



August 28, 2017

Ms. Karen Salm  
Chief Financial Officer  
Division of Health Care Financing and Policy  
1100 East William Street, Suite 101  
Carson City, Nevada 89701

Dear Ms. Salm:

Attached is a copy of the Medicaid Uncompensated Care Cost Calculations Addendum #1 and Schedule of Annual Reporting Requirements Addendum #1 for DSH state plan year 2013. The attached documents incorporate the following reopening requests:

1. Additional Medicaid DSH state plan year 2013 payments

If you have any questions concerning the items listed above or any part of the attached schedules, please contact me at [jlinkenhoker@mslc.com](mailto:jlinkenhoker@mslc.com) or 804-418-8125.

Sincerely,

Johanna Linkenhoker, CPA

State of Nevada  
 Medicaid Uncompensated Care Cost Calculations  
 For the Medicaid State Plan Rate Year Ended June 30, 2013  
 Addendum #1

As Reported on 2013 Final DSH Examination Report Dated 7/28/2016

Revisions based on Addendum #1

Addendum #1 dated 8/28/2017

Hospital	Medicaid Provider Number	DSH Payment for Medicaid State Plan Rate Year	Total Uncompensated Care Costs for Medicaid State Plan Rate Year	DSH Payment Under or <Over> Total Uncompensated Care Costs (UCC)	Additional DSH Payments or Redistributions	DSH Payment for Medicaid State Plan Rate Year	Total Uncompensated Care Costs for Medicaid State Plan Rate Year	DSH Payment Under or <Over> Total Uncompensated Care Costs (UCC)
University Medical Center	1548393127	72,336,599	122,180,656	49,844,057	148,143	72,484,742	122,180,656	49,695,914
Boulder City Hospital	1881739613	10,000	908,374	898,374	-	10,000	908,374	898,374
Centennial Hills Medical Center	1487771812	10,000	11,041,928	11,031,928	-	10,000	11,041,928	11,031,928
Mountain View Hospital	1124090659	12,600	22,924,041	22,911,441	41	12,641	22,924,041	22,911,400
North Vista Hospital	1720037799	1,003,005	11,040,911	10,037,906	3,230	1,006,235	11,040,911	10,034,676
Southern Hills Hospital	1457306359	10,000	10,212,233	10,202,233	-	10,000	10,212,233	10,202,233
Spring Valley Medical Center	1346230323	10,000	14,175,224	14,165,224	-	10,000	14,175,224	14,165,224
St Rose De Lima	1447393152	10,000	35,006,191	34,996,191	-	10,000	35,006,191	34,996,191
St. Rose San Martin	1528101284	10,000	16,672,485	16,662,485	-	10,000	16,672,485	16,662,485
St Rose Siena Campus	1770626426	10,000	25,003,189	24,993,189	-	10,000	25,003,189	24,993,189
Summerlin Hospital	1831189638	10,000	11,035,996	11,025,996	-	10,000	11,035,996	11,025,996
Sunrise Hospital	1861439952	235,997	68,237,629	68,001,632	760	236,757	68,237,629	68,000,872
Valley Hospital Medical Center	1417947490	26,359	29,753,391	29,727,032	85	26,444	29,753,391	29,726,947
Renown Regional Medical Center	1124098421	4,957,961	16,085,824	11,127,863	4,115	4,962,076	16,085,824	11,123,748
Humboldt General Hospital	1750498010	10,000	1,759,670	1,749,670	-	10,000	1,759,670	1,749,670
Mt Grant General Hospital	1801844527	214,630	302,184	87,554	843	215,473	302,184	86,711
South Lyon Health Center	1407815194	115,476	326,104	210,628	453	115,929	326,104	210,175
William Bee ririe Hospital	1487648804	717,856	1,193,888	476,032	2,819	720,675	1,193,888	473,213
Banner Churchill Hospital	1023113115	1,285,627	4,179,275	2,893,648	2,029	1,287,656	4,179,275	2,891,619
Carson Tahoe Regional	1255360160	1,088,537	15,928,269	14,839,732	1,718	1,090,255	15,928,269	14,838,014
Desert View Regional	1073530168	115,378	2,604,977	2,489,599	182	115,560	2,604,977	2,489,417
Northeastern Nevada	1770674350	118,420	3,370,699	3,252,279	187	118,607	3,370,699	3,252,092

