

Schedule of Annual Reporting Requirements (table) For the Medicaid State Plan Year Ended September 30, 2015

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 73 Fed. Reg. 77904 dated December 18, 2008, the 79 Fed. Reg. 71679 dated December 23, 2014, and the 82 Fed. Reg. 16114 dated April 3, 2017. Due to uncertainty surrounding the U.S. District Court for the District of Columbia ordering that CMS is enjoined from enforcement of CMS FAQ 33 on June 1, 2018 and the U.S. District Court for the District of Columbia ordering that the April 3, 2017 Final Rule be vacated on March 2, 2018, the annual reporting requirements below are presented reflecting both the existing CMS guidance (FAQs 33 and 34 and the DSH Final Rule in Federal Register/Vol. 82, No. 62, April 3, 2017) in column P as well as separate, alternative calculations made based on the orders in the above-noted trial court rulings in column R. 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 methodology, and utilized the most recent CMS 2552 cost report, Medicaid paid claims summaries, and hospital-provided data. The net uncompensated care costs represents the net uncompensated care costs of providing inpatient and outpatient hospital services to patients with full rate payments (including in-state and out-of-state patients). Patients for Service-Managed Care, Service-Crossed Managed Care and primary, Managed Care Medicare Cross-over, and individuals with no source of third party coverage for 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 (column P) and reduced by all payments other than Medicare and private insurance payments (column R), including any supplemental Medicaid payments and Section 1111 payments where applicable.

Table with columns A through W. Row 1: Hospital Name, State Estimated Hospital-Specific DSH Limit, Medicaid IP/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 Cost of Care - Medicaid Payments, Total Medicaid Uncompensated Care Costs, Total IP/OP Indigent Care/Self-Pay Revenues, Total Applicable Section 1111 Payments, Total IP/OP Uninsured Cost of Care, Total IP/OP Uninsured Care Costs (F-F), Total Uncompensated Care Costs Reduced by Medicare and Private Insurance Payments, Total IP/OP Medicare and Private Insurance Payments, Total Eligible Uncompensated Care Costs Not Reduced by Medicare and Private Insurance Payments, Total-IP/OP DSH Payments Received, Total Out-of-State DSH Payments Received, Medicaid Provider Number, Medicare Provider Number, Total Eligible Uncompensated Care Costs (R-W).



State of Texas  
 Schedule of Annual Reporting Requirements (table)  
 For the Medicaid State Plan Rate Year Ended September 30, 2015

