



March 25, 2019

Mr. Christopher LaVigne
Director, Reimbursement and CON
Division of Health Services
CT Department of Social Services
55 Farmington Avenue, 9th Floor
Hartford, CT 06105-3730

Dear Mr. LaVigne:

Attached is a copy of the Medicaid Uncompensated Care Cost Calculations Addenda and Schedule of Annual Reporting Requirements Addenda for DSH state plan years 2011 - 2015. The attached documents incorporate the withdrawal of FAQs 33 and 34 by CMS on December 31, 2018.

1. SRPY 2011 - Medicaid DSH Uncompensated Care Cost Calculations Addendum #2 and Schedule of Annual Reporting Requirements Addendum #2
2. SPRY 2012 - Medicaid DSH Uncompensated Care Cost Calculations Addendum #3 and Schedule of Annual Reporting Requirements Addendum #3
3. SPRY 2013 - Medicaid DSH Uncompensated Care Cost Calculations Addendum #2 and Schedule of Annual Reporting Requirements Addendum #2
4. SPRY 2014 - Medicaid DSH Uncompensated Care Cost Calculations Addendum #1 and Schedule of Annual Reporting Requirements Addendum #1



**MYERS AND
STAUFFER**^{LC}
CERTIFIED PUBLIC ACCOUNTANTS

5. SPRY 2015 - Medicaid DSH Uncompensated Care Cost Calculations Addendum #1 and Schedule of Annual Reporting Requirements Addendum #1

If you have any questions concerning the items listed above or any part of the attached schedules, please contact us at the e-mail address or phone number below.

Sincerely,

John Kraft, CPA, CHFP
Member
PH 410.581.4543 (Direct)
jkraft@mslc.com

State of Connecticut
 Medicaid Uncompensated Care Cost Calculations
 For the Medicaid State Plan Rate Year Ended September 30, 2011
 Addendum #2

