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NEW MEXICO
HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION

Analysis of Current Uncompensated Care Pools

Final Report: November 9, 2017

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

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Executive Summary

The purpose of this report is to address the request of the Centers for Medicare & Medicaid Services (CMS) for the New Mexico Human Services Department (HSD), to provide an independent analysis of the state's uncompensated care (UC) pool. As indicated in the letter from CMS requesting analysis, there are three principles CMS utilizes in reviewing state UC requests. Following each principle is a summary analysis that will be discussed in more detail throughout the report.

1. Coverage is the best way to assure beneficiary access to health care for low income individuals. UC pool funding should not pay for costs that would otherwise be covered in a Medicaid expansion.

   Summary: HSD expanded Medicaid eligibility through the Affordable Care Act (ACA) and has experienced a growth of 355,000 enrollees from 2014 through 2017. Currently, roughly 40 percent of the population of New Mexico is enrolled in Medicaid (889,692 unique enrollees as of July 2017, with a total estimated population of 2,081,015 per the U.S. Census Bureau).

2. Medicaid payments should support the provision of services to Medicaid and low-income uninsured individuals.

   Summary: HSD has significantly raised reimbursement levels in the past several years, particularly with the safety net care pool (SNCP) and teaching hospitals. As a result of the number of enrollees increasing substantially, there has been an overall reduction in total UC.

3. Provider payment rates must be sufficient to promote provider participation and access. They should also support plans in managing and coordinating care.

   Summary: Access requirements to hospital services are being met by all of the participating managed care organizations (MCOs). In addition, the SNCP payments provide support to the plans in maintaining access in the rural and frontier areas of the state. These payments promote and incentivize quality improvement as well as population-focused improvements.

The letter goes on to request that the analysis "*specifically review the impact of the uncompensated care pool on:*"

- *Financing overall UC in the state.*
- *Medicaid provider payment rates.*
- *Beneficiary access to Medicaid services.*
- *Financing providers that play a significant role in serving the Medicaid population and the low-income uninsured.*
- *Support of managed care plans in managing care.*
- *Any state-specific circumstances for CMS to take into account as it reviews the UC pool.*
- *Whether and, the extent to which, similar issues exist in the state's hospital quality improvement incentive pool.*

The following report will address each of these principles and review points as they relate to payments authorized under Section XII of the special terms and conditions (STCs) related to Centennial Care. Based on the data available, it appears that New Mexico has made significant progress in reducing UC in the state through increased reimbursement rates, and expansion of Medicaid, but significant UC remains.

As illustrated throughout the report, the focus of the SNCP within Centennial Care was on the smallest rural hospitals in the state. The SNCP program focuses the resources on those hospitals that have demonstrated the need. While the effects of the increased reimbursement rates and Medicaid expansion have aided in reducing the UC of these hospitals, it is important to note that even amounts of UC that may appear to be small are difficult for these facilities to address. Current policy direction from CMS has indicated that they intend to emphasize the use of S-10 from the Medicare report in identifying allowable UC costs in the future. Some of the potential issues associated with S-10 and the potential impact on the pools, particularly the smaller pools, is discussed in greater detail in the body of the report. The state has met the STCs of the Centennial Care waiver but additional need remains to ensure that the progress can continue.

Historical Perspective

Beginning in 1989, the majority of hospital providers in the state of New Mexico were reimbursed for inpatient hospital services based on prospectively-determined reimbursement rates. The exception to those hospitals would have been for inpatient rehabilitation and specialty hospitals or Medicare-prospective payment system (PPS) exempt distinct part units within hospitals which were reimbursed under the Tax Equity and Finance Reduction Act (TEFRA) provisions.

In July of 1997, Medicaid managed care in New Mexico was introduced through the Salud! program. While the majority of the coverage was provided through the Salud! program, there remained fee-for-service (FFS) populations that continued to be paid on a cost basis. In addition, while behavioral health services were originally included within the Salud! program, when the contracts were signed in 2005 these services were transitioned out of Salud! to a separate program. Beginning in 2008, individuals that were in need of nursing home level of care, personal care options, and/or disabled and elderly home and community-based services (HCBS) waiver, were phased into the Coordination of Long Term Services (CoLTS) waiver.

In addition to their standard inpatient and outpatient reimbursement, certain hospitals were also eligible to receive supplemental payments for indirect medical education (IME), graduate medical education (GME), disproportionate share hospital (DSH) payments, and sole-community hospital adjustments. Outpatient hospital services were also traditionally paid under a cost-based FFS arrangement, however, in 2010, HSD implemented an outpatient PPS system utilizing an ambulatory payment classification (APC) methodology.

With the implementation of the Centennial Care demonstration waiver, HSD was able to enroll most New Mexico Medicaid and Children's Health Insurance Program (CHIP) beneficiaries in managed care for a full range of services. Centennial Care consolidated 12 existing delivery system waivers into a single comprehensive managed care product.

With the transition of services into Centennial Care, HSD agreed within the STCs to remove the sole-community payments from their state plan and replace it with the SNCP payments within

Centennial Care. These payments were effectively broken into three pools for calculation and distribution. The initial "pool" of funds was used to increase overall reimbursement rates for hospital services as specified in STC 105 and referenced in attachment F of the waiver. This was accomplished through increases to base rates being paid to the hospitals. The available "supplemental" funding was broken into two pools, with the first being the UC pool which was designed to defray the actual UC of inpatient and outpatient hospital services provided to Medicaid eligible or uninsured individuals. The second pool is the Hospital Quality Improvement Incentive (HQII). This pool is designed to provide incentives for hospitals to improve the health and quality of care they provide to the Medicaid and uninsured individuals they serve.

Financing Overall Uncompensated Care in the State

The financing of UC in New Mexico has been accomplished in several ways. The primary way is through payment rates for the Medicaid population that reimburse providers at or near the cost of providing services to the Medicaid population. The second factor in financing overall UC is through Medicaid expansion.

New Mexico expanded their Medicaid program in response to the ACA, and have subsequently seen their Medicaid enrollment climb from approximately 535,000 individuals in 2014 to nearly 890,000 currently, or roughly 40 percent of the population in the state. Prior to the ACA expansion childless, non-disabled adults were ineligible for Medicaid services. Through Medicaid expansion, these groups with incomes up to 138 percent of the federal poverty level were now able to enroll and receive Medicaid services. This expansion assisted in reducing the overall UC of hospitals in New Mexico.

In total, the UC of those SNCP hospitals that experienced net UC was reduced by approximately 35 percent between 2014 Demonstration Year (DY)1 and 2015 DY2. This reduction was possible due to the expansion efforts as well as an overall hospital base rate increase to the SNCP hospitals of approximately forty-two percent from state fiscal year (SFY) 2014 through 2017. This was accomplished with a significant increase in the last half of SFY 2014 and SFY 2015 of approximately 62 percent over prior reimbursement rates, however slower than anticipated recovery from the recession resulted in cost containment measures in SFY 2017 that reduced the increase to 49.5 percent. Fortunately, the UC pool and DSH program assist in offsetting the burden of these cost containment measures passed on to hospitals. It is likely that the 2016 DY3 reconciliation, which will be completed in April of 2018, will result in less significant UC reductions than those experienced in 2015.

In addition to the traditional claims-based payments for services, New Mexico's DSH program provides approximately $30 million in funding through DSH payments. The federal criteria governing DSH allotments to states have identified New Mexico as a "Low DSH" state. A "Low DSH" state was initially characterized as a state with DSH expenditures greater than zero percent and less than 3 percent of total Medicaid spending in fiscal year (FY) 2000. For the non-"Low DSH" states, their annual allotments are limited by 12 percent of their total Medicaid expenditures. This creates a wide disparity in DSH allotments that is largely based on the DSH spending of states in 1992 prior to the federal limits being established. Based on the preliminary 2017 DSH allotment calculations, New Mexico has the second lowest DSH allotment as a percentage of their total computable Medicaid

expenditures net of DSH. The following data is from the 2017 preliminary DSH allotment table provided by CMS.

Low DSH States from 2017 Preliminary Allotment Spreadsheet				
State	**Column G* FY 2017 TC MAP Exp. Net of DSH**	**Column J* FY 2017 DSH Allotment**	**Calculated Not in Allotment Table Column (J / G)**	**Calculated Not in Allotment Table Rank**
Nebraska	$ 2,124,979,000	$ 31,061,430	1.462%	1
South Dakota	$ 905,405,000	$ 12,123,113	1.339%	2
Wisconsin	$ 8,759,791,000	$ 103,763,574	1.185%	3
Alaska	$ 2,495,854,000	$ 22,358,712	.896%	4
Iowa	$ 4,842,615,000	$ 43,226,550	.893%	5
Idaho	$ 2,048,318,000	$ 18,042,558	.881%	6
Utah	$ 2,605,160,000	$ 21,533,602	.827%	7
Montana	$ 1,662,835,000	$ 12,459,133	.749%	8
North Dakota	$ 1,304,404,000	$ 10,484,694	.804%	9
Oklahoma	$ 5,228,463,000	$ 39,748,819	.760%	10
Arkansas	$ 6,440,178,000	$ 47,350,016	.735%	11
Minnesota	$ 12,074,536,000	$ 81,981,945	.679%	12
Oregon	$ 9,733,104,000	$ 49,686,028	.510%	13
Delaware	$ 1,968,900,00	$ 9,937,205	.505%	14
Hawaii	$ 2,264,951,000	$ 10,697,430	.472%	15
New Mexico	$ 5,497,332,000	$ 22,358,712	.407%	16
Wyoming	$ 600,508,000	$ 248,430	.041%	17

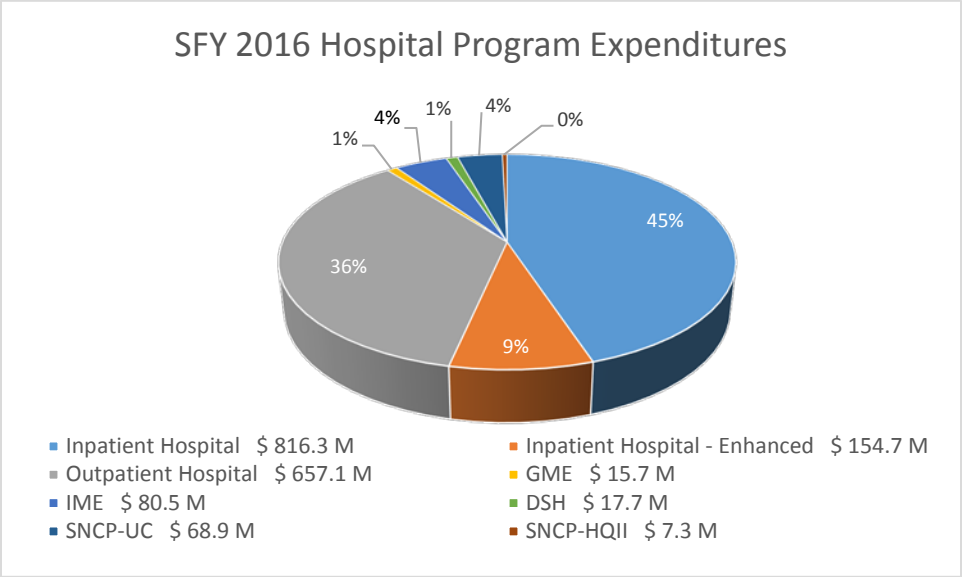
*** - These columns are from the preliminary DSH allotment table for 2017 provided by CMS**.

The table above only reflects the values for those states designated as “low-DSH” under federal regulation. For the non-“low DSH” states, the average percentage is 2.717 percent of total expenditures, with a high of 9.143 percent, and the low being .709 percent. The discrepancy in DSH funding available is apparent when compared to the low DSH states represented above which have an average percentage of DSH allotment to total expenditures of only .773 percent with a high of 1.462 percent and a low of .041 percent.

Prior to Centennial Care, the state also made supplemental payments to sole-community hospitals and the state teaching hospital based on Medicare upper payment limit (UPL) criteria. These payments were designed to assist these facilities, primarily the small rural providers, in covering their UC. With Centennial Care, the majority of these funds were rolled into the SNCP to avoid disrupting the funding of these critical providers in the rural and frontier areas of New Mexico.

