



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, 2015
 Addendum #1

As Reported on 2015 Final DSH Examination Report Dated 12/14/18	Revisions based on Addendum #1	Revisions based on Addendum #1 Issued 03/25/2019
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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)
CONNECTICUT CHILDRENS MEDICAL CENTER	004159960, 004159978	13,651,375	29,637,535	15,986,160	N/A	25,222,220	13,651,375	54,859,755	41,208,380
CONNECTICUT MENTAL HEALTH CENTER	004064218, 004122933, 004064200, 004025359, 004025607	4,930,469	15,668,867	10,738,398	N/A	1,133,843	4,930,469	16,802,710	11,872,241
CONNECTICUT VALLEY HOSPITAL	004049607 004122941 004042206	91,751,765	225,816,254	134,064,489	N/A	19,758,378	91,751,765	245,574,632	153,822,867
DEPT OF VETERANS AFFAIRS HOSP SERV	004111639	2,777,723	2,868,479	90,756	N/A	1,629,676	2,777,723	4,498,155	1,720,432
DAY KIMBALL HOSPITAL	004041638, 007228698, 004024931, 007228881	23,755	2,770,281	2,746,526	N/A	11,996,712	23,755	14,766,993	14,743,238
JOHN DEMPSEY HOSPITAL	004041968 007228718 004025250	15,669,895	12,580,706	(3,089,189)	N/A	34,034,103	15,669,895	46,614,809	30,944,914
SOUTHWEST CT MENTAL HEALTH SYSTEM	004075651 004122925 004075669	8,891,492	29,585,819	20,694,327	N/A	562,222	8,891,492	30,148,041	21,256,549
ST MARYS HOSPITAL	004041760, 004025060	24,419	2,047,202	2,022,783	N/A	38,910,808	24,419	40,958,010	40,933,591
WATERBURY HOSPITAL	004041653, 04024956	26,623	11,068,882	11,042,259	N/A	38,020,962	26,623	49,089,844	49,063,221

State of Connecticut
 Schedule of Annual Reporting Requirements (table)
 For the Medicaid State Plan Rate Year Ended September 30, 2015
 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-J)	Total IP/OP Indigent Care/Self-Pay Revenues	Total Applicable Section 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	Medicaid Provider Number	Medicare Provider Number	Total Hospital Cost
CONNECTICUT CHILDRENS MEDICAL CENTER	13,651,375	60.02%	34.74%	Note 1	93,439,230	0	532,018	93,971,248	148,225,367	54,254,119	216,594	0	822,230	605,636	54,859,755	13,651,375	0	.59960, 0041599	073300	253,302,742
DEPT OF VETERANS AFFAIRS HOSP SERV	2,777,723	69.54%	96.30%	Note 3	19,693,962	0	0	19,693,962	21,051,970	1,358,008	90,539	0	3,230,686	3,140,147	4,498,155	2,777,723	0	004111639	072006	30,287,271
DAY KIMBALL HOSPITAL	23,755	51.51%	21.86%	Note 5	17,499,211	0	2,934,094	20,433,305	34,577,830	14,144,525	138,938	0	761,406	622,468	14,766,993	23,755	0	.28698, 004024	070003	89,524,877
JOHN DEMPSEY HOSPITAL	15,669,895	42.33%	19.92%	Note 4, 5	63,913,084	0	967,316	64,880,400	111,144,061	46,263,661	491,438	0	842,586	351,148	46,614,809	15,669,895	0	.007228718 00	070036	331,589,003
ST MARYS HOSPITAL	24,419	55.07%	22.37%	Note 5	49,663,925	0	4,788,383	54,452,308	94,069,426	39,617,118	457,962	0	1,798,854	1,340,892	40,958,010	24,419	0	.41760, 0040250	070016	217,804,974
WATERBURY HOSPITAL	26,623	55.27%	20.77%	Note 5	35,775,680	87,801	4,361,352	40,224,833	88,127,268	47,902,435	459,336	0	1,646,745	1,187,409	49,089,844	26,623	0	.041653, 040249	070005	192,677,963
Institute for Mental Disease																				
CONNECTICUT MENTAL HEALTH CENTER	4,930,469	12.05%	6.03%	Note 2	1,254,885	0	0	1,254,885	5,512,147	4,257,262	664,688	0	13,210,136	12,545,448	16,802,710	4,930,469	0	.3, 004064200, 0	074011	24,068,392
CONNECTICUT VALLEY HOSPITAL	91,751,765	11.12%	3.56%	Note 2	11,946,872	0	0	11,946,872	30,767,061	18,820,189	7,280,325	0	234,034,768	226,754,443	245,574,632	91,751,765	0	.7 004122941 004	074003	276,118,657
SOUTHWEST CT MENTAL HEALTH SYSTEM	8,891,492	21.89%	1.38%	Note 2	556,984	0	0	556,984	6,159,925	5,602,941	354,558	0	24,899,658	24,545,100	30,148,041	8,891,492	0	.1 004122925 004	074012	37,902,406
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