State of Nevada  
 Schedule of Annual Reporting Requirements (table)  
 For the Medicaid State Plan Rate Year Ended June 30, 2013

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 73 Fed. Reg. 77904 dated December 19, 2008 and the 79 Fed. Reg. 71679 dated December 3, 2014. The calculated uncompensated care costs (UCC) represent the net uncompensated costs of providing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The UCC for these patient groups was calculated using Medicare cost reporting methods, and utilized the Medicare cost report, Medicaid Paid Claims Summaries, and Hosp Provided Data. Total uncompensated care costs represents the net uncompensated care costs of providing inpatient and outpatient hospital services to patients that fall into one of the following Medicaid in-State and out-of-State payment categories: Fee-for-Service Medicaid primary, Fee-for-Service Crossovers, Managed Care Medicaid primary, Managed Care Medicaid Crossover, and Uninsured individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The cost of services for each of these payment categories was calculated using the appropriate per diems or cost-to-charge ratios from each hospital's Medicare Cost Report. These costs were then reduced by the total payments received for the services provided, including any supplemental Medicaid payments and Section 1011 payments where applicable.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	
Hospital Name	State Estimated Hospital-Specific DSH Limit	Medicaid I/P Utilization Rate	Low-Income Utilization Rate	State-Defined Eligibility Statistic	Regular IP/OP Medicaid FFS Rate Payments	IP/OP Medicaid MCO Payments	Supplemental / Enhanced IP/OP Medicaid Payments		Total Medicaid IP/OP Medicaid Payments (F+G+H)	Total Cost of Care - Medicaid IP/OP Services	Total Medicaid Uncompensated Care Costs (J-I)	Total IP/OP Indigent Care/Self-Pay Revenues	Total Applicable Section 1011 Payments	Total IP/OP Uninsured Cost of Care	Total Uninsured Uncompensated Care Costs (N-M-L)	Total Eligible Uncompensated Care Costs (K+O)	Total In-State DSH Payments Received	Total Out-of-State DSH Payments Received	Medicaid Provider Number	Medicare Provider Number	Total Hospital Cost
University Medical Center	156,302,083	39.28%	36.00%	Note 1	64,955,198	13,500,647	84,700,032	163,155,877	151,124,876	(12,031,001)	14,648,192	0	148,859,849	134,211,657	122,180,656	72,484,742	0	1548393127	290007	519,938,352	
Boulder City Hospital	1,244,803	12.02%	2.30%	Note 2	1,265,092	46,626	0	1,311,718	1,677,113	365,395	8,725	0	551,704	542,979	908,374	10,000	0	1881739613	291309	11,439,343	
Centennial Hills Medical Center	14,356,356	17.99%	6.93%	Note 2	8,375,395	2,632,281	100,503	11,108,179	16,425,654	5,317,475	1,348,591	0	7,073,044	5,724,453	11,041,928	10,000	0	1487771812	290054	116,082,259	
Mountain View Hospital	24,417,763	21.39%	7.48%	Note 2	27,854,767	4,538,851	170,969	32,564,587	42,884,099	10,319,512	1,215,410	0	13,819,939	12,604,529	22,924,041	12,641	0	1124090659	290039	229,188,776	
North Vista Hospital	33,030,918	41.30%	9.35%	Note 2	24,768,094	1,580,711	224,347	26,573,152	31,878,199	5,305,047	858,495	0	6,594,359	5,735,864	11,040,911	1,006,235	0	1720037799	290005	85,715,652	
Southern Hills Hospital	10,620,405	18.10%	5.05%	Note 2	7,661,797	1,901,617	74,331	9,637,745	14,525,330	4,887,585	688,291	0	6,012,939	5,324,648	10,212,233	10,000	0	1457306359	290047	100,030,644	
