

**State of
Texas
HHSC:**
*UC / DSH /
UHRIP Modeling*

Initial Impact Assessment

October 30, 2018

Preface

Texas HHSC and CMS recently agreed to the extension of the Section 1115 demonstration waiver. The extension outlined changes to the Uncompensated Care (UC) payment program including revising the definition of allowable uninsured costs to be uninsured charity costs incurred by providers and no longer allowing Medicaid shortfall as an allowable cost for UC payment purposes.

Texas currently has three supplemental payment programs that are related to Medicaid shortfall and uninsured/uncompensated costs: the Disproportionate Share Hospital (DSH) program, the UC program, and the Uniform Hospital Rate Increase Program (UHRIP). These programs are all funded by intergovernmental transfers (IGT) by primarily non-state-owned governmental entities. Changes in any of these programs could affect the funding mechanisms and the distribution of payments. HHSC would like to analyze various models that demonstrate the effects of these potential programmatic changes.

This report summarizes the methodologies and assumptions used in a preliminary assessment to review the potential financial impact of the changes to the UC payment program outlined in the Section 1115 waiver. It should be noted that components of the CMS documentation are not clearly defined and the assessment relied on HHSC's interpretation of the CMS prescribed methodology for changes to the UC payment program. Therefore, in order to estimate the future financial impact of the changes to the UC payment program the modeling incorporates HHSC's assumptions, estimations, and interpreted methodology. Details of the assumptions and caveats can be found within the presentation.

The initial assessment relied upon historical and forecasted information, and interpretation of the CMS prescribed methodology for changes to the UC payment program provided by HHSC as documented in the presentation and the Appendix. While we have performed general reasonableness checks of the data received for the analysis, we have not tested or audited the accuracy of the data, and we have relied upon the data in performing the financial assessment. All preliminary data and assumptions included in our analysis are up to date as of October 22, 2018. If the underlying data or information provided is inaccurate or incomplete, the results of the analysis may likewise be inaccurate or incomplete.

This report has been solely prepared for use by the State of Texas for assistance in determining the potential financial impacts to the supplemental payment programs under the extension of the Section 1115 demonstration waiver and is not for the benefit of or to be relied upon by any other person or entity.

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Executive Summary

As a result of the changes to the UC payment program, HHSC is evaluating how the UC pool will be allocated across providers and which providers will be impacted by the program changes. The evaluation also considered how changes to the UC payment program would impact DSH payments and UHRIP payments

What is the current methodology?

- The total uncompensated care pool is established using the HSL, including Medicaid shortfall and uninsured costs, reduced for total DSH payments
- IGT “inflater” applied to increase allocation of UC to the pool for large public providers, and set-aside amounts for rider 38 hospitals
- UC payments are allocated based on HSL for all hospitals

What scenarios were examined?

- The total uncompensated care pool for 2020 shall be calculated based on one of two potential methodologies, currently under review with CMS: \$2.7 billion UC pool size and \$3.1 billion UC pool size
- Ambulance, dental, and physician practice groups are paid out first as a percentage of total pool size
- Next UC payments shall be allocated to Rider 38 hospitals, based on the total amount of the 2017 estimated S-10 cost, Schedule 1 cost, and Schedule 2 cost; less the amount of DSH payment that exceeds Medicaid shortfall (DSH hospitals only)
- UC payments shall be allocated to remaining hospitals based on the sum of 2017 estimated S-10 cost, Schedule 1 cost, and Schedule 2 cost; less the amount of DSH payment that exceeds Medicaid shortfall (DSH hospitals only); plus the DSH IGT amount for the six large Transferring Public hospitals

