

## STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH CARE FINANCING AND POLICY

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MARTA JENSEN
Acting Administrator

## Medicaid Inpatient Utilization Rate (MIUR) SFY 2017 DSH Distribution (Use SFY 2015's Data - <u>July 1, 2014 to June 30, 2015</u>)

Hospi	ital Name:		
Line 1 2 3 4 5	Medicaid paid fee for service days (inclumedicaid paid managed care days (inclumedicaid Eligible but not paid fee for see Medicaid Eligible but not paid managed Total Medicaid Eligible Days	des Dual Eligible Days) rvice days	
6	<b>Total Hospital Inpatient Days</b>	(T)	
7	MIUR	$M \div T = (A)$	
for the Inpati	Medicaid Eligible Days are hospital's numese days were eligible for Medical Assistatent hospital days for dually-eligible Mediculation in the Medicaid inpatient utilization	nce under the State Plan care/Medicaid patients qualify as a M	
Certif	fied By:	Title:	
Signa	ture:	Date:	
Contact Person:		Fmail:	