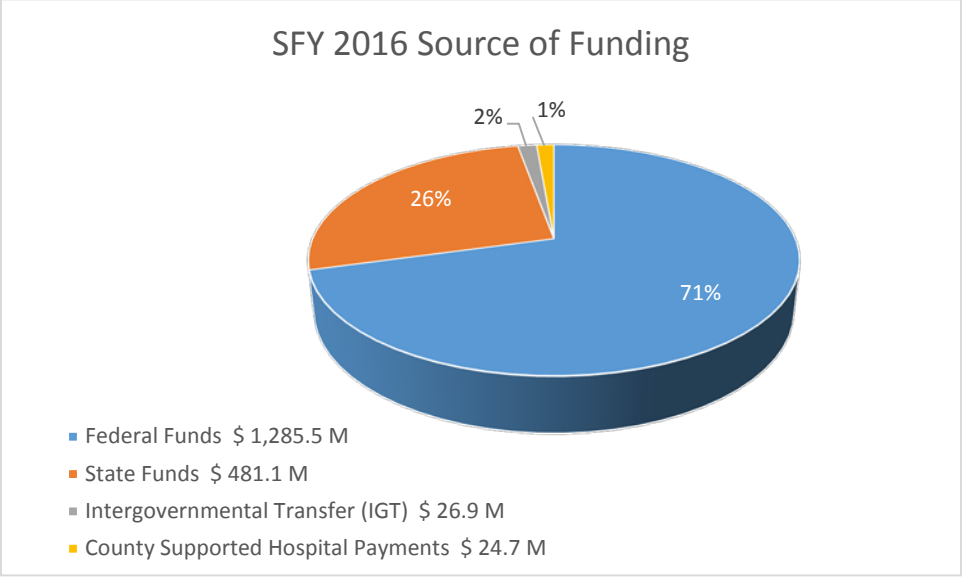
The financing of Medicaid payments in New Mexico is accomplished primarily through state and federal dollars. In 2016, the normal federal medical assistance percentage (FMAP) was 70.37 percent, which requires a state share of 29.63 percent. The non-federal or state share of the expenditure can be obtained from several sources, including state general funds, transfers from local government units or providers (IGTs), certified public expenditures (CPEs), or through permissible

provider taxes. Most states use some combination of these sources to make up the non-federal share of the Medicaid expenditures. The following chart illustrates the various payments made to hospitals in New Mexico in SFY 2016.



Note: *Expenditure amounts for MCO services were obtained from Annual Financial Reports submitted by the MCO's to HSD. The FFS payments were obtained from upper payment limit calculations.*

As the chart above indicates nearly 90 percent of the funds received by hospitals are for direct inpatient and outpatient care. The remaining non-claims based payments are to support the medical education programs in the state through IME and GME payments, provide compensation for hospitals' UC through DSH and UC payments, and promote quality improvement goals within the industry. The source of these funds, as illustrated in the chart below, is primarily federal matching and state general fund dollars, with these two accounting for 97 percent of the total expenditures.



Medicaid Provider Payment Rates

With the implementation of Centennial Care, the majority of the Medicaid population was enrolled with one of the four participating MCOs. As of July 31, 2017, there were approximately 889,000 individuals covered by the New Mexico Medicaid program with 686,000 enrolled through one of the participating plans. Within the hospital reimbursement system, HSD has implemented multiple rate increases over the last several years as well as a small reduction in 2016. The net effect of these changes have increased diagnosis-related group (DRG) base rates to SNCP hospitals by approximately 42 percent. While this increase directly impacts the FFS reimbursement to these hospitals, similar increases have been provided to the MCOs to build into their payment structure.

The second principle utilized by CMS to review states' UC pool requests is:

> *Medicaid payments should support the provision of services to Medicaid and low income uninsured individuals.*

To evaluate overall Medicaid reimbursement, we looked at the Annual Reporting Requirements schedule from the state's most recent two years of DSH audits, covering the Medicaid state plan rate year (SPRY) 2012 and 2013. It should be noted that the hospitals eligible for DSH are not necessarily the same hospitals that participate in the SNCP reimbursement. However, there is overlap within the two groups and when reviewing Medicaid cost coverage within the state it provides a reasonable basis. The following is a statewide summary of the DSH hospitals from the 2012 and 2013 DSH audit reports (included as *Appendix A: 2012 Final DSH Examination Report* and *Appendix B: 2013 Final DSH Examination Report*).

Statewide Summary of DSH Hospitals		
	SPRY 2012	**SPRY 2013**
Total Cost of Care I/P and O/P Medicaid Services (Note A)	$ 603,710,497	$ 715,02,722
Total Medicaid I/P and O/P Payments (Excluding Supplemental)	$ 521,094,959	$ 621,017,559
Percentage of Cost Coverage	86.32%	86.85%

(*Note A) – Would include FFS and MCO volume, would also include cross-over claims and out-of-state Medicaid as required by the DSH audit criteria.*

As mentioned above, HSD has implemented multiple rate increases over the past several years that are not fully reflected in the above numbers. In a recent brief published by the Medicaid and CHIP Payment and Access Commission (MACPAC) in April of 2017, they performed an analysis to compare FFS inpatient hospital payments across states. The data they utilized was from 2010, and a national average payment index was calculated and adjusted for such things as case mix and wage differences. A payment index of 1.0 would indicate that the state was at the national average. The calculated indexes ranged from a value of .49 to 1.69. The index for New Mexico was right at the 1.0 national average.

In reviewing the UC costs of the SNCP facilities, we also pulled data from the Medicare 2252-10 cost reports schedule S-10. The most recent cost reports available for all providers were their 2015 and

2016 reports. A summary of this data by hospital is provided in *Appendix C: 2015 and 2016 Summary of 2552-10 Schedule S-10 Data for SNCP Hospitals*.

2015 Schedule S-10 Data

Unreimbursed Uncompensated Costs

SNCP Group of Hospitals	Medicaid Unreimbursed Costs	CHIP	Other State and Local Indigent Care	Charity Care – Uninsured	Charity Care - Insured	Non-M'Care and Non-Reimb Bad Debt	Total Unreimbursed Uncompensated Care
Smallest	$9,453,555	$74,739	$374,578	$2,340,146	$1,073,455	$10,926,713	$24,243,186
Small	$2,875,403	0	$480,800	$2,567,770	$997,131	$10,426,569	$17,347,673
Medium	$25,758,271	$263	$42,454	$8,046,657	$321,262	$13,942,080	$48,110,987
Large	0	0	$2,436,658	$13,198,455	$478,581	$8,538,544	$24,652,238
Largest	$0	0	0	$17,499,027	$18,431,498	$26,783,685	$62,714,210
Total	**$38,087,229**	**$75,002**	**$3,334,490**	**$43,652,055**	**$21,301,927**	**$70,617,591**	**$177,068,294**

2016 Schedule S-10 Data

Unreimbursed Uncompensated Costs

SNCP Group of Hospitals	Medicaid Unreimbursed Costs	CHIP	Other State and Local Indigent Care	Charity Care – Uninsured	Charity Care - Insured	Non-M'Care and Non-Reimb Bad Debt	Total Unreimbursed Uncompensated Care
Smallest	$12,481,794	$35,487	$516,883	$2,574,053	$2,315,701	$13,403,618	$31,327,536
Small	$6,122,346	$22,865	$546,906	$3,116,425	$1,379,235	$10,830,473	$22,018,250
Medium	$2,342,653	$548	$45,408	$5,498,509	$254,727	$13,979,767	$22,121,612
Large	$11,902	$0	$0	$5,871,095	$168,411	$9,464,356	$15,515,764
Largest	$0	$0	$515,008	$6,861,650	$14,373,313	$22,651,797	$44,401,768
Total	**$20,958,695**	**$58,900**	**$1,624,205**	**$23,921,732**	**$18,491,387**	**$70,330,011**	**$135,384,930**

This data would indicate that the smallest, small, and medium hospitals in the state account for roughly 56 percent of the total UC costs in the state based on the 2016 S-10 data. Due to their size and volume of services provided, they have little opportunity to make up these shortfalls without the assistance of supplemental payments. The programs and payments implemented by HSD have resulted in a significant improvement in the unreimbursed Medicaid and uninsured costs, but the need for these types of programs appears to remain.

In Myers and Stauffer's discussions with other states regarding their waiver applications, CMS has discussed utilizing S-10 data as its source for measuring uncompensated care. Specifically, there has been discussion around only allowing the costs associated with Charity Care – Uninsured in the UC calculation. There are several issues for consideration in this area:

- ***Charity Care*** *– By definition, charity care is based on each individual hospital's policy regarding charity care, also referred to as the hospital's financial assistance policy (FAP). Since it is up to the discretion of each hospital to define their FAP, the variance among*

hospitals can be substantial leading to data that is potentially not comparable, or does not provide a complete picture.

- ***Redistribution of UC*** *- The summary table provided below compares total uninsured costs from the UC reconciliation process to the cost of charity care provided to uninsured patients from S-10. In total, the S-10 data will result in approximately a 42 percent reduction in uninsured costs. The other factor that makes this more concerning for the SNCP program is that it will shift the dollars toward the larger facilities. As indicated in the chart, the S-10 charity care uninsured is approximately 24 percent of the total uninsured in the smallest category. That percentage increases to 31 percent for the small, 62 percent for the medium, and 91 percent for the large hospitals.*

- ***Data Quality*** *– The S-10 report has typically not been utilized or tied to reimbursement activity and has received very little scrutiny from the Medicare Administrative Contractors (MACs). CMS has provided hospitals with some additional guidance and modified the S-10 schedule recently allowing hospitals an opportunity to reopen their cost reports and refile this schedule, if necessary. In addition, there are indications that the S-10 will be the focus of some additional review by the MACs, but this data will not be available for some time.*

2015 Comparison of UC Uninsured to S-10 Charity-Uninsured Costs

SNCP Group of Hospitals	UC Uninsured Costs	S-10 Charity Uninsured Costs	S-10 Charity Uninsured as % of UC-Uninsured
Smallest	$ 9,595,577	$ 2,340,146	24.39%
Small	$ 8,217,694	$ 2,567,770	31.25%
Medium	$13,053,250	$ 8,046,657	61.34%
Large	$ 14,576,775	$ 13,198,455	90.54%
Total	$ 45,443,295	$ 26,153,028	57.55%

The current UC calculation process utilizes a much more detailed analysis of uncompensated care and follows the guidance provided through the DSH rules to define UC. This recognizes the net loss, or gain in some instances, on providing services to all individuals who are eligible for Medicaid services as well as those that are uninsured. The UC schedules collect days and charge information from the hospitals for each eligibility category by Medicare cost center and calculate total cost of providing services based on Medicare cost finding principles. Payments received by the hospital for each eligibility category are used to reduce that cost to the unreimbursed cost. The use of one component of the S-10 will minimize the impact of UC whereas the current UC calculation includes the total cost of UC. Based on the data provided in *Appendix D: 2015 Comparison of Uninsured from UC Reconciliation to S-10 Data* the uninsured portion of the UC calculation of some of the smallest hospitals in the state have significant differences between the uninsured data reported for UC and what is on the S-10. For example, Guadalupe County which is in the smallest category had uninsured costs for UC purposes of $581,363, while the uninsured charity portion of S-10 only identified $27,547.

As displayed above, if only the uninsured individuals who were designated as meeting the hospitals charity care policy were included in the calculation, the uninsured costs for the smallest hospitals

would be reduced by more than 75.61 percent. The same data indicates that the large hospitals uninsured costs would be reduced by only 9.5 percent. While the charity care policies of the smallest and small hospitals may not be as robust as the larger hospitals, they are still providing a much needed and valued service to the rural areas they serve by caring for individuals with no source of third party coverage, regardless of their charity care policy. If the UC was limited to only the charity care portion of the uninsured, it would effectively transfer available UC funding from the small hospitals that the program was intended to assist, to the larger hospitals.

Beneficiary Access to Medicaid Services

The SNCPs are designed to address the unique needs of beneficiaries in the state of New Mexico, which is geographically a large state with small areas of dense population, leaving many rural communities. According to the 2010 U.S. Census Bureau data, the population per square mile of the United States is 87.4. The state of New Mexico's population per square mile is 17, ranking it the 6th lowest in the United States.