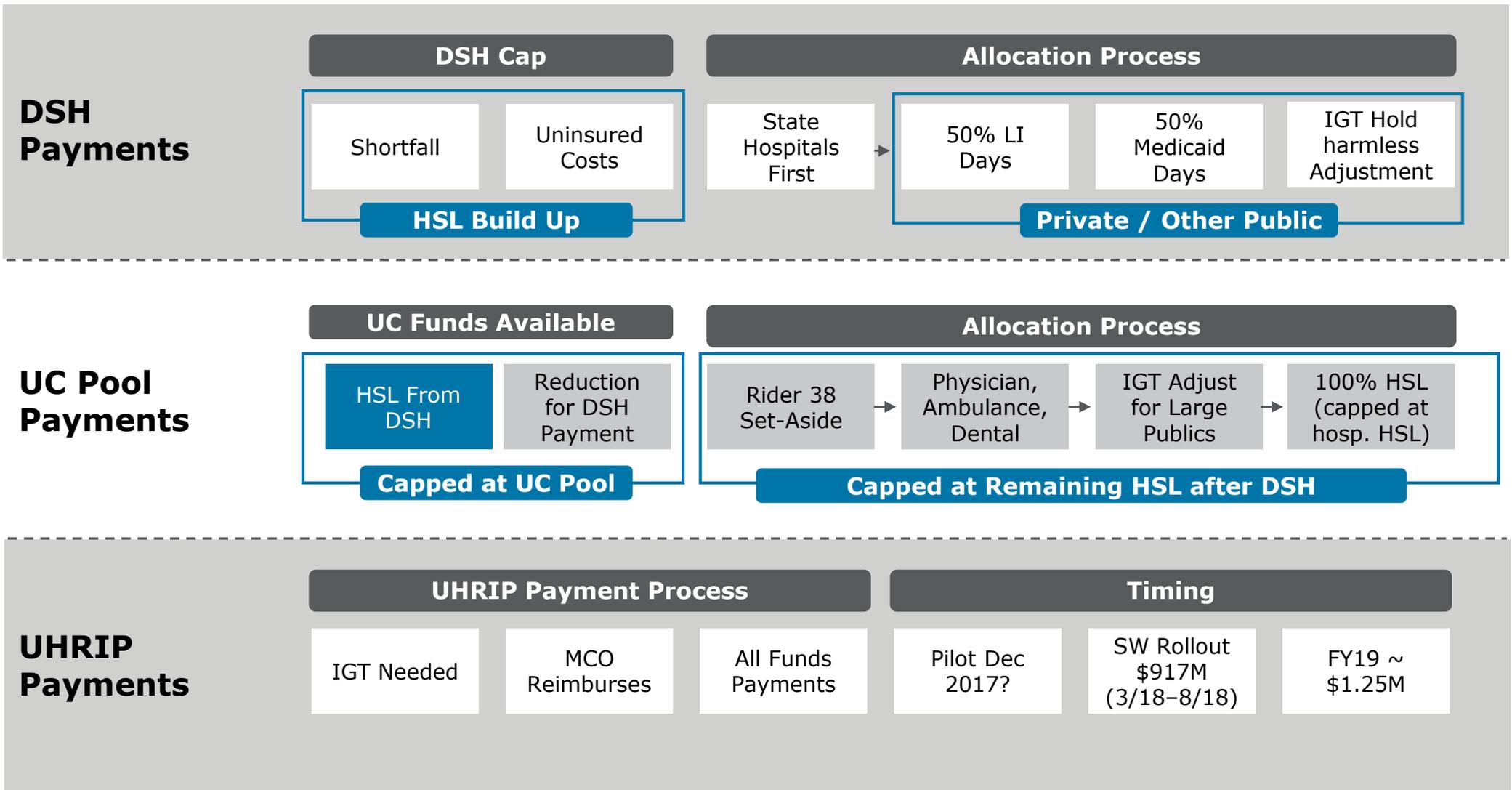
What is unclear regarding the proposed changes?

- Several components of the CMS guidance are not clearly defined, thus the assessment relied on HHSC’s interpretation of the CMS prescribed methodology for changes to the UC payment program. Areas where the most interpretation occurred include:
 - Final methodology for UC pool fund sizing and final methodology for UC pool allocation

What data sources were used?

- The analysis relied on data provided by HHSC. While the data was reviewed for reasonableness, an audit was not performed on the data. Data sources provided by HHSC include:
 - 2016 and 2017 reported S-10 amounts. Estimates were provided for hospitals that do not report S-10 data
 - Versions of the HHSC UC model and HHSC DSH model, excluding OI and Medicare and with inflated Medicaid shortfall and uninsured shortfall (inflated by approximately 5.3%)
 - 2019 UHRIP payment estimates

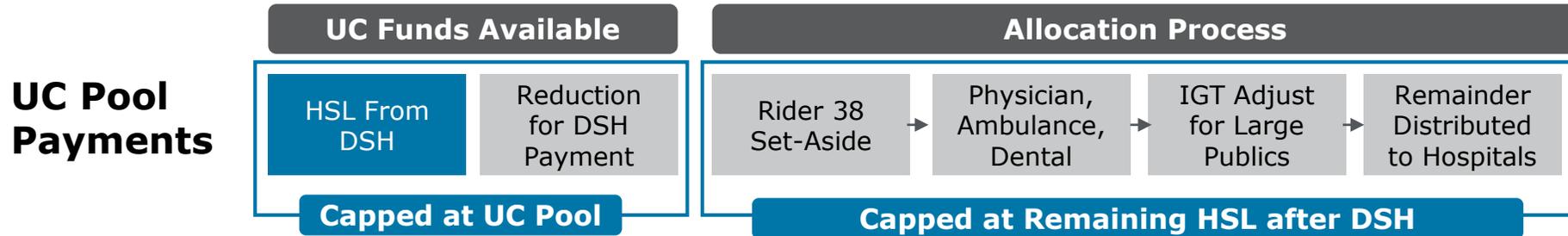
Overview of Current DSH, UC, UHRIP Calculation Process*



