

January 29, 2021

The Honorable Dennis Levinson
County Executive of Atlantic County
1333 Atlantic Avenue, 8th Floor
Atlantic City, NJ 08401

Dear Mr. Levinson,

Thank you for submitting your proposed Fee and Expenditure Report for the New Jersey County Option Hospital Fee Pilot Program on December 10, 2020. This Report has been under public review from December 24, 2020 through January 15, 2021. Please refer to the correspondence dated December 23, 2020 for those details.

The 21-day public review period concluded on January 15, 2021. Below are the comments that were received for Atlantic County's Program:

1. 29 comments were received from various stakeholders at Shore Medical Center, including the President/CEO, expressing their dissatisfaction with Shore's reimbursement share. The comments are attached. Please be aware these comments were received requesting the state reject Atlantic County's Fee and Expenditure Report based on the notion that the hospitals in Atlantic County did not have sufficient time to review the second model provided by the County's consultants after the State provided corrected data, and this resulted in a hurried, inequitable funding allocation for Shore Medical Center. On the grounds of meeting the regulatory framework and ensuring the proposal submitted to CMS for approval of the local tax assessment for hospitals within your jurisdiction is compliant with federal regulations, no change will be made upon the adoption in response to the comments.
2. Requests for Fee and Expenditure Reports were received from the following stakeholders; Fee and Expenditure Reports have been disseminated to all who requested them:
 - Tim Hanlon, Shore Medical Center
 - Patricia Quinn, O'Conco Healthcare Consultants
 - Margaret King, Myers and Stauffer
 - Joanne Tyo, Acuity Healthcare
 - Scott B. Stolbach, Ocean Healthcare Management
 - Michael Keevey, RWJ Barnabas
 - Frank Blee, AtlantiCare

At this time, the NJ Department of Human Services (the Department) has approved your local hospital assessment program and it will be submitted to CMS for federal review and approval. Atlantic County's program continues to be considered for a potentially effective date of July 1, 2021, pending CMS approval. Regarding the comments in number 1 above, the state will refer Shore Medical Center back to Atlantic County to consider any disagreements with the submitted model.

Next steps for implementation of the program include:

1. State drafts IGT agreement between Atlantic County and State to outline provisions for the non-federal share of Medicaid payments to Atlantic County.
2. County must pass ordinance in compliance with N.J.A.C. 10:52B-2.2.
3. State submits preprint, quality parameters to CMS for approval for an effective date of July 1, 2021. Please see the [Revised Preprint](#) form released by CMS on January 8, 2021 for more information.
4. State and Atlantic County finalize IGT agreement.

Please direct all questions to Dmahs.hospcountyfee@dhs.nj.gov. The Department will notify you upon CMS approval of the Program.

Sincerely,



Brian Francz
Chief Financial Officer, Department of Human Services

Date: 12 / 10 / 20

Subject: New Jersey County Option Hospital Fee Pilot Program Fee and Expenditure Report

County: Atlantic County

GENERAL

Describe the proposed hospital fee program the county intends to enact by providing details on all of the elements listed below.

FEE PROGRAM

1. What is the county's proposed effective date of the fee pilot program?

July 1, 2021

2. List of all licensed hospitals located in your county:

Please Include: Name, address, facility ownership (for profit, NFP or government owned) **and** type of facility (acute care, psychiatric, rehabilitation, children's, LTACH, Specialty)

Please see "Attachment A" for full list of hospitals located in Atlantic County.

3. Federal law and regulations require all hospitals in a jurisdiction to be taxed, unless a specific process is followed to exempt particular hospitals – a process that includes meeting a statistical test.

Does the county plan on excluding any hospitals from the fee program? No Yes

If so, please list name(s) and type of facility:

4. If the county plan **proposes to exempt** particular hospitals/classes of hospitals, please provide a policy justification for excluding those specific hospitals/classes of hospitals from the fee program. (If not, please leave blank)

5. The law creating the County Option Hospital Fee Pilot Program requires that counties consult with affected hospitals within their jurisdiction prior to submitting the Fee and Expenditure Report to the Commissioner of Human Services. Please detail when and how county officials consulted with affected hospitals.

The County, through its contracted legal counsel, Eyman Associates, implemented a comprehensive process of consulting and gathering feedback from all hospitals within the jurisdiction. The County began with a hospital kick-off call to educate every affected hospital on the intent and goals of the pilot program, the relevant state and federal requirements, and the information required to inform the County's Fee and Expenditure report. The County's contractor, including its technical subcontractor, supported affected hospitals in completing the state's data, DSH template, and attestation forms. Once all data was collected, hospitals were again invited to participate in a discussion of available options for both the fee and payment components of the program. The contractor hosted follow-up calls requested by select hospitals to answer questions and discuss concerns unique to those facilities and obtained written feedback from each affected hospital to inform the County's decision.