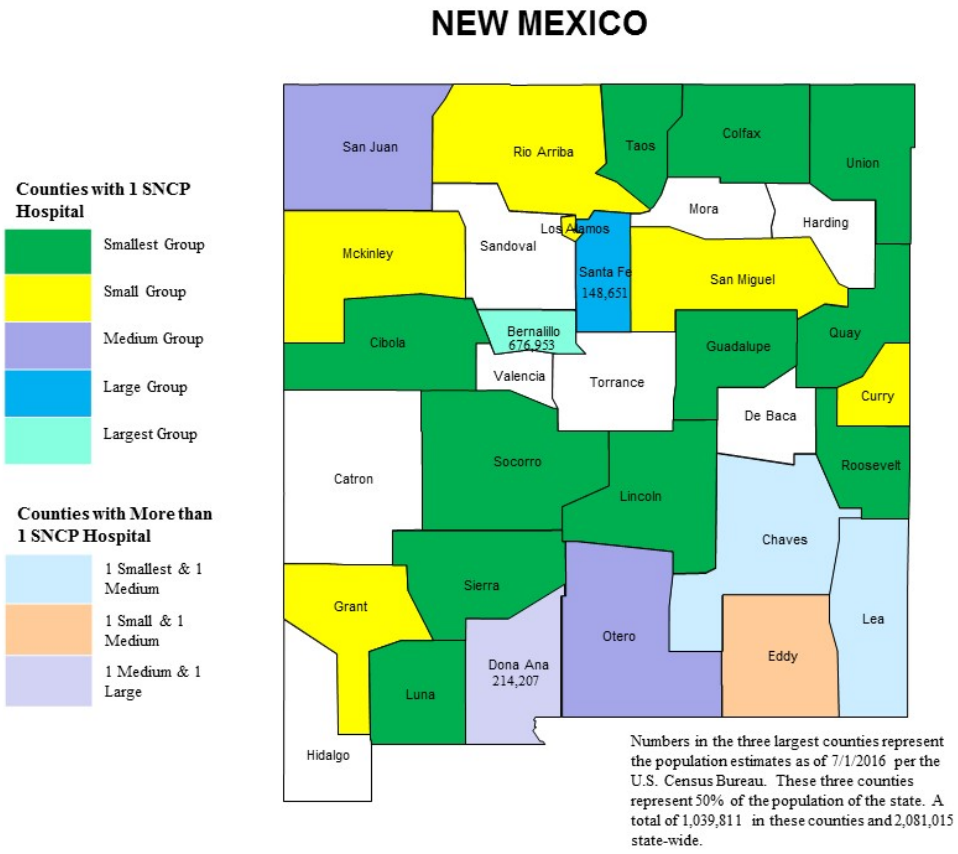
State/Area	Population per Square Mile*
United States	87.4
Alaska	1.2
Wyoming	5.8
Montana	6.8
North Dakota	9.7
South Dakota	10.7
New Mexico	17

**Source: US Census Data 2010 (https://www.census.gov/2010census/data/approtionment-dens-text.php)*

As the map on the following page indicates, of the 33 counties in the state of New Mexico, the three most populated counties make up half of the population. The map (*Figure 1*), illustrates the counties where the SNCP payment-eligible hospitals are located. These counties are color coded based on the location of the hospitals in each SNCP group. As defined in the approved STCs, the UC portion of the payment that is made is first allocated to the smallest, small, and medium facilities. These percentages are indicated on the table below.

UC Group	Bed Size of Hospital	Percent of Available UC Funding
Smallest	30 or Fewer	60%
Small	31 – 100	30%
Medium	101 – 200	10%
Large	201 – 300	0%
Largest	More than 301	0%

Figure 1 – Map of SNCP Eligible Hospitals by Group



The design of the SNCP program enables HSD to target payments to the smaller rural hospitals first. These payments assist the rural hospitals transition into Centennial Care and to ensure that they were able to meet their obligations and remain open to serve the beneficiaries in the rural areas. Payments to an individual hospital were limited to their total UC as defined in the special terms and conditions. If the hospitals in a particular group did not have sufficient UC to receive all of the allotted funds to that group, the excess funds would flow to the next group of larger hospitals. Among the hospitals in each group, the available funding was allocated based on their UC as a percent of the total UC of the group.

The STCs resulted in two types of SNCP funding; the first as described above was the UC funding, the second level of funding was provided for the HQII pool. Under Centennial Care, the total UC funding level was set at $68,889,323 for all five of the demonstration years. The HQII pool funding was set at a percentage of the available UC pool for each year, and gradually increased through the demonstration years as illustrated in the table on the following page.

	DY 1 (CY 2014)	DY 2 (CY 2015)	DY 3 (CY 2016)	DY 4 (CY 2017)	DY 5 (CY 2018)	Total
UC Pool	$68,889,323	$68,889,323	$68,889,323	$68,889,323	$68,889,323	**$344,446,615**
HQII Pool	0	$2,824,462	$5,764,727	$8,825,544	$12,011,853	**$29,426,586**
% UC	100%	96%	92%	89%	85%	**92%**
% HQII	N/A	4%	8%	11%	15%	**8%**
Total	**$ 68,889,323**	**$71,713,785**	**$74,654,050**	**$77,714,867**	**$80,901,176**	**$373,873,201**

As illustrated in *Appendix E: Medicaid Enrollment by County of Residence – July 2017*, as of July 31, 2017, there were a total of 889,692 unique enrollees in the Medicaid program. Of that total, 48 percent of the enrollees (427,749) are in the three most populous counties of Bernalillo, Santa Fe, and Dona Ana. Access to care in these heavily-populated areas is less of an issue, which creates increased demand and increased access to care. The remaining 461,943 enrollees reside in the other 30 counties within the state. The small, smallest, and medium groups of providers identified in the UC payment protocol provide access to hospital care to these individuals in the smaller rural areas of the state.

Included as *Appendix F: Access Reporting from DY3 Annual Report*, are several tables that were included in HSDs Demonstration Year (DY) 3 (January 1, 2016 through December 31, 2016) annual report. These reports summarize by each MCO, their ability to meet the access criteria contained in their contracts for the four quarters in FY15, as well as the first three quarters of FY16. The reports break down the evaluation of the access criteria into three specific areas: Urban, Rural, and Frontier. As the reports indicate, with the exception of one plan (PHP), all plans met the standard for all seven quarters displayed in all three geographic areas. The one plan that did not was only below in the Rural and Frontier areas for one quarter out of the seven.

Financing Providers that Play a Significant Role in Serving the Medicaid Population and the Low-Income Uninsured

All providers in the state of New Mexico play a significant role in serving the Medicaid population and the low-income uninsured. These providers are compensated within program limitations through the DSH payment and SNCP mechanisms. With total available DSH funding (Allotments) to states scheduled to be reduced starting in FY 2018, additional pressures will be placed on overall reimbursement. While final rules on the proposed reductions and allocation of those reductions to individual states have not been made available, the illustrative example provided with the proposed rule would reduce DSH funding in the state of New Mexico by a little over two percent in the first year.

As discussed above, the state of New Mexico participated in Medicaid expansion and has seen a significant increase in the enrolled beneficiaries as a result. Currently, approximately 40 percent of the population of New Mexico are enrolled in the Medicaid program. In addition to expanding Medicaid, overall HSD increased Medicaid reimbursement levels in recent years, which has aided in lowering the overall UC of the state. The S-10 data reviewed above indicated a 23 percent decrease in the total UC from the 2015 to the 2016 cost reports.

Those hospitals that continue to be the most at-risk appear to be the smallest and small hospitals in terms of UC per bed. Based on the S-10 data from the 2016 cost reports, the average UC costs per bed were approximately $100,000 for the "smallest" group of providers in the UC pool. The "small" group was approximately $49,000, with the "medium" and "large" groups around $25,000 per bed. The other hospital that plays a significant role in serving the Medicaid population and the low-income uninsured is the University of New Mexico (UNM). As with the other SNCP hospitals, the Medicaid reimbursement rates for UNM have also been adjusted in recent years resulting in a net increase, which have reduced their requests for funding through the DSH and UC programs.

Support of Managed Care Plans in Managing Care

The rate increases that were previously discussed were also built into the managed care rates allowing them to also increase hospital provider payments. In addition, through the provision of the UC payments and the HQII pool payment, HSD is able to provide critical funding to primarily the small rural hospitals in the state that have limited resources to make up for UC. With this funding, they are able to remain open and provide the needed access to beneficiaries in the rural and frontier areas of the state.

As indicated in the STCs, the available UC funding pool is allocated at 60 percent to the smallest hospitals, 30 percent to the small, and the final 10 percent to the medium group. If the allocated funds cause a group to exceed their allowable funding level (100 percent of their UC costs), the remaining funds would flow to the next larger group of hospitals. In the 2015 reconciliation of UC payments, the cascading of funds was utilized and all eligible providers in the smallest, small, medium, and large groups were able to receive payments up to their UC.

The design of the current mechanism allows for the funding to flow to the smallest and most at-risk hospital provider group first, and then flow down to the larger hospitals if additional funding is available. The ability to assist these hospitals in meeting their obligations and remaining a viable provider within the smaller communities provides the managed care plans with the necessary access to effectively manage care.

The other portion of the SNCP program is the HQII pool. This pool, which was approved as an increasing percentage of the available UC pool, was designed to provide financial incentives for hospitals to meaningfully improve the health and quality of their patients. The HQII pool of payments was further divided into two domains for payment purposes:

> *Domain 1 – Urgent Improvements in Care.* Critical patient safety and quality measures for areas of widespread need where there are opportunities to achieve better care for individuals within five years and "raise the floor" for all participating hospitals.
>
> *Domain 2 – Population-focused Improvements*. Measures of prevention and improved care delivery for the highest burden conditions in the Medicaid and uninsured population where there are opportunities to achieve better health for the population and lower cost through improvement at select hospitals that elect to "raise the bar" by selecting additional HQII outcome measures.

The goals of the HQII program are designed to have an impact on the CMS triple aims:

- *Better care for individuals (including access to care, quality of care, and health outcomes).*
- *Better health for the population.*
- *Lower cost through improvement (without any harm whatsoever to individuals, families, or communities).*

All of these goals are consistent with supporting the managed care plans in managing care. By creating incentives for providers to focus on quality (including access and outcomes), and overall better health for the population in their geographic areas, which helps shift the focus from getting paid for volume of care provided towards quality. With the continuation of these programs, the goal is to reduce overall program costs through improved outcomes and better overall health.

The initial implementation of the HQII program has brought attention to application of consistent definitions for performance measures, and the need to accurately report outcomes. While this attention is desirable, the process needs time to continue to develop and make these measures and the data gathered a routine part of managing care in the communities. In transitioning to Centennial Care 2.0, HSD is proposing to increase the funding levels for the HQII program. This would create a greater incentive to participate and comply. In addition, it would require participating hospitals to be a network provider with each Centennial Care MCO in order to participate in the HQII funding.

State-Specific Circumstances for CMS to take Into Account as it Reviews the Uncompensated Care Pool

These circumstances have been addressed above, within the various applicable areas, but the primary circumstances in New Mexico that make the SNCP reimbursement a vital part of total Medicaid payments to these providers includes:

- *The rural nature of the state relies upon many smaller hospitals to provide the necessary access to required care.*
    - *New Mexico's population density of 17 per square mile is the 6th lowest in the United States.*
    - *Three of the 33 counties have roughly half of the population.*
- *The smallest, small, and medium hospitals included in the SNCP account for 56 percent of the UC need.*
- *The DSH allotment for New Mexico ranks next to last in the country in terms of DSH dollars available per total Medicaid expenditures at .406 percent.*
- *New Mexico is ranked among the top five poorest states in the country.*

As HSD looks to continue their progress of transitioning from a volume-based purchasing arrangement with the Medicaid providers to a quality and value-based arrangement, the funding provided through the SNCP will be necessary to aid these smaller hospitals in that transition.

Whether and, the Extent to Which, Similar Issues Exist in the State's Hospital Quality Improvement Incentive Pool

The issues or facts outlined above apply to the HQII pool as well, since the hospitals eligible to participate in the UC pool are also eligible for the HQII pool. As illustrated above, the recent UC payments have been adequate to reimburse the UC of the smallest, small, and medium providers with some of the remaining funding going to the large group. Moving forward, HSD is planning on a proposal which would shift some of the available dollars from the UC pool to the HQII pool. These available dollars would further their goal in promoting payments for quality and improved outcomes over simply volume of services provided.

The HQII program has two parts to it as well, with the initial focus of the program being on the urgent improvements in care, and the second being a focus on population-focused improvements. As the focus of the HQII program transitions from urgent improvements in care to the population-focused improvements, increased funding of the HQII program will likely be required to make a meaningful improvement in many of these areas.

Summary of Conclusions

The state of New Mexico has made significant strides in creating a more streamlined and efficient health care delivery model. As described in greater detail above, there are significant challenges within the state including a predominantly rural and frontier population which presents unique challenges when addressing adequate access to care. It is imperative that the small rural hospitals that are identified as SNCP facilities remain open to provide that critical access to the residents in remote areas of the state.