As Reported on 2011 Final DSH Examination Report Dated 12/23/14		Revisions based on Addendum #1		Revisions based on Addendum #1 Issued 3/8/18		Revisions based on Addendum #2		Addendum #2 dated 03/25/2019							
Hospital	Medicaid Provider Number	DSH Payment for Medicaid State Plan Rate Year	Total Uncompensated Care Costs for Medicaid State Plan Rate Year	DSH Payment Under or <Over> Total Uncompensated Care Costs (UCC)	DSH Payment Redistributions	Change in UCC	DSH Payment for Medicaid State Plan Rate Year	Total Uncompensated Care Costs for Medicaid State Plan Rate Year	DSH Payment Under or <Over> Total Uncompensated Care Costs (UCC)	DSH Payment Redistributions	Change in UCC	Remove of Private Insurance and Medicare Payments	DSH Payment for Medicaid State Plan Rate Year	Total Uncompensated Care Costs for Medicaid State Plan Rate Year	DSH Payment Under or <Over> Total Uncompensated Care Costs (UCC)
BRIDGEPORT HOSPITAL	004041703 007228703	7,580,434	27,672,983	20,092,549	N/A	-	7,580,434	27,672,983	20,092,549	N/A	-	-	7,580,434	27,672,983	20,092,549
BRISTOL HOSPITAL	004041901 004025193	709,662	10,597,512	9,887,850	N/A	-	709,662	10,597,512	9,887,850	N/A	-	-	709,662	10,597,512	9,887,850
CHARLOTTE HUNGERFORD HOSPITAL	004025011	1,288,088	4,298,335	3,010,247	N/A	-	1,288,088	4,298,335	3,010,247	N/A	-	-	1,288,088	4,298,335	3,010,247
CT CHILDRENS MEDICAL CENTER	004159960 004159978	10,859,639	18,417,796	7,558,157	N/A	-	10,859,639	18,417,796	7,558,157	N/A	-	-	10,859,639	18,417,796	7,558,157
CT MENTAL HEALTH CENTER	004064218 004122933	4,507,959	11,916,397	7,408,438	N/A	-	4,507,959	11,916,397	7,408,438	N/A	-	-	4,507,959	11,916,397	7,408,438
CT VALLEY HOSPITAL	004049607 004122941	88,576,737	152,009,918	63,433,181	N/A	-	88,576,737	152,009,918	63,433,181	N/A	-	-	88,576,737	152,009,918	63,433,181
CT VETERANS HOME & HOSPITAL (DVA)	004111639	13,276,145	2,558,327	(10,717,818)	N/A	-	13,276,145	2,558,327	(10,717,818)	N/A	-	1,359,989	13,276,145	3,918,316	(9,357,829)
DANBURY HOSPITAL	004041935 007228714	5,446,395	28,171,769	22,725,374	N/A	-	5,446,395	28,171,769	22,725,374	N/A	-	-	5,446,395	28,171,769	22,725,374
DAY KIMBALL HOSPITAL	004041638 007228698	939,503	1,750,990	811,487	N/A	-	939,503	1,750,990	811,487	N/A	-	-	939,503	1,750,990	811,487
GREENWICH HOSPITAL ASSOCIATION	004024931 007228881	1,620,532	15,216,016	13,595,484	N/A	-	1,620,532	15,216,016	13,595,484	N/A	-	-	1,620,532	15,216,016	13,595,484
GRIFFIN HOSPITAL	004041786 004025086	1,092,224	3,147,003	2,054,779	N/A	-	1,092,224	3,147,003	2,054,779	N/A	-	-	1,092,224	3,147,003	2,054,779
HARTFORD HOSPITAL	004041927 004025219	13,587,235	32,391,148	18,803,913	N/A	-	13,587,235	32,391,148	18,803,913	N/A	-	-	13,587,235	32,391,148	18,803,913
HOSPITAL OF CENTRAL CT (former NBGH)	004041869 004025151	5,154,585	14,326,804	9,172,219	N/A	-	5,154,585	14,326,804	9,172,219	N/A	-	-	5,154,585	14,326,804	9,172,219
HOSPITAL OF ST RAPHAEL	004041950 007228716	5,203,620	13,618,947	8,415,327	N/A	-	5,203,620	13,618,947	8,415,327	N/A	-	-	5,203,620	13,618,947	8,415,327