**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 82 Fed. Reg. 16114 dated April 3, 2017. Due to uncertainty surrounding the U.S. District Court for the District of Columbia ordering that CMS is enjoined from enforcement of CMS FAQ 33 on June 1, 2018 and the U.S. District Court for the District of Columbia ordering that the April 3, 2017 Final Rule be vacated on March 2, 2018, the annual reporting requirements below are presented reflecting both the existing CMS guidance (FAQs 33 and 34 and the DSH Final Rule in Federal Register/Vol. 82, No. 62, April 3, 2017) in column P, as well as separate, alternative calculations made based on the orders in the above-noted trial court rulings in column R. 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. 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 Crossover, 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 (column P) and reduced by of all payments other than Medicare and private insurance payments (column R), 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	V	W
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 Payments	IP/OP Medicaid MCO Payments	Supplemental / Enhanced IP/OP Medicaid Payments	Total Medicaid IP/OP Payments (P+G+H)	Total Cost of Care - Medicaid IP/OP Services (I-1)	Total Medicaid Uncompensated Care Costs (I-1)	Total IP/OP Indigent Care/Self-Pay Revenues	Total Applicable Section 1011 Payments	Total IP/OP Uninsured of Care	Total Uninsured Uncompensated Care Costs (N-M-L)	Total Eligible Uncompensated Care Costs Reduced by Medicare and Private Insurance Payments (K+O)	Total IP/OP Medicare and Private Insurance Payments	Total Eligible Uncompensated Care Costs Not Reduced by Medicare and Private Insurance Payments (P+Q)	Total In-State DSH Payments Received	Total Out-of-State DSH Payments Received	Medicaid Provider Number	Medicare Provider Number	Total Hospital Cost
<b>Institutes for Mental Disease</b>																						
CLARITY CHILD GUIDANCE CENTER	2,832,204	71.86%	67.35%		6,493,385	2,938,159	15,972	9,447,516	10,431,887	984,371	23,215	0	461,820	438,605	1,422,976	407,000	1,829,976	2,352,481	0	112742503	453323	18,417,710
BIG SPRING STATE HOSPITAL	24,225,105	10.81%	28.85%		11,041	2,684	0	13,725	4,673,275	4,659,550	62,020	0	22,609,169	22,547,149	27,206,699	54	27,206,753	19,380,084	0	137918204	454000	43,226,830
TERRELL STATE HOSPITAL	34,162,103	11.56%	30.80%		254,555	274,597	0	529,152	7,307,838	6,778,686	86,489	0	37,214,165	37,127,676	43,906,362	26,015	43,932,377	26,755,224	0	137919003	454006	63,239,144
NORTH TEXAS STATE HOSPITAL	85,082,012	23.73%	34.14%		4,247,978	298,431	0	4,546,409	31,047,124	26,500,715	277,015	0	69,145,723	68,888,708	95,309,423	48,560	95,413,983	65,447,697	0	021195501	454008	136,417,760
RISK STATE HOSPITAL	40,858,793	10.30%	41.00%		63,537	96,933	0	160,470	6,481,872	6,321,402	37,924	0	36,159,262	36,121,338	42,442,740	28,666	42,471,406	31,726,857	0	133331202	454009	63,227,571
SAN ANTONIO STATE HOSPITAL	41,481,604	26.43%	31.78%		1,097,680	1,084,678	0	2,182,358	17,322,076	15,139,718	74,339	0	27,245,524	27,171,185	42,310,903	136,418	42,447,321	32,350,456	0	138706004	454011	65,719,237
WEST OAKS HOSPITAL	881,622	42.59%	21.46%		5,383,073	4,117,187	0	9,500,260	7,800,963	(1,699,297)	106,394	0	1,159,996	1,053,602	(645,695)	3,709,571	3,063,876	761,760	0	121829902	454026	21,768,443
SETON SHOAL CREEK	4,712,212	8.82%	5.76%		335,755	828,266	277,011	1,441,032	1,783,401	342,309	68,660	0	7,957,649	7,888,989	8,231,358	42,869	8,274,227	2,025,391	0	094382101	454029	26,739,957
RIVER CREST HOSPITAL	1,309,915	24.54%	14.34%		3,328,131	1,435,739	0	2,763,870	2,186,627	(577,243)	53,450	0	3,030,082	2,976,632	2,399,389	990,181	3,389,570	1,299,412	0	112745802	454064	10,051,445
HARRIS CO PSYCHIATRIC CENTER	15,281,333	3.78%	100.60%		709,714	787,704	0	1,497,418	1,880,512	383,094	47,892	0	28,261,211	28,213,319	28,596,413	9,211	28,605,624	12,225,067	0	021187203	454076	48,825,258
AUSTIN STATE HOSPITAL	41,152,888	22.16%	26.01%		789,969	240,581	0	1,030,550	15,199,357	14,168,807	69,890	0	28,856,730	28,786,840	42,955,647	48,815	43,004,462	32,917,605	0	021194801	454084	68,601,770
RIO GRANDE STATE CENTER	11,317,737	20.10%	68.69%		50,186	31,646	0	89,832	2,641,177	2,551,345	1,245	0	8,728,641	8,727,396	11,278,741	12,762	11,291,443	8,937,858	0	021219307	454088	15,811,716
EL PASO PSYCHIATRIC CENTER	12,742,270	17.62%	52.80%		123,247	390,133	0	513,380	3,682,991	3,169,611	30,260	0	11,156,349	11,126,089	14,295,700	4,015	14,299,715	10,048,190	0	112751605	454100	20,908,178
KINGWOOD PINES HOSPITAL	267,601	46.00%	33.29%		3,917,394	4,886,811	0	8,804,205	7,501,870	(1,302,335)	68,808	0	1,372,799	1,303,991	1,656	1,656,893	1,658,549	122,477	0	175965601	454103	16,705,251
NMHH CEDAR CREST LLC	414,601	25.50%	20.39%		959,840	2,360,813	0	3,320,653	2,863,842	(456,811)	29,820	0	96,171	66,351	(390,460)	150,690	(239,770)	414,601	0	021215102	454114	11,375,375
TDSHS WACO CENTER FOR YOUTH	16,060,113	59.07%	32.77%		773	0	0	773	9,763,063	9,762,290	30,381	0	6,593,719	6,563,338	16,325,628	0	16,325,628	12,848,091	0	109966502	453326	16,665,343
<b>Out-of-State DSH Hospitals</b>																				#N/A	#N/A	#N/A
<b>None</b>																				#N/A	#N/A	#N/A

A: North Texas State Hospital represents two campuses: Wichita Falls and Vernon. Each campus received DSH Payments of \$36,730,893 and \$28,716,804 respectively. These campuses share a common financial system and are combined for the purposes of this report.