*Note: This chart does not reflect all the components and allocation steps for DSH, UC, and UHRIP

Overview of Current UC process

Current Uncompensated Care (UC) Process



UC Funds Available:

- 2017 UC Pool capped at \$3.1B
- 2017 HSL was \$7.8B (\$6.0B, after DSH payments)

Hospital Specific Limit (HSL):

- Shortfall (inpatient and outpatient)
- Uninsured costs (charity care, other uninsured), determined using hospital uninsured charges x RCC
- Reduced for payments made in DSH

Allocation Process:

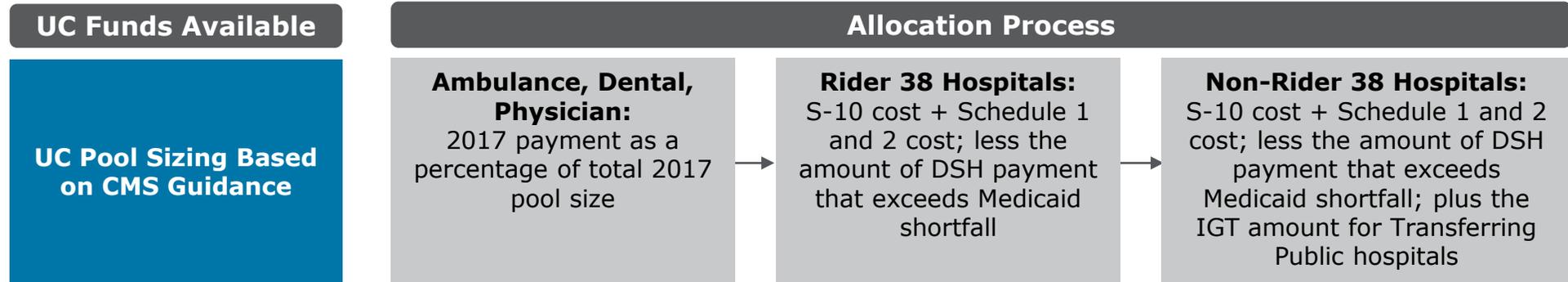
- DSH payments determined first
- HSL reduced for DSH payments
- Set aside for Rider 38 and other providers (small rurals, physician, dental, etc.)
- IGT adjustment applied to increase allocation of UC to large public pool
- UC allocated based on HSL for all hospitals with a not to exceed UC pool amount
- UC capped at remaining HSL after DSH for all hospitals

Notes:

- Does not reflect all the components and allocation steps for UC
- All components and allocation process provided by HHSC

Overview of Modified UC Allocation Process

Modified Uncompensated Care (UC) Allocation Process



UC Funds Available:

- Two methodologies are under consideration for UC pool sizing:
 1. UC Pool Size = \$2,733.4 million based on 2016 Cost Report Offset by 2014 DSH and 2016 GME
 2. UC Pool Size = \$3,100.0 million based on HHSC guidance

Allocation Process:

- Ambulance, dental, and physician practice groups are paid out first as a percentage of total pool size. This percentage is calculated based on the 2017 actual payment amount as a percentage of total 2017 pool size (ambulance 4.24% of total pool size, dental 0.01% of total pool size, physician group practices 2.31% of total pool size)
- Next UC payment amounts to Rider 38 hospitals are paid out based on the total amount of the 2017 estimated S-10 cost, Schedule 1 cost, and Schedule 2 cost; less the amount of DSH payment that exceeds Medicaid shortfall (for DSH hospitals only)
- The remaining UC pool is allocated to all other providers using the sum of S-10 cost, the uninsured component of Schedule 1 and Schedule 2 costs; less the amount of DSH payment that exceeds Medicaid shortfall (for DSH hospitals only); plus the DSH IGT amount for six large Transferring Public hospitals

Notes:

- Does not reflect all the components and allocation steps for UC
- See Slides 9 and 10 for detailed summary of assumptions for UC modeling

