

APPENDIX 1
Disproportionate Share Payments by Hospital in FFYs 2010 through 2014

	DSH FFY 2010 Payments	DSH FFY 2011 Payments	DSH FFY 2012 Payments	DSH FFY 2013 Payments	DSH FFY 2014 Payments	DSH FFY 2014 compared to DSH FFY 2013 Payments	Pct Diff 2014 to 2013	DSH 2014 Payment (original release of DSH101)	DSH 2014 Payment Change from Original Release
Brattleboro Memorial Hospital	\$ 1,393,697	\$ 1,368,678	\$ 1,176,989	\$ 1,236,502	\$ 881,885	\$ (354,617)	-29%	\$ 884,338	\$ (2,452)
Central Vermont Medical Center	\$ 2,891,730	\$ 2,365,220	\$ 1,893,868	\$ 2,057,789	\$ 2,123,923	\$ 66,133	3%	\$ 2,129,828	\$ (5,906)
Copley Hospital	\$ 1,486,958	\$ 719,895	\$ 677,478	\$ 667,459	\$ 819,721	\$ 152,262	23%	\$ 822,000	\$ (2,279)
Fletcher Allen Health Care	\$ 16,903,464	\$ 16,738,071	\$ 18,724,391	\$ 18,115,526	\$ 16,249,041	\$ (1,866,485)	-10%	\$ 16,190,092	\$ 58,949
Gifford Medical Center	\$ 975,804	\$ 560,302	\$ 875,394	\$ 807,107	\$ 806,560	\$ (546)	0%	\$ 808,803	\$ (2,243)
Grace Cottage Hospital	\$ -	\$ -	\$ 153,081	\$ 216,999	\$ -	\$ (216,999)	-100%	\$ -	\$ -
Mt. Ascutney Hospital	\$ 500,038	\$ 686,822	\$ 302,698	\$ 283,346	\$ 533,586	\$ 250,240	88%	\$ 535,070	\$ (1,484)
North Country Hospital	\$ 1,773,107	\$ 1,956,360	\$ 2,092,289	\$ 1,848,818	\$ 2,738,458	\$ 889,640	48%	\$ 2,746,073	\$ (7,615)
Northeastern Vermont Hospital	\$ 1,770,076	\$ 1,250,574	\$ 1,033,166	\$ 1,293,715	\$ 1,759,289	\$ 465,574	36%	\$ 1,764,181	\$ (4,892)
Northwestern Medical Center	\$ 1,626,840	\$ 2,011,716	\$ 2,109,676	\$ 2,128,462	\$ 1,543,718	\$ (584,744)	-27%	\$ 1,548,010	\$ (4,293)
Porter Medical Center	\$ 1,016,911	\$ 1,292,983	\$ 753,493	\$ 827,357	\$ 600,425	\$ (226,932)	-27%	\$ 602,094	\$ (1,670)
Retreat Health Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Rutland Regional Medical Center	\$ 3,151,984	\$ 3,929,839	\$ 3,821,595	\$ 4,251,425	\$ 5,395,100	\$ 1,143,675	27%	\$ 5,410,102	\$ (15,002)
Southwestern Vermont Hospital	\$ 1,760,973	\$ 2,568,646	\$ 2,437,759	\$ 2,073,221	\$ 2,563,962	\$ 490,741	24%	\$ 2,571,092	\$ (7,129)
Springfield Hospital	\$ 1,297,199	\$ 1,999,676	\$ 1,396,906	\$ 1,641,055	\$ 1,433,114	\$ (207,942)	-13%	\$ 1,437,099	\$ (3,985)
Totals	\$ 36,548,781	\$ 37,448,781	\$ 37,448,781	\$ 37,448,781	\$ 37,448,781	\$ (0)	0%	\$ 37,448,781	\$ (0)

APPENDIX 2

Calculations for Determining Disproportionate Share Payments Made in Federal Fiscal Year 2014

Total DSH Allotment:	37,448,781
Less Allocation to DSH Group #3:	16,249,041
Allocation to Other Groups:	21,199,740

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 Specific Limit Paid
		(Total Available DSH) * (Group's Pct Statewide Title XIX Days)			(Group DSH Allotment) * (Pct of Group Limit)	

DSH Group #1: MIUR

DSH Group #2: LIUR no hospitals eligible

DSH Group #3: Teaching Hospitals

16,249,041

32,498,082

Fletcher Allen Health Care	32,498,082			100.00%	16,249,041	
					16,249,041	50.00%

DSH Group #4: State-Designed Group

21,199,740

60,999,952

Brattleboro Memorial Hospital	2,537,530	5.2%		4.16%	881,885	34.75%
Central Vermont Medical Center	6,111,357	15.7%		10.02%	2,123,923	34.75%
Copley Hospital	2,358,658	3.7%		3.87%	819,721	34.75%
Gifford Medical Center	2,320,789	5.2%		3.80%	806,560	34.75%
Grace Cottage Hospital	not eligible					
Mt Ascutney Hospital	1,535,336	1.7%		2.52%	533,586	34.75%
North Country Hospital	7,879,616	7.2%		12.92%	2,738,458	34.75%
Northeastern Vermont Hospital	5,062,163	4.6%		8.30%	1,759,289	34.75%
Northwestern Medical Center	4,441,881	7.0%		7.28%	1,543,718	34.75%
Porter Medical Center	1,727,657	3.6%		2.83%	600,425	34.75%
Retreat Health Care*	not considered					
Rutland Regional Medical Center	15,523,814	25.6%		25.45%	5,395,100	34.75%
Southwestern Vermont Hospital	7,377,523	10.1%		12.09%	2,563,962	34.75%
Springfield Hospital	4,123,629	10.2%		6.76%	1,433,114	34.75%
		100.0%		100.00%	21,199,740	

37,448,781

37,448,781

* Retreat's hospital limit was determined to be (\$952,024) in this DSH SPY.