JOHN DEMPSEY HOSPITAL	007228882	6,253,110	16,183,302	9,930,192	N/A	(720,291)	6,253,110	15,463,011	9,209,901	N/A	-	-	6,253,110	15,463,011	9,209,901
JOHNSON MEMORIAL HOSPITAL	004041968 007228718	441,618	8,439,888	7,998,270	N/A	-	441,618	8,439,888	7,998,270	N/A	-	-	441,618	8,439,888	7,998,270
LAWRENCE & MEMORIAL HOSPITAL	004041687 004024980	3,691,193	15,000,467	11,309,274	N/A	-	3,691,193	15,000,467	11,309,274	N/A	-	-	3,691,193	15,000,467	11,309,274
MANCHESTER MEMORIAL HOSPITAL	007228702 004024972	1,348,203	9,166,139	7,817,936	N/A	-	1,348,203	9,166,139	7,817,936	N/A	-	-	1,348,203	9,166,139	7,817,936
MIDDLESEX HOSPITAL	004025177	3,780,615	10,678,085	6,897,470	N/A	-	3,780,615	10,678,085	6,897,470	N/A	-	-	3,780,615	10,678,085	6,897,470
MIDSTATE MEDICAL CENTER	004041810 007228707	1,904,948	14,340,688	12,435,740	N/A	-	1,904,948	14,340,688	12,435,740	N/A	-	-	1,904,948	14,340,688	12,435,740
MILFORD HOSPITAL	004025102	1,390,783	4,858,312	3,467,529	N/A	-	1,390,783	4,858,312	3,467,529	N/A	-	-	1,390,783	4,858,312	3,467,529
NEW MILFORD HOSPITAL	004041778 007228706	588,018	4,710,036	4,122,018	N/A	-	588,018	4,710,036	4,122,018	N/A	-	-	588,018	4,710,036	4,122,018
NORWALK HOSPITAL	004041943 004025235	5,211,230	17,654,947	12,443,717	N/A	-	5,211,230	17,654,947	12,443,717	N/A	-	-	5,211,230	17,654,947	12,443,717
ROCKVILLE GENERAL HOSPITAL	004041729 004025029	510,346	2,932,409	2,422,063	N/A	-	510,346	2,932,409	2,422,063	N/A	-	-	510,346	2,932,409	2,422,063
SHARON HOSPITAL/ESSENT HEALTHCARE	004221800 004221818	557,305	2,488,418	1,931,113	N/A	-	557,305	2,488,418	1,931,113	N/A	-	-	557,305	2,488,418	1,931,113
SOUTHWEST CT MENTAL HEALTH SYSTEM	004075651 004122925	10,191,241	23,488,845	13,297,604	N/A	-	10,191,241	23,488,845	13,297,604	N/A	-	-	10,191,241	23,488,845	13,297,604
ST FRANCIS HOSPITAL MEDICAL CENTER	004075669	10,497,571	36,270,714	25,773,143	N/A	-	10,497,571	36,270,714	25,773,143	N/A	-	-	10,497,571	36,270,714	25,773,143
ST MARYS HOSPITAL	007228697 004024923	3,540,817	7,537,644	3,996,827	N/A	-	3,540,817	7,537,644	3,996,827	N/A	-	-	3,540,817	7,537,644	3,996,827
ST VINCENTS MEDICAL CENTER	004041893 007228712	7,031,915	24,146,944	17,115,029	N/A	-	7,031,915	24,146,944	17,115,029	N/A	-	-	7,031,915	24,146,944	17,115,029
STAMFORD HOSPITAL	007228713 004025185	8,115,694	29,535,955	21,420,261	N/A	-	8,115,694	29,535,955	21,420,261	N/A	-	-	8,115,694	29,535,955	21,420,261
WATERBURY HOSPITAL	004041661 007228699	3,147,916	16,775,661	13,627,745	N/A	-	3,147,916	16,775,661	13,627,745	N/A	-	-	3,147,916	16,775,661	13,627,745
WILLIAM W BACKUS HOSPITAL	004041851 007228710	4,218,025	15,019,218	10,801,193	N/A	-	4,218,025	15,019,218	10,801,193	N/A	-	-	4,218,025	15,019,218	10,801,193
WINDHAM COMM MEM HOSPITAL	004025144	591,042	6,748,439	6,157,397	N/A	-	591,042	6,748,439	6,157,397	N/A	-	-	591,042	6,748,439	6,157,397
YALE NEW HAVEN HOSPITAL	004041836 007228708	30,469,097	152,088,425	121,619,328	N/A	-	30,469,097	152,088,425	121,619,328	N/A	-	-	30,469,097	152,088,425	121,619,328

