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# Disproportionate Share Hospitals in Nevada

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**EXHIBIT G - HEALTH CARE**

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Document consists of 13 pages.

Entire Exhibit provided.

## Current DSH Funding Sources

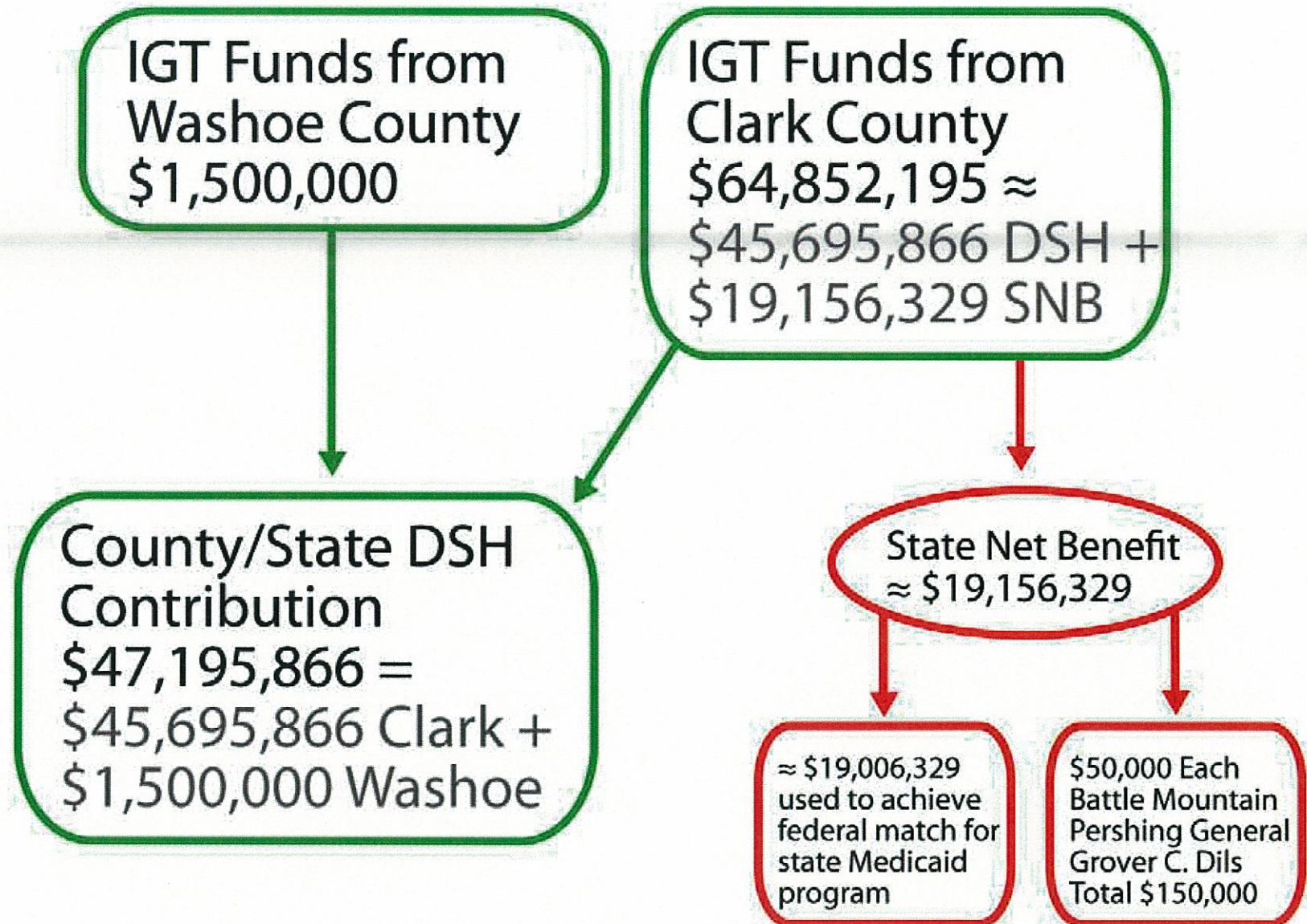
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IGT Funds from  
Washoe County  
\$1,500,000

