



**METHODOLOGY FOR VERMONT'S
DISPROPORTIONATE SHARE PAYMENTS
IN FEDERAL FISCAL YEAR 2018**

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) stipulated 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. This reduction was delayed to FFY 2018. A Proposed Rule was released on July 28, 2017 that includes the DSH Health Reform Methodology (DHRM) to implement new annual DSH allotments to each state from FFY 2018 through FFY 2025.

The Department of Vermont Health Access (DVHA) has allocated state funding for DSH in FFY 2018 based on a legislative appropriation. Total DSH funding (state and federal funds combined) will not exceed \$27,448,781 which is reduction of \$10,000,000 from what had been appropriated in each of the previous seven years. In its analysis of the DSH Final Rule, the DVHA has determined that the FFY 2018 funding will not exceed the State of Vermont's federal DSH allotment.

Federal law² states aggregate DSH payments to Institutions for Mental Diseases³ (IMDs) each year. In FFY 2018, 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.

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.

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

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

⁵ A template of the DSH Survey utilized for DSH FFY 2018 appears in Appendix 10.

Chief Financial Officer of the hospital each year. The deadline for submission of the DSH Survey was April 14, 2017.

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 2018, the Base Year used was FFY 2015 (October 1, 2014 – September 30, 2015). 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.

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 2018 eligibility tests—three months from the hospital's year ending 12/31/14 and nine months from the hospital's year ending 12/31/15. Claims data was used in the Base Year only.

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 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:

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

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 2018 was 31.98%. 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 2018 was 11.26%. Therefore, the threshold for hospitals to meet Group 1 eligibility in DSH SPY 2018 was 43.25%.

Refer to Appendix 3 for details on the MIUR calculations for DSH SPY 2018.

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 2018, values in the column labeled "Actual 2015" 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 2018, the values in the column labeled “Actual 2015” 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 2018, the values in the column labeled “Actual 2015” 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 2018.

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 it 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:

$$\begin{aligned} & \text{Costs Incurred Serving Medicaid Recipients} \\ \text{Less} & \text{ Payments Received for Costs Incurred Serving Medicaid Recipients} \\ & \text{[the “Medicaid Shortfall”]} \\ \text{Plus} & \text{ Costs Incurred Serving Individuals with No Third Party Coverage} \\ \text{Less} & \text{ Payments Received for Costs Incurred Serving Individuals with No Third Party} \\ & \text{Coverage} \end{aligned}$$

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 2018, this Base Year was for the period 10/1/14 – 9/30/15 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 2018, the allocation to each DSH Eligibility Group was as follows: Group 1: \$0; Group 2: \$0; Group 3: \$13,724,390.50; Group 4: \$13,724,390.50.

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 limit, the amount of payment to the hospital in excess of its 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 2018

- On pages 1f and 1g of the State Plan, changes were made to date references to account for the new DSH SPY.
- The stated total DSH allocation for the year was changed from \$37,448,781 to \$27,448,781.

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 Made in Federal Fiscal Years (FFYs) 2013 - 2018

	DSH FFY 2013 Payments	DSH FFY 2014 Payments	DSH FFY 2015 Payments	DSH FFY 2016 Payments	DSH FFY 2017 Payments	DSH FFY 2018 Payments	FFY 2018 Payments Compared to FFY 2017 Payments	Pct Diff FFY 2017 to FFY 2018
Brattleboro Memorial Hospital	\$ 1,236,502	\$ 881,885	\$ 1,100,858	\$ 895,517	\$ 983,812	\$ 517,313	\$ (466,498)	-47%
Central Vermont Medical Center	\$ 2,057,789	\$ 2,123,923	\$ 3,113,501	\$ 3,247,134	\$ 1,606,925	\$ 1,628,175	\$ 21,250	1%
Copley Hospital	\$ 667,459	\$ 819,721	\$ 696,562	\$ 502,588	\$ 988,678	\$ 758,102	\$ (230,577)	-23%
Gifford Medical Center	\$ 807,107	\$ 806,560	\$ 842,693	\$ 982,684	\$ 858,641	\$ 645,999	\$ (212,642)	-25%
Grace Cottage Hospital	\$ 216,999	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Mt. Ascutney Hospital	\$ 283,346	\$ 533,586	\$ 376,571	\$ 187,766	\$ 541,427	\$ 683,877	\$ 142,450	26%
North Country Hospital	\$ 1,848,818	\$ 2,738,458	\$ 2,432,098	\$ 1,825,088	\$ 1,463,567	\$ 403,818	\$ (1,059,749)	-72%
Northeastern Vermont Hospital	\$ 1,293,715	\$ 1,759,289	\$ 1,695,772	\$ 1,472,395	\$ 1,742,622	\$ 1,075,299	\$ (667,323)	-38%
Northwestern Medical Center	\$ 2,128,462	\$ 1,543,718	\$ 1,274,456	\$ 1,455,325	\$ 1,897,969	\$ 1,278,056	\$ (619,912)	-33%
Porter Medical Center	\$ 827,357	\$ 600,425	\$ 962,327	\$ 505,159	\$ 443,503	\$ 813,664	\$ 370,162	83%
Retreat Health Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Rutland Regional Medical Center	\$ 4,251,425	\$ 5,395,100	\$ 4,701,489	\$ 4,200,184	\$ 5,693,662	\$ 3,995,289	\$ (1,698,372)	-30%
Southwestern Vermont Hospital	\$ 2,073,221	\$ 2,563,962	\$ 2,884,892	\$ 1,927,505	\$ 727,153	\$ 1,043,610	\$ 316,457	44%
Springfield Hospital	\$ 1,641,055	\$ 1,433,114	\$ 2,435,484	\$ 1,523,045	\$ 1,776,430	\$ 881,186	\$ (895,244)	-50%
University of Vermont Medical Ctr	\$ 18,115,526	\$ 16,249,041	\$ 14,932,076	\$ 18,724,391	\$ 18,724,391	\$ 13,724,391	\$ (5,000,000)	-27%
Totals	\$ 37,448,781	\$ 37,448,781	\$ 37,448,781	\$ 37,448,781	\$ 37,448,781	\$ 27,448,781	\$ (10,000,000)	-27%