Overview of DSH, UC, and UHRIP Payment Calculation Order

Current DSH and UC Calculation Order

HSL and Shortfall calculated

DSH payments calculated

UC payments calculated

- DSH uses HSL and shortfall in calculation
- UC calculation uses HSL reduced for DSH payments calculated
- DSH was calculated first to promote participation
- If UC allocation is not allowed to account for DSH, would be including UC costs in both DSH and UC payment calculation (i.e. using overlapping UC amounts in both allocations)

Modified UHRIP, DSH, and UC Calculation Order

UHRIP payments estimated

HSL and Shortfall, adjusted for UHRIP

DSH payments calculated

UC payments calculated

- UHRIP payments estimated based on available funds for program
- DSH uses inflated HSL and shortfall, adjusted for UHRIP payments, and adjusted to remove OI and Medicare
- UC payments calculated using UC pool fund sizing methodology prescribed by CMS
- UC payments allocated based on the sum of S-10 cost, Schedule 1 cost, and Schedule 2 cost; less the amount of DSH payment that exceeds Medicaid shortfall (for DSH hospitals only)

Notes:

- Does not reflect all the components and allocation steps for UHRIP, DSH, and UC
- See Slides 9 and 10 for detailed summary of assumptions for UC modeling

Modeling Assumptions

The following CMS feedback and HHSC internal decisions were incorporated in the analysis:

- **UC Pool Sizing:** Two pool sizing methodologies have been modeled to illustrate UC pool sizing based on:
 - UC Pool Size = \$2,733.4 million based on 2016 Cost Report Offset by 2014 DSH and 2016 GME
 - UC Pool Size = \$3,100.0 million based on HHSC guidance

- **UC Payment Allocation:**
 - CMS has approved that UC payments may be made to ambulance, dental, and physician practice groups. In addition, physician, mid-level professional, and pharmacy (Schedule 1 and 2) uninsured costs can be reimbursed. Therefore, these items are not included in UC pool sizing but included in allocation under all scenarios.
 - **Non-Hospital Provider UC Payment Allocation:** Ambulance, dental, and physician practice groups are paid out first as a percentage of total pool size. This percentage is calculated based on the 2017 actual payment amount as a percentage of total 2017 pool size (ambulance 4.24% of total pool size, dental 0.01% of total pool size, physician group practices 2.31% of total pool size)
 - **Rider 38 Hospitals:** UC payments to Rider 38 hospitals are paid out based on the total amount of the 2017 estimated S-10 cost, Schedule 1 cost, and Schedule 2 cost; less the amount of DSH payment that exceeds Medicaid shortfall (for DSH hospitals only)
 - Non-Rural Rider 38 hospitals have been modeled both as non-Rider 38 hospitals and as Rider 38 hospitals for this analysis
 - **Non-Rider 38 Hospitals:** The remaining UC pool is allocated to the non-Rider 38 hospitals based on the sum of S-10 cost and the uninsured component of the Schedule 1 and 2 cost; less the amount of DSH payment that exceeds Medicaid shortfall (for DSH hospitals only) plus the DSH IGT amount for the six large Transferring Public hospitals is used to allocate UC payments to each provider. The amount of DSH payment that exceeds Medicaid shortfall is calculated using DSH payments calculated using an inflated HSL and shortfall, adjusted for UHRIP payments, and adjusted to remove OI and Medicare

Allocation			
S-10 Col 1	S-10 Col 3	Ambulance, dental, physician practice groups	Schedule 1 and 2
✓		✓	✓

Modeling Assumptions (Continued)

The following CMS feedback and HHSC internal decisions were incorporated in the analysis:

