

Graduate Medical Education (GME)

SFY 2010

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GME DISBURSEMENTS AND IGT REVENUES
RETRO PAYMENT SFY 2010
TOTAL

HOSPITAL	GME PAYMENT	UPL FEDERAL PORTION	UPL STATE PORTION	COUNTY INTERGOVERNMENTAL TRANSFER
University Medical Center	<u>4,902,974</u>	<u>3,134,472</u>	<u>1,768,502</u>	<u>1,768,502</u>
TOTAL	<u>\$ 4,902,974</u>	<u>\$ 3,134,472</u>	<u>\$ 1,768,502</u>	<u>\$ 1,768,502</u>

UPPER PAYMENT LIMIT/INTERGOVERNMENTAL TRANSFER PROGRAM
GME DISBURSEMENTS AND IGT REVENUES
RETRO PAYMENT SFY 2010
3RD QUARTER

HOSPITAL	GME PAYMENT	UPL FEDERAL PORTION	UPL STATE PORTION	COUNTY INTERGOVERNMENTAL TRANSFER
University Medical Center	<u>\$ 2,451,487</u>	<u>\$ 1,567,236</u>	<u>\$ 884,251</u>	<u>\$ 884,251</u>
TOTAL	<u>\$ 2,451,487</u>	<u>\$ 1,567,236</u>	<u>\$ 884,251</u>	<u>\$ 884,251</u>

UPPER PAYMENT LIMIT/INTERGOVERNMENTAL TRANSFER PROGRAM
GME DISBURSEMENTS AND IGT REVENUES
RETRO PAYMENT SFY 2010
4TH QUARTER

HOSPITAL	GME PAYMENT	UPL FEDERAL PORTION	UPL STATE PORTION	COUNTY INTERGOVERNMENTAL TRANSFER
University Medical Center	\$ 2,451,487	\$ 1,567,236	\$ 884,251	\$ 884,251
TOTAL	\$ 2,451,487	\$ 1,567,236	\$ 884,251	\$ 884,251

University Medical Center of Southern Nevada
GME Program SFY 2010

Amounts per Filed CMS Form 2552 Medicare/ Medicaid Hospital Cost Report for period ending 6/30/2008

Calculate Adjusted Base Year Per Resident Amount				
	Item	Source	Value	Adjusted value
1	Total Allowable costs of Interns & Residents	MCR Wkst B Part I lines 22 & 23, col 22 & 23	\$ 27,065,822	\$ 27,065,822
2	FTE Interns & Residents	MCR Wkst S-3 Part 1, line 12, col. 7	134.81	134.81
3	Base Year (SFY 2008) Per Resident Amount	Line 1 / Line 2	\$ 200,770	\$ 200,770
4	2008 Inflation Update Factor*	CMS Mkt BSKt FFY 2008	1.033	
5	2009 Inflation Update Factor *	CMS Mkt Bskt FFY 2009	1.036	Mkt Bskt SFY 2009 1.035
8	Adjusted Base Year Per Resident Amount			\$ 207,847
Medicaid Patient Utilization				
9	Total Title XIX Hospitals Days SFY 2010	MCR Wkst S-3 Part 1; Col. 5; lines 2, 2.01, 12, & 14	51,229	51,229
10	Total Hospitals Days SFY 2010	MCR Wkst S-3 Part 1; Col. 6; lines 12 & 14	141,910	141,910
11	Medicaid Utilization %	Line 9 / Line 10	36.10%	36.10%
Medicaid Direct GME Cost				
12	FTE Interns & Residents for SFY 2010	MCR Wkst S-3 Part 1, line 12, col. 7	130.69	130.69
13	Medicaid GME Cost using Adj. PRA	Line 8 x Line 11 x Line 12	\$ -	Total GME Payment \$ 9,805,948
14	GME SFY 2010 1/1/2010 to 6/30/2010			\$ 4,902,974
15	Nevada SFY 2012 FMAP% **	Medicaid FMAP	56.20%	Total Federal Match \$ 2,755,471
16	Nevada SFY SMAP%		43.80%	Total State Match \$ 2,147,503