Note on Addendum #2-For State Plan Year 2011, only Connecticut Veterans/DVA's DSH payment exceeded the hospital specific DSH limit. For that hospital only, Medicare and third party payments were removed and the UCC recalculated. No breakdown of Other Medicaid Eligible payments by Medicare, Medicaid and private insurance was provided for the remaining hospitals. As such, Medicare and private insurance payments were not removed for the calculation of UCC for these hospitals.

State of Connecticut
 Schedule of Annual Reporting Requirements
 For the Medicaid State Plan Rate Year Ended September 30, 2011
 Addendum #2

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 73 Fed. Reg. 77904 dated December 19, 2008, and the 79 Fed. Reg. 71679 dated December 3, 2014. The calculated uncompensated care costs (UCC) represent the net uncompensated costs of providing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The UCC for these patient groups was calculated using Medicare cost reporting methods, and utilized the most recent CMS 2552 cost report, Medicaid paid claims summaries, and hospital-provided data. Except as explained in the **NOTE** below, total uncompensated care costs represents the net uncompensated care costs of providing inpatient and outpatient hospital services to patients that fall into one of the following Medicaid in-state and out-of-state payment categories: Fee-for-Service Medicaid primary, Fee-for-Service Crossovers, Managed Care Medicaid primary, Managed Care Medicaid Crossover, and Uninsured individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The cost of services for each of these payment categories was calculated using the appropriate per diem or cost-to-charge ratios from each hospital's most recent CMS 2552 cost report. These costs were then reduced by the total payments received for the services provided, including any supplemental Medicaid payments and Section 1011 payments where applicable. See **NOTE** below for further information concerning treatment of payments received by Medicare and private insurance.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Hospital Name	State Estimated Hospital-Specific DSH Limit	Medicaid I/P Utilization Rate	Low-Income Utilization Rate	State-Defined Eligibility Statistic	Regular IP/OP Medicaid FFS Rate Payments	IP/OP Medicaid MCO Payments	Supplemental / Enhanced IP/OP Medicaid Payments	Total Medicaid IP/OP Medicaid Payments (F+G+H)	Total Cost of Care - Medicaid IP/OP Services (I+J)	Total Medicaid Uncompensated Care Costs (J-I)	Total IP/OP Indigent Care/Self-Pay Revenues	Total on 1011 Payments	Total IP/OP Uninsured Cost of Care	Total Uninsured Uncompensated Care Costs (N-M-L)	Total Eligible Uncompensated Care Costs (K+O)	Total In-State DSH Payments Received	Total Out-of-State DSH Payments Received	Medicare Provider Number		Total Hospital Cost
																		Medicaid Provider Number	Medicare Provider Number	
BRIDGEPORT HOSPITAL (Note 10)	7,580,434	44.69%	18.41%	Notes 4, 5, 6, 7, 9	90,454,554	28,617,205	2,554,478	121,626,237	143,244,020	21,617,783	1,025,493	0	7,080,693	6,055,200	27,672,983	7,580,434	0	004041703 007228703	070010	351,443,596
