Hospital	2,796,985	15,021,343	2,880,906	3,529,585
470001 Central Vermont Hospital	6,176,961	28,106,175	7,107,976	6,702,888
471305 Copley Hospital	2,809,540	13,122,442	2,244,624	3,549,576
471301 Gifford Hospital	2,761,633	12,210,908	1,863,617	2,579,333
471300 Grace Cottage Hospital	127,914	1,868,456	98,707	440,144
471302 Mt. Ascutney Hospital	154,231	4,415,706	113,699	929,632
471304 North Country Hospital	3,089,911	21,143,890	2,849,226	4,380,236
471303 Northeastern Vermont Hospital	3,218,974	14,613,112	2,151,784	3,015,625
470024 Northwestern Medical Center	5,429,145	21,433,244	5,256,834	7,425,986
471307 Porter Hospital	2,725,125	11,533,722	2,329,916	2,979,189
474001 Retreat Health Care	1,395,516	51,786	8,054,476	7,770
470005 Rutland Regional Medical Center	13,333,131	39,662,494	13,555,437	10,641,261
470012 Southwestern Vermont Hospital	4,337,556	23,376,931	4,439,616	6,380,782
471306 Springfield Hospital	2,336,462	12,702,275	3,057,249	3,221,194
470003 University of Vermont Medical Ctr	62,976,655	114,017,761	45,260,441	24,242,212

APPENDIX 8

Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2017

VT Medicare/Medicaid Eligibles

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF
	Inpatient Days Billed to Revenue Codes 110-119,120-150, 190	Inpatient Days Billed to Revenue Codes 170-171	Inpatient Days Billed to Revenue Codes 200-206	Inpatient Days Billed to Revenue Codes 173-179	Inpatient Days Billed to Revenue Codes 210-214	Inpatient Days Billed to Revenue Codes 110-119,120-150	Inpatient Days Billed to Revenue Codes 110-119,120-150
	DSH Survey I.A.9 + I.A.11	DSH Survey I.A.10	DSH Survey I.A.12	DSH Survey I.A.13	DSH Survey I.A.14	DSH Survey I.A.15	DSH Survey I.A.16
470011 Brattleboro Memorial Hospital	464	0	182	0	0	0	0
470001 Central Vermont Hospital	1,250	0	212	0	113	1,063	0
471305 Copley Hospital	501	0	20	0	0	0	0
471301 Gifford Hospital	1,926	0	46	0	0	0	0
471300 Grace Cottage Hospital							
471302 Mt. Ascutney Hospital	895	0	2	0	0	0	173
471304 North Country Hospital	1,035	0	93	0	0	0	0
471303 Northeastern Vermont Hospital	552	0	60	0	0	0	0
470024 Northwestern Medical Center	1,077	0	338	0	0	0	0
470006 Porter Hospital	794	0	57	0	0	0	0
474001 Retreat Health Care							
470005 Rutland Regional Medical Center	3,648	0	166	0	0	0	0
470012 Southwestern Vermont Hospital	829	0	171	0	0	0	0
471306 Springfield Hospital	651	5	0	0	0	333	0
470003 University of Vermont Medical Ctr	10,291	0	711	0	352	0	1,751

APPENDIX 8

Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2017

Other State Medicaid

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF	
	Inpatient Days Billed to Revenue Codes 110-119,120-150, 190	Inpatient Days Billed to Revenue Codes 170-171	Inpatient Days Billed to Revenue Codes 200-206	Inpatient Days Billed to Revenue Codes 173-179	Inpatient Days Billed to Revenue Codes 210-214	Inpatient Days Billed to Revenue Codes 119,120-150	Inpatient Days Billed to Revenue Codes 119,120-150	
	DSH Survey I.A.17+19+25+27	DSH Survey I.A.18 + I.A.26	DSH Survey I.A.20 + I.A.28	DSH Survey I.A.21 + I.A.29	DSH Survey I.A.22 + I.A.30	DSH Survey I.A.23 + I.A.31	DSH Survey I.A.24 + I.A.32	
470011	Brattleboro Memorial Hospital	121	39	32	0	0	0	0
470001	Central Vermont Hospital	0	0	0	0	0	0	0
471305	Copley Hospital	5	0	1	0	0	0	0
471301	Gifford Hospital	2	4	0	0	0	0	0
471300	Grace Cottage Hospital							
471302	Mt. Ascutney Hospital	11	0	0	0	0	0	5
471304	North Country Hospital	7	0	2	0	0	0	0
471303	Northeastern Vermont Hospital	4	4	0	0	0	0	0
470024	Northwestern Medical Center	2	0	0	0	0	0	0
470006	Porter Hospital	3	0	0	0	0	0	0
474001	Retreat Health Care							
470005	Rutland Regional Medical Center	67	3	0	0	0	60	0
470012	Southwestern Vermont Hospital	264	132	13	0	0	0	0
471306	Springfield Hospital	95	44	2	0	0	56	0
470003	University of Vermont Medical Ctr	3,382	122	239	1,066	468	0	168