APPENDIX 4
Supporting Schedule for Determining DSH Eligibility for DSH Group #2 (LIUR) in Federal Fiscal Year 2014

	(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.9	DSH Survey Schedule 4, III.B.1+III.B.2	DSH Survey Schedule 4, III.C.14	calculated as [(1)+(2)] / (3)	DSH Survey Schedule 4, III.D.1	DSH Survey Schedule 4, III.B.1	DSH Survey Schedule 4, III.C.1	calculated as [(5)-(6)] / (7)	calculated as (4) + (8)	If (9) > 25%, then Yes
Brattleboro Memorial Hospital	5,067,403	0	57,729,992	8.78%	468,743	0	25,795,465	1.82%	10.59%	No
Central Vermont Medical Center	12,616,424	0	113,134,042	11.15%	508,263	0	57,443,458	0.88%	12.04%	No
Copley Hospital	5,241,199	0	45,984,105	11.40%	524,541	0	21,331,459	2.46%	13.86%	No
Fletcher Allen Health Care	60,999,264	0	677,572,894	9.00%	9,201,768	0	521,970,055	1.76%	10.77%	No
Gifford Medical Center	5,554,677	0	45,666,312	12.16%	292,501	0	20,144,467	1.45%	13.62%	No
Grace Cottage Hospital	221,044	0	7,516,513	2.94%	32,768	0	1,306,466	2.51%	5.45%	No
Mt. Ascutney Hospital	389,178	0	21,863,485	1.78%	103,950	0	6,172,278	1.68%	3.46%	No
North Country Hospital	7,586,469	0	60,810,185	12.48%	548,847	0	23,336,624	2.35%	14.83%	No
Northeastern Vermont Hospital	4,891,511	0	46,346,717	10.55%	523,555	0	24,103,791	2.17%	12.73%	No
Northwestern Medical Center	10,910,045	0	72,734,564	15.00%	331,661	0	31,477,657	1.05%	16.05%	No
Porter Medical Center	2,345,050	0	49,035,680	4.78%	296,087	0	22,921,904	1.29%	6.07%	No
Retreat Health Care	18,592,003	0	39,437,948	47.14%	-	0	68,642,096	0.00%	47.14%	Yes
Rutland Regional Medical Center	18,268,262	0	171,777,418	10.63%	5,837,697	0	138,895,469	4.20%	14.84%	No
Southwestern Vermont	13,475,137	0	123,719,744	10.89%	917,180	0	69,486,049	1.32%	12.21%	No
Springfield Hospital	8,054,353	0	45,841,620	17.57%	896,412	0	22,796,562	3.93%	21.50%	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 2014

VT Medicaid Eligible													
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider I Days	Subprovider II Days	Adult & Peds Cost Per Diem	Nursery Per Diem	ICU Per Diem	NICU Per Diem	Surgical ICU 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
Brattleboro Memorial Hospital		738	373	130	0	0	0	0	1,434.28	1,434.28	1,990.05	0.00	0.00
Central Vermont Med Center		1,493	392	237	0	0	1,767	0	1,149.13	867.79	3,068.21	3,068.21	0.00
Copley Hospital		565	295	27	0	0	0	0	1,409.35	1,391.17	2,872.94	0.00	0.00
Fletcher Allen Health Care		13,493	1,773	951	2,529	543	0	1,445	1,103.58	593.98	2,237.59	1,535.66	1,635.52
Gifford Medical Center		830	257	21	0	0	0	0	1,047.80	1,534.56	1,562.23	1,562.23	0.00
Grace Cottage Hospital		31	0	0	0	0	0	0	1,314.39	0.00	0.00	0.00	0.00
Mt. Ascutney Hospital		75	0	0	0	0	0	381	1,239.93	0.00	0.00	0.00	0.00
North Country Hospital		903	408	65	0	0	0	0	1,171.47	737.24	3,871.58	0.00	0.00
Northeastern Vermont Hospital		800	286	51	0	0	0	0	1,840.53	697.84	3,461.48	0.00	0.00
Northwestern Medical Center		1,058	476	196	0	0	0	0	1,025.13	755.98	1,368.45	0.00	0.00
Porter Medical Center		562	245	19	0	0	0	0	1,381.06	744.54	2,793.86	0.00	0.00
Retreat Health Care		4,001	0	0	0	0	0	0	765.76	0.00	0.00	0.00	0.00
Rutland Regional Med Center		5,694	514	190	0	0	0	0	1,215.05	1,107.20	1,928.62	0.00	0.00
Southwestern Vermont		1,436	456	138	0	0	0	0	1,097.62	758.03	2,184.91	0.00	0.00
Springfield Hospital		780	227	16	0	0	1,509	0	986.43	822.74	1,530.34	0.00	0.00