- **State-Owned DSH Hospitals:** Per HHSC's guidance, the state-owned hospitals' S-10 cost or S-10 equivalent costs (charity charge estimates were used as proxies for S-10 uninsured costs for some hospitals) have been removed during the UC allocation process since these hospitals received reimbursement for S-10 costs in DSH
 - State hospitals' S-10 cost and S-10 equivalent cost are still used during the UC pool sizing process
 - State hospitals that are not in DSH will not have their S-10 cost or S-10 equivalent cost removed during the UC allocation process
- **Charity Charge Estimates for State-Owned Hospitals:** HHSC provided charity charge estimates for 14 state-owned hospitals (including IMD and Teaching). These estimates do not distinguish between uninsured vs. insured charges, and have been included as a proxy for S-10 uninsured cost per HHSC guidance
- **Order of Hospital Payment Programs:** HHSC specified that UHRIP payments should be considered first in the modeling process, followed by DSH payments, and lastly UC payments. HHSC's DSH model was leveraged to map in UHRIP payments and adjust hospitals' HSL (Medicaid shortfall portion) and DSH payments accordingly
 - HHSC provided an assumption for Medicaid and uninsured shortfall inflation of approximately 5.3%
 - The inflated Medicaid shortfall and inflated uninsured shortfall provided by HHSC were used to calculate the updated DSH payments
- **Subsequent Year UHRIP Adjustment:** In order to maintain stability in the program, an adjustment to the subsequent year UHRIP payments was modeled to offset where hospital classes received a total modified UHRIP, DSH, and UC payment that was less than their total 2017 payment.
 - The adjustment targeted to increase UHRIP payments for hospital classes where the total modified UHRIP, DSH, and UC payment was less than the total payment for 2017. State IMDs were excluded.
 - The adjustment was calculated to offset the negative total modified payment change for these hospital classes (i.e., if the payment change was -\$80 million, the subsequent year UHRIP adjustment would be \$80 million)
 - The positive UHRIP adjustment for hospital classes with a negative total modified payment change was offset by negative UHRIP adjustments for hospitals classes with positive total modified payment changes
 - The negative UHRIP adjustments were distributed based on total modified payment by hospital class
 - Note modeling was not conducted for UC and DSH payment adjustments in subsequent years due to the UHRIP adjustment

Non-Rural Rider 38 Hospitals:
Modeled as non-Rider 38 Hospitals

Modeling Results: \$2.7 Billion UC Pool Size

Non-Rural Rider 38 Hospitals Modeled as non-Rider 38 Hospitals

in Millions

Ownership	UHRIP			DSH			UC			Total Modified UHRIP, DSH, and UC Payment			Subsequent Year UHRIP Adjustment
	2017 Actual	Modified Estimate	Change (\$)	2017*	Modified Estimate	Change (% \$)	2017*	Modified Estimate	Change (% \$)	2017*	Modified Estimate	Change (% \$)	
Children's Hospital Non-Transferring Public	\$0.0	\$14.0	\$14.0	\$104.3	\$104.7	0% \$0.4	\$116.1	\$16.4	-86% \$-99.7	\$220.4	\$135.1	-39% \$-85.4	\$85.4
<i>Non-Rider 38</i>	\$0.0	\$89.0	\$89.0	\$164.1	\$165.6	1% \$1.5	\$302.3	\$152.6	-50% \$-149.8	\$466.5	\$407.2	-13% \$-59.3	\$82.8
<i>Rider 38</i>	\$0.0	\$67.3	\$67.3	\$97.3	\$97.6	0% \$0.3	\$132.7	\$97.4	-27% \$-35.3	\$230.0	\$262.3	14% \$32.3	(\$8.8)
Private	\$0.0	\$21.7	\$21.7	\$66.9	\$68.0	2% \$1.1	\$169.6	\$55.2	-67% \$-114.5	\$236.5	\$144.9	-39% \$-91.6	\$91.6
<i>Non-Rider 38</i>	\$0.0	\$969.4	\$969.4	\$443.3	\$438.9	-1% \$-4.5	\$1,885.1	\$1,290.1	-32% \$-595	\$2,328.4	\$2,698.4	16% \$369.9	\$0.6
<i>Rider 38</i>	\$0.0	\$933.6	\$933.6	\$414.5	\$409.6	-1% \$-4.9	\$1,587.2	\$1,167.7	-26% \$-419.5	\$2,001.7	\$2,510.8	25% \$509.1	(\$138.6)
State IMD	\$0.0	\$35.9	\$35.9	\$28.9	\$29.3	1% \$0.4	\$297.9	\$122.4	-59% \$-175.5	\$326.7	\$187.6	-43% \$-139.2	\$139.2
State Teaching	\$0.0	\$0.0	\$0.0	\$297.0	\$297.0	0% \$0	\$6.6	\$17.2	158% \$10.5	\$303.7	\$314.2	3% \$10.5	\$0.0
<i>Non-Rider 38</i>	\$0.0	\$0.0	\$0.0	\$94.8	\$94.8	0% \$0	\$24.6	\$5.3	-79% \$-19.3	\$119.5	\$100.1	-16% \$-19.3	\$19.3
<i>Rider 38**</i>	\$0.0	\$0.0	\$0.0	\$94.8	\$94.8	0% \$0	\$24.6	\$5.3	-79% \$-19.3	\$119.5	\$100.1	-16% \$-19.3	\$19.3
Transferring Public	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	N/A \$0	\$0.0	\$0.0	0% \$0	\$0.0	\$0.0	0% \$0	\$0.0
Ambulance	\$0.0	\$177.6	\$177.6	\$762.8	\$765.4	0% \$2.6	\$560.0	\$1,071.1	91% \$511	\$1,322.8	\$2,014.1	52% \$691.2	(\$188.1)
Dental	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	N/A \$0	\$132.5	\$116.8	-12% \$-15.7	\$132.5	\$116.8	-12% \$-15.7	\$0.0
Physician Group Practices	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	N/A \$0	\$0.3	\$0.2	-12% \$0	\$0.3	\$0.2	-12% \$0	\$0.0
Total	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	N/A \$0	\$72.4	\$63.8	-12% \$-8.6	\$72.4	\$63.8	-12% \$-8.6	\$0.0
Total	\$0.0	\$1,250.0	\$1,250.0	\$1,866.5	\$1,866.5	0% \$0	\$3,100.0	\$2,733.4	-12% \$-366.6	\$4,966.5	\$5,849.9	18% \$883.4	\$0.0