APPENDIX 8

Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2017

No Third Party Coverage

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF	
	Inpatient Days Billed to Revenue Codes 110-119,120-150, 190	Inpatient Days Billed to Revenue Codes 170-171	Inpatient Days Billed to Revenue Codes 200-206	Inpatient Days Billed to Revenue Codes 173-179	Inpatient Days Billed to Revenue Codes 210-214	Inpatient Days Billed to Revenue Codes 110-119,120-150	Inpatient Days Billed to Revenue Codes 110-119,120-150	
	DSH Survey I.A.33 + I.A.35	DSH Survey I.A.34	DSH Survey I.A.36	DSH Survey I.A.37	DSH Survey I.A.38	DSH Survey I.A.39	DSH Survey I.A.40	
470011	Brattleboro Memorial Hospital	86	63	15	0	0	0	0
470001	Central Vermont Hospital	39	14	16	0	0	49	0
471305	Copley Hospital	106	8	6	0	0	0	0
471301	Gifford Hospital	316	102	1	0	0	0	0
471300	Grace Cottage Hospital							
471302	Mt. Ascutney Hospital	15	0	0	0	0	0	0
471304	North Country Hospital	26	0	0	0	0	0	0
471303	Northeastern Vermont Hospital	46	2	3	0	0	0	0
470024	Northwestern Medical Center	71	24	23	0	0	0	0
470006	Porter Hospital	34	11	5	0	0	0	0
474001	Retreat Health Care							
470005	Rutland Regional Medical Center	318	2	5	0	0	321	0
470012	Southwestern Vermont Hospital	97	18	12	0	0	0	0
471306	Springfield Hospital	94	31	2	0	0	139	0
470003	University of Vermont Medical Ctr	592	38	78	35	80	0	4

APPENDIX 8
Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2017

Hospital	Inpatient Ancillary Charges			Outpatient Charges			
	VT Medicare/ Medicaid Eligibles	Other State Medicaid Beneficiaries	Individuals with No Third Party Coverage	VT Medicare/ Medicaid Eligibles	Other State Medicaid Beneficiaries	Individuals with No Third Party Coverage	
	DSH Survey I.B.2	DSH Survey I.B.3 + I.B.4	DSH Survey I.B.5	DSH Survey I.C.2	DSH Survey I.C.3 + I.C.4	DSH Survey I.C.5	
470011	Brattleboro Memorial Hospital	1,818,746	383,916	231,487	5,255,336	546,311	1,756,543
470001	Central Vermont Hospital	4,320,793	0	265,584	11,638,127	258,169	2,606,236
471305	Copley Hospital	1,137,733	11,856	274,090	3,608,314	31,169	3,769,326
471301	Gifford Hospital	3,719,676	11,051	665,981	5,936,078	16,825	2,974,631
471300	Grace Cottage Hospital						
471302	Mt. Ascutney Hospital	1,201,140	26,565	34,411	1,715,617	438,151	1,111,888
471304	North Country Hospital	2,715,774	47,176	127,332	10,850,772	98,792	1,183,209
471303	Northeastern Vermont Hospital	2,384,121	21,781	248,400	5,005,996	150,676	1,762,786
470024	Northwestern Medical Center	5,048,474	8,619	301,698	9,420,170	30,367	3,245,786
470006	Porter Hospital	2,248,448	6,339	135,808	4,986,267	121,934	1,381,920
474001	Retreat Health Care						
470005	Rutland Regional Medical Center	9,262,603	259,084	1,019,683	18,935,335	684,262	5,138,365
470012	Southwestern Vermont Hospital	2,998,951	832,660	409,286	9,984,018	3,127,141	2,816,087
471306	Springfield Hospital	1,577,184	286,939	372,570	6,524,044	1,085,033	3,397,032
470003	University of Vermont Medical Ctr	38,171,176	19,082,490	5,173,070	63,745,991	14,416,288	12,979,753

APPENDIX 8
Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2017

Hospital	Payments								
	VT Medicare/ Medicaid Eligibles- Inpatient	VT Medicare/ Medicaid Eligibles- Outpatient	Other State Medicaid Beneficiaries- Inpatient	Other State Medicaid Beneficiaries- Outpatient	Individuals with No Third Party Coverage- Inpatient	Individuals with No Third Party Coverage- Outpatient	Other State DSH Payments	State & Local Subsidies + Sect. 1011 Payments	
	DSH Survey I.E.2	DSH Survey I.E.7	DSH Survey I.E.3 + I.E.4	DSH Survey I.E.8 + I.E.9	DSH Survey I.E.5	DSH Survey I.E.10	DSH Survey I.E.13	DSH Survey I.E.11+12+14	
470011	Brattleboro Memorial Hospital	1,787,935	1,351,783	217,239	148,527	22,043	144,300	0	0
470001	Central Vermont Hospital	4,640,116	3,670,363	0	76,142	40,957	395,803	0	0
471305	Copley Hospital	1,458,003	1,802,006	12,841	6,886	41,639	418,903	0	0
471301	Gifford Hospital	3,522,821	2,490,304	1,771	3,301	4,015	155,318	0	0
471300	Grace Cottage Hospital								
471302	Mt. Ascutney Hospital	1,595,380	973,362	11,914	123,084	0	0	0	0
471304	North Country Hospital	2,824,609	4,028,018	15,545	14,690	9,273	152,307	0	0
471303	Northeastern Vermont Hospital	1,549,057	2,046,333	2,552	23,908	14,863	77,881	0	0
470024	Northwestern Medical Center	4,258,118	2,892,887	8,440	5,427	63,378	196,583	0	0
470006	Porter Hospital	2,726,491	2,149,197	9,923	39,821	7,175	355,182	0	0
474001	Retreat Health Care								
470005	Rutland Regional Medical Center	7,310,309	5,257,622	45,106	72,318	1,237,316	1,261,304	0	0
470012	Southwestern Vermont Hospital	2,127,649	2,856,282	514,498	1,000,102	58,755	358,485	0	38,475
471306	Springfield Hospital	1,563,644	2,638,421	144,962	328,892	20,008	271,474	0	0
470003	University of Vermont Medical Ctr	24,311,591	16,251,410	12,479,348	2,645,259	278,271	1,016,181	0	0

APPENDIX 9

Formulas Used in the Calculation of the Hospital-Specific Limit in Federal Fiscal Year 2017

Inpatient Accommodation Cost Per Day for Adults & Peds = [Adults & Peds Days] * [General Routine Cost Per Day]

Source data for Medicaid days is the state's MMIS. Source data for other cases is the DSH Survey.