IGT Funds from  
Clark County  
 $\approx$  \$64,852,195

## Current DSH Funding Sources

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## Current DSH Funding Sources

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County/State DSH  
Contribution  
\$47,195,866 =  
\$45,695,866 Clark +  
\$1,500,000 Washoe

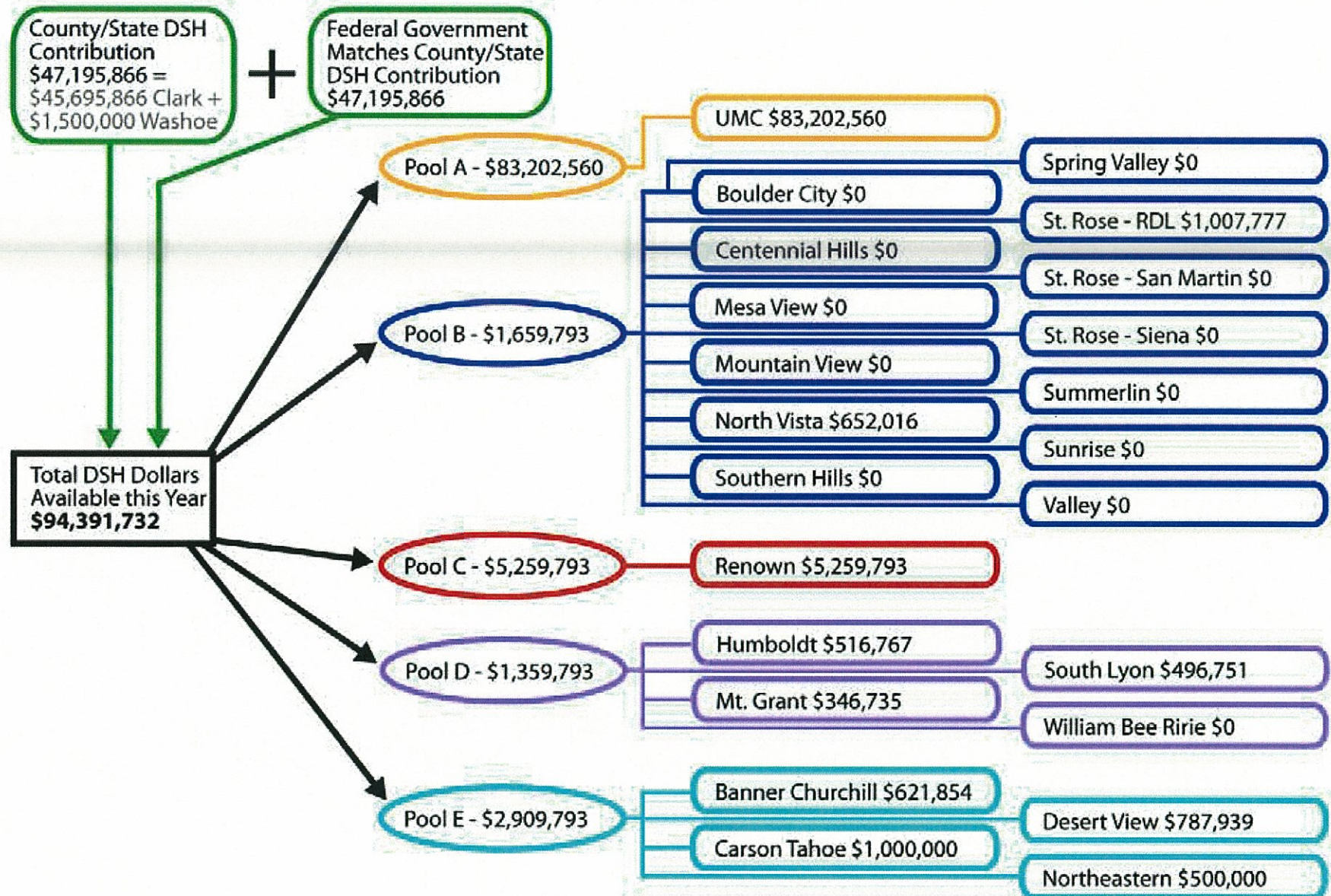
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Federal Government  
Matches County/State  
DSH Contribution  
\$47,195,866