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2014

	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Variable for Calculation →	Subprovider I Per Diem	Subprovider II 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 O	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	0.00	1,852,192	2,166,675	0.4763	10,059,371	0.3394	4,445,923
Central Vermont Med Center	947.19	0.00	4,456,675	6,240,565	0.4610	22,094,163	0.3944	11,589,835
Copley Hospital	0.00	0.00	1,284,247	1,996,572	0.4755	9,540,115	0.4521	5,262,288
Fletcher Allen Health Care	0.00	1,032.60	24,335,558	53,112,169	0.3918	80,058,783	0.3152	46,039,980
Gifford Medical Center	0.00	0.00	1,296,863	2,979,708	0.3418	10,023,736	0.4325	5,353,387
Grace Cottage Hospital	0.00	0.00	40,746	38,826	0.5819	1,319,746	0.5328	725,806
Mt. Ascutney Hospital	0.00	1,293.93	585,982	646,912	0.4207	3,285,876	0.4562	1,771,063
North Country Hospital	0.00	0.00	1,610,284	3,226,977	0.4039	18,205,152	0.4931	10,280,820
Northeastern Vermont Hospital	0.00	0.00	1,848,542	3,408,555	0.3307	12,228,577	0.4642	6,803,592
Northwestern Medical Center	0.00	0.00	1,712,650	4,404,181	0.5517	18,284,084	0.4758	11,128,988
Porter Medical Center	0.00	0.00	1,011,651	2,037,617	0.5010	8,741,334	0.3987	4,505,666
Retreat Health Care	0.00	0.00	3,063,796	898,357	0.4487	0	0.3410	403,050
Rutland Regional Med Center	0.00	1,448.92	7,854,033	11,209,240	0.4536	27,315,288	0.4819	18,246,857
Southwestern Vermont	0.00	0.00	2,223,362	4,417,993	0.4068	19,124,629	0.4855	11,081,861
Springfield Hospital	868.20	0.00	2,290,777	2,178,765	0.4512	10,362,598	0.4948	6,110,482

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2014

		VT Medicare/Medicaid Dual Eligibles							Other State Medicaid Eligible				
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider I Days	Subprovider II Days	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU 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
Brattleboro Memorial Hospital		402	0	93	0	0	0	0	70	57	10	0	0
Central Vermont Med Center		749	0	143	0	0	795	0	1	0	0	0	0
Copley Hospital		373	0	48	0	0	0	0	0	0	0	0	0
Fletcher Allen Health Care		8,708	0	645	0	611	0	1,529	2,588	60	159	1,474	392
Gifford Medical Center		715	0	46	0	0	0	0	0	0	0	0	0
Grace Cottage Hospital		82	0	0	0	0	0	0	0	0	0	0	0
Mt. Ascutney Hospital		152	0	0	0	0	0	0	5	0	0	0	0
North Country Hospital		1,098	0	87	0	0	0	0	3	0	0	0	0
Northeastern Vermont Hospital		409	0	91	0	0	0	0	11	4	0	0	0
Northwestern Medical Center		576	0	200	0	0	0	0	0	0	0	0	0
Porter Medical Center		370	0	20	0	0	0	0	46	37	0	0	0
Retreat Health Care		89	0	0	0	0	0	0	1,329	0	0	0	0
Rutland Regional Med Center		2,505	2	167	0	0	0	0	46	8	0	0	0
Southwestern Vermont		948	0	148	0	0	0	0	333	129	26	0	0
Springfield Hospital		655	0	25	0	0	310	0	67	0	6	0	0

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2014

		Individuals with No Third Party Insurance									
		(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)
Variable for Calculation	→	Subprovider I Days	Subprovider II Days	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider I Days	Subprovider II Days	VT Medicare/Medicaid Eligibles Routine Costs
Data Source	→	Appendix 8, Column O	Appendix 8, Column P	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)]
Brattleboro Memorial Hospital		0	0	118	18	13	0	0	0	0	761,655
Central Vermont Med Center		35	0	65	4	12	0	0	120	0	2,052,468
Copley Hospital		0	0	113	4	5	0	0	0	0	663,589
Fletcher Allen Health Care		0	50	1,078	57	139	0	128	0	261	13,631,368
Gifford Medical Center		0	0	64	0	4	0	0	0	0	821,040
Grace Cottage Hospital		0	0	12	0	0	0	0	0	0	107,780
Mt. Ascutney Hospital		0	0	31	0	0	0	0	0	0	188,469
North Country Hospital		0	0	90	14	8	0	0	0	0	1,623,102
Northeastern Vermont Hospital		0	0	95	5	8	0	0	0	0	1,067,771
Northwestern Medical Center		0	0	31	6	8	0	0	0	0	864,165
Porter Medical Center		0	0	65	11	0	0	0	0	0	566,869
Retreat Health Care		0	0	0	0	0	0	0	0	0	68,152
Rutland Regional Med Center		0	0	1,581	15	88	0	0	0	55	3,367,994
Southwestern Vermont		0	0	158	28	21	0	0	0	0	1,363,910
Springfield Hospital		60	0	143	7	6	0	0	161	0	953,512

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2014

	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
Variable for Calculation →	Other State Medicaid Beneficiaries Routine Costs	Individuals with No Third Party Coverage Routine Costs	VT Medicare/Medicaid Eligibles Inpatient Ancillary Charges	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
Data Source →	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	Appendix 8, Column G	Appendix 8, Column H	calculated as $(45)*(17)$	calculated as $(46)*(17)$	calculated as $(47)*(17)$
Brattleboro Memorial Hospital	202,054	220,933	1,142,111	194,384	300,143	544,033	92,593	142,970
Central Vermont Med Center	34,301	228,646	4,373,463	23,444	302,251	2,016,127	10,807	139,335
Copley Hospital	0	179,186	700,619	0	393,162	333,123	0	186,936
Fletcher Allen Health Care	6,203,797	2,013,396	39,023,292	13,680,965	7,565,513	15,288,352	5,359,861	2,963,979
Gifford Medical Center	0	73,308	1,680,104	0	212,481	574,208	0	72,620
Grace Cottage Hospital	0	15,773	72,379	0	21,092	42,119	0	12,274
Mt. Ascutney Hospital	6,200	38,438	243,375	14,938	71,524	102,391	6,285	30,091
North Country Hospital	3,514	146,726	2,670,938	9,176	385,825	1,078,837	3,706	155,841
Northeastern Vermont Hospital	23,037	206,031	1,733,405	30,089	368,633	573,164	9,949	121,891
Northwestern Medical Center	0	47,263	2,495,207	0	288,079	1,376,559	0	158,928
Porter Medical Center	91,077	97,959	831,628	156,949	213,168	416,661	78,634	106,801
Retreat Health Care	1,017,692	0	24,166	649,937	0	10,842	291,596	0
Rutland Regional Med Center	64,750	2,187,011	6,435,726	95,673	3,421,689	2,919,295	43,398	1,552,104
Southwestern Vermont	520,101	240,532	3,426,947	924,324	681,631	1,394,153	376,034	277,302
Springfield Hospital	127,365	295,781	1,490,497	149,944	582,847	672,534	67,657	262,989