Source for per diem cost is Worksheet D-1, Part II, Line 38.

Inpatient Accommodation Cost Per Day for Nursery = [Nursery Days] * [Nursery Cost Per Day]

Source data for Medicaid days is the state's MMIS.

Source for per diem cost is Worksheet D-1, Part II, Line 42.

Inpatient Accommodation Cost Per Day for ICU = [ICU Days] * [ICU Cost Per Day]

Source data for Medicaid days is the state's MMIS.

Source for per diem cost is Worksheet D-1, Part II, Line 43.

Inpatient Accommodation Cost Per Day for NICU or Surgery ICD = [NICU or Surgery ICD Days] * [NICU or Surgery ICU Cost Per Day]

Fletcher Allen Health Care only. The hospital separately reported NICU and Surgery ICU costs per day which are used in the calculation.

Source data for Medicaid days is the state's MMIS.

Source for NICU per diem cost is Worksheet D-1, Part II, Line 45.01. Source for Surgery ICU per diem cost is Worksheet D-1, Part II, Line 46.

Inpatient Accommodation Cost Per Day for Subprovider = [Subprovider Days] * [General Routine Cost Per Day]

Source data for Medicaid days is the state's MMIS.

Source for per diem cost is Worksheet D-1, Part II, Line 38 (Subprovider schedule).

Inpatient Ancillary Cost-to-Charge Ratio = [Inpatient Ancillary Costs] / [Inpatient Ancillary Charges]

Inpatient Ancillary Costs from Worksheet D-3, Column 3, Row 202; Inpatient Ancillary Charges from Worksheet D-3, Column 2, Row 200

If there is a Subprovider schedule reported, then the same data elements from the subprovider schedule are added to the main schedule in the numerator and the denominator.

Outpatient Cost-to-Charge Ratio = [Outpatient Costs] / [Outpatient Charges]

Outpatient Costs from Worksheet D, Part V, Column 6, Line 200

Outpatient Charges from Worksheet D, Part V, Column 3, Line 200

APPENDIX 10

**DSH SURVEY TEMPLATE SUBMITTED TO HOSPITALS FOR SUBMISSION OF DATA USED IN
DSH CALCULATIONS WHERE THE HOSPITAL IS THE PRIMARY SOURCE**

Hospital DSH Survey Checklist for FFY 2017

0

DSH Rate Year FFY 2017

***** This year's DSH Survey is due back to DVHA by close of business Tuesday, April 12, 2016. *****

Before submitting your DSH Survey to DVHA, please confirm that you have done the following:

1. A completed Survey Cover Page has been signed by an authorized representative of the hospital (either Sections A+B+E or A+C+D+E).
2. The Survey Cover Page is scanned in with the original signature and is emailed in as a separate file with the DSH Survey.
3. Every cell in yellow has been filled in by your hospital. If the value to enter is zero, please enter \$0. Do not leave the cell blank.
4. Confirm that you concur with our crosswalk of accommodation revenue codes as shown in Schedule 1, cells I.A.1 - I.A.6. If you do not concur, please enter any changes in the Open Ended Notes section below.
5. For our own tracking purposes, state the name of the file you are submitting related to each of the schedules below.

Schedule 5 (Inpatient data for Mcare/Mcaid dual eligibles)	
Schedule 6 (Inpatient data for out of state FFS Medicaid)	
Schedule 7 (Inpatient data for out of state HMO Medicaid)	
Schedule 8 (Inpatient data for Indiv No 3rd Party Coverage)	
Schedule 9 (Outpatient data for Mcare/Mcaid dual eligibles)	
Schedule 10 (Outpatient data for out of state FFS Medicaid)	
Schedule 11 (Outpatient data for out of state HMO Medicaid)	
Schedule 12 (Outpatient data for Indiv No 3rd Party Coverage)	

If you have no utilization for any of the categories above, in the file name field write "no utilization".

6. Related to the Inpatient detailed Schedules 6, 7 and 8:
 - a. Each schedule has the days distributed by revenue code category (Adult & Ped, Nursery, ICU, etc.)
 - b. Each type of day recorded by revenue code category has an associated cost per day reported on Section 1, I.A.41 - I.A.47.
 - c. Each schedule has accommodation charges listed separately from ancillary charges (revenue code 250 and above).
 - d. For Schedule 8, both Part A and Part B are completed.
7. Related to the Outpatient detailed Schedule 12, please ensure that both Part A and Part B are completed.
8. You have entered totals from Schedule 5 on to Schedule 1, I.A.9-16, Schedule 2, I.B.2 and I.E.2
9. You have entered totals from Schedule 6 on to Schedule 1, I.A.17-24, Schedule 2, I.B.3 and I.E.3
10. You have entered totals from Schedule 7 on to Schedule 1, I.A.25-32, Schedule 2, I.B.4 and I.E.4
11. You have entered totals from Schedule 8 on to Schedule 1, I.A.33-40, Schedule 2, I.B.5 and I.E.5, and Schedule 4, III.D.1
12. You have entered totals from Schedule 9 on to Schedule 2, I.C.2 and I.E.7
13. You have entered totals from Schedule 10 on to Schedule 2, I.C.3 and I.E.8
14. You have entered totals from Schedule 11 on to Schedule 2, I.C.4 and I.E.9
15. You have entered totals from Schedule 12 on to Schedule 2, I.C.5 and I.E.10
16. Provider-based services that are separately billed are not reported anywhere in this DSH Survey.

