Indigent Accident Fund (IAF) Hospital Supplemental Program

SFY 2015 Distribution

Table of Contents

SFY 2015 QTR 1 IAF SUPPLEMENTAL PAYMENT 1

SFY 2015 QTR 2 IAF SUPPLEMENTAL PAYMENT 2

SFY 2015 QTR 3 IAF SUPPLEMENTAL PAYMENT 3

SFY 2015 IAF CALCULATION 4

Facility Name	2015 Total IAF Supplemental Payment	2015 Q1 IAF Supplemental Payment
Banner Churchill Community Hospital	$122,210.03	$30,552.51
Carson Tahoe Regional Healthcare	$700,951.79	$175,237.95
Centennial Hills Hospital Medical Center	$396,129.07	$99,032.27
Desert Springs Hospital Inc	$1,069,864.54	$267,466.14
Mountainview Hospital	$1,328,156.14	$332,039.04
North Vista Hospital	$1,438,601.70	$359,650.43
Northeastern Nevada Regional Hospital (PHC)	$97,451.96	$24,362.99
Northern Nevada Medical Center	$161,542.00	$40,385.50
Nye Regional Medical Center	$1,755.89	$438.97
Renown Regional Medical Center	$3,618,858.75	$904,714.69
Renown South Meadows Medical Center	$51,096.44	$12,774.11
Sierra Surgery & Imaging LLC	$3,160.60	$790.15
South Lyon Health Center	$1,580.30	$395.08
Southern Hills Hospital	$410,176.20	$102,544.05
Spring Valley Medical Center	$1,224,734.15	$306,183.54
St Marys Regional Medical Center	$530,279.16	$132,569.79
St Rose Dominican Hospital - De Lima	$482,870.09	$120,717.52
St Rose Dominican Hospital - San Martin	$339,764.96	$84,941.24
St Rose Dominican Hospital - Siena	$1,106,793.00	$276,698.25
Summerlin Hospital Medical Center	$1,341,676.51	$335,419.13
Sunrise Hospital & Medical Center	$5,858,279.07	$1,464,569.77
University Medical Center of Southern Nevada	$8,452,705.41	$2,113,176.35
Valley Hospital Medical Center	$2,538,491.99	$634,623.00
	$31,277,129.75	**$7,819,282.47**

Provider ID	Facility Name	2015 Total Supplemental Payment		2015 Q2
001101845	Banner Churchill Community Hospital	$122,210.03		$30,552.51
001113843	Carson Tahoe Regional Healthcare	$700,951.79		$175,237.95
100515068	Centennial Hills Hospital Medical Center	$396,129.07		$99,032.27
001102847	Desert Springs Hospital Inc	$1,069,864.54		$267,466.14
001102006	Mountainview Hospital	$1,328,156.14		$332,039.04
100502299	North Vista Hospital	$1,438,601.70		$359,650.43
001104851	Northeastern Nevada Regional Hospital (PHC)	$97,451.96		$24,362.99
001116400	Northern Nevada Medical Center	$161,542.00		$40,385.50
001112869	Nye Regional Medical Center	$1,755.89		$438.97
001116885	Renown Regional Medical Center	$3,618,858.75		$904,714.69
100502741	Renown South Meadows Medical Center	$51,096.44		$12,774.11
100506131	Sierra Surgery & Imaging LLC	$3,160.60		$790.15
001110863	South Lyon Health Center	$1,580.30		$395.08
100502481	Southern Hills Hospital	$410,176.20		$102,544.05
100501835	Spring Valley Medical Center	$1,224,734.15		$306,183.54
100527744	St Marys Regional Medical Center	$530,279.16		$132,569.79
001102873	St Rose Dominican Hospital - De Lima	$482,870.09		$120,717.52
100511423	St Rose Dominican Hospital - San Martin	$339,764.96		$84,941.24
001102300	St Rose Dominican Hospital - Siena	$1,106,793.00		$276,698.25
001102008	Summerlin Hospital Medical Center	$1,341,676.51		$335,419.13
001102878	Sunrise Hospital & Medical Center	$5,858,279.07		$1,464,569.77
001102877	University Medical Center of Southern Nevada	$8,452,705.41		$2,113,176.35
001102881	Valley Hospital Medical Center	$2,538,491.99		$634,623.00
		$31,277,129.75		**$7,819,282.47**