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2014

	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)
Variable for Calculation →	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	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 →	Appendix 8, Column I	Appendix 8, Column J	Appendix 8, Column K	calculated as (51)*(19)	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	3,614,647	586,326	1,647,197	1,226,703	198,982	559,009	0	10,247,046
Central Vermont Med Center	8,890,924	96,951	3,507,248	3,506,199	38,233	1,383,108	0	25,455,736
Copley Hospital	2,969,774	24,767	1,592,171	1,342,602	11,197	719,803	0	9,982,970
Fletcher Allen Health Care	55,762,242	7,251,802	13,396,252	17,574,468	2,285,535	4,222,068	4,505,890	144,424,253
Gifford Medical Center	2,647,419	6,239	1,333,251	1,144,942	2,698	576,597	0	9,915,662
Grace Cottage Hospital	603,983	10,275	278,562	321,826	5,475	148,429	0	1,420,228
Mt. Ascutney Hospital	1,367,451	797,093	1,310,072	623,783	363,606	597,608	0	4,313,915
North Country Hospital	10,218,029	123,198	2,142,713	5,038,751	60,752	1,056,622	0	21,058,955
Northeastern Vermont Hospital	4,000,206	165,979	2,149,715	1,856,902	77,048	997,901	0	13,585,830
Northwestern Medical Center	5,942,264	0	3,142,562	2,827,237	0	1,495,182	0	19,610,972
Porter Medical Center	3,663,828	146,618	2,126,179	1,460,605	58,450	847,613	0	9,241,988
Retreat Health Care	22,320	330	0	7,611	113	0	0	4,862,852
Rutland Regional Med Center	7,760,537	467,335	6,176,310	3,739,525	225,192	2,976,143	0	43,176,302
Southwestern Vermont	7,233,758	2,463,001	4,104,721	3,511,809	1,195,725	1,992,739	0	24,177,529
Springfield Hospital	4,278,133	392,308	3,218,469	2,116,811	194,113	1,592,492	0	14,684,513

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2014

	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)
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 Payments	Section 1011 Payments	Total Payments
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, Column R	Appendix 8, Column S	calculated as (59)+(60)+(61)+(62)+(63)+(64)+(65)+(66)+(67)+(68)
Brattleboro Memorial Hospital	2,307,709	2,770,253	1,184,134	1,038,544	80,285	173,743	15,170	139,678	0	0	7,709,516
Central Vermont Med Center	6,135,180	5,753,677	3,163,051	3,835,811	6,986	18,153	10,709	420,812	0	0	19,344,379
Copley Hospital	1,970,240	3,019,796	940,995	1,509,032	0	3,549	29,564	151,136	0	0	7,624,312
Fletcher Allen Health Care	39,963,464	19,040,933	26,262,859	15,886,431	8,293,404	884,631	308,058	1,286,391	0	0	111,926,171
Gifford Medical Center	2,102,030	2,428,310	1,531,480	1,253,627	0	1,587	46,009	231,830	0	0	7,594,873
Grace Cottage Hospital	76,595	336,358	162,085	240,536	0	5,922	0	38,183	0	0	859,679
Mt. Ascutney Hospital	703,823	762,892	283,474	691,953	7,630	201,375	400	127,032	0	0	2,778,579
North Country Hospital	2,999,767	3,907,291	2,543,045	3,247,061	0	30,069	16,786	435,320	0	0	13,179,339
Northeastern Vermont Hospital	2,371,757	2,859,692	1,358,475	1,640,237	12,263	40,164	32,115	208,964	0	0	8,523,667
Northwestern Medical Center	4,284,567	5,851,445	2,917,028	1,720,495	0	0	7,512	388,044	0	0	15,169,091
Porter Medical Center	1,869,837	2,472,702	965,303	1,765,584	89,098	35,767	8,491	307,549	0	0	7,514,331
Retreat Health Care	4,828,966	0	82,065	22,042	874,664	52	0	7,205	0	0	5,814,994
Rutland Regional Med Center	10,006,450	7,621,219	5,299,172	2,780,207	59,865	82,319	814,331	988,925	0	0	27,652,488
Southwestern Vermont	4,136,163	5,867,980	2,171,165	2,301,979	678,630	928,648	71,434	603,132	0	40,875	16,800,006
Springfield Hospital	3,784,601	2,684,141	1,579,189	1,806,115	193,125	159,702	12,954	341,057	0	0	10,560,884

APPENDIX 5
Calculations for Determining Hospital-specific Limits to be Applied in
Disproportionate Share Payments Made in FFY 2014

(70)

	Variable for Calculation →	Hospital Specific Limit FFY 2014
	Data Source →	calculated as (58) - (69)
Brattleboro Memorial Hospital		2,537,530
Central Vermont Med Center		6,111,357
Copley Hospital		2,358,658
Fletcher Allen Health Care		32,498,082
Gifford Medical Center		2,320,789
Grace Cottage Hospital		560,549
Mt. Ascutney Hospital		1,535,336
North Country Hospital		7,879,616
Northeastern Vermont Hospital		5,062,163
Northwestern Medical Center		4,441,881
Porter Medical Center		1,727,657
Retreat Health Care		-952,142
Rutland Regional Med Center		15,523,814
Southwestern Vermont		7,377,523
Springfield Hospital		4,123,629

APPENDIX 6

Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2014

Data Source: Latest Medicare Cost Reports for the hospital year ending 9/30/11
(Retreat Health Care 12/31/11) from Medicare fiscal intermediary in December 2012.

