

# Graduate Medical Education (GME)

SFY 2019

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**UPPER PAYMENT LIMIT / INTERGOVERNMENTAL TRANSFER PROGRAM  
GME DISBURSEMENTS AND IGT REVENUES  
SFY 2019  
FIRST QUARTER**

<b>HOSPITAL</b>	<b>GME PAYMENT</b>	<b>UPL FEDERAL PORTION</b>	<b>UPL STATE PORTION</b>	<b>INTERGOVERNMENTAL TRANSFER</b>
Humboldt General				
Fee For Service (FFS)	\$ 273,091	\$ 179,557	\$ 93,534	\$ 163,855
Managed Care (MCO)	\$ 5,509	\$ 3,622	\$ 1,887	\$ 3,305
Renown Regional				
Fee For Service (FFS)	\$ 232,753	\$ 153,035	\$ 79,718	\$ 91,356
Managed Care (MCO)	\$ 182,556	\$ 120,031	\$ 62,525	\$ 71,653
University Medical Center				
Fee For Service (FFS)	\$ 3,692,979	\$ 1,750,841	\$ 1,264,845	\$ 485,996
Managed Care (MCO)	\$ 2,994,862	\$ 1,419,864	\$ 1,025,740	\$ 394,124
<b>TOTAL</b>	<b>\$ 7,381,750</b>	<b>\$ 3,626,950</b>	<b>\$ 2,528,249</b>	<b>\$ 1,210,289</b>

**UPPER PAYMENT LIMIT / INTERGOVERNMENTAL TRANSFER PROGRAM  
GME DISBURSEMENTS AND IGT REVENUES  
SFY 2019 TOTAL  
SECOND QUARTER**

<b>HOSPITAL</b>	<b>GME PAYMENT</b>	<b>UPL FEDERAL PORTION</b>	<b>UPL STATE PORTION</b>	<b>INTERGOVERNMENTAL TRANSFER</b>
Humboldt General				
Fee For Service (FFS)	\$ 273,091	\$ 177,154	\$ 95,937	\$ 163,855
Managed Care (MCO)	\$ 5,509	\$ 3,574	\$ 1,935	\$ 3,305
Renown Regional				
Fee For Service (FFS)	\$ 232,753	\$ 150,987	\$ 81,766	\$ 93,404
Managed Care (MCO)	\$ 182,556	\$ 118,424	\$ 64,132	\$ 73,260
University Medical Center				
Fee For Service (FFS)	\$ 3,692,979	\$ 1,750,841	\$ 1,297,344	\$ 453,497
Managed Care (MCO)	\$ 2,994,862	\$ 1,419,864	\$ 1,052,095	\$ 367,769
<b>TOTAL</b>	<b>\$ 7,381,750</b>	<b>\$ 3,620,844</b>	<b>\$ 2,593,209</b>	<b>\$ 1,155,090</b>

**UPPER PAYMENT LIMIT / INTERGOVERNMENTAL TRANSFER PROGRAM  
GME DISBURSEMENTS AND IGT REVENUES  
SFY 2019 TOTAL  
THIRD QUARTER**

<b>HOSPITAL</b>	<b>GME PAYMENT</b>	<b>UPL FEDERAL PORTION</b>	<b>UPL STATE PORTION</b>	<b>INTERGOVERNMENTAL TRANSFER</b>
Humboldt General				
Fee For Service (FFS)	\$ 273,091	\$ 177,154	\$ 95,937	\$ 163,855
Managed Care (MCO)	\$ 5,509	\$ 3,574	\$ 1,935	\$ 3,305
Renown Regional				
Fee For Service (FFS)	\$ 232,753	\$ 150,987	\$ 81,766	\$ 93,404
Managed Care (MCO)	\$ 182,556	\$ 118,424	\$ 64,132	\$ 73,260
University Medical Center				
Fee For Service (FFS)	\$ 3,692,979	\$ 1,750,741	\$ 1,297,344	\$ 453,497
Managed Care (MCO)	\$ 2,994,862	\$ 1,419,864	\$ 1,052,095	\$ 367,769
<b>TOTAL</b>	<b>\$ 7,381,750</b>	<b>\$ 3,620,744</b>	<b>\$ 2,593,209</b>	<b>\$ 1,155,090</b>