6. Please describe the basis of the proposed fee – e.g. net patient revenue, days of care, discharges? (N.J.A.C. 10:52B)

The County proposes to assess a fee on inpatient hospital services, structured as a uniform dollar amount per non-Medicare discharge for services furnished within the County's jurisdiction. Those hospitals that have provider-based facilities located outside the county, have segregated their in-county from out-of-county services and only the services provided within the County will be assessed.

7. Will the basis for the proposed fee exclude Medicare and /or Medicaid data?

Yes. The discharges assessed will exclude Medicare discharges.

8. What is the proposed fee rate or fee amount?

Please specify if different fee rates or amounts will be applied to inpatient versus outpatient services and identify respective notes/ amounts.

The assessment rate will be \$1,264.05 per non-Medicare discharge.

9. Will the same fee rate or fee amount apply to all hospitals included in the fee program? No Yes

If not, please describe which fee rate or amount is proposed to be applied to each hospital and the policy rationale.

10. If the fee program is not uniform or broad based, one or more statistical tests must be passed for the fee to comply with federal regulations. If the proposed fee program is **not broad-based** or **not uniform**, please provide a copy of the federally compliant statistical test(s) in an excel document. N/A Attached

Information on federally compliant statistical test (s) can be accessed at 42 CFR § 433.68

- Permissible health care-related taxes.

<https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol4/xml/CFR-2018-title42-vol4-sec433-68.xml>

11. While the transfers to the state from the county must occur quarterly, what is the planned timing for collecting the fee – quarterly, monthly, biannually?

Quarterly Monthly Biannually Other _____

12. What interest and/or penalties will be imposed for failure to pay the fee?

In the event a hospital fails to remit the fee by the due date, the County may apply interest to the amount due, not to exceed 1.5% of the outstanding payment amount per month, reflected on the following quarter's invoice.

13. What appeal process will be established to resolve any disputes related to the fee program?

Upon federal approval of the program, the County will officially notify hospitals that the fee program will take effect, and of the amount of the quarterly fee they will be required to pay throughout the program. The hospitals will have 15 days from receipt of that notice to contest the fee amount, by submitting a letter, including any supporting documents, to the County specifying the basis for the appeal. The County will specify in its ordinance a process for an appeal of interest charges on late payments and/or the amount of the interest assessed in the event a hospital fails to remit payment by the due date.

14. How will hospitals be notified of their fee obligation and any other related operational requirements under the fee program?

The County will send each hospital quarterly invoices notifying them of their fee obligation and the payment deadline at least 20 days in advance of each quarterly due date.

15. Please provide any additional pertinent information that you believe would be helpful in describing the program.

This Fee & Expenditure report was prepared by the County's contracted attorneys who have nationwide experience working with these types of programs. The County has relied extensively on their expertise in developing the model, responding to these questions and assuring compliance with state and federal rules. The signed certification below relies in large part on the work and advice of the contracted attorneys.

PROPOSED PAYMENT PROGRAM

As part of the pilot program, counties may submit a proposed payment methodology detailing how pilot program funds will be distributed to hospitals and the basis of the distribution. However, as the single State agency for the Medicaid Program, the Department's role is to review the proposed programs to assure that the assessment design and proposed expenditure methodology, if provided, comply with federal regulations governing such programs. A county's proposed payment method must include details on elements listed below.

1. What is the proposed basis for determining the hospital payment amounts?

The County proposes that the state implement a managed care directed payment in the form of a uniform rate increase to Medicaid managed care payments. The increase would be implemented as a dollar add-on per Medicaid managed care day projected to be \$2,134.10 per diem. The proposed eligible class is all hospitals whose main campus is located within Atlantic County. While the imposition of the fee is limited to services furnished within the County, the directed payment would include all services provided by the hospital, regardless of the location of the services. The payment methodology would be the same for all hospitals, thereby directing the expenditures equally, using the same terms of performance, as required by 42 CFR 438.6(c)(2)(i)(B). Details of the calculation of this payment methodology are contained in the attached model, prepared by our contractors, and we will make our contractors available to the state to answer any questions about it or provide additional information as needed.