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	1,434.28	1,434.28	1,990.05	0.00	0.00	0.00
470001	Central Vermont Hospital	As Submitted	1,149.13	867.79	3,068.21	0.00	0.00	947.19
471305	Copley Hospital	As Submitted	1,409.35	1,391.17	2,872.94	0.00	0.00	0.00
470003	Fletcher Allen Health Care	As Submitted	1,103.58	593.98	2,237.59	1,535.66	1,635.52	0.00
471301	Gifford Hospital	As Submitted	1,047.80	1,534.56	1,562.23	0.00	0.00	0.00
471300	Grace Cottage Hospital	As Submitted	1,314.39	0.00	0.00	0.00	0.00	0.00
471302	Mt. Ascutney Hospital	As Submitted	1,239.93	0.00	0.00	0.00	0.00	0.00
471304	North Country Hospital	As Submitted	1,171.47	737.24	3,871.58	0.00	0.00	0.00
471303	Northeastern Vermont Hospital	As Submitted	1,840.53	697.84	3,461.48	0.00	0.00	0.00
470024	Northwestern Medical Center	As Submitted	1,025.13	755.98	1,368.45	0.00	0.00	0.00
471307	Porter Hospital	As Submitted	1,381.06	744.54	2,793.86	0.00	0.00	0.00
474001	Retreat Health Care	see below	765.76	0.00	0.00	0.00	0.00	0.00
470005	Rutland Regional Medical Center	As Submitted	1,215.05	1,107.20	1,928.62	0.00	0.00	0.00
470012	Southwestern Vermont Hospital	As Submitted	1,097.62	758.03	2,184.91	0.00	0.00	0.00
471306	Springfield Hospital	As Submitted	986.43	822.74	1,530.34	0.00	0.00	868.20

Apportion 25% of 12/31/10 MCR and 75% of 12/31/11 MCR to data used in calculations.

474001	Retreat Health Care	12/31/10 As Sub	723.03	0.00	0.00	0.00	0.00	0.00
474001	Retreat Health Care	12/31/11 As Sub	780.00	0.00	0.00	0.00	0.00	0.00
474001	Retreat Health Care	Blend	765.76	0.00	0.00	0.00	0.00	0.00

APPENDIX 6

Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2014

Hospital	Wksheet D-3 (Hospital), Col 2, Line 202	Wksheet D-3 (Hospital), Col 3, Line 202	Wksheet D-3 (Subprovider), Col 2, Line 200	Wksheet D-3 (Subprovider), Col 3, Line 200	Inpatient Ancillary CCR	Wksheet D, Part V, Col 3 ¹ , Line 202	Wksheet D, Part V, Col 6 ² , Line 202	Outpatient CCR	
	DSH Survey I.B.6	DSH Survey I.B.7	DSH Survey I.B.8	DSH Survey I.B.9		DSH Survey I.C.6	DSH Survey I.C.7		
470011	Brattleboro Memorial Hospital	2,154,302	1,026,179	0	0	0.4763	8,055,394	2,733,760	0.3394
470001	Central Vermont Hospital	4,351,690	2,026,393	696,285	300,678	0.4610	8,562,802	3,376,802	0.3944
471305	Copley Hospital	1,981,390	942,090	0	0	0.4755	9,498,824	4,294,312	0.4521
470003	Fletcher Allen Health Care	52,048,317	20,391,232	0	0	0.3918	37,416,281	11,792,410	0.3152
471301	Gifford Hospital	1,631,579	557,624	0	0	0.3418	5,312,386	2,297,473	0.4325
471300	Grace Cottage Hospital	38,826	22,594	0	0	0.5819	849,872	452,845	0.5328
471302	Mt. Ascutney Hospital	646,912	272,163	0	0	0.4207	2,421,558	1,104,629	0.4562
471304	North Country Hospital	3,174,096	1,282,071	0	0	0.4039	6,365,121	3,138,791	0.4931
471303	Northeastern Vermont Hospital	3,346,627	1,106,589	0	0	0.3307	12,176,462	5,652,334	0.4642
470024	Northwestern Medical Center	3,855,051	2,126,760	0	0	0.5517	10,318,746	4,909,499	0.4758
471307	Porter Hospital	1,802,379	903,026	0	0	0.5010	6,475,964	2,581,679	0.3987
474001	Retreat Health Care	1,321,277	592,794	0	0	0.4487	1,130,583	385,540	0.3410
470005	Rutland Regional Medical Center	11,035,137	5,005,623	0	0	0.4536	25,529,714	12,301,855	0.4819
470012	Southwestern Vermont Hospital	4,259,745	1,732,953	0	0	0.4068	9,717,213	4,717,464	0.4855
471306	Springfield Hospital	1,964,150	874,428	203,826	103,794	0.4512	5,033,772	2,490,700	0.4948

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

Apportion 25% of 12/31/10 MCR and 75% of 12/31/11 MCR to data used in calculations.