Notes

- The UHRIP program was not in place in 2017, therefore all 2017 UHRIP payments are \$0
- The \$883.4 million increase in total payments is driven by the introduction of UHRIP, offset by a decrease in total UC pool size

*2017 amounts are not actual 2017 payments. The amounts represent the estimated 2017 payments without TCH lawsuit holdback for UC, and represent the estimated 2017 payments using an inflated HSL and without OI, Medicare, or the TCH lawsuit holdback for DSH

**Texas Southwestern University Hospital was considered a non-Rider 38 hospital for purposes of this analysis

Modeling Results: \$3.1 Billion UC Pool Size

Non-Rural Rider 38 Hospitals Modeled as non-Rider 38 Hospitals

in Millions

Ownership	UHRIP			DSH			UC			Total Modified UHRIP, DSH, and UC Payment			Subsequent Year UHRIP Adjustment
	2017 Actual	Modified Estimate	Change (\$)	2017*	Modified Estimate	Change (% \$)	2017*	Modified Estimate	Change (% \$)	2017*	Modified Estimate	Change (% \$)	
Children's Hospital Non-Transferring Public	\$0.0	\$14.0	\$14.0	\$104.3	\$104.7	0% \$0.4	\$116.1	\$18.8	-84% \$-97.4	\$220.4	\$137.4	-38% \$-83	\$83.0
<i>Non-Rider 38</i>	\$0.0	\$89.0	\$89.0	\$164.1	\$165.6	1% \$1.5	\$302.3	\$166.6	-45% \$-135.7	\$466.5	\$421.2	-10% \$-45.3	\$81.8
<i>Rider 38</i>	\$0.0	\$67.3	\$67.3	\$97.3	\$97.6	0% \$0.3	\$132.7	\$111.4	-16% \$-21.3	\$230.0	\$276.3	20% \$46.3	(\$9.8)
Private	\$0.0	\$21.7	\$21.7	\$66.9	\$68.0	2% \$1.1	\$169.6	\$55.2	-67% \$-114.5	\$236.5	\$144.9	-39% \$-91.6	\$91.6
<i>Non-Rider 38</i>	\$0.0	\$969.4	\$969.4	\$443.3	\$438.9	-1% \$-4.5	\$1,885.1	\$1,458.4	-23% \$-426.7	\$2,328.4	\$2,866.7	23% \$538.2	(\$4.3)
<i>Rider 38</i>	\$0.0	\$933.6	\$933.6	\$414.5	\$409.6	-1% \$-4.9	\$1,587.2	\$1,336.0	-16% \$-251.2	\$2,001.7	\$2,679.1	34% \$677.4	(\$143.5)
State IMD	\$0.0	\$35.9	\$35.9	\$28.9	\$29.3	1% \$0.4	\$297.9	\$122.4	-59% \$-175.5	\$326.7	\$187.6	-43% \$-139.2	\$139.2
State Teaching	\$0.0	\$0.0	\$0.0	\$297.0	\$297.0	0% \$0	\$6.6	\$19.6	195% \$13	\$303.7	\$316.7	4% \$13	\$0.0
<i>Non-Rider 38</i>	\$0.0	\$0.0	\$0.0	\$94.8	\$94.8	0% \$0	\$24.6	\$6.0	-76% \$-18.6	\$119.5	\$100.9	-16% \$-18.6	\$18.6
<i>Rider 38**</i>	\$0.0	\$0.0	\$0.0	\$94.8	\$94.8	0% \$0	\$24.6	\$6.0	-76% \$-18.6	\$119.5	\$100.9	-16% \$-18.6	\$18.6
Transferring Public	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	N/A \$0	\$0.0	\$0.0	0% \$0	\$0.0	\$0.0	0% \$0	\$0.0
Ambulance	\$0.0	\$177.6	\$177.6	\$762.8	\$765.4	0% \$2.6	\$560.0	\$1,225.4	119% \$665.4	\$1,322.8	\$2,168.4	64% \$845.6	(\$179.1)
Dental	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	N/A \$0	\$132.5	\$132.5	0% \$0	\$132.5	\$132.5	0% \$0	\$0.0
Physician Group Practices	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	N/A \$0	\$0.3	\$0.3	0% \$0	\$0.3	\$0.3	0% \$0	\$0.0
Total	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	N/A \$0	\$72.4	\$72.4	0% \$0	\$72.4	\$72.4	0% \$0	\$0.0
Total	\$0.0	\$1,250.0	\$1,250.0	\$1,866.5	\$1,866.5	0% \$0	\$3,100.0	\$3,100.0	0% \$0	\$4,966.5	\$6,216.5	25% \$1250	\$0.0