Enter any Open Ended notes that you would like DVHA staff to be aware of in the space below:

For questions, contact Deb Stempel at Deborah.Stempel@state.vt.us or (802) 879-5926.

Hospital DSH Survey Cover Page

CELLS SHADED YELLOW REQUIRE DATA ENTRY BY THE HOSPITAL.

DSH Rate Year FFY 2017

A. Hospital Contact for DVHA

Hospital Name		DVHA ID	
Person Completing		Phone	
Email		Fax	

B. (Optional) Certification of Waiver from Participation in the Disproportionate Share Program for FFY 2017

If you choose not to participate in the DSH program for FFY 2017, complete this section only and sign below. Submit this page to the Department of Vermont Health Access, Attn Deb Stempel no later than Tuesday, **April 12, 2016**.

To be completed by hospital CEO:

As the Chief Executive Officer of the above-named hospital, I attest to the fact that we waive our right to participate in the Department of Vermont Health Access's Disproportionate Share Program for Federal Fiscal Year 2017. We waive this right due to the fact that, based on our analysis, we have determined that (place an X in one of the boxes below):

Our Medicaid Inpatient Utilization Rate is less than 1.0% for the DSH year examined and, therefore, we will not be eligible for a DSH payment in FFY 2017.

Our Hospital-Specific Limit is less than \$0 for the DSH year examined and, therefore, we will not be eligible for a DSH payment in FFY 2017.

Other (specify): _____

C. Hospital Medicare Cost Report (MCR) Status

For this year's DSH calculations, the DVHA is using the Hospital MCRs for the year ending 9/30/14. DVHA received MCR cost reports from its contractor in June 2015. However, the Date Prepared on each hospital's MCR in most cases is between February and March 2015. The status of all MCR data that DVHA is using is As Submitted.

If the Hospital has an MCR more current than the one received by DVHA, please place an X in the box to the right.

If you placed an X in the box, the hospital must enter data in the Override fields (shaded blue) on schedules where the MCR is the source. Additionally, submit copies of the appropriate MCR schedules that show where the figures were derived.

D. Obstetric Certification

Place an X in one of the boxes below:

I certify that the hospital has at least two obstetricians with staff privileges who have agreed to provide obstetric services (emergency and nonemergency) to individuals eligible for Medicaid.

I certify that the hospital is located in a rural area and has at least two (2) qualified physicians with staff privileges who have agreed to provide non-emergency obstetric services to individuals eligible for Medicaid.

If you checked either of the boxes above, complete the following:

	License Number	Practitioner Name	Credential (e.g., MD, midwife)
1.			
2.			

I certify that the hospital did not offer non-emergency obstetric services to the general population as of December 22, 1987, or that the inpatients of the hospital are predominantly individuals under 18 years of age.

E. Additionally, the statement below must be signed by the hospital CEO or CFO:

The information included in this document and the attachments is true, accurate and complete to the best of my knowledge and belief. I understand that DVHA will rely on this Certification Statement at the time DVHA certifies its expenditures to the Centers for Medicare and Medicaid Services and that the hospital is responsible for reimbursing the DVHA for any monies resulting from federal recoupment due to inaccurate information provided and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Signature

Date

Printed or Typed Name

Title

Hospital DSH Survey Schedule 1

0

DSH Rate Year FFY 2017

ALL CELLS SHADED GREY DISPLAY DATA COMPILED BY DVHA FROM THE SOURCES CITED.
 ALL CELLS SHADED BLUE ARE OPTIONAL. ONLY FILL IN IF YOU HAVE UPDATED DATA TO OVERRIDE DVHA'S FIGURES.
 ALL CELLS SHADED YELLOW REQUIRE HOSPITAL DATA ENTRY SINCE THE SOURCE DATA IS SUPPLIED BY HOSPITALS.

