

Graduate Medical Education (GME)

SFY 2018

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**UPPER PAYMENT LIMIT / INTERGOVERNMENTAL TRANSFER PROGRAM
GME DISBURSEMENTS AND IGT REVENUE
SFY 2018**

| HOSPITAL | GME PAYMENT | UPL FEDERAL PORTION | UPL STATE PORTION | INTERGOVERNMENTAL TRANSFER |
|--------------------------------|------------------------|------------------------------------|----------------------------------|---------------------------------------|
| Renown Regional Medical Center | | | | |
| Fee For Service (FFS) | \$ 840,332 | \$ 550,249 | \$ 290,081 | \$ 42,017 |
| Managed Care (MCO) | \$ 809,457 | \$ 530,032 | \$ 279,425 | \$ 40,472 |
| University Medical Center | | | | |
| Fee For Service (FFS) | \$ 15,263,195 | \$ 9,994,340 | \$ 5,268,855 | \$ 7,250,018 |
| Managed Care (MCO) | \$ 10,919,001 | \$ 7,149,762 | \$ 3,769,239 | \$ 5,186,525 |
| TOTAL | \$ 27,831,985 | \$ 18,224,383 | \$ 9,607,600 | \$ 12,519,032 |

**UPPER PAYMENT LIMIT / INTERGOVERNMENTAL TRANSFER PROGRAM
GME DISBURSEMENTS AND IGT REVENUE
SFY 2018
1ST QUARTER**

| HOSPITAL | GME PAYMENT | UPL FEDERAL PORTION | UPL STATE PORTION | INTERGOVERNMENTAL TRANSFER |
|--------------------------------|------------------------|------------------------------------|----------------------------------|---------------------------------------|
| Renown Regional Medical Center | | | | |
| Fee For Service (FFS) | \$ 210,083 | \$ 135,861 | \$ 74,222 | \$ 84,726 |
| Managed Care (MCO) | \$ 202,364 | \$ 130,869 | \$ 71,495 | \$ 81,613 |
| University Medical Center | | | | |
| Fee For Service (FFS) | \$ 3,815,799 | \$ 2,467,677 | \$ 1,348,122 | \$ 1,812,505 |
| Managed Care (MCO) | \$ 2,729,750 | \$ 1,765,329 | \$ 964,421 | \$ 1,296,631 |
| TOTAL | \$ 6,957,996 | \$ 4,499,736 | \$ 2,458,260 | \$ 3,275,475 |

**UPPER PAYMENT LIMIT / INTERGOVERNMENTAL TRANSFER PROGRAM
GME DISBURSEMENTS AND IGT REVENUE
SFY 2018
2ND QUARTER**

| HOSPITAL | GME PAYMENT | UPL FEDERAL PORTION | UPL STATE PORTION | INTERGOVERNMENTAL TRANSFER |
|--------------------------------|------------------------|------------------------------------|----------------------------------|---------------------------------------|
| Renown Regional Medical Center | | | | |
| Fee For Service (FFS) | \$ 210,083 | \$ 138,130 | \$ 71,953 | \$ 82,457 |
| Managed Care (MCO) | \$ 202,364 | \$ 133,054 | \$ 69,310 | \$ 79,428 |
| University Medical Center | | | | |
| Fee For Service (FFS) | \$ 3,815,799 | \$ 2,508,888 | \$ 1,306,911 | \$ 1,812,505 |
| Managed Care (MCO) | \$ 2,729,750 | \$ 1,794,811 | \$ 934,939 | \$ 1,296,631 |
| TOTAL | \$ 6,957,996 | \$ 4,574,883 | \$ 2,383,113 | \$ 3,271,021 |

**UPPER PAYMENT LIMIT / INTERGOVERNMENTAL TRANSFER PROGRAM
GME DISBURSEMENTS AND IGT REVENUE
SFY 2018
3RD QUARTER**

| HOSPITAL | GME PAYMENT | UPL FEDERAL PORTION | UPL STATE PORTION | INTERGOVERNMENTAL TRANSFER |
|--------------------------------|------------------------|------------------------------------|----------------------------------|---------------------------------------|
| Renown Regional Medical Center | | | | |
| Fee For Service (FFS) | \$ 210,083 | \$ 138,130 | \$ 71,953 | \$ 82,457 |
| Managed Care (MCO) | \$ 202,364 | \$ 133,054 | \$ 69,310 | \$ 79,428 |
| University Medical Center | | | | |
| Fee For Service (FFS) | \$ 3,815,799 | \$ 2,508,888 | \$ 1,306,911 | \$ 1,812,505 |
| Managed Care (MCO) | \$ 2,729,750 | \$ 1,794,811 | \$ 934,939 | \$ 1,296,631 |
| TOTAL | \$ 6,957,996 | \$ 4,574,883 | \$ 2,383,113 | \$ 3,271,021 |