**UPPER PAYMENT LIMIT / INTERGOVERNMENTAL TRANSFER PROGRAM  
GME DISBURSEMENTS AND IGT REVENUES  
SFY 2019 TOTAL  
FOURTH QUARTER**

<b>HOSPITAL</b>	<b>GME PAYMENT</b>	<b>UPL FEDERAL PORTION</b>	<b>UPL STATE PORTION</b>	<b>INTERGOVERNMENTAL TRANSFER</b>
Humboldt General				
Fee For Service (FFS)	\$ 273,091	\$ 177,155	\$ 95,936	\$ 163,853
Managed Care (MCO)	\$ 5,509	\$ 3,573	\$ 1,936	\$ 3,307
Renown Regional				
Fee For Service (FFS)	\$ 232,752	\$ 150,986	\$ 81,766	\$ 93,403
Managed Care (MCO)	\$ 182,556	\$ 118,424	\$ 64,132	\$ 73,259
University Medical Center				
Fee For Service (FFS)	\$ 3,692,977	\$ 1,750,841	\$ 1,297,342	\$ 453,499
Managed Care (MCO)	\$ 2,994,862	\$ 1,419,864	\$ 1,052,095	\$ 367,769
<b>TOTAL</b>	<b>\$ 7,381,747</b>	<b>\$ 3,620,843</b>	<b>\$ 2,593,207</b>	<b>\$ 1,155,090</b>

**UPPER PAYMENT LIMIT / INTERGOVERNMENTAL TRANSFER PROGRAM  
GME DISBURSEMENTS AND IGT REVENUES  
SFY 2019 TOTAL**

<b>HOSPITAL</b>	<b>GME PAYMENT</b>	<b>UPL FEDERAL PORTION</b>	<b>UPL STATE PORTION</b>	<b>INTERGOVERNMENTAL TRANSFER</b>
Humboldt General				
Fee For Service (FFS)	\$ 1,092,364	\$ 711,020	\$ 381,344	\$ 274,074
Managed Care (MCO)	\$ 22,036	\$ 14,343	\$ 7,693	\$ 5,529
Renown Regional				
Fee For Service (FFS)	\$ 931,011	\$ 605,995	\$ 325,016	\$ 371,567
Managed Care (MCO)	\$ 730,224	\$ 475,303	\$ 254,921	\$ 291,432
University Medical Center				
Fee For Service (FFS)	\$ 14,771,914	\$ 7,003,364	\$ 5,156,875	\$ 1,846,489
Managed Care (MCO)	\$ 11,979,448	\$ 5,679,456	\$ 4,182,025	\$ 1,497,431
<b>TOTAL</b>	<b>\$ 29,526,997</b>	<b>\$ 14,489,481</b>	<b>\$ 10,307,874</b>	<b>\$ 4,286,522</b>

**Humboldt General Hospital  
GME Program SFY 2019**

**MCR 291308**

Medicare Provider Number: 29-1308  
Provider Hospital Cost Report FYE: 06/30/17

I&R Salaries Col 21  
I&R Salaries Col 22

Amounts per Filed CMS Form 2552 Medicare/ Medicaid Hospital Cost Report for period as Base Year Ending 6/30/2016