I. INPUTS TO CALCULATE THE HOSPITAL SPECIFIC LIMIT

A. Inputs to Calculate Routine Costs

Data Variable	Source	Revenue Codes	DVHA Fill In	Hospital Fill In or Override
1. Vermont Medicaid Inpatient Days for Adults & Peds	HP MRMN503S report	110-119, 120-150		
2. Vermont Medicaid Inpatient Days for Nursery	HP MRMN503S report	170-171		
3. Vermont Medicaid Inpatient Days for Waiting Placement to LTC	HP MRMN503S report	190		
4. Vermont Medicaid Inpatient Days for ICU	HP MRMN503S report	200-206		
5. Vermont Medicaid Inpatient Days for Neonatal ICU	HP MRMN503S report	173-179		
6. Vermont Medicaid Inpatient Days for Surgical ICU	HP MRMN503S report	210-214		
7. Vermont Medicaid Inpatient Days for Subprovider IPF	HP MRMN503S report	separate schedule		
8. Vermont Medicaid Inpatient Days for Subprovider IRF	HP MRMN503S report	separate schedule		
9. VT Medicaid/Medicare Eligible Inpatient Days for Adults & Peds	Hospital data source			
10. VT Medicaid/Medicare Eligible Inpatient Days for Nursery	Hospital data source			
11. VT Medicaid/Medicare Eligible Inpatient Days for Waiting Place.	Hospital data source			
12. VT Medicaid/Medicare Eligible Inpatient Days for ICU	Hospital data source			
13. VT Medicaid/Medicare Eligible Inpatient Days for Neonatal ICU	Hospital data source			
14. VT Medicaid/Medicare Eligible Inpatient Days for Surgical ICU	Hospital data source			
15. VT Medicaid/Medicare Eligible Inpatient Days for Subprov IPF	Hospital data source			
16. VT Medicaid/Medicare Eligible Inpatient Days for Subprov IRF	Hospital data source			
17. Other State FFS Medicaid Inpatient Days for Adults & Peds	Hospital data source			
18. Other State FFS Medicaid Inpatient Days for Nursery	Hospital data source			
19. Other State FFS Medicaid Inpatient Days for Waiting Place.	Hospital data source			
20. Other State FFS Medicaid Inpatient Days for ICU	Hospital data source			
21. Other State FFS Medicaid Inpatient Days for Neonatal ICU	Hospital data source			
22. Other State FFS Medicaid Inpatient Days for Surgical ICU	Hospital data source			
23. Other State FFS Medicaid Inpatient Days for Subprovider IPF	Hospital data source			
24. Other State FFS Medicaid Inpatient Days for Subprovider IRF	Hospital data source			
25. Other State HMO Medicaid Inpatient Days for Adults & Peds	Hospital data source			
26. Other State HMO Medicaid Inpatient Days for Nursery	Hospital data source			
27. Other State HMO Medicaid Inpatient Days for Waiting Place.	Hospital data source			
28. Other State HMO Medicaid Inpatient Days for ICU	Hospital data source			
29. Other State HMO Medicaid Inpatient Days for Neonatal ICU	Hospital data source			
30. Other State HMO Medicaid Inpatient Days for Surgical ICU	Hospital data source			
31. Other State HMO Medicaid Inpatient Days for Subprovider IPF	Hospital data source			
32. Other State HMO Medicaid Inpatient Days for Subprovider IRF	Hospital data source			
33. Indiv. No 3rd Party Coverage Days for Adults & Peds	Hospital data source			
34. Indiv. No 3rd Party Coverage Days for Nursery	Hospital data source			
35. Indiv. No 3rd Party Coverage Days for Waiting Placement	Hospital data source			
36. Indiv. No 3rd Party Coverage Days for ICU	Hospital data source			
37. Indiv. No 3rd Party Coverage Days for Neonatal ICU	Hospital data source			
38. Indiv. No 3rd Party Coverage Days for Surgical ICU	Hospital data source			
39. Indiv. No 3rd Party Coverage Days for Subprovider IPF	Hospital data source			
40. Indiv. No 3rd Party Coverage Days for Subprovider IRF	Hospital data source			
41. Per Diem Cost for Adults & Peds	MCR D-1, Line 38	Title XIX schedule		
42. Per Diem Cost for Nursery	MCR D-1, Line 42	Title XIX schedule		
43. Per Diem Cost for ICU	MCR D-1, Line 43	Title XIX schedule		
44. Per Diem Cost for Neonatal ICU	MCR D-1, Line 45.01	Title XIX schedule		
45. Per Diem Cost for Surgical ICU	MCR D-1, Line 46	Title XIX schedule		
46. Per Diem Cost for Subprovider IPF	MCR D-1, Subpr, Line 38	Subprov IPF schedule		
47. Per Diem Cost for Subprovider IRF	MCR D-1, Subpr, Line 38	Subprov IRF schedule		

Hospital DSH Survey Schedule 2

0

DSH Rate Year FFY 2017

ALL CELLS SHADED GREY DISPLAY DATA COMPILED BY DVHA FROM THE SOURCES CITED.
 ALL CELLS SHADED BLUE ARE OPTIONAL. ONLY FILL IN IF YOU HAVE UPDATED DATA TO OVERRIDE DVHA'S FIGURES.
 ALL CELLS SHADED YELLOW REQUIRE HOSPITAL DATA ENTRY SINCE THE SOURCE DATA IS SUPPLIED BY HOSPITALS.

I. INPUTS TO CALCULATE THE HOSPITAL SPECIFIC LIMIT

B. Inputs to Calculate Inpatient Ancillary Costs

Data Variable	Source	DVHA Fill In	Hospital Fill In or Override
1. Vermont Medicaid Inpatient Ancillary Charges	HP MRMN503S report	\$0	
	Total on HP MRMN503S report		
	Exclude professional svc charges		
2. VT Medicaid/Medicare Eligible Inpatient Ancillary Charges	Hospital data source		
3. Other State FFS Medicaid Inpatient Ancillary Charges	Hospital data source		
4. Other State HMO Medicaid Inpatient Ancillary Charges	Hospital data source		
5. Indiv. No 3rd Party Coverage Inpatient Ancillary Charges	Hospital data source		
6. Title XIX Inpatient Ancillary Charges- Hospital	MCR D-3 TXIX, Col 2, Line 202		
7. Title XIX Inpatient Ancillary Costs- Hospital	MCR D-3 TXIX, Col 3, Line 200		
8. Title XIX Inpatient Ancillary Charges- Subprovider IPF	MCR D-3 TXIX IPF, Col 2, Line 202		
9. Title XIX Inpatient Ancillary Costs- Subprovider IPF	MCR D-3 TXIX IPF, Col 3, Line 200		
10. Title XIX Inpatient Ancillary Charges- Subprovider IRF	MCR D-3 TXIX IRF, Col 2, Line 202		
11. Title XIX Inpatient Ancillary Costs- Subprovider IRF	MCR D-3 TXIX IRF, Col 3, Line 200		

