



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)
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State of Connecticut
 Medicaid Uncompensated Care Cost Calculations
 For the Medicaid State Plan Rate Year Ended September 30, 2014
 Addendum #1

As Reported on 2014 Final DSH Examination Report Dated 2/2/18	Revisions based on Addendum #1	Revisions based on Addendum #1 Issued 3/25/2019
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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 Removal 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)
DAY KIMBALL HOSPITAL	004041638, 007228698, 004024931, 007228881 004041968 007228718	27,083	1,129,441	1,102,358	N/A	10,522,369	27,083	11,651,810	11,624,727
JOHN DEMPSEY HOSPITAL	004025250 004041836 007228708 007228709 004025128	19,073,377	10,951,843	(8,121,534)	N/A	31,252,367	19,073,377	42,204,210	23,130,833
YALE NEW HAVEN HOSPITAL		17,685	193,319,858	193,302,173	N/A	270,777,907	17,685	464,097,765	464,080,080
DEPT OF VETERANS AFFAIRS HOSP SERV	004111639 004049607 004122941 004042206	3,638,210	4,205,167	566,957	N/A	1,649,122	3,638,210	5,854,289	2,216,079
CONNECTICUT VALLEY HOSPITAL		90,925,406	207,193,850	116,268,444	N/A	15,934,611	90,925,406	223,128,461	132,203,055
CONNECTICUT MENTAL HEALTH CENTER	004064200, 004025359, 004025607 004075651 004122925 004075669	4,830,432	12,672,350	7,841,918	N/A	627,500	4,830,432	13,299,850	8,469,418
SOUTHWEST CT MENTAL HEALTH SYSTEM	004041703, 007228703, 007228704, 004025003	9,817,887	25,238,835	15,420,948	N/A	1,441,173	9,817,887	26,680,008	16,862,121
BRIDGEPORT HOSPITAL		23,044	11,786,900	11,763,856	N/A	53,849,654	23,044	65,636,554	65,613,510
CONNECTICUT CHILDRENS MEDICAL CENTER	004159960, 004159978	27,263,600	43,234,265	15,970,665	N/A	20,015,684	27,263,600	63,249,949	35,986,349

State of Connecticut
 Schedule of Annual Reporting Requirements (table)
 For the Medicaid State Plan Rate Year Ended September 30, 2014
 Addendum #1

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, the 79 Fed. Reg. 71679 dated December 3, 2014, and the withdrawal of FAQs 33 and 34 by CMS on December 31, 2018. 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 form 2552 Medicaid cost report, Medicaid Paid Claims Summaries, and Hospital-Provided Data. 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 2552 Medicaid Cost Report. These costs were then reduced by the total payments received for the services provided except for Medicare and private insurance payments, including any supplemental Medicaid payments and Section 1011 payments where applicable.

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	Total Medicaid Uncompensated Care Costs (I-I)	Total IP/OP Indigent Care/Self-Pay Revenues	Total Applicable Section 1011 Payments	Total IP/OP Uninsured Cost of Care	Total Uninsured Care Costs (N-M-L)	Total Eligible Care Costs (K+O)	Total In-State DSH Payments Received	Total Out-of-State DSH Payments Received	Medicaid Provider Number	Medicare Provider Number	Total Hospital Cost
BRIDGEPORT HOSPITAL	23,044	43.24%	25.83%	Note 5	76,606,916	22,204	14,794,274	91,423,394	150,510,706	59,087,312	364,923	0	6,914,165	6,549,242	65,636,554	23,044	0	003,007228703,007228704,0040	070010	399,209,421
CONNECTICUT CHILDRENS MEDICAL CENTER	27,263,600	58.44%	34.37%	Note 1	76,560,348	0	0	76,560,348	139,027,957	42,459,609	203,108	0	993,448	790,340	63,249,949	27,263,600	0	004159960,004159970	073300	250,993,040
DAY KIMBALL HOSPITAL	27,083	42.86%	18.46%	Note 5	14,048,727	0	0	3,793,182	17,841,909	28,639,951	236,422	0	1,090,190	853,768	11,651,810	27,083	0	038,007228698,004024931,0072	070003	92,482,664
DEPT OF VETERANS AFFAIRS HOSP SERV	3,638,210	72.89%	95.57%	Note 3	17,419,859	0	0	17,419,859	20,659,065	3,239,206	83,529	0	2,698,612	2,615,083	5,854,289	3,638,210	0	004111639	072006	28,319,947
JOHN DEMPSEY HOSPITAL	19,073,377	38.86%	18.64%	Note 4,5	53,679,770	0	0	53,679,770	95,268,292	41,588,522	555,359	0	1,171,047	615,688	42,204,210	19,073,377	0	04041968,007228718,004025250	070036	314,898,302
YALE NEW HAVEN HOSPITAL	17,685	40.69%	14.82%	Note 5	265,088,185	221,648	14,794,274	280,104,107	724,726,237	444,622,130	2,258,936	0	21,734,571	19,475,635	464,097,765	17,685	0	836,007228708,007228709,00402	070022	2,233,282,428
Institute for Mental Disease																				
CONNECTICUT VALLEY HOSPITAL	90,925,406	10.57%	4.23%	Note 2	13,297,025	0	0	13,297,025	28,357,083	15,060,058	2,649,933	0	210,718,336	208,068,403	223,128,461	90,925,406	0	04049607,004122941,004042206	074003	268,313,310
CONNECTICUT MENTAL HEALTH CENTER	4,830,432	10.85%	5.49%	Note 2	1,164,421	0	0	1,164,421	2,095,554	931,133	671,538	0	13,040,255	12,368,717	13,299,850	4,830,432	0	04122933,004064200,004025359	074011	19,317,783
SOUTHWEST CT MENTAL HEALTH SYSTEM	9,817,887	18.52%	2.62%	Note 2	893,065	0	0	893,065	4,985,699	4,092,634	464,735	0	23,052,109	22,587,374	26,680,008	9,817,887	0	04075651,004122925,004075669	074012	28,037,778

Out-of-State DSH Hospitals

N/A

- 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 - Public Acute Care Hospitals (short-term General Hospitals) which provide Uncompensated Care under Section 1923 of the Social Security Act
- Note 5: State Plan Attachment 4.19A - Acute Care Hospitals (short-term General Hospitals) which provide Uncompensated Care under Section 1923 of the Social Security Act