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**Worksheet for Low Income Utilization Rate (LIUR)**  
**SFY 2017 DSH Distribution (Use SFY 2015's data: July 1, 2014 to June 30, 2015)**

Hospital: \_\_\_\_\_

<b>Line</b>	<b><u>Medicaid Revenue</u></b>	
1	Medicaid Fee-for-Service base payment	
2	Add-ons for specific Cost to Medicaid Fee-For-Service base payment	
3	Medicaid Managed Care Organization payments	
4	Medicaid Payment from other states	
5	Other Medicaid related revenue (UPL, GME, IAF, etc.)	
6	<b>Total Medicaid Revenue</b>	<b>(a)</b> _____
	<b><u>Cash Subsidies From State &amp; Local Government</u></b>	
7	County Indigent Fund	
8	County Charity Allotment	
9	Other state & local subsidies	
10	<b>Total Cash Subsidies From State &amp; Local Government</b>	<b>(b)</b> _____
11	<b><u>Total Medicaid Revenue &amp; Cash Subsidies</u></b>	<b><math>a + b = (c)</math></b> _____
	<b><u>Total revenue</u></b>	
12	Total Hospital Revenue*	<b>(d)</b> _____
13	Total cash subsidies from state & local government	<b>(e)</b> _____
14	<b>Total Hospital revenue &amp; total cash subsidies</b>	<b><math>d + e = (f)</math></b> _____
15	<b><u>Percentage for Medicaid Revenue</u></b>	<b><math>c \div f = (AA)</math></b> _____
16	<b><u>Total Charity Care - Inpatient only</u></b>	<b>(g)</b> _____
	<b><u>Less: Inpatient cash subsidies</u></b>	
18	Third party payment	
19	Self pay	
20	Other subsidies	
21	<b>Total Cash Subsidies</b>	<b>(h)</b> _____
22	<b><u>Net Charity Care</u></b>	<b><math>g - h = (i)</math></b> _____
23	<b><u>Total Hospital Inpatient Service Charges</u></b>	<b>(j)</b> _____
24	<b><u>Percentage for Charity Care</u></b>	<b><math>i \div j = (BB)</math></b> _____
25	<b><u>LIUR Percentage</u></b>	<b><math>AA + BB = (CC)</math></b> _____

\*(Actual payment received for IP & OP services)

Certified By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_