BRISTOL HOSPITAL, INC	709,662	31.08%	11.58%	Notes 4, 5, 6, 9	17,104,875	4,151,991	459,669	21,716,535	31,168,678	9,452,143	245,355	0	1,390,724	1,145,369	10,597,512	709,662	0	004041901 004025193	070029	111,660,187
CHARLOTTE HUNGERFORD HOSPITAL	1,288,088	37.67%	18.00%	Notes 4, 6, 9	22,488,650	6,584,383	379,486	29,452,519	33,142,580	3,690,061	678,884	0	1,287,158	608,274	4,298,335	1,288,088	0	004025011	070011	100,085,863
CONNECTICUT CHILDRENS MEDICAL CENTER	10,859,639	57.56%	30.84%	Notes 1, 4	21,116,606	44,994,348	0	66,110,954	83,250,824	17,139,870	131,446	0	1,409,372	1,277,926	18,417,796	10,859,639	0	004159960 004159978	073300	183,039,472
DANBURY HOSPITAL (Note 10)	5,446,395	28.20%	7.51%	Notes 4, 6, 9	56,231,889	12,494,992	1,689,918	70,416,799	94,572,308	24,155,509	1,744,370	0	5,760,630	4,016,260	28,171,769	5,446,395	0	004041935 007228714	070033	411,293,159
DAY KIMBALL HOSPITAL	939,503	41.43%	14.36%	Notes 4, 5, 6, 9	17,467,593	5,670,430	512,054	23,650,077	24,643,997	993,920	354,982	0	1,112,052	757,070	1,750,990	939,503	0	00401638 007228698	070003	86,711,888
DEPT OF VETERANS AFFAIRS HOSP SERV	13,276,145	80.12%	96.27%	Note 3	17,179,831	0	0	17,179,831	19,630,849	2,451,018	145,365	0	1,612,663	1,467,298	3,918,316	13,276,145	0	004024931 007228881	072006	27,889,571
GREENWICH HOSPITAL (Note 10)	1,620,532	9.70%	4.64%	Notes 4, 6, 9	9,281,949	3,848,666	265,213	13,395,828	21,684,548	8,288,720	3,449,083	0	10,376,379	6,927,296	15,216,016	1,620,532	0	004041786 004025086	070018	250,955,414
HARTFORD HOSPITAL	13,587,235	30.39%	13.08%	Notes 4, 6, 7, 9	130,535,481	24,403,928	2,554,478	157,493,887	179,790,902	22,297,015	2,350,501	0	12,444,634	10,094,133	32,391,148	13,587,235	0	004041869 004025151	070025	727,124,576
HOSPITAL OF SAINT RAPHAEL	5,203,620	29.37%	10.58%	Notes 4, 6, 7, 9	80,540,992	6,376,453	2,328,268	89,245,713	98,907,958	9,662,245	598,123	0	4,554,825	3,956,702	13,618,947	5,203,620	0	004041612 004024915	070001	391,836,784
JOHN DEMPSEY HOSPITAL	6,253,110	35.68%	16.89%	Notes 4, 8	51,762,912	13,731,825	0	65,494,737	79,846,475	14,351,738	518,009	0	1,629,282	1,111,273	15,463,011	6,253,110	0	00401968 007228718	070036	282,163,210
JOHNSON MEMORIAL HOSPITAL	441,618	46.07%	11.67%	Notes 4, 6, 7, 9	6,921,941	2,320,293	178,032	9,420,266	17,255,131	7,834,865	394,591	0	999,614	605,023	8,439,888	441,618	0	004041687 004024980	070008	58,973,436
LAWRENCE & MEMORIAL HOSPITAL	3,691,193	34.15%	12.57%	Notes 4, 6, 7, 9	46,620,024	15,309,506	1,331,547	63,261,077	76,443,857	13,182,780	813,729	0	2,631,416	1,817,687	15,000,467	3,691,193	0	00401679 007228701	070007	274,916,254
MANCHESTER MEMORIAL HOSPITAL	1,348,203	32.77%	13.95%	Notes 4, 6, 7, 9	23,859,583	7,580,691	663,711	32,103,985	37,984,158	5,880,173	671,988	0	3,957,954	3,285,966	9,166,139	1,348,203	0	004041885 007228711	070027	160,413,090
MIDDLESEX HOSPITAL (Note 10)	3,780,615	25.91%	9.33%	Notes 4, 6, 7, 9	31,081,897	10,189,933	647,315	41,919,145	50,453,785	8,534,640	466,118	0	2,609,563	2,143,445	10,678,085	3,780,615	0	004041810 007228707	070020	239,824,487
MIDSTATE MEDICAL CENTER	1,904,948	29.20%	13.06%	Notes 4, 6, 7, 9	24,889,263	9,542,922	855,651	35,287,836	46,653,138	11,365,302	605,520	0	3,580,906	2,975,386	14,340,688	1,904,948	0	00401778 007228706	070017	172,233,325