The directed payments would be provided on a quarterly basis, paid to the managed care organizations as a separate payment term (apart from monthly capitation payments to the plans). The four quarterly payments would each be equal to 25% of the projected annual rate increase amount (which is estimated in the attached model, based on the state's CY2019 encounter data forwarded to us by DMAHS on 8/27/20). A final reconciliation adjustment would be determined after the end of the year, based on actual services provided, and the first quarterly payment of the subsequent year would be adjusted (upwards or downwards) by the reconciliation amount. In this way, the payments would meet the federal requirement at 42 CFR 438.6(c)(2)(i)(A) that directed payments be "based on the utilization and delivery of services."

Throughout the County's consultation process, affected hospitals consistently raised concerns regarding potential constraints on cash flow upon payment of the fee. Many of these hospitals are already facing precarious financial conditions, which have been exacerbated as a result of the COVID-19 pandemic. It is precisely these resource constraints that have galvanized support throughout the state for this critical pilot program. To curb the fee's potential to trigger liquidity problems and financial instability, the County stresses the imperative of minimizing the time between the hospitals' payment of the fee and the distribution of the managed care directed payment to the hospitals. It is our hope that the state will establish a timeline that will ensure payments are distributed in the most timely manner possible. Towards that end, based on hospital feedback, the County requests that the managed care organizations be directed to make the requisite payments to the hospitals within 10 calendar days of receipt of the payments from the state.

Moreover, because our proposed model would impose very little, if any, administrative burden on the managed care organizations, requiring them simply to make the directed payments in the amounts provided by the state, it is our understanding that they will be permitted to retain no more of the directed payment amounts provided to them than the amount necessary to cover their incremental HMO premium fee costs (currently 5%). The contract language with the managed care organizations should reflect this requirement in order to ensure that the program complies with the intended purpose of supporting local hospitals.

The County anticipates that the state would work with the participating hospitals in developing an evaluation plan for the program and any associated quality reporting requirements.

2. The purpose of the County Option Hospital Fee Pilot Program is to increase financial resources through the Medicaid/NJ FamilyCare program to support local hospitals and to ensure that they continue to provide necessary services to low-income residents. How will the payments be utilized to effectuate this purpose?

Atlantic County hospitals collectively provide nearly \$106 million in unreimbursed health care services to uninsured and low-income patients throughout the County. Moreover, all of the hospitals have been significantly impacted by the COVID-19 pandemic. The new resources generated from the County Option Hospital Fee Pilot Program will help to stabilize the hospitals' financial position and strengthen their capacity to continue providing access to comprehensive and essential health care services to low income Atlantic County residents.

Please note that the County reserves the right to use its 9% share of the fee proceeds for any purpose it deems appropriate.

OTHER COUNTY REQUIREMENTS

CHECK BOX TO CONFIRM COMPLETION AND/OR AGREEMENT

- The county has provided the state with all calculations for the fee, the proposed payments, and the statistical test.
- The county understands that the funds created from this program are to increase financial resources through the Medicaid/NJ FamilyCare program to support local hospitals in providing necessary services to low-income residents.
- The county understands that at least 90% of the fee amounts collected will be transferred to the state to be used as the non-federal share for federally matched hospital payments.
- The county understands that at least 1% of the fee amounts collected will be transferred to the state for the state's administrative costs.
- The county understands that fees to be collected may not exceed 2.5% of the net patient revenue of hospitals included in the fee program.
- The following FORMS and ATTESTATION must be submitted with the Fee and Expenditure Report for each hospital located in the county (Include all source documents)
 - Data Form for County Option Hospital Fee Program**
 - Preliminary DSH Calculation Template**
- Attestation**
Signed by each hospital located in the county.

ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PILOT PROGRAM

FEE AND EXPENDITURE ATTESTATION

CERTIFICATION BY COUNTY OFFICER OR ADMINISTRATOR

I hereby certify that I have examined the Fee & Expenditure Report for the reporting periods specified and that to the best of my knowledge and belief it is true, correct and complete statement prepared from the county option hospital fee state data set created from reports submitted by the hospitals within the county's jurisdiction in accordance with applicable instructions, except as noted. I understand that misrepresentation or falsification of any information contained in this report may be punishable by criminal, civil and administrative action, fine and/or imprisonment under state or federal law.

