



April 20, 2020

Ms. Kate McEvoy
Director, Division of Health Services
State of Connecticut
Department of Social Services
55 Farmington Avenue
Hartford, Connecticut 06102

Dear Ms. McEvoy:

Attached is a copy of the Medicaid Uncompensated Care Cost Calculations Addendum #1 and Schedule of Annual Reporting Requirements Addendum #1 for DSH state plan year September 30, 2016. The attached documents incorporate the following reopening request:

1. CMS Disallowance and refunding of CT Department of Veterans Affairs 2016 DSH Payment for the quarter ending September 30, 2016.

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,

Myers and Stauffer LC

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DEDICATED TO GOVERNMENT HEALTH PROGRAMS

State of Connecticut
 Medicaid Uncompensated Care Cost Calculations
 For the Medicaid State Plan Rate Year Ended September 30, 2016
 Addendum #1

As Reported on 2016 Final DSH Examination Report Dated 12/20/19	Revisions based on Addendum #1	Revisions based on Addendum #1 Issued 4/20/2020
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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)	(I) Refund of DSH Payment to CMS	Change in UCC	Revised 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, 007228704, 004025003	25,628	94,019,002	93,993,374	-	-	25,628	94,019,002	93,993,374
CT CHILDRENS MEDICAL CENTER	004159960, 004159978	16,640,600	61,004,103	44,363,503	-	-	16,640,600	61,004,103	44,363,503
DAY KIMBALL HOSPITAL	004041638, 007228698, 004024931, 007228881	23,389	12,817,585	12,794,196	-	-	23,389	12,817,585	12,794,196
JOHN DEMPSEY HOSPITAL	004041968, 007228718, 004025250	15,669,895	52,394,832	36,724,937	-	-	15,669,895	52,394,832	36,724,937
ST MARYS HOSPITAL	004041760, 004025060	27,856	43,786,686	43,758,830	-	-	27,856	43,786,686	43,758,830
YALE NEW HAVEN HOSPITAL	004041836, 007228708, 007228709, 004025128	23,127	631,861,445	631,838,318	-	-	23,127	631,861,445	631,838,318
CT VETERANS HOME & HOSPITAL (DVA)	004111639	6,556,631	4,716,841	(1,839,790)	(1,313,336)	-	5,243,295	4,716,841	(526,454)
CT VALLEY HOSPITAL	004049607, 004122941, 004042206	91,657,859	266,798,271	175,140,412	-	-	91,657,859	266,798,271	175,140,412
CT MENTAL HEALTH CENTER	004064218, 004122933, 004064200, 004025359, 004025607	4,374,687	23,465,522	19,090,835	-	-	4,374,687	23,465,522	19,090,835
SOUTHWEST CT MENTAL HEALTH SYSTEM	004075651, 004122925, 004075669	9,541,180	32,342,916	22,801,736	-	-	9,541,180	32,342,916	22,801,736

(I) DSH payment was disallowed by CMS and refunded by the state in the quarter ending 6/30/2017.

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 (J-I)	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
CT CHILDRENS MEDICAL CENTER	16,640,600	65.41%	35.86%	Note 1	101,235,870	0	0	101,235,870	161,445,656	60,209,786	225,349	0	1,019,666	794,317	61,004,103	16,640,600	0	004159960, 004159978, 004041638, 007228698, 0040424931, 007228881, 004041968, 007228718	073300	265,740,775
DAY KIMBALL HOSPITAL	23,389	49.03%	23.58%	Note 5	17,650,292	0	4,364,113	22,014,405	34,419,335	12,404,930	177,560	0	590,215	412,655	12,817,585	23,389	0	004025250, 004041760, 004025969, 004041836, 007228708, 007228709	070003	90,336,236
JOHN DEMPSEY HOSPITAL	15,669,895	43.43%	20.01%	Note 4, 5	69,937,206	0	1,239,189	71,176,395	123,002,372	51,825,977	547,966	0	1,116,821	568,855	52,394,832	15,669,895	0	004025250, 004041760, 004025969, 004041836, 007228708, 007228709	070036	365,477,922
ST MARYS HOSPITAL	27,856	55.91%	24.68%	Note 5	54,580,449	0	7,278,978	61,859,427	103,774,490	41,915,063	404,619	0	2,276,242	1,871,623	43,786,686	27,856	0	004025250, 004041760, 004025969, 004041836, 007228708, 007228709	070016	233,526,163
YALE NEW HAVEN HOSPITAL	23,127	48.75%	16.83%	Note 5	343,636,895	1,218,600	22,919,611	367,775,106	977,595,141	609,820,035	2,273,392	0	24,314,802	22,041,410	631,861,445	23,127	0	004025250, 004041760, 004025969, 004041836, 007228708, 007228709	070022	2,537,860,471
CT VETERANS HOME & HOSPITAL (DVA)	5,243,295	64.85%	95.42%	Note 3	18,843,186	0	0	18,843,186	19,649,550	806,364	151,996	0	4,062,473	3,910,477	4,716,841	5,243,295	0	004111639	072006	30,298,509
Institute for Mental Disease																				
CT VALLEY HOSPITAL	91,657,859	13.66%	3.61%	Note 2	11,495,620	0	0	11,495,620	38,221,824	26,726,204	961,760	0	241,033,827	240,072,067	266,798,271	91,657,859	0	004049607, 004122941, 004042206, 004064218, 004122933, 004064200, 004025359, 004025607, 004075651, 004122925, 004075669	074003	279,863,795
CT MENTAL HEALTH CENTER	4,374,687	8.81%	13.00%	Note 2	2,949,492	0	0	2,949,492	12,281,161	9,331,669	19,686	0	14,153,539	14,133,853	23,465,522	4,374,687	0	004025607, 004075651, 004122925, 004075669	074011	41,351,762
SOUTHWEST CT MENTAL HEALTH SYSTEM	9,541,180	9.58%	1.17%	Note 2	454,053	0	0	454,053	3,143,622	2,689,569	111,051	0	29,764,398	29,653,347	32,342,916	9,541,180	0	004075669	074012	59,277,739
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