

Graduate Medical Education (GME)

SFY 2012

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UPPER PAYMENT LIMIT/INTERGOVERNMENTAL TRANSFER PROGRAM
GME DISBURSEMENTS AND IGT REVENUES
SFY 2012
TOTAL

HOSPITAL	GME PAYMENT	UPL FEDERAL PORTION	UPL STATE PORTION	COUNTY INTERGOVERNMENTAL TRANSFER
University Medical Center	<u>10,278,508</u>	<u>5,776,521</u>	<u>4,501,987</u>	<u>6,167,105</u>
TOTAL	<u>\$ 10,278,508</u>	<u>\$ 5,776,521</u>	<u>\$ 4,501,987</u>	<u>\$ 6,167,105</u>

UPPER PAYMENT LIMIT/INTERGOVERNMENTAL TRANSFER PROGRAM
GME DISBURSEMENTS AND IGT REVENUES
SFY 2012
3RD QUARTER

HOSPITAL	GME PAYMENT	UPL FEDERAL PORTION	UPL STATE PORTION	COUNTY INTERGOVERNMENTAL TRANSFER
University Medical Center	\$ 7,708,881	\$ 4,332,390	\$ 3,376,491	\$ 4,625,331
TOTAL	\$ 7,708,881	\$ 4,332,390	\$ 3,376,491	\$ 4,625,331

UPPER PAYMENT LIMIT/INTERGOVERNMENTAL TRANSFER PROGRAM
GME DISBURSEMENTS AND IGT REVENUES
SFY 2012
4TH QUARTER

HOSPITAL	GME PAYMENT	UPL FEDERAL PORTION	UPL STATE PORTION	COUNTY INTERGOVERNMENTAL TRANSFER
University Medical Center	\$ 2,569,627	\$ 1,444,131	\$ 1,125,496	\$ 1,541,774
TOTAL	\$ 2,569,627	\$ 1,444,131	\$ 1,125,496	\$ 1,541,774

University Medical Center of Southern Nevada
GME Program SFY 2012

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 Per Resident Amount	Line 1 / Line 2	\$ 200,770	\$ 200,770
4	2008 Inflation Update Factor*	CMS Mkt BSket FFY 2008	1.033	
5	2009 Inflation Update Factor *	CMS Mkt Bskt FFY 2009	1.036	Mkt Bskt SFY 2009 1.035
6	2010 Inflation Update Factor *	CMS Mkt Bskt FFY 2010	1.021	Mkt Bskt SFY 2010 1.025
7	2011 Inflation Update Factor*	CMS Mkt Bskt FFY 2011	1.024	Mkt Bskt SFY 2011 1.023
8	Adjusted Base Year Per Resident Amount			\$ 217,864
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 \$ 10,278,508
14	Nevada SFY 2012 FMAP% **	Medicaid FMAP	56.20%	Total Federal Match \$ 5,776,522
15	Nevada SFY SMAP%		43.80%	Total State Match \$ 4,501,987