Total DSH Dollars  
Available this Year  
**\$94,391,732**

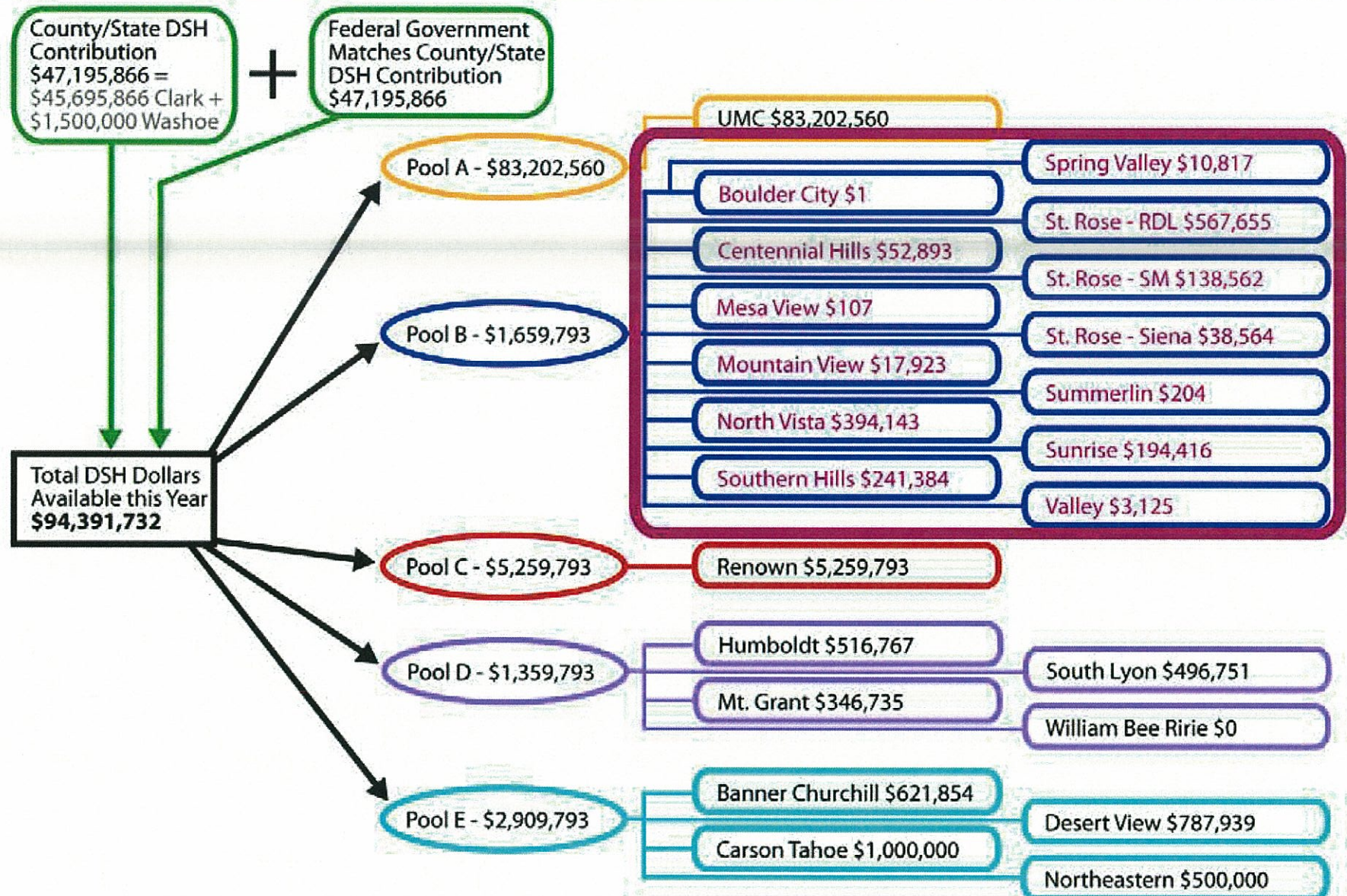


# Current DSH Distribution Model





# New Proposed DHCFP DSH Distribution Model





# How to Become DSH Eligible

- Qualify for federal then a variety of state rules.
  - Division proposal would qualify 23 (52% shown in yellow and blue to the right) hospitals and substantially dilute the funds available.
- CHW proposal, qualify for federal then one state rule.
  - All hospitals above the state mean for Medicaid Inpatient Utilization Rate.
  - Thirteen (29% shown in yellow to right) qualify under this substantially simplified model and hospitals supporting the greatest burden receive the benefit.