APPENDIX 2

Calculations for Determining Disproportionate Share Payments to be Made in Federal Fiscal Year 2018

Total DSH Allotment:	27,448,781	Total Funding per Legislative mandate for \$10M reduction which is split 50/50 UVMMC and All Other
Less Allocation to DSH Group #3:	13,724,391	
Allocation to Other Groups:	13,724,391	

	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			13,724,391	47,396,214			
University of VT Medical Center	47,396,214				100.00%	13,724,391	28.96%
DSH Group #4: State-Designed Group			13,724,391	71,370,497			
Brattleboro Memorial Hospital	2,690,167	4.7%			3.77%	517,313	19.23%
Central Vermont Medical Center	8,466,946	15.1%			11.86%	1,628,175	19.23%
Copley Hospital	3,942,331	3.5%			5.52%	758,102	19.23%
Gifford Medical Center	3,359,365	6.4%			4.71%	645,999	19.23%
Grace Cottage Hospital ²	waived participation						
Mt Ascutney Hospital	3,556,345	2.4%			4.98%	683,877	19.23%
North Country Hospital	2,099,962	5.9%			2.94%	403,818	19.23%
Northeastern Vermont Hospital	5,591,843	4.5%			7.83%	1,075,299	19.23%
Northwestern Medical Center	6,646,234	8.6%			9.31%	1,278,056	19.23%
Porter Medical Center	4,231,271	5.1%			5.93%	813,664	19.23%
Retreat Health Care ³	waived participation						
Rutland Regional Medical Center	20,776,575	26.5%			29.11%	3,995,289	19.23%
Southwestern Vermont Hospital	5,427,057	9.1%			7.60%	1,043,610	19.23%
Springfield Hospital	4,582,400	8.4%			6.42%	881,185	19.23%
		100.0%			100.0%	13,724,391	27,448,781

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 2018

		(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	1,908	5,809	32.85%	Yes	No	2.1%	4.7%
Central Vermont Medical Center	As Submitted	6,172	18,815	32.80%	Yes	No	6.7%	15.1%
Copley Hospital	As Submitted	1,424	5,222	27.27%	Yes	No	1.5%	3.5%
Gifford Medical Center	As Submitted	2,602	7,087	36.72%	Yes	No	2.8%	6.4%
Grace Cottage Hospital	As Submitted	21	3,746	0.56%	No	No	0.0%	
Mt. Ascutney Hospital	As Submitted	975	9,813	9.94%	Yes	No	1.1%	2.4%
North Country Hospital	As Submitted	2,411	5,974	40.36%	Yes	No	2.6%	5.9%
Northeastern Vermont Hospital	As Submitted	1,861	5,363	34.70%	Yes	No	2.0%	4.5%
Northwestern Medical Center	As Submitted	3,502	8,944	39.15%	Yes	No	3.8%	8.6%
Porter Medical Center	As Submitted	2,069	6,357	32.55%	Yes	No	2.2%	5.1%
Retreat Health Care	As Submitted	8,292	38,566	21.50%	Yes	No	9.0%	
Rutland Regional Medical Center	As Submitted	10,862	29,860	36.38%	Yes	No	11.8%	26.5%
Southwestern Vermont	As Submitted	3,705	13,951	26.56%	Yes	No	4.0%	9.1%
Springfield Hospital	As Submitted	3,432	9,083	37.78%	Yes	No	3.7%	8.4%
University of Vermont Medical Ctr	As Submitted	42,867	119,393	35.90%	Yes	No	46.5%	
TOTAL		92,103	287,983	31.98%	weighted average		100.0%	100.0%
Total Excluding UVMC, Grace Cottage Hospital, Retreat Health Care		40,923						

11.26% = 1 standard deviation
43.25% = 1 std dev above mean

APPENDIX 4
Supporting Schedule for Determining DSH Eligibility for DSH Group #2 (LIUR) in Federal Fiscal Year 2018