Signed

Jerald DeRosso for
County Officer or Administrator

Name:

Dennis Levinson
Full Name (Printed)

Title:

COUNTY EXECUTIVE

Date: 12 / 10 / 20

Email Address:

deweese - jacqueline@aclink.org OR
delrosso - jerry@aclink.org

Attachment A

New Jersey County Option Hospital Fee Program List of hospitals located in Atlantic County

Atlanticare Regional Medical Center - City Campus

1925 PACIFIC AVENUE
ATLANTIC CITY, NJ 08401

- General Acute Care
- Non-profit

Atlanticare Regional Medical Center - Mainland Campus

65 JIMMIE LEEDS ROAD
POMONA, NJ 08240

- General Acute Care
- Non-profit

Acuity Specialty Hospital Of New Jersey

1925 PACIFIC AVENUE 5TH FLOOR
ATLANTIC CITY, NJ 08401

- General Acute Care
- For profit

Bacharach Institute for Rehabilitation

61 W JIMMIE LEEDS ROAD
POMONA, NJ 08240

- General Acute Care
- Non-profit

Shore Medical Center

100 MEDICAL CENTER WAY
SOMERS POINT, NJ 08244

- General Acute Care
- Non-profit

ATLANTIC COUNTY HOSPITAL FEE

12/9/2020

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

Total Fee Receipts	\$26,778,865
County's Resource	\$2,410,098
State's Resource	\$267,789
<i>Non-federal Share of Medicaid Payments</i>	<i>\$24,100,979</i>

HOSPITAL	Fees Paid	Medicaid Managed Care Directed Payments	Lost DSH Payments
AtlantiCare RMC	\$21,747,953	\$48,813,180	\$0
Shore Memorial	\$4,640,322	\$9,247,038	\$0
Bacharach	\$329,917	\$2,343,238	\$0
Acuity Specialty	\$60,674	\$0	\$0
	\$26,778,865	\$60,403,456	\$0

ATLANTIC COUNTY HOSPITAL FEE

12/9/2020

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

\$1,264.05 Fee per Non-Medicare Discharge fee rate = d_{sum} / c_{sum}

		a	b	c = a - b	d = c * fee rate
	HOSPITAL	2018 Discharges	2018 Medicare Discharges	2018 Non-Medicare Discharges	Fee Receipts
Inpatient Discharge Basis	AtlantiCare RMC	30,244	13,039	17,205	\$21,747,953
	Shore Memorial	8,529	4,858	3,671	\$4,640,322
	Bacharach	1,033	772	261	\$329,917
	Acuity Speciality	334	286	48	\$60,674
	Total IP	40,140	18,955	21,185	\$26,778,865

Total Fee Receipts	\$26,778,865	f = e
County Resource	\$2,410,098	g = f * 9%
State Resource	\$267,789	h = g * 1%
State Share Medicaid Payments	\$24,100,979	i = f - g - h
Est Effective FMAP	62.00%	j
State + Federal Share of Medicaid Payments	\$63,423,628	k = i / (1 - j)
5% HMO Assessment	\$3,020,173	l = k - m
State + Federal Share of Medicaid Payments Going to Hospitals	\$60,403,456	m = k / 1.05

ATLANTIC COUNTY HOSPITAL FEE

12/9/2020

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

Total Inpatient Hospital Enhanced Payments	\$60,403,456	a
Inpatient Hospital Add-On Payment	\$2,134.10	b = a / c _{sum}

Medicaid Managed Care Directed Payments

HOSPITAL	PATIENT DAYS	PAYMENTS
AtlantiCare RMC	22,873	48,813,180
Shore Memorial	4,333	9,247,038
Bacharach	1,098	2,343,238
Acuity Speciality	0	0
	28,304	\$60,403,456

HOSPITAL	Fees Paid	Medicaid Managed Care Directed Payments	DSH Room	Charity Care & HRSF-MH Payments	Lost DSH Payments
AtlantiCare RMC	\$21,747,953	\$48,813,180	\$90,425,260	\$9,874,196	\$0
Shore Memorial	\$4,640,322	\$9,247,038	\$13,628,009	\$91,228	\$0
Bacharach	\$329,917	\$2,343,238	\$2,774,963	\$0	\$0
Acuity Speciality	\$60,674	\$0	\$0	\$0	\$0
	\$26,778,865	\$60,403,456			\$0

h = \$0; if e < f
 h = -g; if e > f AND if (e-f) > g
 h = f - e; if e > f AND if (e-f) < g