Hospital	Medicaid Inpatient Utilization Rate
Horizon Specialty Hospital	48.17%
Progressive Hospital-Stonecreek Hospital East	40.53%
Sunrise Hospital & Medical Center	33.31%
University Medical Center	32.29%
Renown Regional Medical Center	28.19%
North Vista Hospital	26.70%
Healthsouth Hospital at Tenaya	24.34%
Kindred Hospital - LV/Sahara	24.32%
Humboldt General Hospital	24.04%
Southern Hills Hospital	23.52%
Banner Churchill Community Hospital	21.26%
Mountainview Hospital	19.56%
Valley Hospital Medical Center	19.10%
Pershing General Hospital	18.61%
Mesa View Hospital	18.28%
Kindred Hospital - LV/Flamingo	18.08%
Northeastern Nevada General Hospital	17.82%
South Lyon Health Center	16.36%
St Rose - Rose de Lima	16.13%
Healthsouth Rehab Hospital of Las Vegas	15.20%
St Marys Regional Medical Center	14.22%
William Bee Ririe Hospital	12.94%
LifeCare of No NV-DBA Tahoe Pacific Hosp	12.80%
Desert Canyon Rehab. Hospital	12.07%
Carson Tahoe Regional Medical Center	11.97%
Desert View Regional Medical Center	11.21%
Mt Grant General Hospital	10.74%
Northern Nevada Medical Center	10.52%
Spring Valley Medical Center	10.17%
Nye Regional Medical Center	10.04%
St Rose Dominican Hosp Siena Campus	9.48%
Kindred Hospital - LV/Desert Springs	9.18%
Grover C Dils Medical Center	8.94%
Desert Springs Hosp Inc	8.82%
Healthsouth Rehab Hospital of Henderson	7.75%
Summerlin Hospital Medical Center	7.25%
St. Rose Dominican San Martin	6.91%
Centennial Hills Medical Center	6.65%
Renown South Meadows	4.41%
Boulder City Hospital	2.66%
Carson Valley Medical Center	2.54%
Sierra Surgery Center	1.23%
Battle Mountain General Hospital	0.73%
Incline Village Community Hosp/Tahoe Forest	0.00%
MIUR Mean	15.43%

# Protecting Public Hospitals

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- CHW Plan

1. A public hospital in a county that contributes DSH dollars will receive a base payment equal to the amount given by the County.
  - Only UMC qualifies and would get \$45,695,866 as a base payment.
2. An additional base payment of 25% of all DSH dollars would be given to a one public hospital in a county that contributes 51% or more of the state share of matching dollars.
  - Only UMC qualifies and would get \$23,597,933 as an additional base payment.
3. UMC total BASE payments would equal \$69,293,799.



# Protecting Rural Hospitals

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- CHW Plan

1. After base payments, rural hospitals that qualify for DSH dollars will be placed in a rural carve out category.

- The total number of qualifying rural hospitals is divided by 100 (in this case four hospitals / 100 = 4%) and the result is multiplied by the dollars available.
- Four percent of \$25,097,933 = \$1,003,917.
- This amount is divided among the rural hospitals based on the percentage of uncompensated care that hospital provided compared to its counterparts.
  - o Banner Churchill provided 53.2% of the rural uncompensated care and would get  $(53.2\% \times \$1,003,917)$  \$534,078.