	(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	6,472,059	0	65,504,559	9.88%	311,730	0	28,331,883	1.10%	10.98%	No
Central Vermont Medical Center	18,964,253	0	134,481,264	14.10%	253,249	0	79,913,346	0.32%	14.42%	No
Copley Hospital	6,042,353	0	60,752,470	9.95%	714,438	0	34,219,575	2.09%	12.03%	No
Gifford Medical Center	4,637,285	0	44,814,586	10.35%	557,309	0	27,245,335	2.05%	12.39%	No
Grace Cottage Hospital	did not complete survey -- waived participation from DSH eligibility									
Mt. Ascutney Hospital	870,437	0	25,881,682	3.36%	272,549	0	4,242,618	6.42%	9.79%	No
North Country Hospital	6,807,869	0	57,285,991	11.88%	112,097	0	26,315,182	0.43%	12.31%	No
Northeastern Vermont Hospital	7,086,788	0	51,306,940	13.81%	224,397	0	30,362,996	0.74%	14.55%	No
Northwestern Medical Center	12,269,432	0	80,587,716	15.22%	516,837	0	44,189,510	1.17%	16.39%	No
Porter Medical Center	5,946,596	0	58,689,488	10.13%	198,643	0	34,218,122	0.58%	10.71%	No
Retreat Health Care	did not complete survey -- waived participation from DSH eligibility									
Rutland Regional Medical Center	23,201,656	0	209,673,490	11.07%	2,169,925	0	170,343,832	1.27%	12.34%	No
Southwestern Vermont	14,571,293	0	115,624,584	12.60%	434,837	0	67,016,174	0.65%	13.25%	No
Springfield Hospital	7,131,312	0	50,878,916	14.02%	807,947	0	26,389,798	3.06%	17.08%	No
University of Vermont Medical Ctr	73,449,865	0	815,498,426	9.01%	4,795,271	0	695,158,055	0.69%	9.70%	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 2018

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	735	388	100	0	0	0	0	1,716.26	1,716.26	2,112.94	0.00	0.00	0.00	
Central Vermont Med Center	1,681	437	403	0	0	1,120	0	1,218.80	892.72	2,488.32	2,488.32	0.00	1,286.76	
Copley Hospital	486	214	49	0	0	0	0	1,386.17	1,496.70	2,347.79	0.00	0.00	0.00	
Gifford Medical Center	717	176	25	0	0	0	0	1,173.28	1,281.84	1,748.67	1,748.67	0.00	0.00	
Grace Cottage Hospital	21	0	0	0	0	0	0	1,685.98	0.00	0.00	0.00	0.00	0.00	
Mt. Ascutney Hospital	93	0	0	0	0	0	0	1,482.69	0.00	0.00	0.00	0.00	0.00	
North Country Hospital	830	411	79	0	0	0	0	1,316.27	460.75	4,406.97	0.00	0.00	0.00	
Northeastern Vermont Hospital	745	365	51	0	0	0	0	2,182.86	530.54	3,404.22	0.00	0.00	0.00	
Northwestern Medical Center	1,306	563	233	0	0	0	0	1,381.98	438.72	1,556.10	0.00	0.00	0.00	
Porter Medical Center	640	350	44	0	0	0	0	1,570.15	1,043.21	2,325.11	0.00	0.00	0.00	
Retreat Health Care	8,292	0	0	0	0	0	0	948.77	0.00	0.00	0.00	0.00	0.00	
Rutland Regional Med Center	6,290	549	262	0	0	0	0	1,694.58	1,083.36	3,717.45	0.00	0.00	0.00	
Southwestern Vermont	1,397	542	170	0	0	0	0	1,294.53	944.73	2,525.98	0.00	0.00	0.00	
Springfield Hospital	819	143	3	0	0	1,060	0	1,070.48	792.44	1,070.48	0.00	0.00	1,052.85	
University of Vermont Medical Ctr	15,583	1,921	980	3,110	749	0	1,283	1,216.00	594.07	2,590.50	1,821.86	2,556.11	0.00	

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2018

	(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	2,138,654	2,522,446	0.3579	16,499,760	0.2890	5,671,455
Central Vermont Med Center		0.00	4,882,886	7,109,311	0.4534	35,946,584	0.3912	17,284,346
Copley Hospital		0.00	1,109,014	2,115,843	0.4161	14,993,732	0.4512	7,646,013
Gifford Medical Center		0.00	1,110,562	3,284,326	0.3041	13,164,193	0.3761	5,949,340
Grace Cottage Hospital		0.00	35,406	31,501	0.5371	2,061,912	0.4429	930,188
Mt. Ascutney Hospital		1,387.19	137,890	232,957	0.3420	5,580,126	0.5222	2,993,764
North Country Hospital		0.00	1,630,023	3,584,315	0.3281	25,108,501	0.2964	8,619,074
Northeastern Vermont Hospital		0.00	1,993,493	4,136,471	0.2813	17,575,543	0.4332	8,776,514
Northwestern Medical Center		0.00	2,414,437	5,586,183	0.5128	26,174,996	0.4731	15,247,643
Porter Medical Center		0.00	1,472,324	2,569,120	0.5079	13,470,426	0.4527	7,403,491
Retreat Health Care		0.00	7,867,222	2,792,772	0.3574	73,440	0.3064	1,020,768
Rutland Regional Med Center		0.00	12,227,645	15,501,117	0.4369	46,978,390	0.4411	27,494,147
Southwestern Vermont		0.00	2,749,919	5,361,164	0.3780	30,808,346	0.3906	14,061,338
Springfield Hospital		0.00	2,109,274	2,908,270	0.3501	15,666,357	0.3648	6,733,465
University of Vermont Medical Ctr		1,012.52	31,508,401	69,696,943	0.3469	143,985,662	0.3469	74,121,308