<b>Calculate Adjusted Base Year Per Resident Amount</b>							
Item	Source	Value		Adjusted Value			
1	Total Allowable costs of Interns & Residents	MCR Wkst B Part I, Col. 21 & 22, Lines 21 & 22	\$ 521,771		\$ 521,771		
2	FTE Interns & Residents	MCR Wkst S-3 Part 1, Col. 9, Line 27	0.21		0.21		
3	Base Year Per Resident Amount	<b>Line 1 / Line 2</b>	\$ 2,484,624		\$ 2,484,624		
4	2015 Inflation Update Factor*	CMS Mkt Bskt FFY 2015	1.029				
5	2016 Inflation Update Factor*	CMS Mkt Bskt FFY 2016	1.024	Mkt Bskt SFY 2016	1.025		
6	2017 Inflation Update Factor*	CMS Mkt Bskt FFY 2017	1.027	Mkt Bskt SFY 2017	1.026		
7	2018 Inflation Update Factor*	CMS Mkt Bskt FFY 2018	1.027	Mkt Bskt SFY 2018	1.027		
8	2019 Inflation Update Factor*	CMS Mkt Bskt FFY 2019	1.028	Mkt Bskt SFY 2019	1.028		
9	Adjusted Base Year Per Resident Amount				\$ 2,684,813	\$ 2,684,813	
					<b>FFS ONLY</b>	<b>MCO</b>	
<b>Medicaid Patient Utilization</b>							
10	Total Title XIX Hospital Days SFY 2017	MCR Wkst S-3 Part 1, Col. 7, Lines 2, 3, 14, & 18	708		694	14	
11	Total Hospital Days SFY 2017	MCR Wkst S-3 Part 1, Col. 8, Lines 14 & 18	2,985		2,985	2,985	
12	Medicaid Utilization %	<b>Line 9 / Line 10</b>	23.72%		23.25%	0.47%	
<b>Medicaid Direct GME Cost</b>							
13	FTE Interns & Residents SFY 2017	MCR Wkst S-3 Part 1, Col. 9, Line 27	1.75		1.75	1.75	
14	Medicaid GME Cost using Adj. PRA	Adj Base Yr PRA x XIX Utilization x FTE I & R		<b>Total GME Payment</b>	\$ 1,092,364	\$ 22,036	
15	Nevada SFY 2019 FMAP%	Medicaid FMAP	65.09%	<b>Total Federal Match</b>	\$ 711,020	\$ 14,343	
16	Nevada SFY SMAP%		34.91%	<b>Total State Match</b>	\$ 381,344	\$ 7,693	
					<b>Quarterly</b>	<b>\$ 273,091</b>	<b>\$ 5,509</b>
					<b>ANNUAL</b>	<b>\$ 1,114,400</b>	<b>\$ 725,363</b>
						<b>\$ 389,037</b>	

**Renown Regional Medical Center  
GME Program SFY 2019**

**MCR 290001**

Medicare Provider Number: 29-0001  
Provider Hospital Cost Report FYE: 06/30/17

I&R Salaries Col 21  
I&R Salaries Col 22

Amounts per Filed CMS Form 2552 Medicare/ Medicaid Hospital Cost Report for period as Base Year Ending 6/30/2015

Calculate Adjusted Base Year Per Resident Amount						
Item	Source	Value	Adjusted Value			
1	Total Allowable costs of Interns & Residents	MCR Wkst B Part I, Col. 21 & 22, Lines 21 & 22	\$ 5,658,605		\$ 5,658,605	
2	FTE Interns & Residents	MCR Wkst S-3 Part 1, Col. 9, Line 27	56.98		56.98	
3	Base Year Per Resident Amount	<b>Line 1 / Line 2</b>	\$ 99,309		\$ 99,309	
4	2015 Inflation Update Factor*	CMS Mkt Bskt FFY 2015	1.029			
5	2016 Inflation Update Factor*	CMS Mkt Bskt FFY 2016	1.024	Mkt Bskt SFY 2016	1.025	
6	2017 Inflation Update Factor*	CMS Mkt Bskt FFY 2017	1.027	Mkt Bskt SFY 2017	1.026	
7	2018 Inflation Update Factor*	CMS Mkt Bskt FFY 2018	1.027	Mkt Bskt SFY 2018	1.027	
8	2019 Inflation Update Factor*	CMS Mkt Bskt FFY 2019	1.028	Mkt Bskt SFY 2019	1.028	
9	Adjusted Base Year Per Resident Amount				\$ 107,310	\$ 107,310
					<b>FFS ONLY</b>	<b>MCO</b>
Medicaid Patient Utilization						
10	Total Title XIX Hospitals Days SFY 2017	MCR Wkst S-3 Part 1, Col. 7, Lines 2, 3, 14, & 18	50,800		28,470	22,330
11	Total Hospitals Days SFY 2017	MCR Wkst S-3 Part 1, Col. 8, Lines 14 & 18	178,317		178,317	178,317
12	Medicaid Utilization %	<b>Line 9 / Line 10</b>	28.49%		15.97%	12.52%
Medicaid Direct GME Cost						
13	FTE Interns & Residents SFY 2017	MCR Wkst S-3 Part 1, Col. 9, Line 27	54.34		54.34	54.34
14	Medicaid GME Cost using Adj. PRA	Adj Base Yr PRA x XIX Utilization x FTE I & R		<b>Total GME Payment</b>	\$ 931,011	\$ 730,224
15	Nevada SFY 2019 FMAP%	Medicaid FMAP	65.09%	<b>Total Federal Match</b>	\$ 605,995	\$ 475,303
16	Nevada SFY SMAP%		34.91%	<b>Total State Match</b>	\$ 325,016	\$ 254,921
				<b>Quarterly</b>	<b>\$ 232,753</b>	<b>\$ 182,556</b>
						<b>ANNUAL</b>
						<b>\$ 1,661,235</b>
						<b>\$ 1,081,298</b>
						<b>\$ 579,937</b>