# Normal DSH Hospitals

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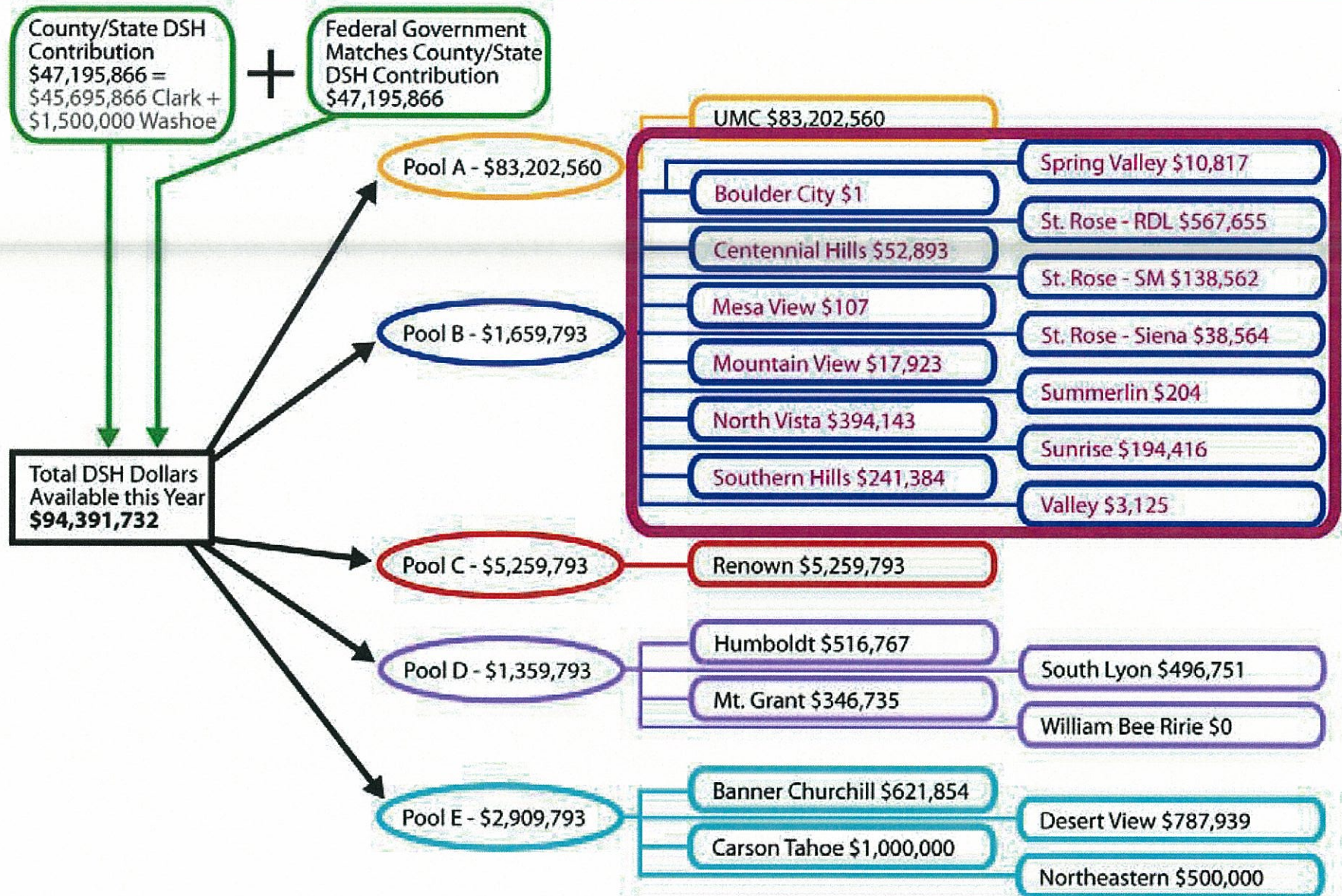
- CHW Plan

1. After base and rural payments all non-rural hospitals (including UMC) would divide the remaining dollars.

- This amount is divided among the hospitals based on the percentage of uncompensated care that hospital provided compared to its counterparts.
  - o Renown provided 20.82% of the non-rural uncompensated care and would get  $(20.82\% \times \$24,094,016)$  \$5,017,565.
  - o UMC provided 45.95%  $(45.95\% \times \$24,094,016)$  \$11,070,464 + base payments of \$69,293,799 = \$80,364,263.
    - UMC SFY2009 \$79,563,211
    - UMC SFY2010 \$83,202,560