C. Inputs to Calculate Outpatient Ancillary Costs

1. Vermont Medicaid Outpatient Ancillary Charges	HP MRMN503S report	\$0	
	Total on HP MRMN503S report		
	Exclude professional svc charges		
2. VT Medicaid/Medicare Eligible Outpatient Ancillary Charges	Hospital data source		
3. Other State FFS Medicaid Outpatient Ancillary Charges	Hospital data source		
4. Other State HMO Medicaid Outpatient Ancillary Charges	Hospital data source		
5. Indiv. No 3rd Party Coverage Outpatient Ancillary Charges	Hospital data source		
6. Title XIX Outpatient Ancillary Charges- Hospital	MCR D Pt V, TXIX, Col 3*, Line 202		
7. Title XIX Outpatient Ancillary Costs- Hospital	MCR D Pt V, TXIX, Col 6**, Line 202		

D. Inputs to Calculate Applicable Graduate Medical Education Costs

1. Medicaid Portion of Grad Med Ed Costs (Title XIX schedule)	MCR E-4 TXIX, Col 1, Line 31		
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E. Inputs to Calculate the Payments for Care

1. Payments for I/P Services to VT Medicaid Beneficiaries	HP MRMN502V report		
2. Payments for I/P Services to VT Medicaid/Medicare Dual Eligibles	Hospital data source		
3. Payments for I/P FFS Services to Medicaid Beneficiaries Outside VT	Hospital data source (includes duals)		
4. Payments for I/P HMO Services to Medicaid Beneficiaries Outside VT	Hospital data source (includes duals)		
5. Payments for I/P Services to Indiv. with No 3rd Party Coverage	Hospital data source		
6. Payments for O/P Services to VT Medicaid Beneficiaries	HP MRMN502V report		
7. Payments for O/P Services to VT Medicaid/Medicare Dual Eligibles	Hospital data source		
8. Payments for O/P FFS Services to Medicaid Beneficiaries Outside VT	Hospital data source (includes duals)		
9. Payments for O/P HMO Services to Medicaid Beneficiaries Outside VT	Hospital data source (includes duals)		
10. Payments for O/P Services to Indiv. with No 3rd Party Coverage	Hospital data source		
11. State and Local Subsidies- Inpatient Services	Hospital data source		
12. State and Local Subsidies- Outpatient Services	Hospital data source		
13. DSH Payments from a Medicaid agency other than Vermont	Hospital data source		
14. Section 1011 Payments	Hospital data source		

* For some hospitals, this may be Column 2 or 4.

** For some hospitals, this may be Column 5 or 7.

Hospital DSH Survey Schedule 3

0

DSH Rate Year FFY 2017

ALL CELLS SHADED GREY DISPLAY DATA COMPILED BY DVHA FROM THE SOURCES CITED.
 ALL CELLS SHADED BLUE ARE OPTIONAL. ONLY FILL IN IF YOU HAVE UPDATED DATA TO OVERRIDE DVHA'S FIGURES.
 ALL CELLS SHADED YELLOW REQUIRE HOSPITAL DATA ENTRY SINCE THE SOURCE DATA IS SUPPLIED BY HOSPITALS.

II. INPUTS TO CALCULATE THE MEDICAID INPATIENT UTILIZATION RATE

A. Inputs to Calculate the Medicaid Inpatient Utilization Rate		DVHA Fill In	Hospital Fill In or Override
Data Variable	Source		
Calculation 1 for Medicaid Days: Using DVHA MMIS and Hospital Data			
1. Vermont Medicaid Inpatient Days (non duals)	Survey Schedule 1, I.A.1 - I.A.8	0	0
2. Vermont Medicaid Inpatient Days (duals)	Survey Schedule 1, I.A.9 - I.A.16	0	0
3. Out of State Medicaid Inpatient Days	Survey Schedule 1, I.A.17 - I.A.32	0	0
4. Total Medicaid Days per DVHA MMIS & Hospital Data	calculation	0	0
Total Patient Days: Using Medicare Cost Report Data			
5. All Patients Adults & Peds Days	MCR Wksht S-3 Pt I, Col 8, Line 1		
6. All Patients HMO days	MCR Wksht S-3 Pt I, Col 8, Line 2+3+4		
7. All Patients Swing Bed SNF Days	MCR Wksht S-3 Pt I, Col 8, Line 5		
8. All Patients Swing Bed NF Days	MCR Wksht S-3 Pt I, Col 8, Line 6		
9. All Patients ICU Days	MCR Wksht S-3 Pt I, Col 8, Line 8		
10. All Patients Neonatal ICU Days	MCR Wksht S-3 Pt I, Col 8, Line 10		
11. All Patients Surgical ICU Days	MCR Wksht S-3 Pt I, Col 8, Line 11		
12. All Patients Nursery Days	MCR Wksht S-3 Pt I, Col 8, Line 13		
13. All Patients Subprovider IPF Days	MCR Wksht S-3 Pt I, Col 8, Line 16		
14. All Patients Subprovider IRF Days	MCR Wksht S-3 Pt I, Col 8, Line 17		
15. Total All Patient Days per Medicare Cost Report	calculation	0	0
Medicaid Inpatient Utilization Rate (II.A.4 / II.A.15)		#DIV/0!	

Hospital DSH Survey Schedule 4

0

DSH Rate Year FFY 2017

ALL CELLS SHADED GREY DISPLAY DATA COMPILED BY DVHA FROM THE SOURCES CITED.
 ALL CELLS SHADED BLUE ARE OPTIONAL. ONLY FILL IN IF YOU HAVE UPDATED DATA TO OVERRIDE DVHA'S FIGURES.
 ALL CELLS SHADED YELLOW REQUIRE HOSPITAL DATA ENTRY SINCE THE SOURCE DATA IS SUPPLIED BY HOSPITALS.