Calculation of the 2.5% Fee Cap

In Accordance with N.J.A.C. 10:52B-2.1(b)(4)

	a	b = a * 2.5%	
	Net Patient Service Revenue	Fee Cap	
INPATIENT			
AtlantiCare RMC	\$467,063,842	\$11,676,596	
Shore Memorial	\$85,941,247	\$2,148,531	
Bacharach	\$22,964,420	\$574,111	
Acuity Specialty	\$23,136,547	\$578,414	
Total IP	\$599,106,056	\$14,977,651	
OUTPATIENT			
AtlantiCare RMC	\$359,414,946	\$8,985,374	
Shore Memorial	\$103,325,778	\$2,583,144	
Bacharach	\$9,307,832	\$232,696	
Acuity Specialty	\$0	\$0	
Total OP	\$472,048,556	\$11,801,214	
Total IP + OP	\$1,071,154,612	\$26,778,865	Maximum Amount of Fee Receipts

ATLANTIC COUNTY HOSPITAL FEE

12/9/2020

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State's Resource	\$267,789
<i>Non-federal Share of Medicaid Payments</i>	<i>\$24,100,979</i>

HOSPITAL	Fees Paid	Medicaid Managed Care Directed Payments	Lost DSH Payments
AtlantiCare RMC	\$21,747,953	\$48,691,147	\$0
Shore Memorial	\$4,640,322	\$9,223,921	\$0
Bacharach	\$329,917	\$2,337,379	\$0
Acuity Specialty	\$60,674	\$0	\$0
	\$26,778,865	\$60,252,447	\$0

ATLANTIC COUNTY HOSPITAL FEE

12/9/2020

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

\$1,264.05 Fee per Non-Medicare Discharge fee rate = d_{sum} / c_{sum}

		<i>a</i>	<i>b</i>	<i>c = a - b</i>	<i>d = c * fee rate</i>
	HOSPITAL	2018 Discharges	2018 Medicare Discharges	2018 Non-Medicare Discharges	Fee Receipts
Inpatient Discharge Basis	AtlantiCare RMC	30,244	13,039	17,205	\$21,747,953
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	Bacharach	1,033	772	261	\$329,917
	Acuity Speciality	334	286	48	\$60,674
	Total IP		40,140	18,955	21,185

e

Total Fee Receipts **\$26,778,865**
 County Resource **\$2,410,098**
 State Resource **\$267,789**

f = e

*g = f * 9%*

*h = g * 1%*

State Share Medicaid Payments \$24,100,979

i = f - g - h

Est Effective FMAP 62.00%

j

State + Federal Share of Medicaid Payments \$63,423,628

k = i / (1 - j)

5% HMO Assessment \$3,171,181

*l = k * 5%*

State + Federal Share of Medicaid Payments Going to Hospitals \$60,252,447

m = k - l

ATLANTIC COUNTY HOSPITAL FEE

12/9/2020

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

Total Inpatient Hospital Enhanced Payments	\$60,252,447	a
Inpatient Hospital Add-On Payment	\$2,128.76	b = a / c _{sum}

Medicaid Managed Care Directed Payments

HOSPITAL	PATIENT DAYS	PAYMENTS
AtlantiCare RMC	22,873	48,691,147
Shore Memorial	4,333	9,223,921
Bacharach	1,098	2,337,379
Acuity Speciality	0	0
	28,304	\$60,252,447

HOSPITAL	Fees Paid	Medicaid Managed Care Directed Payments	DSH Room	Charity Care & HRSF-MH Payments	Lost DSH Payments
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Shore Memorial	\$4,640,322	\$9,223,921	\$13,628,009	\$91,228	\$0
Bacharach	\$329,917	\$2,337,379	\$2,774,963	\$0	\$0
Acuity Speciality	\$60,674	\$0	\$0	\$0	\$0
	\$26,778,865	\$60,252,447			\$0

h = \$0; if e < f
 h = -g; if e > f AND if (e-f) > g
 h = f - e; if e > f AND if (e-f) < g

Calculation of the 2.5% Fee Cap

In Accordance with N.J.A.C. 10:52B-2.1(b)(4)

	a	b = a * 2.5%	
	Net Patient Service Revenue	Fee Cap	
INPATIENT			
AtlantiCare RMC	\$467,063,842	\$11,676,596	
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Bacharach	\$9,307,832	\$232,696	
Acuity Specialty	\$0	\$0	
Total OP	\$472,048,556	\$11,801,214	
Total IP + OP	\$1,071,154,612	\$26,778,865	Maximum Amount of Fee Receipts