474001	Retreat Health Care	1,070,421	521,934	0	0	0.4876	1,181,455	385,521	0.3263
474001	Retreat Health Care	1,404,895	616,414	0	0	0.4388	1,113,625	385,546	0.3462
474001	Retreat Health Care	1,321,277	592,794	0	0	0.4487	1,130,583	385,540	0.3410

APPENDIX 6

Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2014

		Medicaid Portion of GME	
Hospital		Wksheet E-4 Part IV (Title XIX), Line 31	Wksheet S-3 All Patient Days (compiled on DSH Survey)
		DSH Survey I.D.1	DSH Survey II.A.25
470011	Brattleboro Memorial Hospital	0	7,503
470001	Central Vermont Hospital	0	15,873
471305	Copley Hospital	0	5,303
470003	Fletcher Allen Health Care	4,505,890	115,077
471301	Gifford Hospital	0	6,585
471300	Grace Cottage Hospital	0	4,086
471302	Mt. Ascutney Hospital	0	6,560
471304	North Country Hospital	0	5,904
471303	Northeastern Vermont Hospital	0	5,379
470024	Northwestern Medical Center	0	7,597
471307	Porter Hospital	0	5,457
474001	Retreat Health Care	0	28,674
470005	Rutland Regional Medical Center	0	34,452
470012	Southwestern Vermont Hospital	0	15,358
471306	Springfield Hospital	0	9,967

474001	Retreat Health Care	0	27,814
474001	Retreat Health Care	0	28,961
474001	Retreat Health Care	0	28,674

APPENDIX 7

Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014

Data Source: Reports produced by HP, DVHA's fiscal agent
for services rendered for the 12-month period ending 9/30/11

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.1 + I.A.3	DSH Survey I.A.2	DSH Survey I.A.4	DSH Survey I.A.5	DSH Survey I.A.6	DSH Survey I.A.7	DSH Survey I.A.8
470011	Brattleboro Memorial Hospital	738	373	130	0	0	0
470001	Central Vermont Hospital	1,493	392	237	0	0	1,767
471305	Copley Hospital	565	295	27	0	0	0
470003	Fletcher Allen Health Care	13,493	1,773	951	2,529	543	0
471301	Gifford Hospital	830	257	21	0	0	0
471300	Grace Cottage Hospital	31	0	0	0	0	0
471302	Mt. Ascutney Hospital	75	0	0	0	0	381
471304	North Country Hospital	903	408	65	0	0	0
471303	Northeastern Vermont Hospital	800	286	51	0	0	0
470024	Northwestern Medical Center	1,058	476	196	0	0	0
471307	Porter Hospital	562	245	19	0	0	0
474001	Retreat Health Care	4,001	0	0	0	0	0
470005	Rutland Regional Medical Center	5,694	514	190	0	0	0
470012	Southwestern Vermont Hospital	1,436	456	138	0	0	0
471306	Springfield Hospital	780	227	16	0	0	1,509

APPENDIX 7

Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014

	Hospital	VT Medicaid Inpatient Ancillary Charges	VT Medicaid Outpatient Charges	VT Medicaid Inpatient Payments	VT Medicaid Outpatient Payments
		DSH Survey I.B.1	DSH Survey I.C.1	DSH Survey I.E.1	DSH Survey I.E.6
470011	Brattleboro Memorial Hospital	2,166,675	10,059,371	2,307,709	2,770,253
470001	Central Vermont Hospital	6,240,565	22,094,163	6,135,180	5,753,677
471305	Copley Hospital	1,996,572	9,540,115	1,970,240	3,019,796
470003	Fletcher Allen Health Care	53,112,169	80,058,783	39,963,464	19,040,933
471301	Gifford Hospital	2,979,708	10,023,736	2,102,030	2,428,310
471300	Grace Cottage Hospital	38,826	1,319,746	76,595	336,358
471302	Mt. Ascutney Hospital	646,912	3,285,876	703,823	762,892
471304	North Country Hospital	3,226,977	18,205,152	2,999,767	3,907,291
471303	Northeastern Vermont Hospital	3,408,555	12,228,577	2,371,757	2,859,692
470024	Northwestern Medical Center	4,404,181	18,284,084	4,284,567	5,851,445
471307	Porter Hospital	2,037,617	8,741,334	1,869,837	2,472,702
474001	Retreat Health Care	898,357	0	4,828,966	0
470005	Rutland Regional Medical Center	11,209,240	27,315,288	10,006,450	7,621,219
470012	Southwestern Vermont Hospital	4,417,993	19,124,629	4,136,163	5,867,980
471306	Springfield Hospital	2,178,765	10,362,598	3,784,601	2,684,141

APPENDIX 8

Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014

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 119,120-150	Inpatient Days Billed to Revenue Codes 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	402	0	93	0	0	0
470001	Central Vermont Hospital	749	0	143	0	0	795
471305	Copley Hospital	373	0	48	0	0	0
470003	Fletcher Allen Health Care	8,708	0	645	0	611	0
471301	Gifford Hospital	715	0	46	0	0	0
471300	Grace Cottage Hospital	82	0	0	0	0	0
471302	Mt. Ascutney Hospital	152	0	0	0	0	0
471304	North Country Hospital	1,098	0	87	0	0	0
471303	Northeastern Vermont Hospital	409	0	91	0	0	0
470024	Northwestern Medical Center	576	0	200	0	0	0
470006	Porter Hospital	370	0	20	0	0	0
474001	Retreat Health Care	89	0	0	0	0	0
470005	Rutland Regional Medical Center	2,505	2	167	0	0	0
470012	Southwestern Vermont Hospital	948	0	148	0	0	0
471306	Springfield Hospital	655	0	25	0	0	310