III. INPUTS TO CALCULATE THE LOW INCOME UTILIZATION RATE

Data Variable	Source	Hospital Fill In	
		DVHA Fill In	or Override
A. Inputs to Calculate Net Medicaid Patient Revenue			
1. Total Medicaid Inpatient + Outpatient Revenue	GMCB Report, Actual 2014		
2. Medicaid Contractual Allowances- all but Physician	GMCB Report, Actual 2014		
3. Net Medicaid Patient Revenue- Hospital Services	A.1 - A.2	#VALUE!	#VALUE!
B. Inputs to Calculate State and Local Subsidies			
1. State & Local Subsidies for Inpatient Services	Survey Schedule 2, I.E.11	\$0	
2. State & Local Subsidies for Outpatient Services	Survey Schedule 2, I.E.12	\$0	
C. Inputs to Calculate Net All Payer Patient Revenue			
1. Total All Payer Inpatient + Outpatient Revenue	GMCB Report, Actual 2014		
2. All Payer Contractual Allowances- all but Physician	GMCB Report, Actual 2014		
3. Net All Payer Patient Revenue- Hospital Services	C.1 - C.2	#VALUE!	#VALUE!
D. Inputs to Calculate Portion of LIUR Formula Related to Charges			
1. Total Inpatient Charges Attributable to Individuals with no Third Party Coverage	Hospital should enter total charges that appear on their Schedule 8		
2. Total All Payer Inpatient Only Revenue	GMCB Report, Actual 2014		
E. Low Income Utilization Rate Formula			
LIUR Equation 1	$(A.3 + B.1 + B.2) / C.3$	#VALUE!	
LIUR Equation 2	$(D.1 - B.1) / D.2$	#VALUE!	
Total LIUR	Equation 1 + Equation 2	#VALUE!	

Hospital DSH Survey Schedule 5
Template for Itemizing Inpatient Services for Vermont Medicare/Medicaid Dual Eligibles

Respondents must complete the template as shown below.

Notes:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/13 - 9/30/14, regardless of when payment(s) were received.
3. Include any payments received after 9/30/14 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

Example of Template

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payment Received from All Sources
<i>sample</i>														
85962385103	2/1/2014	2/4/2014	4	3	0	0	1	0	0	0	0	\$6,250.00	\$2,314.82	\$3,748.96
Report the totals for these columns in the survey in the following cells:				I.A.9	I.A.10	I.A.11	I.A.12	I.A.13	I.A.14	I.A.15	I.A.15	I.B.2		I.E.2

Hospital DSH Survey Schedule 6
Template for Itemizing Inpatient Services for Other State FFS Medicaid Inpatient Days

Respondents must complete the template as shown below.
 Include only fee-for-service days on this schedule.
 Respondents should include other state Medicaid dual eligible days on this schedule.

The format for this schedule is the same as is shown for Schedule 5:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/13 - 9/30/14, regardless of when payment(s) were received.
3. Include any payments received after 9/30/14 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

Example of Template

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-----------------------	-----------------------	-------------------------------------	--------------------------------------	-----------------------------------

sample

85962385103	2/1/2014	2/4/2014	4	3	0	0	1	0	0	0	0	\$6,250.00	\$2,314.82	\$3,748.96
-------------	----------	----------	---	---	---	---	---	---	---	---	---	------------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.A.17	I.A.18	I.A.19	I.A.20	I.A.21	I.A.22	I.A.23	I.A.24	I.B.3	I.E.3
---	--------	--------	--------	--------	--------	--------	--------	--------	-------	-------

Hospital DSH Survey Schedule 7
Template for Itemizing Inpatient Services for Other State HMO Medicaid Inpatient Days

Respondents must complete the template as shown below if they have Medicaid HMO days.
 The total number of HMO days should tie to the total shown on the hospital's Medicare Cost Report, Worksheet S-3, Part I, Column 5, Lines 2, 3 and 4.
 Respondents should include other state Medicaid dual eligible days on this schedule.

The format for this schedule is the same as is shown for Schedule 5:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/13 - 9/30/14, regardless of when payment(s) were received.
3. Include any payments received after 9/30/14 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

Example of Template

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-----------------------	-----------------------	-------------------------------------	--------------------------------------	-----------------------------------

sample

85962385103	2/1/2014	2/4/2014	4	3	0	0	1	0	0	0	0	\$6,250.00	\$2,314.82	\$3,748.96
-------------	----------	----------	---	---	---	---	---	---	---	---	---	------------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.A.25	I.A.26	I.A.27	I.A.28	I.A.29	I.A.30	I.A.31	I.A.32					I.B.4	I.E.4
---	--------	--------	--------	--------	--------	--------	--------	--------	--	--	--	--	-------	-------

**Hospital DSH Survey Schedule 8
Template for Itemizing Inpatient Services for Individuals with No Third Party Coverage**

Respondents must complete the template as shown below.

The format for this schedule is the same as is shown for Schedule 5, **with one exception:**

CMS has provided guidance that hospitals may record payments received for individuals with no third party coverage based on the date the payment was received. Therefore, there may be situations where the patient received the service in the year ending 9/30/14 but not make any payment for the service until after 9/30/14. In other situations, the payment may have been received in the year ending 9/30/14 but the service was delivered in a prior year.