Notes

- The UHRIP program was not in place in 2017, therefore all 2017 UHRIP payments are \$0
- The \$1,250.0 million increase in total payments is driven by the introduction of UHRIP

*2017 amounts are not actual 2017 payments. The amounts represent the estimated 2017 payments without TCH lawsuit holdback for UC, and represent the estimated 2017 payments using an inflated HSL and without OI, Medicare, or the TCH lawsuit holdback for DSH

**Texas Southwestern University Hospital was considered a non-Rider 38 hospital for purposes of this analysis

Actual DSH and UC Payments and IGT from 2014 through 2017

Actual DSH Payments and IGT from 2014 through 2017

in Millions

Ownership	DSH Payment				DSH IGT			
	2014	2015	2016	2017	2014	2015	2016	2017
Children's Hospital	\$69.4	\$64.5	\$47.2	\$58.2	\$0.0	\$0.0	\$0.0	\$0.0
Non-Transferring Public	\$163.1	\$160.9	\$176.5	\$167.9	\$45.5	\$46.0	\$75.8	\$71.1
<i>Non-Rider 38</i>	\$98.5	\$95.6	\$115.0	\$103.6	\$28.1	\$27.2	\$49.3	\$45.4
<i>Rider 38</i>	\$64.6	\$65.3	\$61.5	\$64.3	\$17.3	\$18.8	\$26.5	\$25.7
Private	\$554.7	\$553.6	\$470.1	\$460.2	\$1.0	\$1.1	\$1.8	\$0.7
<i>Non-Rider 38</i>	\$477.3	\$476.8	\$406.5	\$397.8	\$0.0	\$0.0	\$0.0	\$0.0
<i>Rider 38</i>	\$77.4	\$76.8	\$63.6	\$62.5	\$1.0	\$1.1	\$1.8	\$0.7
State IMD	\$213.0	\$252.6	\$274.3	\$287.1	\$88.0	\$47.7	\$66.3	\$125.8
State Teaching	\$94.1	\$62.9	\$76.1	\$62.2	\$38.9	\$18.8	\$19.9	\$27.3
<i>Non-Rider 38</i>	\$94.1	\$62.9	\$76.1	\$62.2	\$38.9	\$18.8	\$19.9	\$27.3
<i>Rider 38*</i>	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Transferring Public	\$580.7	\$634.9	\$710.4	\$768.3	\$362.7	\$406.0	\$525.1	\$567.5
Ambulance	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Dental	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Physician Group Practices	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Total	\$1,675.1	\$1,729.5	\$1,754.7	\$1,804.0	\$536.1	\$519.0	\$689.0	\$792.5

*Texas Southwestern University Hospital was considered a non-Rider 38 hospital for purposes of this analysis