MILFORD HOSPITAL INC	1,390,783	22.86%	7.12%	Notes 4, 6, 9	8,899,944	2,687,524	195,990	11,783,458	14,983,671	3,200,213	633,420	0	2,291,519	1,658,099	4,858,312	1,390,783	0	004041794 004025094	070019	67,565,304
NEW MILFORD HOSPITAL (Note 10)	588,018	24.20%	7.12%	Notes 4, 5, 6, 9	8,331,745	2,162,838	103,478	10,598,061	14,346,475	3,748,414	423,619	0	1,385,241	961,622	4,710,036	588,018	0	004041752 004025052	070015	80,687,210
NORWALK HOSPITAL	5,211,230	25.40%	10.81%	Notes 4, 5, 6, 9	35,227,758	11,768,441	1,418,417	48,414,616	60,677,419	12,262,803	1,855,249	0	7,247,393	5,392,144	17,654,947	5,211,230	0	004041943 004025235	070034	279,591,775
ROCKVILLE GENERAL HOSPITAL INC	510,346	22.19%	10.22%	Notes 4, 6, 9	7,419,818	2,719,698	231,818	10,371,334	12,127,677	1,756,343	291,357	0	1,467,423	1,176,066	2,932,409	510,346	0	004041729 004025029	070012	60,181,219
SAINT FRANCIS HOSPITAL	10,497,571	34.34%	14.93%	Notes 4, 6, 7, 9	100,777,508	28,641,697	2,554,478	131,973,683	162,703,108	30,729,425	1,783,983	0	7,325,272	5,541,289	36,270,714	10,497,571	0	00401620 007228696	070002	565,944,988
SHARON HOSPITAL	557,305	23.64%	17.14%	Notes 4, 6, 9	5,994,098	1,589,697	46,350	7,630,145	8,574,036	943,891	76,690	0	1,621,217	1,544,527	2,488,418	557,305	0	004221800 004221818	070004	44,181,920
ST MARYS HOSPITAL	3,540,817	36.60%	17.73%	Notes 4, 5, 7	42,773,257	13,564,664	1,239,295	57,577,216	63,449,811	5,872,595	576,028	0	2,241,077	1,665,049	7,537,644	3,540,817	0	004041760 004025060	070016	180,881,863
ST VINCENTS MEDICAL CENTER	7,031,915	33.36%	15.26%	Notes 4, 5, 6, 7, 9	64,161,677	11,061,997	2,552,321	77,775,995	88,786,172	11,010,177	1,123,220	0	14,259,987	13,136,767	24,146,944	7,031,915	0	004041893 007228712	070028	316,942,387
THE GRIFFIN HOSPITAL	1,092,224	31.93%	11.50%	Notes 4, 6, 9	21,113,377	5,105,891	599,547	26,818,815	28,947,297	2,128,482	751,777	0	1,770,298	1,018,521	3,147,003	1,092,224	0	004041927 004025219	070031	117,137,647
THE HOSPITAL OF CENTRAL CONNECTICUT	5,154,585	38.61%	16.10%	Notes 4, 5, 7	67,110,338	24,808,636	2,149,350	94,068,324	105,470,037	11,401,713	27,401	0	2,952,492	2,925,091	14,326,804	5,154,585	0	00401950 007228716	070035	318,076,841
THE STAMFORD HOSPITAL	8,115,694	26.46%	9.64%	Notes 4, 5, 7	32,788,179	13,363,579	1,771,974	47,923,732	66,290,759	18,367,027	550,874	0	11,719,802	11,168,928	29,535,955	8,115,694	0	004221800 004221818	070006	351,723,831
THE WILLIAM W BACKUS HOSPITAL	4,218,025	34.14%	12.23%	Notes 4, 6, 7	37,707,769	10,240,105	789,495	48,737,369	61,477,585	12,740,216	647,367	0	2,926,369	2,279,002	15,019,218	4,218,025	0	004041851 007228710	070024	220,860,560
WATERBURY HOSPITAL	3,147,916	38.07%	17.63%	Notes 4, 5, 6, 7, 9	40,393,172	11,895,230	1,545,254	53,833,656	69,103,500	15,269,844	650,144	0	2,155,961	1,505,817	16,775,661	3,147,916	0	004041653 04024956	070005	208,986,419
WINDHAM COMMUNITY MEMORIAL HOSPITAL	591,042	30.39%	15.99%	Notes 4, 6, 7, 9	13,453,175	4,813,726	577,941	18,844,842	24,172,998	5,328,156	381,702	0	1,801,985	1,420,283	6,748,439	591,042	0	004041828 004025110	070021	83,498,789
YALE NEW HAVEN HOSPITAL (Note 10)	30,469,097	48.74%	17.56%	Notes 4, 5, 6, 7, 9	289,202,910	90,627,718	2,554,478	382,385,106	519,451,553	137,066,447	3,253,455	0	18,275,433	15,021,978	152,088,425	30,469,097	0	00401836 007228708	070022	1,443,664,581