Provider ID	Facility Name	2015 Total Supplemental Payment		2015 Q3
001101845	Banner Churchill Community Hospital	$122,210.03		$30,552.51
001113843	Carson Tahoe Regional Healthcare	$700,951.79		$175,237.95
100515068	Centennial Hills Hospital Medical Center	$396,129.07		$99,032.27
001102847	Desert Springs Hospital Inc	$1,069,864.54		$267,466.14
001102006	Mountainview Hospital	$1,328,156.14		$332,039.04
100502299	North Vista Hospital	$1,438,601.70		$359,650.43
001104851	Northeastern Nevada Regional Hospital (PHC)	$97,451.96		$24,362.99
001116400	Northern Nevada Medical Center	$161,542.00		$40,385.50
001112869	Nye Regional Medical Center	$1,755.89		$438.97
001116885	Renown Regional Medical Center	$3,618,858.75		$904,714.69
100502741	Renown South Meadows Medical Center	$51,096.44		$12,774.11
100506131	Sierra Surgery & Imaging LLC	$3,160.60		$790.15
001110863	South Lyon Health Center	$1,580.30		$395.08
100502481	Southern Hills Hospital	$410,176.20		$102,544.05
100501835	Spring Valley Medical Center	$1,224,734.15		$306,183.54
100527744	St Marys Regional Medical Center	$530,279.16		$132,569.79
001102873	St Rose Dominican Hospital - De Lima	$482,870.09		$120,717.52
100511423	St Rose Dominican Hospital - San Martin	$339,764.96		$84,941.24
001102300	St Rose Dominican Hospital - Siena	$1,106,793.00		$276,698.25
001102008	Summerlin Hospital Medical Center	$1,341,676.51		$335,419.13
001102878	Sunrise Hospital & Medical Center	$5,858,279.07		$1,464,569.77
001102877	University Medical Center of Southern Nevada	$8,452,705.41		$2,113,176.35
001102881	Valley Hospital Medical Center	$2,538,491.99		$634,623.00
		$31,277,129.75		**$7,819,282.47**

-

-

2015 IAF Sup Pymt Prog

2015 Calculation using the 2013 Leg Approved Projected Amount

$11,245,692 gross-up = **31,277,130**

Considerations:

a) Medicaid Fee for Service (FFS) recipients
b) SFY 2015 Annual Calculation & CY quarterly payment
c) 18 months lagged data (Calendar Year) **CY 2012**
d) Days count by date of service, from DSS
e) CMI calculated using the DRG Final stored in MMIS for each claim. Report produced by CHIA
f) Admin Skilled claims are excluded

Total Supplemental Payment Allocation for Trauma Cases: 3% of Total Computable.

$938,313.89

Fee per Level I and Level II cases $5,377
Fee per Level III cases $2,689

	Certification	Weight	Total Count of Trauma Cases	Admin Skilled Beds	Trauma Cases (Adjusted)	Total Payment
University Medical Center of Southern Nevada*	I	100%	92	2	90	$483,944.13
Renown Regional Medical Center	II	100%	43	0	43	$231,217.75
Sunrise Hospital & Medical Center**	II	100%	42	1	41	$220,463.44
					174	
St Rose Dominican Hospital - Siena***	III	50%	1	0	1	$2,688.58
			178	3	175	$938,313.89

Total Supplemental Payment Allocation for Med/Surg/ICU, bed/days:

$30,338,815.85

Supplemental Payment per bed/day $175.59

	Facility Name	PT	Total Days per Hospital	Hospital CMI (Medicaid)	Adjusted Days per Medicaid CMI (Days*CMI)	PAYMENT BY Medicaid CMI	%
1	Banner Churchill Community Hospital	11	854	0.815179	696	$122,210.03	0.40%
2	Carson Tahoe Regional Healthcare	11	4,609	0.866206	3,992	$700,951.79	2.31%
3	Centennial Hills Hospital Medical Center	11	2,217	1.017549	2,256	$396,129.07	1.31%
4	Desert Springs Hospital Inc	11	4,193	1.453182	6,093	$1,069,864.54	3.53%
5	Mountainview Hospital	11	5,725	1.321225	7,564	$1,328,156.14	4.38%
6	North Vista Hospital	11	6,473	1.265682	8,193	$1,438,601.70	4.74%
7	Northeastern Nevada Regional Hospital (PHC)	11	844	0.657265	555	$97,451.96	0.32%
8	Northern Nevada Medical Center	11	611	1.505913	920	$161,542.00	0.53%
9	Nye Regional Medical Center	11	12	0.824004	10	$1,755.89	0.01%
10	Renown Regional Medical Center	11	16,018	1.204440	19,293	$3,387,641.00	11.17%
11	Renown South Meadows Medical Center	11	216	1.346504	291	$51,096.44	0.17%
12	Sierra Surgery & Imaging LLC	11	9	2.042475	18	$3,160.60	0.01%
13	South Lyon Health Center	11	11	0.842385	9	$1,580.30	0.01%
14	Southern Hills Hospital	11	2,102	1.111205	2,336	$410,176.20	1.35%
15	Spring Valley Medical Center	11	4,963	1.405369	6,975	$1,224,734.15	4.04%
16	St Marys Regional Medical Center	11	2,286	1.321081	3,020	$530,279.16	1.75%
17	St Rose Dominican Hospital - De Lima	11	1,912	1.438403	2,750	$482,870.09	1.59%
18	St Rose Dominican Hospital - San Martin	11	1,702	1.137135	1,935	$339,764.96	1.12%
19	St Rose Dominican Hospital - Siena	11	5,443	1.155170	6,288	$1,104,104.42	3.64%
20	Summerlin Hospital Medical Center	11	6,436	1.187294	7,641	$1,341,676.51	4.42%
21	Sunrise Hospital & Medical Center	11	24,592	1.305609	32,108	$5,637,815.64	18.58%
22	Tahoe Pacific Hospital - Meadows	NO MEDICAID CLAIMS					
23	University Medical Center of Southern Nevada*	11	36,749	1.234934	45,383	$7,968,761.28	26.27%
24	Valley Hospital Medical Center	11	12,648	1.143024	14,457	$2,538,491.99	8.37%
	TOTALS		140,625		**172,783**	**$30,338,815.85**	**100.00%**

**