Actual UC Payments and IGT from 2014 through 2015

in Millions

Ownership	UC Payment		2014 UC IGT Payment Entities Breakdown				2015 UC IGT Payment Entities Breakdown			
	2014	2015	Estimated IGT Required	Via Transferring Public Hospitals (\$ %)	Via Non-Transferring Public Hospitals (\$ %)	Via Other Government Entity (\$ %)	Estimated IGT Required	Via Transferring Public Hospitals (\$ %)	Via Non-Transferring Public Hospitals (\$ %)	Via Other Government Entity (\$ %)
Children's Hospital	\$100.7	\$75.0	\$41.6	\$14.2 34.1%	\$18.1 43.4%	\$9.4 22.5%	\$31.5	\$12.6 40.2%	\$15.1 47.9%	\$3.7 11.9%
Non-Transferring Public	\$247.6	\$238.8	\$78.2	\$0 0%	\$73.5 93.9%	\$4.7 6.1%	\$79.8	\$0 0%	\$72.1 90.3%	\$7.8 9.7%
Private	\$1,695.8	\$1,732.9	\$724.7	\$376.9 52%	\$171.4 23.7%	\$176.4 24.3%	\$747.5	\$375.4 50.2%	\$164.7 22%	\$207.4 27.7%
State IMD	\$18.5	\$2.1	\$8.1	\$0 0%	\$7.3 90%	\$0.8 10%	\$0.7	\$0 0%	\$0 0%	\$0.7 100%
State Teaching	\$36.1	\$33.6	\$12.1	\$0 0%	\$7.5 61.8%	\$4.6 38.2%	\$14.3	\$0 0%	\$9.1 63.5%	\$5.2 36.5%
Transferring Public	\$1,043.1	\$864.4	\$430.9	\$430.9 100%	\$0 0%	\$0 0%	\$362.6	\$362.6 100%	\$0 0%	\$0 0%
Ambulance*	\$118.6	\$122.0	\$49.0	\$0 0%	\$0 0%	\$49 100%	\$51.2	\$0 0%	\$0 0%	\$51.2 100%
Dental*	\$0.1	\$0.0	\$0.0	\$0 0%	\$0 0%	\$0 100%	\$0.0	\$0 0%	\$0 0%	\$0 100%
Physician Group Practices	\$107.4	\$109.4	\$46.7	\$2.8 6%	\$0 0%	\$43.9 94%	\$45.9	\$3.3 7.2%	\$0 0%	\$42.6 92.8%
Total	\$3,367.9	\$3,178.2	\$1,391.4	\$824.8 59.3%	\$277.8 20%	\$288.9 20.8%	\$1,333.4	\$753.9 56.5%	\$260.9 19.6%	\$318.6 23.9%

* IGT payments for Ambulance and Dental were mapped into "Other Government Entity"

Actual UC Payments and IGT from 2016 through 2017

in Millions

Ownership	UC Payment		2016 UC IGT Payment Entities Breakdown				2017 UC IGT Payment Entities Breakdown			
	2016	2017	Estimated IGT Required	Via Transferring Public Hospitals (\$ %)	Via Non-Transferring Public Hospitals (\$ %)	Via Other Government Entity (\$ %)	Estimated IGT Required	Via Transferring Public Hospitals (\$ %)	Via Non-Transferring Public Hospitals (\$ %)	Via Other Government Entity (\$ %)
Children's Hospital	\$56.1	\$63.3	\$24.1	\$8 33.1%	\$15 62.3%	\$1.1 4.6%	\$27.8	\$9.8 35.4%	\$12.6 45.5%	\$5.3 19.1%
Non-Transferring Public	\$226.2	\$229.9	\$95.4	\$0 0%	\$91.2 95.5%	\$4.3 4.5%	\$100.1	\$0 0%	\$97.7 97.7%	\$2.3 2.3%
Private	\$1,614.7	\$1,651.1	\$693.7	\$359.4 51.8%	\$146.5 21.1%	\$187.8 27.1%	\$724.3	\$313.9 43.3%	\$147.4 20.3%	\$263 36.3%
State IMD	\$1.8	\$19.5	\$0.5	\$0 0%	\$0 0%	\$0.5 100%	\$7.9	\$0 0%	\$0 0%	\$7.9 100%
State Teaching	\$26.7	\$46.1	\$11.7	\$0 0%	\$9.8 83.4%	\$1.9 16.6%	\$20.8	\$0 0%	\$18.3 87.9%	\$2.5 12.1%
Transferring Public	\$738.4	\$668.6	\$316.6	\$316.6 100%	\$0 0%	\$0 0%	\$293.0	\$293 100%	\$0 0%	\$0 0%
Ambulance*	\$181.0	\$0.0	\$77.6	\$0 0%	\$0 0%	\$77.6 100%	\$0.0	\$0 0%	\$0 0%	\$0 0%
Dental*	\$0.1	\$0.0	\$0.0	\$0 0%	\$0 0%	\$0 100%	\$0.1	\$0 0%	\$0 0%	\$0.1 100%
Physician Group Practices	\$101.0	\$93.3	\$43.3	\$1.7 4%	\$0 0%	\$41.6 96%	\$40.9	\$2.1 5.1%	\$6.9 16.9%	\$31.9 78%
Total	\$2,945.9	\$2,771.9	\$1,262.9	\$685.7 54.3%	\$262.5 20.8%	\$314.8 24.9%	\$1,214.8	\$618.8 50.9%	\$283 23.3%	\$313 25.8%

* IGT payments for Ambulance and Dental were mapped into "Other Government Entity"