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2018

		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		368	0	133	0	0	0	0	113	52	19	0	0	0	0
Central Vermont Med Center		1,126	0	415	0	0	939	0	35	0	9	0	0	7	0
Copley Hospital		647	0	13	0	0	0	0	15	0	0	0	0	0	0
Gifford Medical Center		1,632	0	51	0	0	0	0	1	0	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		681	0	0	0	0	0	148	14	0	0	0	0	0	39
North Country Hospital		982	0	108	0	0	0	0	1	0	0	0	0	0	0
Northeastern Vermont Hospital		597	0	80	0	0	0	0	13	10	0	0	0	0	0
Northwestern Medical Center		1,065	0	333	0	0	0	0	0	0	2	0	0	0	0
Porter Medical Center		957	0	71	0	0	0	0	7	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		3,444	0	97	0	0	0	0	195	21	4	0	0	0	0
Southwestern Vermont		1,078	0	87	0	0	0	0	292	115	24	0	0	0	0
Springfield Hospital		636	0	2	0	0	452	0	188	58	0	0	0	71	0
University of Vermont Medical Ctr		10,980	0	668	0	426	0	1,832	3,122	108	246	1,328	393	0	138

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2018

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		60	44	8	0	0	0	0	912,605	323,329	195,395	1,507,256
Central Vermont Med Center		24	3	19	0	0	22	0	3,613,289	74,060	107,516	4,811,293
Copley Hospital		155	24	0	0	0	0	0	927,373	20,793	250,777	1,523,032
Gifford Medical Center		260	63	1	0	0	0	0	2,003,975	1,173	387,557	3,828,754
Grace Cottage Hospital		0	0	0	0	0	0	0	0	0	0	0
Mt. Ascutney Hospital		12	0	0	0	0	0	0	1,215,016	74,858	17,792	1,185,653
North Country Hospital		12	0	3	0	0	0	0	1,768,530	1,316	29,016	2,727,152
Northeastern Vermont Hospital		20	4	6	0	0	0	0	1,575,505	33,683	66,205	2,868,833
Northwestern Medical Center		59	17	29	0	0	0	0	1,989,990	3,112	134,122	5,672,988
Porter Medical Center		19	19	1	0	0	0	0	1,667,716	10,991	51,979	2,388,924
Retreat Health Care		0	0	0	0	0	0	0	0	0	0	0
Rutland Regional Med Center		490	7	10	0	0	0	0	6,196,726	368,063	875,102	9,184,974
Southwestern Vermont		64	28	10	0	0	0	0	1,615,264	547,270	134,562	3,319,012
Springfield Hospital		127	28	0	0	0	122	0	1,158,854	321,964	286,587	1,423,623
University of Vermont Medical Ctr		474	37	40	18	0	0	34	18,025,974	8,061,484	769,204	41,238,701

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2018

	(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		417,238	149,935	539,439	149,327	53,661	6,736,384	1,546,539	1,435,314	1,946,919
Central Vermont Med Center		145,541	188,227	2,181,610	65,993	85,349	12,445,497	207,933	1,925,632	4,868,135
Copley Hospital		53,336	523,578	633,746	22,194	217,865	4,008,507	56,199	3,006,281	1,808,751
Gifford Medical Center		2,041	307,057	1,164,226	621	93,368	5,894,002	15,423	2,585,789	2,216,559
Grace Cottage Hospital		0	0	0	0	0	0	0	0	0
Mt. Ascutney Hospital		111,491	260,406	405,441	38,125	89,047	2,895,937	668,253	2,142,208	1,512,342
North Country Hospital		5,967	75,242	894,732	1,958	24,686	12,929,606	156,022	1,034,799	3,832,830
Northeastern Vermont Hospital		108,476	163,388	807,029	30,515	45,963	6,174,345	292,051	1,021,845	2,674,431
Northwestern Medical Center		6,995	372,730	2,909,384	3,587	191,154	11,321,613	70,043	2,157,820	5,355,990
Porter Medical Center		56,907	149,882	1,213,276	28,902	76,121	5,466,327	147,792	1,331,995	2,474,864
Retreat Health Care		0	0	0	0	0	0	0	0	0
Rutland Regional Med Center		486,814	1,182,492	4,013,062	212,697	516,650	21,459,170	863,911	4,356,650	9,465,317
Southwestern Vermont		1,160,448	283,491	1,254,605	438,656	107,161	11,333,243	4,042,839	2,114,578	4,427,151
Springfield Hospital		576,031	506,852	498,365	201,650	177,433	7,008,467	2,314,439	3,134,599	2,556,817
University of Vermont Medical Ctr		19,230,115	3,452,064	14,305,105	6,670,647	1,197,471	72,009,478	15,984,467	8,313,453	24,978,001

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2018

	(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		446,974	414,828	0	12,792,584
Central Vermont Med Center		81,334	753,223	0	33,997,741
Copley Hospital		25,359	1,356,518	0	14,018,403
Gifford Medical Center		5,800	972,438	0	13,905,620
Grace Cottage Hospital		0	0	0	965,594
Mt. Ascutney Hospital		348,981	1,118,723	0	7,951,980
North Country Hospital		46,251	306,754	0	17,155,170
Northeastern Vermont Hospital		126,503	442,614	0	16,572,455
Northwestern Medical Center		33,136	1,020,814	0	29,303,368
Porter Medical Center		66,912	603,057	0	15,069,634
Retreat Health Care		0	0	0	8,887,989
Rutland Regional Med Center		381,058	1,921,653	0	63,672,120
Southwestern Vermont		1,579,271	826,026	0	27,741,222
Springfield Hospital		844,350	1,143,559	0	16,032,317
University of Vermont Medical Ctr		5,544,548	2,883,696	4,683,511	192,749,349