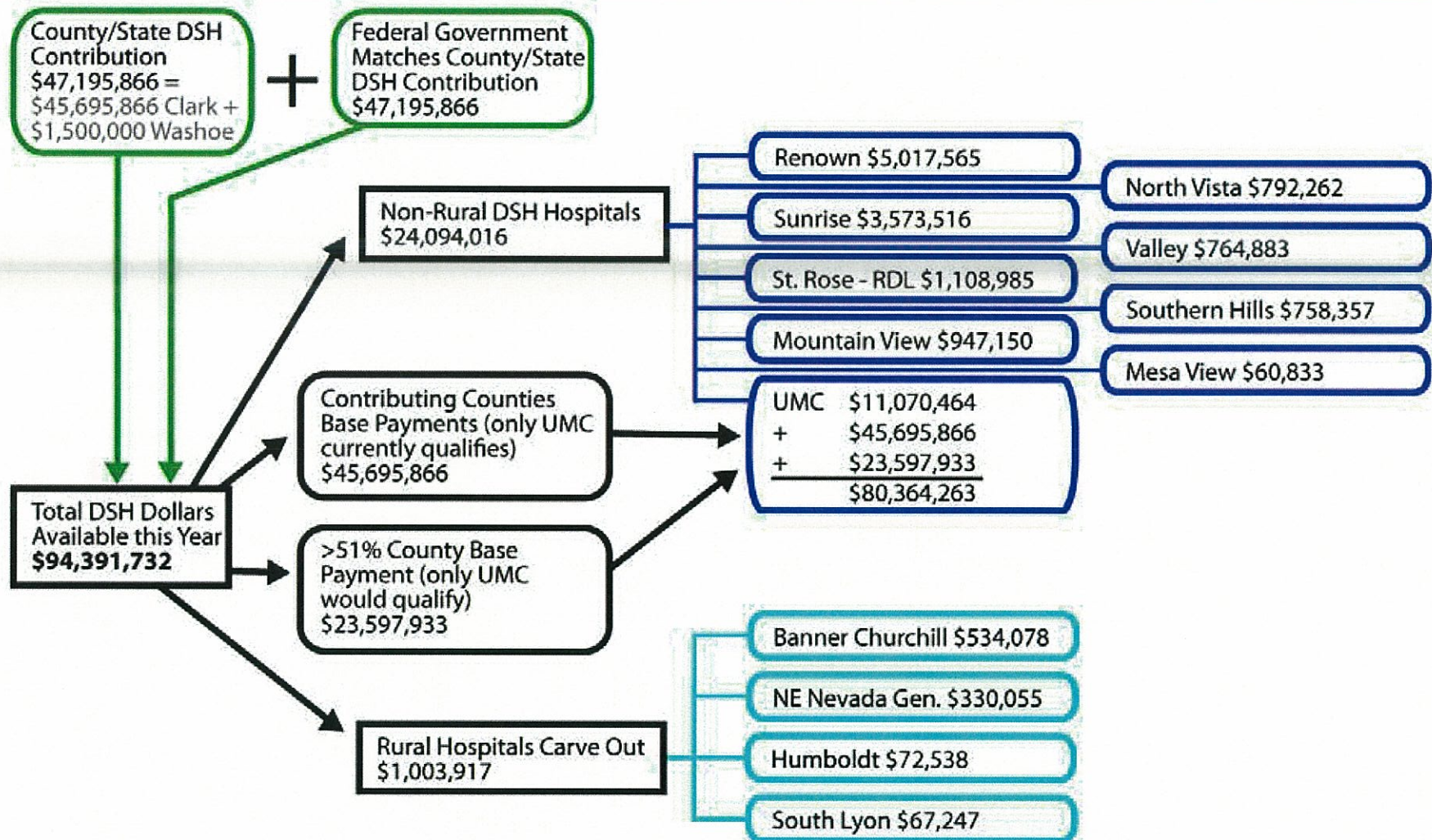


# New Proposed DHCFP DSH Distribution Model





# CHW DSH Distribution





# CHW DSH Distribution