ATLANTIC COUNTY HOSPITAL FEE

12/9/2020

1	2	3	4	5	6	7	8	9	10
		a	b	c	d=a-b-c	e	f	g=d-e-f	h
	Hospital	Uncompensated Costs Before GME Payments	SPRY21 GME	SPRY21 Safety Net GME	Uncomp Costs (DSH Limit)	SPRY21 Charity Care Payment	SPRY21 HRSF Mental Health Payment	DSH Limit Room	2016 DSH Cost Percentage
310064	AtlantiCare RMC	\$95,758,352	\$2,656,508	\$0	\$93,101,844	\$9,874,196	\$0	\$83,227,648	33.10%
310047	Shore Memorial	\$12,700,681	\$0	\$0	\$12,700,681	\$91,228	\$0	\$12,609,453	21.95%
313030	Bacharach	\$2,727,477	\$0	\$0	\$2,727,477	\$0	\$0	\$2,727,477	14.39%
312023	Acuity Speciality	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Data Form Line	Description	AtlantiCare	Shore	Bacharach	Acuity		
Ln 8	Base Yr IP Costs	\$121,735,315	\$21,197,254	\$1,805,638	\$104,063,727	143,480,031	33,703,837
Ln 16	Base Yr OP Costs	84,762,286	23,943,427	3,681,630	55,495,955	25,263,858	3,112,419
Ln 17	Base Yr Total Costs	206,497,601	45,140,680	5,487,268	159,559,682	168,743,889	36,816,256
Ln 18	Cost Inflator	1.282370681	1	1.1	1.00	201,489,028	43,960,535
	Add'l Cost Inflator					99,988,275	19,194,176
Ln 19	Est Costs for DSH Limit	\$264,806,469	\$45,140,680	\$6,035,995	\$159,559,682	112,603,038	21,615,760
						862,176	248,729
						113,465,214	21,864,489
Ln 24	Total XIX Payments	\$91,246,987	\$23,554,585	\$3,308,518	\$76,132,834		
Ln 29	Total XVIII / TPL Pmts	68,706,131	8,550,258	0	38,252,199	88,023,815	22,096,046
Ln 31	Self Pay	887,976	335,156	0	903,654		
Ln 32	Sct 1011 Pmt	0	0	0	0		
Ln 34	Est. Increased XIX Pmts	8,207,023	0	0	0		
	Est Pmts before GMEs	\$169,048,117	\$32,439,999	\$3,308,518	\$115,288,687		

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 79 Fed. Reg. 77904 dated December 19, 2018, the 79 Fed. Reg. 71679 dated December 3, 2014, and the withdrawal of FAQs 33 and 34 by CMS on December 31, 2018.

Table with columns: Hospital Name, State-Estimated Hospital-Specific DSH Limit, Medicaid I/P Utilization Rate, Low-Income Utilization Rate, State-Defined Eligibility Statistic, Regular I/P/OP Medicaid FFS Rate Payments, I/P/OP Medicaid MCO Payments, Supplemental/Enhanced I/P/OP Medicaid Payments, Total Medicaid I/P/OP Payments (F+G+H), Total Cost of Care - I/P/OP Services, Total Medicaid Uncompensated Care Costs (J), Total I/P/OP Indigent Care/Self-Pay Revenues, Total Applicable Section 1011 Payments, Total Uninsured I/P/OP Care Costs (M-L), Total Uninsured Uncompensated Care Costs (N-O), Total Eligible Uncompensated Care Costs (R-Q), Total In-State DSH Payments Received, Total Out-of-State DSH Payments Received, Medicaid Provider Number, Medicare Provider Number, Total Hospital Cost.

Out-of-State DSH Hospitals

Table listing out-of-state DSH hospitals with columns: Hospital Name, Medicaid I/P Utilization Rate, Low-Income Utilization Rate, State-Defined Eligibility Statistic, Regular I/P/OP Medicaid FFS Rate Payments, I/P/OP Medicaid MCO Payments, Supplemental/Enhanced I/P/OP Medicaid Payments, Total Medicaid I/P/OP Payments (F+G+H), Total Cost of Care - I/P/OP Services, Total Medicaid Uncompensated Care Costs (J), Total I/P/OP Indigent Care/Self-Pay Revenues, Total Applicable Section 1011 Payments, Total Uninsured I/P/OP Care Costs (M-L), Total Uninsured Uncompensated Care Costs (N-O), Total Eligible Uncompensated Care Costs (R-Q), Total In-State DSH Payments Received, Total Out-of-State DSH Payments Received, Medicaid Provider Number, Medicare Provider Number, Total Hospital Cost.

Note

Footnote: Facilities showing zero did not receive a DSH payment during the period under review, but were included in the DSH examination at the request of the State.