In addition to the rural population, New Mexico also has a significant portion of their population enrolled in the Medicaid program. New Mexico addressed the needs of their population through Medicaid expansion as provided for in the ACA. This provided additional access to care to those individuals who were likely previously uninsured. The expansion did assist in reducing the overall UC of the hospitals, but even with this additional funding these hospitals continue to experience significant amounts of UC. Even amounts of UC that may appear to be small, when incurred by a rural hospital provider, there are limited options in making up that loss. As discussed above, if the UC pools were limited to only the charity care portion of uninsured, as currently reported on Schedule S-10, this could have a significant and disproportionate impact on the small rural providers this program was designed to assist.

The payments provided through the SNCP provide that additional funding to assist in filling those gaps. Without that funding there is added pressure on the hospitals to remain open and viable to provide access to the residents in their area. In addition to providing UC funding, the SNCP program operated by the state of New Mexico currently includes the HQII payments as well, which are designed to first provide better care for individuals, and to also improve the overall health of the population. In moving forward, the initial plans of HSD are to increase the funding of the HQII pool to further promote the quality programs that have been started, and to leverage the gains that have already been made to improve the overall health of the population which in turn results in lowering health care spending per beneficiary.

Appendix

Appendix A – 2012 Final DSH Examination Report

Report on Disproportionate Share Hospital Verifications
(With Independent Accountant's Report Thereon)

State of New Mexico
Human Services Department
Medical Assistance Division
2025 South Pacheco Ark Plaza
Santa Fe, New Mexico 87504

DSH Year Ended June 30, 2012

Prepared by:

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Independent Accountant's Report
and
Report on DSH Verifications

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

State of New Mexico
Human Services Department
Medical Assistance Division
Santa Fe, New Mexico

Independent Accountant's Report

We have examined the state of New Mexico's compliance with Disproportionate Share Hospitals (DSH) payment requirements listed in the Report on DSH Verifications as required by 42 CFR §455.301 and §455.304(d) for the year ending June 30, 2012. The state of New Mexico is responsible for compliance with federal Medicaid DSH program requirements. Our responsibility is to express an opinion on the state of New Mexico's compliance with federal Medicaid DSH program requirements based on our examination.

Except as discussed in the Schedule of Data Caveats Relating to the DSH Verifications, we conducted our examination in accordance with attestation standards established by the American Institute of Certified Public Accountants, and General DSH Audit and Reporting Protocol as required by 42 CFR §455.301 and §455.304(d). Based on these standards, our examination included examining, on a test basis, evidence about the state of New Mexico's compliance with those requirements and performing such other procedures we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination of the state of New Mexico's compliance with federal Medicaid DSH requirements.

Our examination was conducted for the purpose of forming an opinion on the state of New Mexico's compliance with federal Medicaid DSH program requirements included in the Report on DSH Verifications. The Schedule of Annual Reporting Requirements provided in accordance with 42 CFR §447.299 is presented for purposes of additional analysis and is not a required part of the Report on DSH Verifications. Such information has not been subjected to the procedures applied in the examination of the Report on DSH Verifications, and, accordingly, we express no opinion on it.

In our opinion, except for the effect of the items addressed in the Schedule of Data Caveats Relating to the DSH Verifications, the Report on DSH Verifications presents fairly, in all material respects, the state of New Mexico's compliance with federal Medicaid DSH program requirements addressed by the DSH verifications for the year ending June 30, 2012.

This report is intended solely for the information and use of the New Mexico Human Services Department - Medical Assistance Division, the State Legislature, hospitals participating in the State DSH program and the Centers for Medicare and Medicaid Services (CMS) and is not intended to be, and should not be, used by anyone other than these specified parties.

Myers and Stauffer LC

Myers and Stauffer LC

December 29, 2015

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

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State of New Mexico Disproportionate Share Hospital (DSH)
Report on DSH Verifications
For the Year Ended June 30, 2012

As required by 42 CFR §455.304(d) the state of New Mexico must provide an annual independent certified examination report verifying the following items with respect to its disproportionate share hospital (DSH) program.

Verification 1: Each hospital that qualifies for a DSH payment in the State was allowed to retain that payment so that the payment is available to offset its uncompensated care costs for furnishing inpatient hospital and outpatient hospital services during the Medicaid State plan rate year to Medicaid eligible individuals and individuals with no source of third party coverage for the services in order to reflect the total amount of claimed DSH expenditures.

Findings: The results of testing performed related to this verification are summarized in the Report on DSH Verifications (table) included with this report.

Verification 2: The DSH payments made in the Medicaid State plan rate year must be measured against the actual uncompensated care cost in that same Medicaid State plan rate year. The actual uncompensated care costs for the Medicaid State plan rate year have been calculated and compared to the DSH payments made. Uncompensated care costs for the Medicaid State plan rate year were calculated in accordance with Federal Register/Vol. 73, No. 245, December 19, 2008 and Federal Register/Vol. 79, No. 232, December 3, 2014.

Findings: The results of testing performed related to this verification are summarized in the Report on DSH Verifications (table) included with this report.

Verification 3: Only uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no third party coverage for the inpatient and outpatient hospital services they received as described in Section 1923(g)(1)(A) of the Act are eligible for inclusion in the calculation of the hospital-specific disproportionate share limit payment limit, as described in Section 1923 (g)(1)(A) of the Act.

Findings: The total uncompensated care costs reflected in the Report on DSH Verifications (table) reflects the uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no third party coverage for the inpatient and outpatient hospital services received.

Verification 4: For purposes of this hospital-specific limit calculation, any Medicaid payments (including regular Medicaid fee-for-service rate payments, supplemental/enhanced Medicaid payments, and Medicaid managed care organization payments) made to a disproportionate share hospital for furnishing inpatient hospital and outpatient hospital services to Medicaid eligible individuals, which are in excess of the Medicaid incurred costs of such services, are applied against the uncompensated care costs of furnishing inpatient hospital and outpatient hospital services to individuals with no source of third party coverage for such services.

Findings: In calculating the hospital-specific DSH limit represented in the Report on DSH Verifications (table), if a hospital had total Medicaid payments in excess of the calculated Medicaid cost, the excess was used to reduce the total uncompensated care costs.

Verification 5: Any information and records of all of its inpatient and outpatient hospital service costs under the Medicaid program; claimed expenditures under the Medicaid program; uninsured inpatient and outpatient hospital service costs in determining payment adjustments under this Section; and any payments made on behalf of the uninsured from payment adjustments under this Section have been separately documented and retained by the State.

Findings: The state of New Mexico has retained documentation of costs and payments associated with calculating the hospital-specific DSH limits contained in this report. The state retains cost data through the collection of cost reports; Medicaid expenditure data through the MMIS and other documentation; and uninsured data through the DSH payment calculations and DSH examination.

Verification 6: The information specified in verification 5 above includes a description of the methodology for calculating each hospital's payment limit under Section 1923(g)(1) of the Act. Included in the description of the methodology, the audit report must specify how the State defines incurred inpatient hospital and outpatient hospital costs for furnishing inpatient hospital and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient hospital and outpatient services they received.

Findings: The documentation retained related to the calculation of the hospital-specific DSH limits contained in this report includes a description of the methodology used to calculate each hospital's DSH limit under Section 1923(g)(1) of the Act. For DSH payment purposes, the state defines the hospitals' payment limits in accordance with its state plan. For purposes of this examination, the state defines the hospitals' payment limits in accordance with 42 CFR §455.304.

State of New Mexico
Report on DSH Verifications (table)
For the Medicaid State Plan Rate Year Ended June 30, 2012

Hospital	Verification #1	Verification #2			Verification #3	Verification #4	Verification #5	Verification #6
	Was Hospital Allowed to Retain DSH Payment?	DSH Payment for Medicaid State Plan Rate Year (In-State and Out-of-State)	Total Uncompensated Care Costs for Medicaid State Plan Rate Year	DSH Payment Under or <Over> Total Uncompensated Care Costs (UCC)	O/P Hospital Costs to Medicaid eligible and Uninsured Included in UCC?	Payments were in excess of Medicaid cost was the Total UCC reduced by this amount?	expenditures and payments for Medicaid and Uninsured been documented and	documentation include a description of the methodology used to calculate the
University of New Mexico Hospital	Yes	22,695,211	83,354,642	60,659,431	Yes	Yes	Yes	Yes
Alta Vista Regional Hospital	Yes	143,548	3,967,077	3,823,529	Yes	Yes	Yes	Yes
Eastern New Mexico Medical Center	Yes	298,512	7,579,295	7,280,783	Yes	Yes	Yes	Yes
Espanola Hospital	Yes	154,159	1,802,960	1,648,801	Yes	Yes	Yes	Yes
Holy Cross Hospital	Yes	197,725	(64,156)	(197,725)	Yes	Yes	Yes	Yes
Gila Regional Medical Center	Yes	178,364	(9,985,119)	(178,364)	Yes	Yes	Yes	Yes
Lovelace Women's Hospital	Yes	852,608	(30,953)	(852,608)	Yes	Yes	Yes	Yes
Memorial Medical Center	Yes	887,677	(14,750,964)	(887,677)	Yes	Yes	Yes	Yes
Presbyterian Hospital Center	Yes	1,956,298	40,063,393	38,107,095	Yes	Yes	Yes	Yes
Plains Regional Medical Center - Clo	Yes	476,428	5,762,490	5,286,062	Yes	Yes	Yes	Yes
Rehoboth McKinley Christian Hospi	Yes	203,160	410,485	207,325	Yes	Yes	Yes	Yes
Carlsbad Medical Center	Yes	233,165	314,728	81,563	Yes	Yes	Yes	Yes
Lea Regional Hospital	Yes	405,726	3,977,048	3,571,322	Yes	Yes	Yes	Yes
Lovelace Regional Hospital - Roswel	Yes	315,108	2,380,673	2,065,565	Yes	Yes	Yes	Yes
Socorro General Hospital	Yes	67,737	(1,448,689)	(67,737)	Yes	Yes	Yes	Yes
Lincoln County Medical Center	Yes	119,679	(695,596)	(119,679)	Yes	Yes	Yes	Yes
Cibola General Hospital	Yes	71,948	(6,608,171)	(71,948)	Yes	Yes	Yes	Yes
Mimbres Memorial Hospital	Yes	157,136	2,397,292	2,240,156	Yes	Yes	Yes	Yes
New Mexico Rehabilitation Center	Yes	447,932	1,502,207	1,054,275	Yes	Yes	Yes	Yes

State of New Mexico Disproportionate Share Hospital (DSH)
Schedule of Data Caveats Relating to the DSH Verifications
For the Year Ended June 30, 2012

During the course of the engagement, the following data issues or other caveats were identified and are being reported in accordance with the requirements of 42 CFR 455.301.