State of Connecticut
 Schedule of Annual Reporting Requirements
 For the Medicaid State Plan Rate Year Ended September 30, 2011
 Addendum #2

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 73 Fed. Reg. 77904 dated December 19, 2008, and the 79 Fed. Reg. 71679 dated December 3, 2014. The calculated uncompensated care costs (UCC) represent the net uncompensated costs of providing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The UCC for these patient groups was calculated using Medicare cost reporting methods, and utilized the most recent CMS 2552 cost report, Medicaid paid claims summaries, and hospital-provided data. Except as explained in the **NOTE** below, total uncompensated care costs represents the net uncompensated care costs of providing inpatient and outpatient hospital services to patients that fall into one of the following Medicaid in-state and out-of-state payment categories: Fee-for-Service Medicaid primary, Fee-for-Service Crossovers, Managed Care Medicaid primary, Managed Care Medicaid Crossover, and Uninsured individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The cost of services for each of these payment categories was calculated using the appropriate per diems or cost-to-charge ratios from each hospital's most recent CMS 2552 cost report. These costs were then reduced by the total payments received for the services provided, including any supplemental Medicaid payments and Section 1011 payments where applicable. See **NOTE** below for further information concerning treatment of payments received by Medicare and private insurance.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	
Hospital Name	State Estimated Hospital-Specific DSH Limit	Medicaid Utilization Rate	Low-Income Utilization Rate	State-Defined Eligibility Statistic	Regular IP/OP Medicaid FFS Rate Payments	IP/OP Medicaid MCO Payments	Supplemental / Enhanced IP/OP Medicaid Payments	Total Medicaid IP/OP Payments (F+G+H)	Total Cost of Care - Medicaid IP/OP Services	Total Medicaid Uncompensated Care Costs (J-I)	Total IP/OP Indigent Care/Self-Pay Revenues	Total IP/OP Uninsured Cost of Care	Total Uninsured Uncompensated Care Costs (N-M-L)	Total Eligible Uncompensated Care Costs (K+O)	Total In-State DSH Payments Received	Total Out-of-State DSH Payments Received	Medicare Provider Number	Total Hospital Cost			
																		Medicaid Provider Number	Medicare Provider Number		
Institute for Mental Disease																		004064218	004122933		
CONNECTICUT MENTAL HEALTH CENTER (Note 10)	4,507,959	11.27%	0.00%	Note 2	774,520	0	0	774,520	1,899,937	1,125,417	347,653	0	11,138,633	10,790,980	11,916,397	4,507,959	0	004025607	074011	17,156,412	
CONNECTICUT VALLEY HOSPITAL (Note 10)	88,576,737	12.14%	45.19%	Note 2	12,103,902	0	0	12,103,902	29,065,697	16,961,795	3,986,839	0	139,034,962	135,048,123	152,009,918	88,576,737	0	004049607	074003	239,430,551	
SOUTHWEST CT MENTAL HEALTH SYSTEM (Note 10)	10,191,241	10.62%	46.28%	Note 2	1,142,892	0	0	1,142,892	2,690,140	1,547,248	587,685	0	22,529,282	21,941,597	23,488,845	10,191,241	0	004075651	074012	38,933,521	