**Renown Regional Medical Center
GME Program SFY 2018**

MCR 290001

Medicare Provider Number: 29-0001
Provider Hospital Cost Report FYE: 06/30/16

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 | Line 1 / Line 2 | \$ 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 | Adjusted Base Year Per Resident Amount | | | \$ 107,310 | \$ 107,310 |
| | | | | FFS ONLY | MCO |
| Medicaid Patient Utilization | | | | | |
| 9 | Total Title XIX Hospitals Days SFY 2016 | MCR Wkst S-3 Part 1, Col. 7, Lines 2, 3, 14, & 18 | 40,343 | 20,549 | 19,794 |
| 10 | Total Hospitals Days SFY 2016 | MCR Wkst S-3 Part 1, Col. 8, Lines 14 & 18 | 149,390 | 149,390 | 149,390 |
| 11 | Medicaid Utilization % | Line 9 / Line 10 | 27.01% | 13.76% | 13.25% |
| Medicaid Direct GME Cost | | | | | |
| 12 | FTE Interns & Residents SFY 2016 | MCR Wkst S-3 Part 1, Col. 9, Line 27 | 56.93 | 56.93 | 56.93 |
| 13 | Medicaid GME Cost using Adj. PRA | Adj Base Yr PRA x XIX Utilization x FTE I & R | | Total GME Payment | \$ 840,332 |
| 14 | Nevada SFY 2018 FMAP% | Medicaid FMAP | 65.48% | Total Federal Match | \$ 550,249 |
| 15 | Nevada SFY SMAP% | | 34.52% | Total State Match | \$ 290,083 |
| | | | | Quarterly | \$ 210,083 |
| | | | | \$ | 202,364 |
| | | | | \$ | 412,447 |
| ANNUAL | | | | | |
| | | | | \$ | 1,649,789 |
| | | | | \$ | 1,080,282 |
| | | | | \$ | 569,507 |

**University Medical Center
GME Program SFY 2018**

GME Calculation SFY 2018

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 | <i>Line 1 / Line 2</i> | \$ 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 |
| 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 | Adjusted Base Year Per Resident Amount | | | | | \$ 262,689 | \$ 262,689 |
| | | | | | | FFS ONLY | MCO |
| Medicaid Patient Utilization | | | | | | | |
| 15 | Total Title XIX Hospitals Days SFY 2016 | MCR Wkst S-3 Part 1; Col. 7; lines 2, 3, 14, & 18 | 67,339 | | | 39,256 | 28,083 |
| 16 | Total Hospitals Days SFY 2016 | MCR Wkst S-3 Part 1; Col. 8; lines 14 & 18 | 128,726 | | | 128,726 | 128,726 |
| 17 | Medicaid Utilization % | <i>Line 9 / Line 10</i> | 52.31% | | | 30.50% | 21.82% |
| Medicaid Direct GME Cost | | | | | | | |
| 18 | FTE Interns & Residents SFY 2016 | MCR Wkst S-3 Part 1, Line 27 col 9 | 190.53 | | | 190.53 | 190.53 |
| 19 | Medicaid GME Cost using Adj. PRA | Adj Base Yr PRA x XIX Utilization x FTE I & R | | Total GME Payment | \$ 15,263,195 | \$ 10,919,001 | \$ 26,182,196 |
| 20 | Nevada SFY 2018 FMAP% | Medicaid FMAP | 65.48% | Total Federal Match | \$ 9,994,340 | \$ 7,149,762 | \$ 17,144,102 |
| 21 | Nevada SFY SMAP% | | 34.52% | Total State Match | \$ 5,268,855 | \$ 3,769,239 | \$ 9,038,094 |
| | | | | Quarterly | \$ 3,815,799 | \$ 2,729,750 | \$ 6,545,549 |