(1) The signed Certification Statement was not received after multiple requests.
    a. Lea Regional Hospital

(2) Exhibit B documentation does not include insured patient payments.
    a. Lovelace Women's Hospital
    b. Cibola General Hospital
    c. Espanola Hospital
    d. Presbyterian Hospital Center
    e. Plains Regional Medical Center
    f. Socorro General Hospital
    g. Lincoln County Medical Center

(3) Uninsured payment scope limitation (not a full year of cash based payments)
    a. Lovelace Regional Hospital – Roswell

(4) Scope limitation (estimated payments) for the following: Uninsured payments, Medicaid MCO payments, FFS-Crossover payments, and Other Medicaid Eligible payments.
    a. Lovelace Regional Hospital – Roswell

(5) Scope limitation (no revenue codes at patient level) for the following: Uninsured charges, Medicaid MCO charges, FFS –Crossover charges, Other Medicaid Eligible charges, Out-of-State charges.
    a. Lovelace Regional Hospital – Roswell

Schedule of Annual Reporting Requirements

State of New Mexico
Schedule of Annual Reporting Requirements (table)
For the Medicaid State Plan Rate Year Ended June 30, 2012

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 and the 79 Fed. Reg. 71679 dated December 3, 2014. 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 Medicare 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 diems or cost-to-charge ratios from each hospital's Medicare Cost Report. These costs were then reduced by the total payments received for the services provided, 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 Medicaid IP/OP Medicaid 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
University of New Mexico Hospital	83,354,642	50.91%	54.30%	0	92,976,830	96,044,451	78,202,799	267,224,080	227,653,754	(39,570,326)	1,810,648	910,136	125,645,752	122,924,968	83,354,642	22,695,211	0	67	320001	666,417,217
Alta Vista Regional Hospital	3,967,077	48.88%	24.05%	0	5,197,855	6,354,287	0	11,552,142	13,312,633	1,760,491	13,821	0	2,220,407	2,206,586	3,967,077	143,548	0	76546	320003	28,845,014
Eastern New Mexico Medical Center	7,579,295	25.41%	12.69%	0	4,246,447	10,077,939	0	14,324,386	15,197,829	873,443	195,562	0	6,901,414	6,705,852	7,579,295	298,512	0	B2978	320006	72,766,997
Espanola Hospital	1,802,960	22.38%	33.66%	0	1,427,223	5,594,214	3,810,898	10,832,335	8,174,056	(2,658,279)	244,309	122,578	4,828,126	4,461,239	1,802,960	154,159	0	265	320011	36,826,259
Holy Cross Hospital	(64,156)	26.44%	31.27%	0	2,478,202	4,026,377	6,546,393	13,050,972	9,235,247	(3,815,725)	385,361	0	4,136,930	3,751,569	(64,156)	197,725	0	760	320013	43,741,532
Gila Regional Medical Center	(9,985,119)	34.42%	35.68%	0	5,743,330	5,739,131	17,583,225	29,065,686	15,337,490	(13,728,196)	268,662	0	4,011,739	3,743,077	(9,985,119)	178,364	0	570	320016	56,578,463
Lovelace Women's Hospital	(30,953)	58.02%	26.27%	0	10,897,353	25,724,067	63,512	36,684,932	33,976,161	(2,708,771)	544,034	0	3,221,852	2,677,818	(30,953)	852,608	0	73824062	320017	84,128,068
Memorial Medical Center	(14,750,964)	24.77%	26.94%	0	25,120,564	28,186,326	39,544,860	92,851,750	60,273,352	(32,578,398)	862,744	0	18,690,178	17,827,434	(14,750,964)	887,677	0	67939864	320018	277,863,368
Presbyterian Hospital Center	40,063,393	26.88%	13.24%	0	22,720,849	87,719,633	0	110,440,482	125,225,773	14,785,291	3,228,440	331,121	28,837,663	25,278,102	40,063,393	1,956,298	0	109	320021	690,759,829
Plains Regional Medical Center - Clovis	5,762,490	29.86%	20.63%	0	2,183,341	12,614,045	1,575,767	16,373,153	16,154,146	(219,007)	558,087	63,892	6,603,476	5,981,497	5,762,490	476,428	0	224	320022	68,690,691
Rehoboth McKinley Christian Hospital	410,485	87.72%	41.22%	0	10,760,732	2,580,426	8,369,095	21,710,253	19,539,977	(2,170,276)	207,392	0	2,788,153	2,580,761	410,485	203,160	0	331	320038	45,823,609
Carlsbad Medical Center	314,728	31.65%	13.73%	0	5,377,130	8,272,077	2,634,902	16,284,109	13,242,831	(3,041,278)	559,801	0	3,915,807	3,356,006	314,728	233,165	0	B3186	320063	48,823,253
Lea Regional Hospital	3,977,048	30.21%	11.58%	0	7,644,440	2,333,464	0	9,977,904	10,338,309	360,405	752,731	0	4,369,374	3,616,643	3,977,048	405,726	0	B3139	320065	41,955,019
Lovelace Regional Hospital - Roswell	2,380,673	34.22%	14.73%	0	1,473,907	3,847,541	652,742	5,974,190	7,234,161	1,259,971	290,840	0	1,411,542	1,120,702	2,380,673	315,108	0	97950084	320086	31,827,447
Socorro General Hospital	(1,448,689)	40.99%	41.47%	0	1,440,895	3,295,112	3,683,159	8,419,166	5,566,466	(2,852,700)	174,831	31,542	1,610,384	1,404,011	(1,448,689)	67,737	0	695	321301	16,688,733
Lincoln County Medical Center	(695,596)	25.75%	29.80%	0	1,561,865	2,674,828	4,018,696	8,255,389	5,071,341	(3,184,048)	384,519	18,729	2,891,700	2,488,452	(695,596)	119,679	0	521	321306	27,440,232
Cibola General Hospital	(6,608,171)	44.59%	70.37%	0	4,366,050	1,975,580	9,100,474	15,442,104	7,075,056	(8,367,048)	85,511	0	1,844,388	1,758,877	(6,608,171)	71,948	0	729	321308	14,491,295
Mimbres Memorial Hospital	2,397,292	43.79%	29.91%	0	4,341,564	3,609,766	1,535,834	9,487,164	10,274,271	787,107	297,502	0	1,907,687	1,610,185	2,397,292	157,136	0	B2113	321309	27,956,468
New Mexico Rehabilitation Center	1,502,207	22.84%	27.40%	0	439,593	27,525	0	467,118	827,644	360,526	7,799	0	1,149,480	1,141,681	1,502,207	447,932	0	273	323026	3,153,350
Institute for Mental Disease																				
N/A																				
Out-of-State DSH Hospitals																				
N/A																				

*The New Mexico DSH Eligibility is determined by hospitals with "a MAD inpatient utilization rate greater than the mean MAD inpatient utilization rate for hospitals receiving MAD payments in the state; or a low-income utilization rate exceeding 25 percent;" NMAC 8.311.3.13 A(3)(a).

Independence Declaration

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

To Whom it May Concern:

Myers and Stauffer LC declares it is independent of the state of New Mexico and its DSH hospitals for the Medicaid State plan rate year ending June 30, 2012.

Myers and Stauffer LC

December 29, 2015

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

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Appendix B – 2013 Final DSH Examination Report

Report on Disproportionate Share Hospital Verifications
(With Independent Accountant's Report Thereon)

State of New Mexico
Human Services Department
Medical Assistance Division
2025 South Pacheco Ark Plaza
Santa Fe, New Mexico 87504

DSH Year Ended June 30, 2013

Prepared by:

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Accountant's Report
and
Report on DSH Verifications

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

State of New Mexico
Human Services Department
Medical Assistance Division
Santa Fe, New Mexico

Independent Accountant's Report

We have examined the state of New Mexico's compliance with Disproportionate Share Hospitals (DSH) payment requirements listed in the Report on DSH Verifications as required by 42 CFR §455.301 and §455.304(d) for the year ending June 30, 2013. The state of New Mexico is responsible for compliance with federal Medicaid DSH program requirements. Our responsibility is to express an opinion on the state of New Mexico's compliance with federal Medicaid DSH program requirements based on our examination.

Except as discussed in the Schedule of Data Caveats Relating to the DSH Verifications, we conducted our examination in accordance with attestation standards established by the American Institute of Certified Public Accountants, and General DSH Audit and Reporting Protocol as required by 42 CFR §455.301 and §455.304(d). Based on these standards, our examination included examining, on a test basis, evidence about the state of New Mexico's compliance with those requirements and performing such other procedures we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination of the state of New Mexico's compliance with federal Medicaid DSH requirements.

Our examination was conducted for the purpose of forming an opinion on the state of New Mexico's compliance with federal Medicaid DSH program requirements included in the Report on DSH Verifications. The Schedule of Annual Reporting Requirements provided in accordance with 42 CFR §447.299 is presented for purposes of additional analysis and is not a required part of the Report on DSH Verifications. Such information has not been subjected to the procedures applied in the examination of the Report on DSH Verifications, and, accordingly, we express no opinion on it.

In our opinion, except for the effect of the items addressed in the Schedule of Data Caveats Relating to the DSH Verifications, the Report on DSH Verifications presents fairly, in all material respects, the state of New Mexico's compliance with federal Medicaid DSH program requirements addressed by the DSH verifications for the year ending June 30, 2013.

This report is intended solely for the information and use of the New Mexico Human Services Department – Medical Assistance Division, the State Legislature, hospitals participating in the State DSH program, and the Centers for Medicare and Medicaid Services (CMS) as required under 42 CFR §455.304 and is not intended to be, and should not be, used by anyone other than these specified parties and for the specified purpose contained in 42 CFR §455.304.

Myers and Stauffer LC
December 22, 2016

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State of New Mexico Disproportionate Share Hospital (DSH)
Report on DSH Verifications
For the Year Ended June 30, 2013

As required by 42 CFR §455.304(d) the state of New Mexico must provide an annual independent certified examination report verifying the following items with respect to its disproportionate share hospital (DSH) program.

Verification 1: Each hospital that qualifies for a DSH payment in the State was allowed to retain that payment so that the payment is available to offset its uncompensated care costs for furnishing inpatient hospital and outpatient hospital services during the Medicaid State plan rate year to Medicaid eligible individuals and individuals with no source of third party coverage for the services in order to reflect the total amount of claimed DSH expenditures.

Findings: The results of testing performed related to this verification are summarized in the Report on DSH Verifications (table) included with this report.

Verification 2: DSH payments made to each qualifying hospital comply with the hospital-specific DSH payment limit. The DSH payments made in the Medicaid State plan rate year must be measured against the actual uncompensated care cost in that same Medicaid State plan rate year. The actual uncompensated care costs for the Medicaid State plan rate year have been calculated and compared to the DSH payments made. Uncompensated care costs for the Medicaid State plan rate year were calculated in accordance with Federal Register/Vol. 73, No. 245, December 19, 2008 and Federal Register/Vol. 79, No. 232, December 3, 2014.

Findings: The results of testing performed related to this verification are summarized in the Report on DSH Verifications (table) included with this report.

Verification 3: Only uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no third party coverage for the inpatient and outpatient hospital services they received as described in Section 1923(g)(1)(A) of the Act are eligible for inclusion in the calculation of the hospital-specific disproportionate share limit payment limit, as described in Section 1923 (g)(1)(A) of the Act.

Findings: The total uncompensated care costs reflected in the Report on DSH Verifications (table) reflects the uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no third party coverage for the inpatient and outpatient hospital services received.

Verification 4: For purposes of this hospital-specific limit calculation, any Medicaid payments (including regular Medicaid fee-for-service rate payments, supplemental/enhanced Medicaid payments, and Medicaid managed care organization payments) made to a disproportionate share hospital for furnishing inpatient hospital and outpatient hospital services to Medicaid eligible individuals, which are in excess of the Medicaid incurred costs of such services, are applied against the uncompensated care costs of furnishing inpatient hospital and outpatient hospital services to individuals with no source of third party coverage for such services.

Findings: In calculating the hospital-specific DSH limit represented in the Report on DSH Verifications (table), if a hospital had total Medicaid payments in excess of the calculated Medicaid cost, the excess was used to reduce the total uncompensated care costs.

Verification 5: Any information and records of all of its inpatient and outpatient hospital service costs under the Medicaid program; claimed expenditures under the Medicaid program; uninsured inpatient and outpatient hospital service costs in determining payment adjustments under this Section; and any payments made on behalf of the uninsured from payment adjustments under this Section have been separately documented and retained by the State.

Findings: The state of New Mexico has retained documentation of costs and payments associated with calculating the hospital-specific DSH limits contained in this report. The state retains cost data through the collection of cost reports; Medicaid expenditure data through the MMIS and other documentation; and uninsured data through the DSH payment calculations and DSH examination.

Verification 6: The information specified in verification 5 above includes a description of the methodology for calculating each hospital's payment limit under Section 1923(g)(1) of the Act. Included in the description of the methodology, the audit report must specify how the State defines incurred inpatient hospital and outpatient hospital costs for furnishing inpatient hospital and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient hospital and outpatient services they received.

Findings: The documentation retained related to the calculation of the hospital-specific DSH limits contained in this report includes a description of the methodology used to calculate each hospital's DSH limit under Section 1923(g)(1) of the Act. For DSH payment purposes, the state defines the hospitals' payment limits in accordance with its state plan. For purposes of this examination, the state defines the hospitals' payment limits in accordance with 42 CFR §455.304.