APPENDIX 8

Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014

Other State Medicaid

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF
	Inpatient Days Billed to Revenue Codes 110-119,120-150, 190	Inpatient Days Billed to Revenue Codes 170-171	Inpatient Days Billed to Revenue Codes 200-206	Inpatient Days Billed to Revenue Codes 173-179	Inpatient Days Billed to Revenue Codes 210-214	Inpatient Days Billed to Revenue Codes 119,120-150	Inpatient Days Billed to Revenue Codes 119,120-150
	DSH Survey I.A.17+19+21+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	70	57	10	0	0	0
470001	Central Vermont Hospital	1	0	0	0	0	35
471305	Copley Hospital	0	0	0	0	0	0
470003	Fletcher Allen Health Care	2,588	60	159	1,474	392	0
471301	Gifford Hospital	0	0	0	0	0	0
471300	Grace Cottage Hospital	0	0	0	0	0	0
471302	Mt. Ascutney Hospital	5	0	0	0	0	0
471304	North Country Hospital	3	0	0	0	0	0
471303	Northeastern Vermont Hospital	11	4	0	0	0	0
470024	Northwestern Medical Center	0	0	0	0	0	0
470006	Porter Hospital	46	37	0	0	0	0
474001	Retreat Health Care	1,329	0	0	0	0	0
470005	Rutland Regional Medical Center	46	8	0	0	0	0
470012	Southwestern Vermont Hospital	333	129	26	0	0	0
471306	Springfield Hospital	67	0	6	0	0	60

APPENDIX 8

Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014

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	118	18	13	0	0	0	0
470001	Central Vermont Hospital	65	4	12	0	0	120	0
471305	Copley Hospital	113	4	5	0	0	0	0
470003	Fletcher Allen Health Care	1,078	57	139	0	128	0	261
471301	Gifford Hospital	64	0	4	0	0	0	0
471300	Grace Cottage Hospital	12	0	0	0	0	0	0
471302	Mt. Ascutney Hospital	31	0	0	0	0	0	0
471304	North Country Hospital	90	14	8	0	0	0	0
471303	Northeastern Vermont Hospital	95	5	8	0	0	0	0
470024	Northwestern Medical Center	31	6	8	0	0	0	0
470006	Porter Hospital	65	11	0	0	0	0	0
474001	Retreat Health Care	0	0	0	0	0	0	0
470005	Rutland Regional Medical Center	1,581	15	88	0	0	0	55
470012	Southwestern Vermont Hospital	158	28	21	0	0	0	0
471306	Springfield Hospital	143	7	6	0	0	161	0

APPENDIX 8
Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014

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	1,142,111	194,384	300,143	3,614,647	586,326	1,647,197
470001	Central Vermont Hospital	4,373,463	23,444	302,251	8,890,924	96,951	3,507,248
471305	Copley Hospital	700,619	0	393,162	2,969,774	24,767	1,592,171
470003	Fletcher Allen Health Care	39,023,292	13,680,965	7,565,513	55,762,242	7,251,802	13,396,252
471301	Gifford Hospital	1,680,104	0	212,481	2,647,419	6,239	1,333,251
471300	Grace Cottage Hospital	72,379	0	21,092	603,983	10,275	278,562
471302	Mt. Ascutney Hospital	243,375	14,938	71,524	1,367,451	797,093	1,310,072
471304	North Country Hospital	2,670,938	9,176	385,825	10,218,029	123,198	2,142,713
471303	Northeastern Vermont Hospital	1,733,405	30,089	368,633	4,000,206	165,979	2,149,715
470024	Northwestern Medical Center	2,495,207	0	288,079	5,942,264	0	3,142,562
470006	Porter Hospital	831,628	156,949	213,168	3,663,828	146,618	2,126,179
474001	Retreat Health Care	24,166	649,937	0	22,320	330	0
470005	Rutland Regional Medical Center	6,435,726	95,673	3,421,689	7,760,537	467,335	6,176,310
470012	Southwestern Vermont Hospital	3,426,947	924,324	681,631	7,233,758	2,463,001	4,104,721
471306	Springfield Hospital	1,490,497	149,944	582,847	4,278,133	392,308	3,218,469

APPENDIX 8
Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014

Hospital	Payments								
	VT Medicare/ Medicaid Eligibles- Inpatient	VT Medicare/ Medicaid Eligibles- Outpatient	Other State Medicaid Beneficiaries- Inpatient	Other State Medicaid Beneficiaries- Outpatient	Individuals with No Third Party Coverage- Inpatient	Individuals with No Third Party Coverage- Outpatient	Other State DSH Payments	State & Local Subsidies + Sect. 1011 Payments	
	DSH Survey I.E.2	DSH Survey I.E.7	DSH Survey I.E.3 + I.E.4	DSH Survey I.E.8 + I.E.9	DSH Survey I.E.5	DSH Survey I.E.10	DSH Survey I.E.13	DSH Survey I.E.11+12+14	
470011	Brattleboro Memorial Hospital	1,184,134	1,038,544	80,285	173,743	15,170	139,678	0	0
470001	Central Vermont Hospital	3,163,051	3,835,811	6,986	18,153	10,709	420,812	0	0
471305	Copley Hospital	940,995	1,509,032	0	3,549	29,564	151,136	0	0
470003	Fletcher Allen Health Care	26,262,859	15,886,431	8,293,404	884,631	308,058	1,286,391	0	0
471301	Gifford Hospital	1,531,480	1,253,627	0	1,587	46,009	231,830	0	0
471300	Grace Cottage Hospital	162,085	240,536	0	5,922	0	38,183	0	0
471302	Mt. Ascutney Hospital	283,474	691,953	7,630	201,375	400	127,032	0	0
471304	North Country Hospital	2,543,045	3,247,061	0	30,069	16,786	435,320	0	0
471303	Northeastern Vermont Hospital	1,358,475	1,640,237	12,263	40,164	32,115	208,964	0	0
470024	Northwestern Medical Center	2,917,028	1,720,495	0	0	7,512	388,044	0	0
470006	Porter Hospital	965,303	1,765,584	89,098	35,767	8,491	307,549	0	0
474001	Retreat Health Care	82,065	22,042	874,664	52	0	7,205	0	0
470005	Rutland Regional Medical Center	5,299,172	2,780,207	59,865	82,319	814,331	988,925	0	0
470012	Southwestern Vermont Hospital	2,171,165	2,301,979	678,630	928,648	71,434	603,132	0	40,875
471306	Springfield Hospital	1,579,189	1,806,115	193,125	159,702	12,954	341,057	0	0