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2018

	(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 Computed for Payments in FFY 2018
	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		2,555,689	3,523,160	1,461,892	1,705,945	239,939	424,501	51,419	139,872	0	0	10,102,417	2,690,167
Central Vermont Med Center		6,858,492	9,496,783	5,012,366	3,731,519	47,279	31,923	29,276	323,157	0	0	25,530,795	8,466,946
Copley Hospital		1,963,824	3,950,359	1,881,379	1,871,219	38,039	16,022	29,721	325,509	0	0	10,076,072	3,942,331
Gifford Medical Center		1,820,639	2,646,790	3,320,316	2,548,976	0	212	5,382	203,940	0	0	10,546,255	3,359,365
Grace Cottage Hospital		36,518	471,826	0	0	0	0	0	0	0	0	508,344	457,250
Mt. Ascutney Hospital		234,596	1,590,907	1,550,567	882,723	42,913	79,682	14,247	0	0	0	4,395,635	3,556,345
North Country Hospital		3,036,975	4,706,156	2,560,018	4,435,642	0	19,520	52,949	243,948	0	0	15,055,208	2,099,962
Northeastern Vermont Hospital		2,676,342	3,713,485	1,995,766	2,422,907	10,171	70,300	1,550	90,091	0	0	10,980,612	5,591,843
Northwestern Medical Center		5,374,698	8,477,371	5,197,061	3,368,852	135	8,685	18,888	211,444	0	0	22,657,134	6,646,234
Porter Medical Center		2,047,013	3,561,389	2,512,452	2,261,250	19,617	45,056	27,660	363,926	0	0	10,838,363	4,231,271
Retreat Health Care		10,264,702	10,437	0	0	0	0	0	0	0	0	10,275,139	-1,387,150
Rutland Regional Med Center		12,987,907	11,804,135	7,647,355	7,708,714	280,884	105,882	686,012	1,674,656	0	0	42,895,545	20,776,575
Southwestern Vermont		5,194,972	9,016,261	2,457,488	3,436,703	646,414	1,273,497	34,422	254,408	0	0	22,314,165	5,427,057
Springfield Hospital		3,354,076	3,871,385	419,875	2,753,019	241,686	720,967	0	88,909	0	0	11,449,917	4,582,400
University of Vermont Medical Ctr		47,457,133	31,391,586	26,111,681	18,207,565	12,601,975	2,885,667	484,129	943,516	0	5,269,883	145,353,135	47,396,214

APPENDIX 6
Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits and the MIUR
in Federal Fiscal Year 2018

Data Source: Medicare Cost Reports for the hospital year ending 9/30/15
(Retreat Health Care 12/31/15) from Medicare fiscal intermediary. Most reports were delivered to DVHA March 2016.

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	1,716.26	1,716.26	2,112.94	0.00	0.00	0.00
470001	Central Vermont Hospital	As Submitted	1,218.80	892.72	2,488.32	0.00	0.00	1,286.76
471305	Copley Hospital	As Submitted	1,386.17	1,496.70	2,347.79	0.00	0.00	0.00
471301	Gifford Hospital	As Submitted	1,173.28	1,281.84	1,748.67	0.00	0.00	0.00
471300	Grace Cottage Hospital	As Submitted	1,685.98	0.00	0.00	0.00	0.00	0.00
471302	Mt. Ascutney Hospital	As Submitted	1,482.69	0.00	0.00	0.00	0.00	0.00
471304	North Country Hospital	As Submitted	1,316.27	460.75	4,406.97	0.00	0.00	0.00
471303	Northeastern Vermont Hospital	As Submitted	2,182.86	530.54	3,404.22	0.00	0.00	0.00
470024	Northwestern Medical Center	As Submitted	1,381.98	438.72	1,556.10	0.00	0.00	0.00
471307	Porter Hospital	As Submitted	1,570.15	1,043.21	2,325.11	0.00	0.00	0.00
474001	Retreat Health Care	see below	948.77	0.00	0.00	0.00	0.00	0.00
470005	Rutland Regional Medical Center	As Submitted	1,694.58	1,083.36	3,717.45	0.00	0.00	0.00
470012	Southwestern Vermont Hospital	As Submitted	1,294.53	944.73	2,525.98	0.00	0.00	0.00
471306	Springfield Hospital	As Submitted	1,070.48	792.44	1,070.48	0.00	0.00	1,052.85
470003	University of Vermont Medical Ctr	As Submitted	1,216.00	594.07	2,590.50	1,821.86	2,556.11	0.00

Apportion 25% of 12/31/14 MCR and 75% of 12/31/15 MCR to data used in calculations.