State of New Mexico
Report on DSH Verifications (table)
For the Medicaid State Plan Rate Year Ended June 30, 2013

	Verification #1	Verification #2				Verification #3	Verification #4	Verification #5	Verification #6
Hospital	Was Hospital Allowed to Retain DSH Payment?	DSH Payment for Medicaid State Plan Rate Year (In-State and Out-of-State) *	Total Uncompensated Care Costs for Medicaid State Plan Rate Year	DSH Payment Under or <Over> Total Uncompensated Care Costs (UCC)	DSH Payment Complies with the Hospital-Specific DSH Limit	Were only I/P and O/P Hospital Costs to Medicaid eligible and Uninsured Included in UCC?	If Medicaid Payments were in excess of Medicaid cost was the Total UCC reduced by this amount?	Have all claimed expenditures and payments for Medicaid and Uninsured been documented and retained?	Does the retained documentation include a description of the methodology used to calculate the UCC?
University Hospital	Yes	23,583,077	46,936,953	23,353,876	Yes	Yes	Yes	Yes	Yes
Alta Vista Regional Hospital	Yes	92,231	5,635,872	5,543,641	Yes	Yes	Yes	Yes	Yes
San Juan Regional Medical Center	Yes	0	(3,742,124)	0	No	Yes	Yes	Yes	Yes
Eastern New Mexico Medical Center	Yes	100,421	3,314,433	3,214,012	Yes	Yes	Yes	Yes	Yes
Espanola Hospital	Yes	55,333	2,553,895	2,498,562	Yes	Yes	Yes	Yes	Yes
Holy Cross Hospital	Yes	81,631	4,794,449	4,712,818	Yes	Yes	Yes	Yes	Yes
Gila Regional Medical Center	Yes	75,824	2,559,272	2,483,448	Yes	Yes	Yes	Yes	Yes
Lovelace Women's Hospital	Yes	0	(1,698,933)	0	No	Yes	Yes	Yes	Yes
Memorial Medical Center	Yes	255,687	6,262,299	6,006,612	Yes	Yes	Yes	Yes	Yes
Presbyterian Hospital	Yes	2,200,288	42,783,728	40,583,440	Yes	Yes	Yes	Yes	Yes
Plains Regional Medical Center	Yes	163,217	6,279,952	6,116,735	Yes	Yes	Yes	Yes	Yes
Rehoboth McKinley Christian Hospital	Yes	87,022	1,544,547	1,457,525	Yes	Yes	Yes	Yes	Yes
Carlsbad Medical Center	Yes	72,115	1,435,856	1,363,741	Yes	Yes	Yes	Yes	Yes
Lea Regional Hospital	Yes	126,364	4,904,242	4,777,878	Yes	Yes	Yes	Yes	Yes
Lovelace Regional Hospital Roswell	Yes	91,556	1,270,999	1,179,443	Yes	Yes	Yes	Yes	Yes
Socorro General Hospital	Yes	0	(61,866)	0	No	Yes	Yes	Yes	Yes
Lincoln County Medical Center	Yes	45,235	1,923,698	1,878,463	Yes	Yes	Yes	Yes	Yes
Cibola General Hospital	Yes	0	(1,498,673)	0	No	Yes	Yes	Yes	Yes
Mimbres Memorial Hospital	Yes	47,014	1,438,680	1,391,666	Yes	Yes	Yes	Yes	Yes
New Mexico Rehabilitation Center	Yes	472,323	1,650,806	1,178,483	Yes	Yes	Yes	Yes	Yes
Guadalupe County Hospital **	Yes	0	0	0	N/A	N/A	N/A	N/A	N/A

This report is intended solely for the information and use of the New Mexico Human Services Department - Medical Assistance Division, the State Legislature, hospitals participating in the State DSH program, and the Centers for Medicare and Medicaid Services (CMS) as required under 42 CFR §455.304 and is not intended to be, and should not be, used by anyone other than these specified parties and for the specified purpose contained in 42 CFR §455.304.

* DSH Payment reflects the redistribution of refunded DSH Payments.

** The provider elected to not complete a DSH survey because the cost of doing so is greater then the DSH payments received.

See Independent Accountant's Report

State of New Mexico Disproportionate Share Hospital (DSH)
Schedule of Data Caveats Relating to the DSH Verifications
For the Year Ended June 30, 2013

During the course of the engagement, the following data issues or other caveats were identified and are being reported in accordance with the requirements of 42 CFR 455.301.

(1) **Exhibit B documentation does not include insured patient payments**

a. Espanola Hospital
b. Presbyterian Hospital
c. Plains Regional Medical Center
d. Socorro General Hospital

Schedule of Annual Reporting Requirements

State of New Mexico
Schedule of Annual Reporting Requirements (table)
For the Medicaid State Plan Rate Year Ended June 30, 2013

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 and the 79 Fed. Reg. 71679 dated December 3, 2014. 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 Medicare 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 receiv The cost of services for each of these payment categories was calculated using the appropriate per diems or cost-to-charge ratios from each hospital's Medicare Cost Report. These costs were then reduced by the total payments received for the services provided, 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
University Hospital	46,936,953	57.96%	72.28%	25%	114,630,758	118,210,236	76,153,651	308,994,645	273,195,545	(35,799,100)	2,506,814	0	85,242,867	82,736,053	46,936,953	23,583,077	0	67	32-0001	680,919,299
Alta Vista Regional Hospita	5,635,872	54.98%	22.43%	25%	5,453,183	6,629,214	360,062	12,442,459	16,077,018	3,634,559	140,764	0	2,142,077	2,001,313	5,635,872	92,231	0	76546	32-0003	31,130,479
San Juan Regional Medical Center	(3,742,124)	28.84%	21.72%	25%	33,922,161	7,249,995	14,647,088	55,819,244	43,143,808	(12,675,436)	2,757,843	0	11,691,155	8,933,312	(3,742,124)	0	0	299	32-0005	164,528,533
Eastern New Mexico Medical Center	3,314,433	27.99%	15.15%	25%	4,419,036	9,434,667	3,169,742	17,023,445	14,241,290	(2,782,155)	193,351	0	6,289,939	6,096,588	3,314,433	100,421	0	B-2978	32-0006	65,493,004
Espanola Hospital	2,553,895	25.18%	32.07%	25%	2,251,860	6,004,377	2,702,187	10,958,424	9,390,618	(1,567,806)	344,028	0	4,465,729	4,121,701	2,553,895	55,333	0	265	32-0011	39,722,425
Holy Cross Hospital	4,794,449	36.57%	50.73%	25%	5,095,744	3,747,256	2,516,869	11,359,869	12,488,611	1,128,742	282,774	0	3,948,481	3,665,707	4,794,449	81,631	0	760	32-0013	42,482,523
Gila Regional Medical Center	2,559,272	25.68%	27.45%	25%	5,172,890	4,306,076	8,298,931	17,777,897	15,750,725	(2,027,172)	209,326	0	4,795,770	4,586,444	2,559,272	75,824	0	570	32-0016	56,719,061
Lovelace Women's Hospital	(1,698,933)	56.54%	21.72%	25%	11,981,702	24,303,592	55,328	36,340,622	32,535,602	(3,805,020)	339,024	0	2,445,111	2,106,087	(1,698,933)	0	0	73824062	32-0017	84,303,836
Memorial Medical Center	6,262,299	45.71%	33.53%	25%	24,841,822	26,504,504	17,006,557	68,352,883	57,881,435	(10,471,448)	773,766	0	17,507,513	16,733,747	6,262,299	255,687	0	67939864	32-0018	153,601,867
Presbyterian Hospital	42,783,728	28.44%	12.98%	25%	32,471,710	90,460,200	0	122,931,910	139,394,522	16,462,612	2,967,936	0	29,289,052	26,321,116	42,783,728	2,200,288	0	109	32-0021	721,061,785
Plains Regional Medical Center	6,279,952	31.52%	23.29%	25%	3,597,680	11,746,019	2,721,348	18,065,047	18,188,139	123,092	514,570	0	6,671,430	6,156,860	6,279,952	163,217	0	224	32-0022	69,422,432
Rehoboth McKinley Christian Hospita	1,544,547	90.36%	34.63%	25%	10,769,472	2,145,495	5,365,083	18,280,050	17,255,030	(1,025,020)	134,431	0	2,703,998	2,569,567	1,544,547	87,022	0	331	32-0038	39,444,122
Carlsbad Medical Center	1,435,856	31.29%	18.27%	25%	5,282,601	7,903,840	4,080,311	17,266,752	14,405,464	(2,861,288)	594,451	0	4,891,595	4,297,144	1,435,856	72,115	0	B-3186	32-0063	46,977,921
Lea Regional Hospital	4,904,242	35.30%	13.94%	25%	6,023,123	5,007,679	2,042,564	13,073,366	13,010,637	(62,729)	810,468	0	5,777,439	4,966,971	4,904,242	126,364	0	B-3139	32-0065	45,179,103
Lovelace Regional Hospital Roswel	1,270,999	36.46%	13.92%	25%	1,964,289	3,432,362	1,372,498	6,769,149	6,837,551	68,402	233,415	0	1,436,012	1,202,597	1,270,999	91,556	0	97950084	32-0086	23,239,633
Socorro General Hospital	(61,866)	45.44%	37.45%	25%	1,914,493	2,865,034	2,627,983	7,407,510	6,018,519	(1,388,991)	180,777	0	1,507,902	1,327,125	(61,866)	0	0	695	32-1301	16,940,166
Lincoln County Medical Center	1,923,698	25.67%	25.65%	25%	1,967,512	2,564,195	1,592,891	6,124,598	5,363,272	(761,326)	409,888	0	3,094,912	2,685,024	1,923,698	45,235	0	521	32-1306	27,002,593
Cibola General Hospital	(1,498,673)	55.31%	39.04%	25%	5,398,752	2,930,734	4,201,038	12,530,524	9,160,736	(3,369,788)	73,684	0	1,944,799	1,871,115	(1,498,673)	0	0	729	32-1308	19,147,404
Mimbres Memorial Hospita	1,438,680	42.24%	24.01%	25%	4,160,463	3,808,534	2,267,656	10,236,653	9,854,168	(382,485)	319,469	0	2,140,634	1,821,165	1,438,680	47,014	0	B-2113	32-1309	24,959,171
New Mexico Rehabilitation Center	1,650,806	23.51%	20.30%	25%	380,760	63,539	0	444,299	820,032	375,733	0	0	1,275,073	1,275,073	1,650,806	472,323	0	273	32-3026	3,876,484
Guadalupe County Hospital **	0	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A

* The State-Defined Eligibility Statistic consists of two ratios. 1) the MIUR which compared to the mean MIUR of the entire state population. The data above does not represent the entire state hospital population and 2) the LIUR which must be greater then 25% if the provider is not eligible based on the MIUR.
** The provider elected to not complete a DSH survey because the cost of doing so is greater then the DSH payments receive
*** DSH Payment reflects the redistribution of refunded DSH payment

Independence Declaration

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

To Whom it May Concern:

Myers and Stauffer LC declares it is independent of the state of New Mexico and its DSH hospitals for the Medicaid State plan rate year ending June 30, 2013.

Myers and Stauffer LC

December 22, 2016

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

4906 Alameda Blvd NE, Ste B | Albuquerque, NM 87113
PH 505.243.3486 | PH 877.828.0253 | FX 505.247.2154
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Appendix C – 2015 and 2016 Summary of 2552-10 Schedule S-10 Data for SNCP Hospitals