For DSH calculations, the information is included in the formulas as follows:

1. When the claim was incurred in the year ending 9/30/14 and payments were received against it, both data elements are used.
2. When the claim was incurred in the year ending 9/30/14 and no payments were received against it, only the cost of the claim is used.
3. When the claim was incurred prior to the year ending 9/30/14 but a payment was received against it in the year ending 9/30/14, only the payment is used.

Therefore, please break up the inpatient stays into two categories as illustrated below.

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Ancillary Services are those billed on revenue codes 250 and higher.
3. Complete both Part A and Part B of this schedule.

Example of Template

PART A: Claims incurred when the Ending Date of Service occurred between 10/1/13 and 9/30/14

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/14
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-----------------------	-----------------------	-------------------------------------	--------------------------------------	--

sample

1852369752	11/5/2013	11/10/2013	6	5	0	0	1	0	0	0	0	\$9,525.00	\$6,741.65	\$450.00
1852370163	9/7/2014	9/9/2014	3	3	0	0	0	0	0	0	0	\$4,500.00	\$798.63	\$0.00

Report the totals for these columns in the survey in the following cells: I.A.33 I.A.34 I.A.35 I.A.36 I.A.37 I.A.38 I.A.39 I.A.40 I.B.5 I.E.5

Report these total charges on Schedule 4, cell III.D.1

PART B: Claims incurred when the Ending Date of Service occurred prior to 10/1/13 but payments were received in the year ending 9/30/14

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/14
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-----------------------	-----------------------	-------------------------------------	--------------------------------------	--

sample

1852369752	12/4/2012	12/6/2012	3	0	3	0	0	0	0	0	0	\$3,200.00	\$658.47	\$125.00
------------	-----------	-----------	---	---	---	---	---	---	---	---	---	------------	----------	----------

DO NOT Report the totals for days on Schedule 1 Section I.A. DO add the total payments in this section to the total in Part A and post to: I.E.5

Hospital DSH Survey Schedule 9
Template for Itemizing Outpatient Services for Vermont Medicare/Medicaid Dual Eligibles

Respondents must complete the template as shown below.

Note that this schedule follows the same format as the corresponding Inpatient Schedule 5 except accommodation information is removed:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/13 - 9/30/14, regardless of when payment(s) were received.
3. Include any payments received after 9/30/14 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

Example of Template

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	--------------------------------------	-----------------------------------

sample

4563217-xx	6/5/2014	6/5/2014	\$3,485.87	\$1,628.96
------------	----------	----------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.C.2	I.E.7
---	-------	-------

Hospital DSH Survey Schedule 10
Template for Itemizing Other State FFS Outpatient Services

Respondents must complete the template as shown below.
 Include only fee-for-service information on this schedule.
 Respondents should include other state Medicaid dual eligible days on this schedule.

The format for this schedule is the same as is shown for Schedule 9:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/13 - 9/30/14, regardless of when payment(s) were received.
3. Include any payments received after 9/30/14 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

Example of Template

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	--------------------------------------	-----------------------------------

sample

4563217-xx	6/5/2014	6/5/2014	\$3,485.87	\$1,628.96
------------	----------	----------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.C.3	I.E.8
---	-------	-------

Hospital DSH Survey Schedule 11
Template for Itemizing Other State HMO Outpatient Services

Respondents must complete the template as shown below if they have Medicaid HMO outpatient services.

Include only HMO information on this schedule.

Respondents should include other state Medicaid dual eligible days on this schedule.

The format for this schedule is the same as is shown for Schedule 10:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/13 - 9/30/14, regardless of when payment(s) were received.
3. Include any payments received after 9/30/14 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

Example of Template

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	--------------------------------------	-----------------------------------

sample

4563217-xx	6/5/2014	6/5/2014	\$3,485.87	\$1,628.96
------------	----------	----------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.C.4	I.E.9
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Hospital DSH Survey Schedule 12
Template for Itemizing Outpatient Services for Individuals with No Third Party Coverage

Respondents must complete the template as shown below.

The format for this schedule follows what was shown for Schedule 8, except that the accommodation information is removed:

CMS has provided guidance that hospitals may record payments received for individuals with no third party coverage based on the date the payment was received. Therefore, there may be situations where the patient received the service in the year ending 9/30/14 but not make any payment for the service until after 9/30/14. In other situations, the payment may have been received in the year ending 9/30/14 but the service was delivered in a prior year.

For DSH calculations, the information is included in the formulas as follows:

1. When the claim was incurred in the year ending 9/30/14 and payments were received against it, both data elements are used.
2. When the claim was incurred in the year ending 9/30/14 and no payments were received against it, only the cost of the claim is used.
3. When the claim was incurred prior to the year ending 9/30/14 but a payment was received against it in the year ending 9/30/14, only the payment is used.

Therefore, please break up the outpatient stays into two categories as illustrated below.

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Ancillary Services are those billed on revenue codes 250 and higher.

Example of Template

PART A: Claims incurred when the Ending Date of Service occurred between 10/1/13 and 9/30/14

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/14
---------------------------------	-----------------------	------------------------	--------------------------------------	--

sample

4563217-xx	6/5/2014	6/5/2014	\$3,485.87	\$1,628.96
1852370163	9/7/2014	9/7/2014	\$1,247.63	\$0.00

Report the totals for these columns in the survey in the following cells: I.C.5 I.E.10

PART B: Claims incurred when the Ending Date of Service occurred prior to 10/1/13 but payments were received in the year ending 9/30/14

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/14
---------------------------------	-----------------------	------------------------	--------------------------------------	--

sample

1852369752	1/2/2013	1/2/2013	\$876.32	\$50.00
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Do not report the total ancillary charges on the survey. However, add the payments here to the total in: I.E.10