Out-of-State DSH Hospitals

BAYSTATE MEDICAL CENTER	363	N/A	N/A	Note 4	1,027,414		0	1,027,414							363		003032406, 007228614, 003024015, 007228607	220077	
BERKSHIRE MEDICAL CENTER	113	N/A	N/A	Note 4	283,335		0	283,335							113		003032265, 003023785	220046	
DANA FARBER CANCER INSTITUTE	43	N/A	N/A	Note 4	517,098		0	517,098							43		3024312	220162	
FAIRVIEW HOSPITAL INC	56	N/A	N/A	Note 4	65,811		0	65,811							56		003032224, 003023744	221302	
HARRINGTON MEMORIAL HOSPITAL	191	N/A	N/A	Note 4	263,646		0	263,646							191		003032091, 003023603	220019	
JAMAICA HOSPITAL MEDICAL CTR	409	N/A	N/A	Note 4	17,208		0	17,208							409		003033610, 003103942	330014	
MERCY HOSPITAL INC	51	N/A	N/A	Note 4	110,041		0	110,041							51		003032356, 003023942	220066	
MIRIAM HOSPITAL INC	38	N/A	N/A	Note 4	156,055		0	156,055							38		003083053	410012	
RHODE ISLAND HOSPITAL	(50,715)	N/A	N/A	Note 4	1,363,263		0	1,363,263							(50,715)		003035722, 003026952	410007	
SOUTH COUNTY HOSPITAL INC	77	N/A	N/A	Note 4	17,793		0	17,793							77		003035730, 003026960	410008	
UMASS MEMORIAL MEDICAL CENTER	766	N/A	N/A	Note 4	7,174,087		0	7,174,087							766		003107259, 003107267	220163	
WESTERLY HOSPITAL	598	N/A	N/A	Note 4	1,722,913		0	1,722,913							598		004392792, 003027000,	410013	
WOMEN & INFANTS HOSPITAL	2,926	N/A	N/A	Note 4	430,563		0	430,563							2,926		003035789	410010	

- Note 1: State Plan Attachment 4.19A - Private Freestanding short-term Children's General Hospital which provides Uncompensated Care
- Note 2: State Plan Attachment 4.19A - Psychiatric Hospitals Serving Low-Income Persons
- Note 3: State Plan Attachment 4.19A - Public Chronic Disease Hospital that provides Uncompensated Care
- Note 4: State Plan Attachment 4.19A - Hospitals Serving Low-Income Persons (defined as SAGA for this section) within the State and comparable out-of-state border hospitals
- Note 5: State Plan Attachment 4.19A - Hospitals Serving Low-Income Persons (defined as General Assistance Behavioral Health Program for this section)
- Note 6: State Plan Attachment 4.19A - Private Acute Care Hospitals (short-term General Hospitals) which provide Uncompensated Care
- Note 7: State Plan Attachment 4.19A - Short-Term General Hospitals located in distressed municipalities and targeted investment communities with enterprise zones
- Note 8: State Plan Attachment 4.19A - Public Acute Care Hospitals (short-term General Hospitals) which provide Uncompensated Care under Section 1923 of the Social Security Act
- Note 9: State Plan Attachment 4.19A - Acute Care Hospitals (short-term General Hospitals) which provide Uncompensated Care under Section 1923 of the Social Security Act
- Note 10: LIUR is potentially understated because of the data limitations with regard to payer categories in payment files (payments on Medicare cross over accounts were not separated between Medicare and Medicaid).

Uncompensated Care Note Title 42 of the Code of Federal Regulations, section 447.299, and FAQs 33 and 34 require that Medicaid uncompensated care cost be reported net of third-party payments, including those received from Medicare and private insurance. However, CMS withdrew FAQs 33 and 34 on December 31, 2018. As such, total uncompensated care costs for the Department of Veterans Affairs Hospital are presented on this schedule gross of any Medicare or private insurance payments. No breakdown of Other Medicaid Eligible payments by Medicare, Medicaid and private insurance was provided for the remaining hospitals. As such, the UCC for these hospitals is shown on this schedule net of Medicare and third party payments.