Summary HCRIS Data Extract from 2552-10 Cost Reports

Facility Name	Medicare #	2015 S-10 Data: Medicaid Unreimbursed Costs	CHIP Unreimbursed Costs	Other State and Local Government Indigent Care	Cost of Charity Care - Uninsured Patients	Cost of Charity Care - Insured Patients	Non-Medicare and Non-Reimbursable Medicare Bad Debt	Total Unreimbursed Uncompensated Care Per 2015 S-10
Smallest Group (30 or Less Beds)								
Guadalupe County Hospital	32-0067	-	-	-	27,547	-	224,951	252,498
Roosevelt General Hospital	32-0084	1,719,919	-	-	421,940	-	6,273	2,148,132
Socorro General Hospital	32-1301	-	5,504	169,614	374,712	264,898	347,302	1,162,030
Cibola General Hospital	32-1308	-	-	-	314,398	-	1,173,210	1,487,608
Dan C Trigg Memorial Hospital	32-1302	-	3,346	76,421	201,131	200,123	297,481	778,502
Lincoln County MC	32-1306	-	6,291	84,937	318,318	322,364	726,364	1,458,274
Mimbres Memorial Hospital	32-1309	-	-	43,606	21,930	3,899	487,785	557,220
Miners' Colfax MC	32-1307	1,351,271	59,598	-	-	-	653,843	2,064,712
Nor-Lea General Hospital	32-1305	3,478,008	-	-	92,771	-	3,004,407	6,575,186
Sierra Vista Hospital	32-1300	-	-	-	84,792	26,323	1,315,964	1,427,079
Union County General Hospital	32-1304	-	-	-	277,524	-	904,907	1,182,431
Lovelace Regional Hospital - Roswell	32-0086	-	-	-	12,881	45,569	665,218	723,668
Holy Cross Hospital	32-0013	2,904,357	-	-	192,202	210,279	1,119,008	4,425,846
Sub-Total		9,453,555	74,739	374,578	2,340,146	1,073,455	10,926,713	24,243,186
Small Group (31-100 Beds)								
Los Alamos Medical Center	32-0033	107,527	-	383,656	17,167	-	(262)	508,088
Artesia General Hospital	32-0030	-	-	-	68,856	-	3,515,913	3,584,769
Alta Vista Regional Hospital	32-0003	2,767,876	-	424	84,948	(1,082)	301,600	3,153,766
Rehoboth McKinley Christian HC	32-0038	-	-	-	246,638	-	1,641,936	1,888,574
Gila Regional Medical Center	32-0016	-	-	-	811,834	-	2,449,626	3,261,460
PHS Espanola Hospital	32-0011	-	-	33,113	426,388	444,811	1,096,059	2,000,371
Plains Regional MC	32-0022	-	-	63,607	911,939	553,402	1,421,697	2,950,645
Sub-Total		2,875,403	-	480,800	2,567,770	997,131	10,426,569	17,347,673
Medium Group (101 - 200 Beds)								
Carlsbad MC	32-0063	635,767	-	-	111,397	16,314	1,078,027	1,841,505
Gerald Champion Regional MC	32-0004	3,083,753	-	-	177,815	260,885	1,878,556	5,401,009
Eastern NM MC	32-0006	21,589,071	263	-	25,364	-	1,708,739	23,323,437
Mountain View Regional MC	32-0085	-	-	42,454	1,160,625	9,700	768,837	1,981,616
Lea Regional Hospital	32-0065	449,680	-	-	56,907	34,363	1,773,695	2,314,645
San Juan Regional MC	32-0005	-	-	-	6,514,549	-	6,734,226	13,248,775
Sub-Total		25,758,271	263	42,454	8,046,657	321,262	13,942,080	48,110,987
Large Group (201 - 300 Beds)								
St. Vincent Regional MC	32-0002	-	-	452	12,591,403	478,581	3,220,226	16,290,662
Memorial MC	32-0018	-	-	2,436,206	607,052	-	5,318,318	8,361,576
Sub-Total		-	-	2,436,658	13,198,455	478,581	8,538,544	24,652,238
Largest Group (301 or More)								
University of NM Hospital	32-0001	-	-	-	17,499,027	18,431,498	26,783,685	62,714,210
Sub-Total		-	-	-	17,499,027	18,431,498	26,783,685	62,714,210
Total		38,087,229	75,002	3,334,490	43,652,055	21,301,927	70,617,591	177,068,294

Summary HCRIS Data Extract from 2552-10 Cost Reports

Facility Name	Medicare #	2016 S-10 Data: Medicaid Unreimbursed Costs	CHIP Unreimbursed Costs	Other State and Local Government Indigent Care	Cost of Charity Care - Uninsured Patients	Cost of Charity Care - Insured Patients	Non-Medicare and Non-Reimbursable Medicare Bad Debt	Total Unreimbursed Uncompensated Care Per 2016 S-10
Smallest Group (30 or Less Beds)								
Guadalupe County Hospital	32-0067	99,636	-	-	20,821	-	239,399	359,856
Roosevelt General Hospital	32-0084	2,174,843	-	-	189,186	-	1,566,606	3,930,635
Socorro General Hospital	32-1301	-	4,471	344,771	340,525	186,828	183,835	1,060,430
Cibola General Hospital	32-1308	817,739	-	-	497,607	-	1,036,437	2,351,783
Dan C Trigg Memorial Hospital	32-1302	3,214,180	11,494	66,442	439,954	456,341	400,731	4,589,142
Lincoln County MC	32-1306	-	5,173	70,711	272,505	277,535	705,976	1,331,900
Mimbres Memorial Hospital	32-1309	-	14,349	-	4,163	16,415	364,593	399,520
Miners' Colfax MC	32-1307	-	-	34,959	34,959	-	600,682	670,600
Nor-Lea General Hospital	32-1305	2,501,884	-	-	332,313	-	3,546,382	6,380,579
Sierra Vista Hospital	32-1300	-	-	-	124,029	5,805	1,844,911	1,974,745
Union County General Hospital	32-1304	-	-	-	177,439	1,069,792	874,746	2,121,977
Lovelace Regional Hospital - Roswell	32-0086	1,217,806	-	-	13,250	23,101	512,393	1,766,550
Holy Cross Hospital	32-0013	2,455,706	-	-	127,302	279,884	1,526,927	4,389,819
Sub-Total		12,481,794	35,487	516,883	2,574,053	2,315,701	13,403,618	31,327,536
Small Group (31-100 Beds)								
Los Alamos Medical Center	32-0033	-	-	438,233	(8,365)	-	509,117	938,985
Artesia General Hospital	32-0030	2,394,152	-	-	1,041,297	-	5,945,209	9,380,658
Alta Vista Regional Hospital	32-0003	3,280,379	-	-	-	1,883	290,674	3,572,936
Rehoboth McKinley Christian HC	32-0038	-	-	-	568,943	87,190	862,244	1,518,377
Gila Regional Medical Center	32-0016	-	-	-	(22,715)	-	1,479,736	1,457,021
PHS Espanola Hospital	32-0011	447,815	16,314	-	488,581	596,644	616,222	2,165,576
Plains Regional MC	32-0022	-	6,551	108,673	1,048,684	693,518	1,127,271	2,984,697
Sub-Total		6,122,346	22,865	546,906	3,116,425	1,379,235	10,830,473	22,018,250
Medium Group (101 - 200 Beds)								
Carlsbad MC	32-0063	572,265	548	-	19,962	169	2,390,667	2,983,611
Gerald Champion Regional MC	32-0004	1,770,388	-	-	229,007	219,747	1,141,518	3,360,660
Eastern NM MC	32-0006	-	-	-	4,421	-	2,135,223	2,139,644
Mountain View Regional MC	32-0085	-	-	45,408	590,237	32,846	629,698	1,298,189
Lea Regional Hospital	32-0065	-	-	-	44,916	1,965	2,780,804	2,827,685
San Juan Regional MC	32-0005	-	-	-	4,609,966	-	4,901,857	9,511,823
Sub-Total		2,342,653	548	45,408	5,498,509	254,727	13,979,767	22,121,612
Large Group (201 - 300 Beds)								
St. Vincent Regional MC	32-0002	11,902	-	-	5,671,802	168,411	5,293,465	11,145,580
Memorial MC	32-0018	-	-	-	199,293	-	4,170,891	4,370,184
Sub-Total		11,902	-	-	5,871,095	168,411	9,464,356	15,515,764
Largest Group (301 or More)								
University of NM Hospital	32-0001	-	-	515,008	6,861,650	14,373,313	22,651,797	44,401,768
Sub-Total		-	-	515,008	6,861,650	14,373,313	22,651,797	44,401,768
Total		20,958,695	58,900	1,624,205	23,921,732	18,491,387	70,330,011	135,384,930

Appendix D – 2015 Comparison of Uninsured from UC Reconciliation to S-10 Data

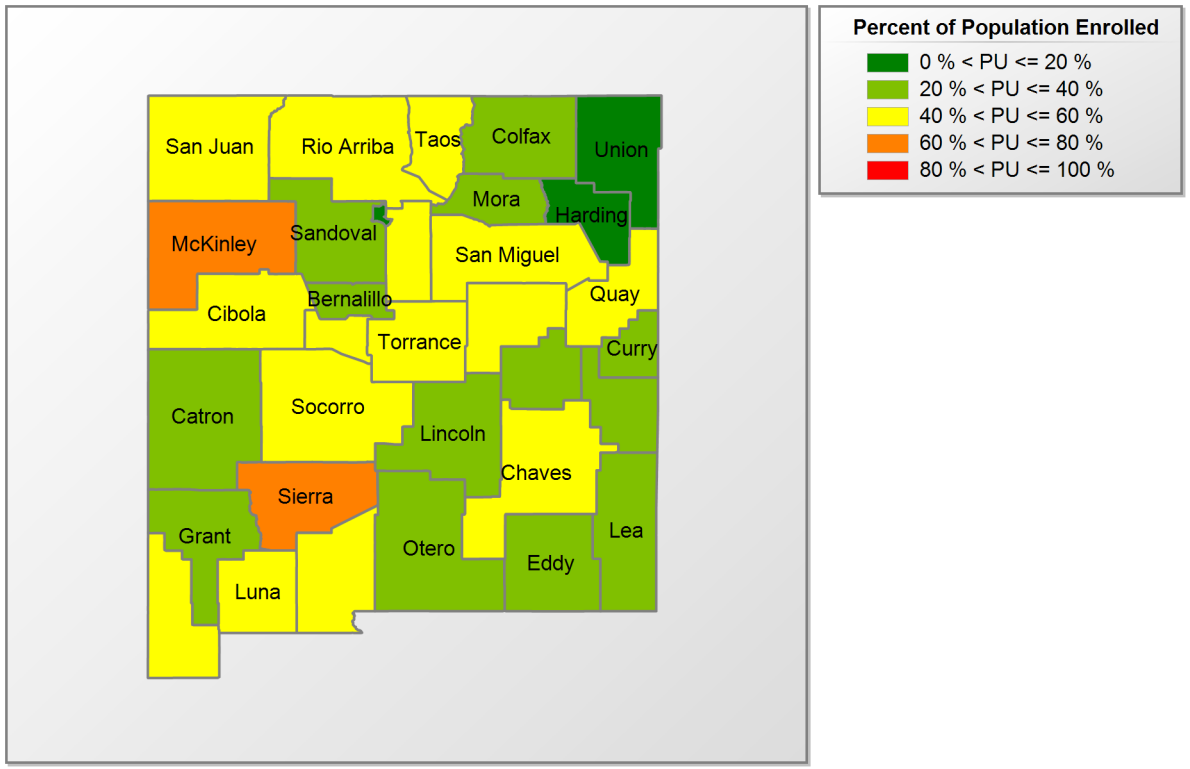
Comparison of Uninsured from UC Reconciliation to S-10 Data
(2015 Reconciliation to 2015 S-10 Data)

		From 2015 UC Reconciliation			From 2015 S-10 Schedule	
		Uninsured IP Costs	Uninsured OP Costs	Total	Cost of Charity Care - Uninsured Patients	% of Uninsured from UC Reconciliation
Cibola General Hospital	Smallest	247,382	427,560	674,942	314,398	
Dan Trigg Memorial Hospital	Smallest	74,619	390,039	464,658	201,131	
Guadalupe County Hospital	Smallest	64,037	517,326	581,363	27,547	
Holy Cross Hospital	Smallest	275,557	691,038	966,596	192,202	
Lincoln County Medical Center	Smallest	197,640	612,634	810,275	318,318	
Lovelace Regional Hospital Roswell	Smallest	202,664	432,152	634,816	12,881	
Mimbres Memorial Hospital	Smallest	649,768	510,314	1,160,082	21,930	
Miners' Colfax Medical Center	Smallest	149,987	383,365	533,352	-	
Nor-Lea General Hospital	Smallest	170,716	1,490,888	1,661,603	92,771	
Roosevelt General Hospital	Smallest	135,116	447,755	582,871	421,940	
Sierra Vista Hospital	Smallest	37,156	365,254	402,410	84,792	
Socorro General Hospital	Smallest	123,362	310,168	433,530	374,712	
Union County General Hospital	Smallest	208,150	480,929	689,080	277,524	
			Sub-Total	9,595,577	2,340,146	24.39%
Alta Vista	Small	122,203	257,980	380,183	84,948	
Artesia General Hospital	Small	517,226	872,530	1,389,756	68,856	
Espanola Hospital	Small	663,795	630,100	1,293,895	426,388	
Gila Regional Medical Center	Small	355,837	467,607	823,444	811,834	
Los Alamos Medical Center	Small	202,265	597,418	799,683	17,167	
Plains Regional Medical Center	Small	1,121,676	1,293,284	2,414,960	911,939	
Rehoboth McKinley Christian Health Care S	Small	543,015	572,758	1,115,772	246,638	
			Sub-Total	8,217,694	2,567,770	31.25%
Carlsbad	Medium	1,141,286	1,147,975	2,289,261	111,397	
Eastern New Mexico Medical Center	Medium	775,998	1,459,611	2,235,608	25,364	
Gerald Champion Regional Medical Center	Medium	271,156	865,914	1,137,070	177,815	
LEA REGIONAL HOSPITAL	Medium	1,283,332	1,383,150	2,666,482	56,907	
Mountain View Regional Medical Center	Medium	1,200,386	756,861	1,957,248	1,160,625	
San Juan Regional MC	Medium	1,681,022	1,086,559	2,767,581	6,514,549	
			Sub-Total	13,053,250	8,046,657	61.64%
Memorial Medical Center	Large	2,696,965	2,887,447	5,584,412	607,052	
St. Vincent Hospital	Large	5,340,274	3,652,089	8,992,363	12,591,403	
			Sub-Total	14,576,775	13,198,455	90.54%