University Medical Center  
GME Program SFY 2019

MCR 290007

Medicare Provider Number: 29-0007  
Provider Hospital Cost Report FYE: 06/30/08

I&R Salaries Col 22  
I&R Salaries Col 23

Amounts per Filed CMS Form 2552 Medicare/ Medicaid Hospital Cost Report for period as Base Year 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	<b>Line 1 / Line 2</b>	\$ 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	1.026	Mkt Bskt SFY 2011		1.025
8	2012 Inflation Update Factor*	CMS Mkt Bskt FFY 2012	1.030	Mkt Bskt SFY 2012		1.029
9	2013 Inflation Update Factor*	CMS Mkt Bskt FFY 2013	1.026	Mkt Bskt SFY 2013		1.027
10	2014 Inflation Update Factor*	CMS Mkt Bskt FFY 2014	1.025	Mkt Bskt SFY 2014		1.025
11	2015 Inflation Update Factor*	CMS Mkt Bskt FFY 2015	1.029	Mkt Bskt SFY 2015		1.028
12	2016 Inflation Update Factor*	CMS Mkt Bskt FFY 2016	1.024	Mkt Bskt SFY 2016		1.025
13	2017 Inflation Update Factor*	CMS Mkt Bskt FFY 2017	1.027	Mkt Bskt SFY 2017		1.026
14	2018 Inflation Update Factor*	CMS Mkt Bskt FFY 2018	1.027	Mkt Bskt SFY 2018		1.027
15	2019 Inflation Update Factor*	CMS Mkt Bskt FFY 2019	1.028	Mkt Bskt SFY 2019		1.028
16	Adjusted Base Year Per Resident Amount				\$ 269,979	\$ 269,979
					<b>FFS ONLY</b>	<b>MCO</b>
<b>Medicaid Patient Utilization</b>						
17	Total Title XIX Hospitals Days SFY 2017	MCR Wkst S-3 Part 1; Col. 7; lines 2, 3, 14, & 18	63,476		35,051	28,425
18	Total Hospitals Days SFY 2017	MCR Wkst S-3 Part 1; Col. 8; lines 14 & 18	126,104		126,104	126,104
19	Medicaid Utilization %	<b>Line 9 / Line 10</b>	50.34%		27.80%	22.54%
<b>Medicaid Direct GME Cost</b>						
20	FTE Interns & Residents SFY 2017	MCR Wkst S-3 Part 1, Line 27 col 9	196.85		196.85	196.85
21	Medicaid GME Cost using Adj. PRA	Adj Base Yr PRA x XIX Utilization x FTE I & R		<b>Total GME Payment</b>	\$ 14,771,914	\$ 11,979,448
22	Nevada SFY 2019 FMAP% Projected	Medicaid FMAP	65.09%	<b>Total Federal Match</b>	\$ 9,615,039	\$ 7,797,423
23	Nevada SFY SMAP%		34.91%	<b>Total State Match</b>	\$ 5,156,875	\$ 4,182,025
				<b>Quarterly</b>	<b>\$ 3,692,979.00</b>	<b>\$ 2,994,862.00</b>
						<b>ANNUAL</b>
						<b>\$ 26,751,362</b>
						<b>\$ 17,412,462</b>
						<b>\$ 9,338,900</b>