474001	Retreat Health Care	12/31/15 As Sub	954.36	0.00	0.00	0.00	0.00	0.00
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	Blend	948.77	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 and the MIUR
in Federal Fiscal Year 2018

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	Medicaid Portion of GME	Wksheet E-4 Part IV (Title XIX), Line 31	Wksheet S-3 All Patient Days (compiled on DSH Survey)
	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		DSH Survey I.D.1	DSH Survey II.A.15	
470011	Brattleboro Memorial Hospital	2,480,321	887,694	0	0	0.3579	13,886,150	4,013,311	0.2890	0	5,809
470001	Central Vermont Hospital	6,512,767	2,984,609	473,463	183,194	0.4534	35,693,313	13,961,665	0.3912	0	18,815
471305	Copley Hospital	2,133,426	887,736	0	0	0.4161	14,836,802	6,694,782	0.4512	0	5,222
471301	Gifford Hospital	2,269,629	690,136	0	0	0.3041	6,821,032	2,565,187	0.3761	0	7,087
471300	Grace Cottage Hospital	31,503	16,919	0	0	0.5371	1,434,418	635,338	0.4429	0	3,746
471302	Mt. Ascutney Hospital	232,957	79,661	0	0	0.3420	4,496,404	2,348,152	0.5222	0	9,813
471304	North Country Hospital	3,506,484	1,150,418	0	0	0.3281	24,803,965	7,352,845	0.2964	0	5,974
471303	Northeastern Vermont Hospital	3,904,492	1,098,370	0	0	0.2813	17,575,543	7,612,886	0.4332	0	5,363
470024	Northwestern Medical Center	4,968,256	2,547,963	0	0	0.5128	21,606,021	10,221,302	0.4731	0	8,944
471307	Porter Hospital	2,566,868	1,303,649	0	0	0.5079	10,584,370	4,792,044	0.4527	0	6,357
474001	Retreat Health Care	1,554,764	555,746	0	0	0.3574	1,814,260	555,838	0.3064	0	38,566
470005	Rutland Regional Medical Center	14,986,190	6,547,706	0	0	0.4369	47,279,449	20,854,254	0.4411	0	29,860
470012	Southwestern Vermont Hospital	5,342,285	2,019,413	0	0	0.3780	30,726,525	12,002,827	0.3906	0	13,951
471306	Springfield Hospital	2,581,479	896,712	174,275	67,989	0.3501	8,629,396	3,148,161	0.3648	0	9,083
470003	University of Vermont Medical Ctr	66,245,936	22,979,751	0	0	0.3469	142,225,416	49,333,875	0.3469	4,683,511	119,393

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

For Central Vermont and Springfield,

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

this includes data on their IPF Subprov wksheet.

Apportion 25% of 12/31/14 MCR and 75% of 12/31/15 MCR to data used in calculations.

474001	Retreat Health Care	1,586,998	559,570	0	0	0.3526	1,858,286	587,948	0.3164	0	38,712
474001	Retreat Health Care	1,458,060	544,272	0	0	0.3733	1,682,180	459,508	0.2732	0	38,126
474001	Retreat Health Care	1,554,764	555,746	0	0	0.3574	1,814,260	555,838	0.3064	0	38,566

APPENDIX 7

Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2018

Data Source: Reports produced by DXC, DVHA's fiscal agent for services rendered for the 12-month period ending 9/30/15. Reports were produced in January 2017.

		Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF	VT Medicaid Inpatient Ancillary Charges	VT Medicaid Outpatient Charges	VT Medicaid Inpatient Payments	VT Medicaid Outpatient Payments
Hospital		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	DSH Survey I.B.1	DSH Survey I.C.1	DSH Survey I.E.1	DSH Survey I.E.6
470011	Brattleboro Memorial Hospital	735	388	100	0	0	0	0	2,522,446	16,499,760	2,555,689	3,523,160
470001	Central Vermont Hospital	1,681	437	403	0	0	1,120	0	7,109,311	35,946,584	6,858,492	9,496,783
471305	Copley Hospital	486	214	49	0	0	0	0	2,115,843	14,993,732	1,963,824	3,950,359
471301	Gifford Hospital	717	176	25	0	0	0	0	3,284,326	13,164,193	1,820,639	2,646,790
471300	Grace Cottage Hospital	21	0	0	0	0	0	0	31,501	2,061,912	36,518	471,826
471302	Mt. Ascutney Hospital	93	0	0	0	0	0	0	232,957	5,580,126	234,596	1,590,907
471304	North Country Hospital	830	411	79	0	0	0	0	3,584,315	25,108,501	3,036,975	4,706,156
471303	Northeastern Vermont Hospital	745	365	51	0	0	0	0	4,136,471	17,575,543	2,676,342	3,713,485
470024	Northwestern Medical Center	1,306	563	233	0	0	0	0	5,586,183	26,174,996	5,374,698	8,477,371
471307	Porter Hospital	640	350	44	0	0	0	0	2,569,120	13,470,426	2,047,013	3,561,389
474001	Retreat Health Care	8,292	0	0	0	0	0	0	2,792,772	73,440	10,264,702	10,437
470005	Rutland Regional Medical Center	6,290	549	262	0	0	0	0	15,501,117	46,978,390	12,987,907	11,804,135
470012	Southwestern Vermont Hospital	1,397	542	170	0	0	0	0	5,361,164	30,808,346	5,194,972	9,016,261
471306	Springfield Hospital	819	143	3	0	0	1,060	0	2,908,270	15,666,357	3,354,076	3,871,385
470003	University of Vermont Medical Ctr	15,583	1,921	980	3,110	749	0	1,283	69,696,943	143,985,662	47,457,133	31,391,586

APPENDIX 8
Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits
in Federal Fiscal Year 2018