APPENDIX 9

Formulas Used in the Calculation of the Hospital-Specific Limit in Federal Fiscal Year 2014

Inpatient Accommodation Cost Per Day- 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- 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- 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.

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

Inpatient Accommodation Cost Per Day- 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

FAHC Changes

October 29, 2013

This document tracks changes between what hospitals reported on their DSH Survey and what was ultimately used in the DSH calculations. Only items that changed are shown in this schedule.

<u>Hospital ID</u>	<u>Hospital Name</u>	<u>Survey Field</u>	<u>Original Entry</u>	<u>Revised Entry</u>	<u>Documentation of Required Change</u>	
470003	Fletcher Allen Health Care	I.A.1	12,615	12,835	Revisions to State Audit Reports	<u>In 'Calculations' file dated 5/22/13 (after state audit report changes):</u> We had NICU days as 951 (rev code 174). It should be 2,529 (rev code 173+174) as per response back from April 25 letter to FAHC which mapped rev codes to NICU unit. This was fixed 9/17/13. As a result, FAHC's hospital limit goes up a bit (due to higher cost associated with NICU days). <u>Additional change since 5/22/13:</u> Per Diem cost for Subprovider IRF (I.A.47) was correctly shown in the DSH Survey as \$1,032.60. In the Appendix 6 worksheet, the value was transposed to be \$1,302.60. This was fixed 9/17/13. As a result, FAHC's hospital limit goes down for this reason.
		I.A.2	2,558	1,773	Revisions to State Audit Reports and response to April 25 letter to DVHA regarding proper allocation of revenue codes to Nursery and NICU	
		I.A.4	966	951	Revisions to State Audit Reports Revisions to State Audit Reports and response to April 25 letter to DVHA regarding proper allocation of revenue codes to	
		I.A.5	1,744	2,529	Nursery and NICU	
		I.A.6	545	543	Revisions to State Audit Reports	
		I.B.1	53,306,192	53,112,169	Revisions to State Audit Reports	
		I.C.1	80,304,409	80,058,783	Revisions to State Audit Reports	
		I.E.1	40,000,868	39,963,464	Revisions to State Audit Reports	
		I.E.6	19,104,626	19,040,933	Revisions to State Audit Reports	

Appendix 5 columns

	<u>IPF Days</u>	<u>IRF Days</u>
6	0	
7		2,103
26	659	
27		1,529
33	303	
34		50
40	41	
41		261
Total	1,003	3,943

Correct per diem	\$1,103.58	\$1,032.60
Used per diem	\$1,032.60	\$1,302.60
Difference	\$70.98	-\$270.00

Increase Hosp Limit by	\$71,192.94	this item has not been accounted for and needs to be corrected
Decreased Hosp Limit by	-\$1,064,610.00	already accounted for in calculations

NICU Reconciliation

should be days of	2,529
originally had allocated days of	951
increase	1,578
NICU per diem	\$1,535.66
A&P per diem	\$1,103.58

FAHC Changes

October 29, 2013

This document tracks changes between what hospitals reported on their DSH Survey and what was ultimately used in the DSH calculations.

Only items that changed are shown in this schedule.

Difference	\$432.08
Increase Hosp Limit by	\$681,822.24 already accounted for in calculations

Net IRF and NICU

Decreased Hosp Limit by	-\$382,787.76 already accounted for in calculations
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Remaining reduction in Hosp Limit due to other changes in new State Audit Report.

Email from David Ackerman, FAHC, to Mark Podrazik, DVHA Consultant, 10/17/13

Re: Reassignment of Rehab Days to Adults & Peds

Background: FAHC provides details to DVHA to reassign some days from Adults & Peds to Rehab since these two accommodation code centers share the same revenue codes but the revenue codes are rolled together on DVHA's State Audit Report MRMN503V. Through a clerical error, FAHC inappropriately assigned 658 days to rehab that should have been posted to Adults & Peds. FAHC provided documentation to DVHA on 10/17/13 from its PS&R to show the correction that is required.

Change made to Days where DVHA is Primary Payer:

Appendix 7, Column 1	add 658 days
Appendix 7, Column 7	subtract 658 days

Net effect is an increase to FAHC hospital limit as shown:

	\$1,103.58 Adult & Ped cost per day
	\$1,032.60 Rehab cost per day
	\$70.98 difference in cost per day
	658 additional days assigned to Adult & Ped

\$46,704.84 Increase in Hospital Limit

Sum of two items that increase the Hospital Limit after final calculations occurred:	\$71,192.94
	\$46,704.84
	\$117,897.78