Spring Valley Medical Center	18,789,481	21.62%	9.33%	Note 2	19,418,943	5,068,333	131,559	24,618,835	29,992,705	5,373,870	3,584,806	0	12,386,160	8,801,354	14,175,224	10,000	0	1346230323	290046	168,897,627	
St. Rose De Lima	12,371,464	14.87%	6.37%	Note 2	8,881,858	805,490	86,598	9,773,946	16,943,691	7,169,745	1,234,002	0	29,070,448	27,836,446	35,006,191	10,000	0	1447393152	290012	114,871,652	
St. Rose San Martin	11,875,437	17.61%	3.70%	Note 2	8,364,891	889,797	83,123	9,337,811	17,278,886	7,941,075	975,144	0	9,706,554	8,731,410	16,672,485	10,000	0	1528101284	290053	149,106,917	
St. Rose - Siena Campus	24,340,735	25.99%	5.26%	Note 2	29,070,200	4,438,555	170,448	33,679,203	44,560,497	10,881,294	2,063,582	0	16,185,477	14,121,895	25,003,189	10,000	0	1770626426	290045	290,490,305	
Summerlin Hospital	18,752,606	17.21%	8.50%	Note 2	20,616,603	3,667,389	131,300	27,115,292	32,387,373	5,272,081	1,760,617	0	7,524,532	5,763,915	11,035,996	10,000	0	1831189638	290041	232,820,365	
Sunrise Hospital	86,879,227	37.02%	15.92%	Note 2	78,871,590	31,080,643	606,969	110,559,202	136,647,037	26,087,835	4,616,356	0	46,766,150	42,149,794	68,237,629	236,757	0	1861439952	290003	444,729,100	
Valley Hospital Medical Center	33,854,272	33.84%	12.75%	Note 2	36,876,953	6,273,978	236,979	43,387,910	59,754,316	16,366,406	1,405,437	0	14,792,422	13,386,985	29,753,391	26,444	0	1417947490	290021	214,004,255	
Renown Regional Medical Center	87,434,754	26.05%	12.22%	Note 3	56,254,776	8,168,884	449,550	64,873,210	76,396,455	11,523,245	3,848,777	0	8,411,356	13,562,579	16,085,824	4,962,076	0	1124098421	290001	407,665,050	
Humboldt General Hospita	552,183	13.80%	9.00%	Note 1	1,607,585	10,750	1,364,625	2,982,960	2,127,584	(855,376)	484,913	0	3,099,959	2,615,046	1,759,670	10,000	0	1750498010	291308	20,306,129	
Mt Grant General Hospital	395,292	11.53%	8.69%	Note 1	508,925	0	277,559	786,484	668,675	(117,809)	94,524	0	514,517	419,993	302,184	215,473	0	1801844527	291300	5,235,518	
South Lyon Health Center	301,591	9.96%	7.33%	Note 1	298,887	307	113,651	412,845	507,973	95,128	126,007	0	356,983	230,976	326,104	115,929	0	1407815194	290002	4,731,109	
William Bee ririe Hospital	1,169,936	17.04%	9.37%	Note 1	1,648,772	0	1,026,329	2,675,101	2,714,265	39,164	300,596	0	1,455,320	1,154,724	1,193,888	720,675	0	1487648804	291302	16,503,532	
Banner Churchill Hospital	4,941,389	21.34%	11.02%	Note 3	4,786,958	7,124	0	4,794,082	6,114,436	1,320,354	375,471	0	3,234,392	2,858,921	4,179,275	1,287,656	0	1023113115	290006	30,965,532	
Carson Tahoe Regional	15,453,593	15.74%	8.01%	Note 3	13,515,817	13,207	0	13,529,024	20,395,677	6,866,653	2,069,639	0	11,131,255	9,061,616	15,928,269	1,090,255	0	1253360160	290019	168,267,360	
Desert View Regional	2,226,246	9.65%	5.44%	Note 3	2,091,821	6,437	0	2,098,258	2,688,060	589,802	253,442	0	2,268,617	2,015,175	2,604,977	115,560	0	1073530168	291311	18,277,491	
Northeastern Nevada	5,501,473	16.19%	2.69%	Note 3	4,837,486	6,512	25,419	4,869,417	5,604,038	734,621	855,043	0	3,491,121	2,636,078	3,370,699	118,607	0	1770674350	290008	40,235,141	

**Institute for Mental Disease**  
 NONE

**Out-of-State DSH Hospitals**  
 NONE

Note 1: Public Hospital with a Medicaid Inpatient Utilization Rate (MIUR) of at least one percent.  
 Note 2: Private Hospital in a county with a public hospital that has a MIUR above the State average  
 Note 3: Private Hospital that has the highest number of Medicaid days in a county with no public hospital