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	368	0	133	0	0	0	0
470001	Central Vermont Hospital	1,126	0	415	0	0	939	0
471305	Copley Hospital	647	0	13	0	0	0	0
471301	Gifford Hospital	1,632	0	51	0	0	0	0
471300	Grace Cottage Hospital							
471302	Mt. Ascutney Hospital	681	0	0	0	0	0	148
471304	North Country Hospital	982	0	108	0	0	0	0
471303	Northeastern Vermont Hospital	597	0	80	0	0	0	0
470024	Northwestern Medical Center	1,065	0	333	0	0	0	0
470006	Porter Hospital	957	0	71	0	0	0	0
474001	Retreat Health Care							
470005	Rutland Regional Medical Center	3,444	0	97	0	0	0	0
470012	Southwestern Vermont Hospital	1,078	0	87	0	0	0	0
471306	Springfield Hospital	636	0	2	0	0	452	0
470003	University of Vermont Medical Ctr	10,980	0	668	0	426	0	1,832

APPENDIX 8
Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits
in Federal Fiscal Year 2018

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 110-119,120-150	Inpatient Days Billed to Revenue Codes 110-119,120-150	
	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	113	52	19	0	0	0	0
470001	Central Vermont Hospital	35	0	9	0	0	7	0
471305	Copley Hospital	15	0	0	0	0	0	0
471301	Gifford Hospital	1	0	0	0	0	0	0
471300	Grace Cottage Hospital							
471302	Mt. Ascutney Hospital	14	0	0	0	0	0	39
471304	North Country Hospital	1	0	0	0	0	0	0
471303	Northeastern Vermont Hospital	13	10	0	0	0	0	0
470024	Northwestern Medical Center	0	0	2	0	0	0	0
470006	Porter Hospital	7	0	0	0	0	0	0
474001	Retreat Health Care							
470005	Rutland Regional Medical Center	195	21	4	0	0	0	0
470012	Southwestern Vermont Hospital	292	115	24	0	0	0	0
471306	Springfield Hospital	188	58	0	0	0	71	0
470003	University of Vermont Medical Ctr	3,122	108	246	1,328	393	0	138

APPENDIX 8
Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits
in Federal Fiscal Year 2018

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	60	44	8	0	0	0	0
470001	Central Vermont Hospital	24	3	19	0	0	22	0
471305	Copley Hospital	155	24	0	0	0	0	0
471301	Gifford Hospital	260	63	1	0	0	0	0
471300	Grace Cottage Hospital							
471302	Mt. Ascutney Hospital	12	0	0	0	0	0	0
471304	North Country Hospital	12	0	3	0	0	0	0
471303	Northeastern Vermont Hospital	20	4	6	0	0	0	0
470024	Northwestern Medical Center	59	17	29	0	0	0	0
470006	Porter Hospital	19	19	1	0	0	0	0
474001	Retreat Health Care							
470005	Rutland Regional Medical Center	490	7	10	0	0	0	0
470012	Southwestern Vermont Hospital	64	28	10	0	0	0	0
471306	Springfield Hospital	127	28	0	0	0	122	0
470003	University of Vermont Medical Ctr	474	37	40	18	0	0	34

APPENDIX 8
Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits
in Federal Fiscal Year 2018

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	1,507,256	417,238	149,935	6,736,384	1,546,539	1,435,314
470001	Central Vermont Hospital	4,811,293	145,541	188,227	12,445,497	207,933	1,925,632
471305	Copley Hospital	1,523,032	53,336	523,578	4,008,507	56,199	3,006,281
471301	Gifford Hospital	3,828,754	2,041	307,057	5,894,002	15,423	2,585,789
471300	Grace Cottage Hospital						
471302	Mt. Ascutney Hospital	1,185,653	111,491	260,406	2,895,937	668,253	2,142,208
471304	North Country Hospital	2,727,152	5,967	75,242	12,929,606	156,022	1,034,799
471303	Northeastern Vermont Hospital	2,868,833	108,476	163,388	6,174,345	292,051	1,021,845
470024	Northwestern Medical Center	5,672,988	6,995	372,730	11,321,613	70,043	2,157,820
470006	Porter Hospital	2,388,924	56,907	149,882	5,466,327	147,792	1,331,995
474001	Retreat Health Care						
470005	Rutland Regional Medical Center	9,184,974	486,814	1,182,492	21,459,170	863,911	4,356,650
470012	Southwestern Vermont Hospital	3,319,012	1,160,448	283,491	11,333,243	4,042,839	2,114,578
471306	Springfield Hospital	1,423,623	576,031	506,852	7,008,467	2,314,439	3,134,599
470003	University of Vermont Medical Ctr	41,238,701	19,230,115	3,452,064	72,009,478	15,984,467	8,313,453

APPENDIX 8
Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits
in Federal Fiscal Year 2018

		Payments							
Hospital	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	1,461,892	1,705,945	239,939	424,501	51,419	139,872	0	0
470001	Central Vermont Hospital	5,012,366	3,731,519	47,279	31,923	29,276	323,157	0	0
471305	Copley Hospital	1,881,379	1,871,219	38,039	16,022	29,721	325,509	0	0
471301	Gifford Hospital	3,320,316	2,548,976	0	212	5,382	203,940	0	0
471300	Grace Cottage Hospital								
471302	Mt. Ascutney Hospital	1,550,567	882,723	42,913	79,682	14,247	0	0	0
471304	North Country Hospital	2,560,018	4,435,642	0	19,520	52,949	243,948	0	0
471303	Northeastern Vermont Hospital	1,995,766	2,422,907	10,171	70,300	1,550	90,091	0	0
470024	Northwestern Medical Center	5,197,061	3,368,852	135	8,685	18,888	211,444	0	0
470006	Porter Hospital	2,512,452	2,261,250	19,617	45,056	27,660	363,926	0	0
474001	Retreat Health Care								
470005	Rutland Regional Medical Center	7,647,355	7,708,714	280,884	105,882	686,012	1,674,656	0	0
470012	Southwestern Vermont Hospital	2,457,488	3,436,703	646,414	1,273,497	34,422	254,408	0	0
471306	Springfield Hospital	419,875	2,753,019	241,686	720,967	0	88,909	0	0
470003	University of Vermont Medical Ctr	26,111,681	18,207,565	12,601,975	2,885,667	484,129	943,516	0	0

APPENDIX 9
Formulas Used in the Calculation of the Hospital-Specific Limit in Federal Fiscal Year 2018

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

Hospital DSH Survey Checklist for FFY 2018

DSH Rate Year FFY 2018

***** This year's DSH Survey is due back to DVHA by close of business April 14, 2017. *****

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@vermont.gov or (802) 879-5926.

Hospital DSH Survey Cover Page

CELLS SHADED YELLOW REQUIRE DATA ENTRY BY THE HOSPITAL.

DSH Rate Year FFY 2018

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 2018

If you choose not to participate in the DSH program for FFY 2018, complete this section only and sign below. Submit this page to the Department of Vermont Health Access, Attn Deb Stempel no later than **April 14, 2017**.

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 2018. 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 2018.

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 2018.

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 9/30/15. DVHA received MCR cost reports from its contractor in June 2016. However, the Date Prepared on each hospital's MCR in most cases is between February and March 2016. 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

DSH Rate Year FFY 2018

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 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		

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 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		
	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		
	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 or 4, Line 202		
7. Title XIX Outpatient Ancillary Costs- Hospital	MCR D Pt V, TXIX, Col 6 or 7, 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

DSH Rate Year FFY 2018

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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		
2. Vermont Medicaid Inpatient Days (duals)	Survey Schedule 1, I.A.9 - I.A.16		
3. Out of State Medicaid Inpatient Days	Survey Schedule 1, I.A.17 - I.A.32		
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 10.01		
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)			

Hospital DSH Survey Schedule 4

DSH Rate Year FFY 2018

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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 2015		
2. Medicaid Contractual Allowances- all but Physician	GMCB Report, Actual 2015		
3. Net Medicaid Patient Revenue- Hospital Services	A.1 - A.2	\$0	
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 2015		
2. All Payer Contractual Allowances- all but Physician	GMCB Report, Actual 2015		
3. Net All Payer Patient Revenue- Hospital Services	C.1 - C.2	\$0	
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	$(A.3 + B.1 + B.2) / C.3$		
LIUR Equation 2	$(D.1 - B.1) / D.2$		
Total LIUR	Equation 1 + Equation 2		

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 10/1/14 - 9/30/15, regardless of when payment(s) were received.
3. Include any payments received after 9/30/15 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	2/1/2015	2/4/2015	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 10/1/14 - 9/30/15, regardless of when payment(s) were received.
3. Include any payments received after 9/30/15 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	2/1/2015	2/4/2015	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 10/1/14 - 9/30/15, regardless of when payment(s) were received.
3. Include any payments received after 9/30/15 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	2/1/2015	2/4/2015	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 9/30/15 but not make any payment for the service until after 9/30/15. In other situations, the payment may have been received in the year ending 9/30/15 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 9/30/15 and payments were received against it, both data elements are used.
2. When the claim was incurred in the year ending 9/30/15 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 9/30/15 but a payment was received against it in the year ending 9/30/15, 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 10/1/14 and 9/30/15

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	11/5/2014	11/10/2014	6	5	0	0	1	0	0	0	0	\$9,525.00	\$6,741.65	\$450.00
1852370163	9/7/2015	9/9/2015	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 10/1/14 but payments were received in the year ending 9/30/15

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	12/4/2013	12/6/2013	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 10/1/14 - 9/30/15, regardless of when payment(s) were received.
3. Include any payments received after 9/30/15 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	6/5/2015	6/5/2015	\$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 10/1/14 - 9/30/15, regardless of when payment(s) were received.
3. Include any payments received after 9/30/15 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	6/5/2015	6/5/2015	\$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 10/1/14 - 9/30/15, regardless of when payment(s) were received.
3. Include any payments received after 9/30/15 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	6/5/2015	6/5/2015	\$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 9/30/15 but not make any payment for the service until after 9/30/15. In other situations, the payment may have been received in the year ending 9/30/15 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 9/30/15 and payments were received against it, both data elements are used.
2. When the claim was incurred in the year ending 9/30/15 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 9/30/15 but a payment was received against it in the year ending 9/30/15, 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 10/1/14 and 9/30/15

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	6/5/2015	6/5/2015	\$3,485.87	\$1,628.96
1852370163	9/7/2015	9/7/2015	\$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 10/1/14 but payments were received in the year ending 9/30/15

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	1/2/2014	1/2/2014	\$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