Appendix E – Medicaid Enrollment by County of Residence – July 2017

From HSD Website:
https://webapp.hsd.state.nm.us/MERReport/RunReport.aspx?Report=Medicaid%20Enrollment%20by%20County%20of%20Residence.rdl

Medicaid Enrollment by County of Residence as of 7/31/2017



Search Criteria	
Selected Month	July 2017
Managed Care Organizations	BLUE CROSS BLUE SHIELD OF NM, MOLINA HEALTHCARE, PRESBYTERIAN HEALTH PLAN, UNITEDHEALTHCARE COMMUNITY PLAN, FFS - Full Benefit, FFS - Partial Benefit
Race	American Indian and Alaskan Native, Asian, Asian or Pacific Islander, Black or African American, Hispanic, Native Hawaiian or Other Pacific Islander, Some Other Race, Two or More Races, Unknown, White
Display	Adults and Children

# of Unique Enrollees	Breast and Cervical Cancer	Children, including CHIP and not in another category	CYFD Children	Developmentally Disabled	Family Planning	Home & Community Based Waiver	Institutional Care	Medicare Premium Only (SLIMB & QI)	Other Adult Group/Expansion	Parents and Caretakers (Non Expansion Adults)	Pregnant Women	Qualified Medicare Beneficiary	Refugees and Repatriates	Supplemental Security Income Related	Transitional Medicaid	Working Disabled	Total
Bernalillo	50	93,931	1,931	1,845	23,110	1,128	1,294	3,291	73,017	17,854	1,795	9,847		17,780	475	734	248,082
Catron		235	13	3	63	3	3	30	275	58	1	103		67	2	1	857

Chaves	4	12,750	313	167	2,541	146	154	436	7,548	2,379	235	1,463		2,195	40	76	30,447
Cibola	4	5,472	100	48	776	59	59	166	4,003	1,475	87	485		886	12	20	13,652
Colfax		1,903	41	10	505	23	52	60	1,518	426	42	287		436	3	21	5,327
Curry	3	8,185	112	133	1,406	103	116	187	4,543	1,586	152	607		1,549	20	54	18,756
De Baca		264	1	1	66	7		12	178	52	4	41		85	1		712
Dona Ana	27	43,206	447	502	8,295	440	239	927	31,224	7,869	800	4,648	1	8,266	842	222	107,955
Eddy	5	9,365	209	65	1,911	83	170	221	5,411	2,277	188	917		1,302	59	68	22,251
Grant	2	3,901	146	76	742	62	143	247	3,456	1,084	70	637		893	11	21	11,491
Guadalupe	1	788	19	7	188	29	2	32	684	147	13	141		228	7	6	2,292
Harding		26			16	2	1	3	28	3		8		16		1	104
Hidalgo		677	10	1	138	10	25	31	603	155	11	105		195	6	2	1,969
Lea	2	13,814	231	89	2,077	126	120	203	6,564	2,723	212	938	1	1,591	78	44	28,813
Lincoln	2	2,782	58	27	815	15	25	133	2,354	644	56	419		373	22	11	7,736
Los Alamos		338	31	22	93	6	19	10	325	67	5	35		61	2	6	1,020
Luna		6,156	72	24	1,070	41	28	183	4,346	1,393	72	899		1,486	29	11	15,810
McKinley	8	17,170	133	153	2,870	116	101	283	11,928	4,924	252	1,261		4,651	74	77	44,001
Mora	1	473	24	8	126	13	7	41	496	116	2	126		269	2	15	1,719
Otero	5	7,928	173	94	1,902	74	111	288	7,029	1,785	172	941		1,451	68	42	22,063
Quay		1,465	41	13	354	34	7	73	1,219	336	25	308		396		16	4,287
Rio Arriba	3	8,410	185	98	1,727	167	83	311	6,436	1,996	145	1,154		1,887	51	66	22,719
Roosevelt	1	3,180	90	42	565	30	38	65	1,966	570	69	307		588	7	23	7,541
San Juan	14	24,420	305	159	4,604	203	256	510	16,196	6,215	324	1,789		4,329	140	204	59,668
San Miguel	2	4,113	91	81	879	101	144	232	4,103	1,035	91	723		1,863	17	94	13,569
Sandoval	7	19,418	330	242	4,436	202	142	556	12,855	4,092	370	1,625		2,774	90	162	47,301
Santa Fe	12	22,293	299	247	5,183	195	191	641	30,100	5,115	521	2,413		4,204	113	185	71,712
Sierra		2,277	25	10	419	59	88	211	2,371	565	38	522		721	5	41	7,352
Socorro		2,943	60	31	574	35	45	112	2,464	710	49	413		993	15	23	8,467
Taos	7	4,924	126	56	1,334	99	60	257	5,470	1,225	89	974		1,105	20	80	15,826
Torrance	4	3,520	66	45	877	37	10	187	2,864	878	60	570		666	20	45	9,849
Union		237	21	2	66	4	15	13	161	41	2	38		100		2	702
Valencia	12	13,080	313	286	2,755	177	82	447	9,757	2,747	231	1,588	1	2,486	47	100	34,109
Unknown		347	669	2	45	1		14	219	94	8	45		81	8		1,533
Total	176	339,991	6,685	4,589	72,528	3,830	3,830	10,413	261,711	72,636	6,191	36,377	3	65,973	2,286	2,473	889,692

Population data obtained from the the Bureau of Business and Economic Research (BBER) at the University of New Mexico, http://bber.unm.edu/

Appendix F – Access Reporting from DY3 Annual Report

BCBNM 2015 - 2016

Meets Standard | Does Not Meet

	Urban								Rural								Frontier							
PH - Standard 1	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY16**	**Q3FY16**	**Q4FY16**	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY16**	**Q3FY16**	**Q4FY16**	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY16**	**Q3FY16**	**Q4FY16**
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.8%	92.0%	99.9%	99.8%	99.9%	99.8%	99.8%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Pharmacies	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%		100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%		99.1%	100.0%	99.1%	99.1%	99.2%	99.2%	99.2%	
FQHC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		91.7%	91.7%	91.7%	91.7%	91.3%	91.1%	90.9%		99.0%	97.3%	97.2%	97.2%	97.3%	97.4%	97.4%	
PH - Standard 2																								
Cardiology	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%		98.5%	98.5%	98.5%	98.5%	99.7%	99.7%	99.7%		100.0%	99.6%	99.6%	99.6%	99.8%	99.8%	99.8%	
Certified Nurse Practitioner	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%		99.9%	99.9%	99.9%	99.9%	99.9%	99.7%	99.8%		99.7%	99.7%	99.8%	99.8%	99.8%	99.8%	99.8%	
Certified Midwives	94.6%	94.6%	94.8%	99.2%	99.2%	99.1%	99.2%		91.3%	91.3%	91.5%	91.4%	91.1%	90.9%	90.9%		96.6%	96.6%	99.6%	96.5%	96.5%	96.6%	96.6%	
Dermatology	71.7%	71.7%	71.8%	71.7%	71.8%	71.7%	72.0%		57.6%	57.6%	57.1%	57.0%	57.4%	57.7%	57.4%		74.8%	74.8%	74.9%	74.7%	74.3%	74.3%	74.2%	
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Endocrinology	94.6%	94.6%	94.7%	94.7%	94.7%	94.8%	94.7%		44.0%	37.6%	64.4%	72.4%	72.9%	73.2%	73.3%		78.1%	78.1%	79.1%	76.1%	76.1%	76.4%	76.3%	
ENT	99.1%	99.1%	99.1%	99.1%	99.2%	99.1%	99.1%		98.1%	98.1%	98.2%	98.3%	98.3%	90.7%	90.4%		96.2%	96.2%	96.1%	96.1%	96.1%	94.8%	94.7%	
FQHC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	
Hematology/Oncology	99.1%	99.1%	99.1%	99.1%	99.2%	99.1%	99.1%		71.4%	71.4%	98.5%	98.5%	98.6%	99.7%	99.3%		99.2%	99.2%	99.0%	99.1%	99.1%	99.3%	99.4%	
Neurology	98.6%	98.6%	99.1%	99.1%	99.2%	99.1%	99.1%		83.0%	83.0%	97.5%	98.4%	98.5%	98.5%	98.6%		90.4%	90.4%	91.3%	91.2%	91.4%	91.6%	91.5%	
Neurosurgeons	99.1%	99.1%	99.1%	99.2%	99.2%	99.1%	99.1%		31.1%	31.1%	30.9%	39.2%	39.4%	39.3%	39.2%		70.4%	70.4%	70.2%	70.1%	69.7%	69.8%	69.6%	
OB/Gyn	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.7%	99.7%	99.7%	99.7%	99.7%	99.9%	99.9%		99.7%	99.7%	99.6%	99.6%	99.7%	99.7%	99.8%	
Orthopedics	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%		99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%		97.2%	96.4%	96.5%	96.4%	96.4%	96.6%	96.5%	
Pediatrics	99.2%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%		99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.8%		92.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	
Physician Assistant	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Podiatry	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%		99.3%	99.3%	99.4%	99.4%	99.9%	99.9%	99.9%		99.7%	99.7%	99.7%	99.7%	99.8%	99.8%	99.8%	
Rheumatology	99.1%	99.1%	99.1%	99.1%	99.2%	99.1%	92.9%		50.7%	50.7%	78.0%	78.0%	77.9%	77.8%	77.0%		80.6%	80.6%	81.8%	81.8%	81.8%	82.1%	81.9%	
Surgeons	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%		99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%		99.7%	99.7%	99.7%	99.7%	99.8%	99.8%	99.8%	
Urology	94.6%	94.6%	94.7%	94.7%	99.2%	99.1%	99.1%		90.8%	91.4%	91.2%	91.2%	91.3%	82.3%	81.9%		91.9%	92.7%	92.5%	92.6%	92.5%	92.6%	92.4%	
LTC - Standard 2																								
Personal Care Service Agencies (PCS) - delegated	99.1%	99.1%	99.1%	99.2%	99.2%	99.2%	99.2%		99.1%	99.4%	99.4%	99.0%	99.0%	99.0%	99.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Personal Care Service Agencies (PCS) - directed	99.2%	99.1%	99.1%	99.2%	99.2%	99.2%	99.2%		99.4%	99.4%	99.4%	99.0%	99.0%	99.0%	99.0%		99.8%	99.8%	99.8%	99.7%	99.8%	99.8%	99.8%	
Nursing Facilities	94.7%	94.7%	94.8%	94.8%	94.8%	94.9%	94.9%		99.4%	99.4%	99.4%	99.5%	99.4%	99.5%	99.4%		99.9%	99.9%	99.8%	99.8%	99.8%	99.9%	99.9%	
General Hospitals	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%		99.8%	99.8%	99.8%	99.8%	99.8%	99.7%	99.7%		96.8%	100.0%	100.0%	100.0%	100.0%	99.8%	99.8%	
Transportation	99.1%	99.1%	99.1%	100.0%	100.0%	100.0%	100.0%		91.1%	98.7%	98.7%	99.6%	99.6%	99.6%	99.6%		99.1%	99.1%	99.0%	100.0%	100.0%	100.0%	100.0%	

Source: BCBSNM, GeoAccess Report #55, Q1CY15 - Q3CY16

MHNM 2015 - 2016

Meets Standard | Does Not Meet

	Urban								Rural								Frontier							
PH - Standard 1	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY16**	**Q3FY16**	**Q4FY16**	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY16**	**Q3FY16**	**Q4FY16**	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY16**	**Q3FY16**	**Q4FY16**
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Pharmacies	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.0%	100.0%	100.0%	100.0%	99.0%	99.0%	99.0%	
FQHC - PCP	100.0%	100.0%	ND	100.0%	100.0%	100.0%	100.0%		93.0%	93.0%	93.0%	93.0%	92.0%	93.0%	100.0%		99.0%	99.0%	98.0%	99.0%	99.0%	98.0%	99.0%	
PH - Standard 2																								
Cardiology	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Certified Nurse Practitioner	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Certified Midwives	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		88.0%	88.0%	88.0%	87.0%	82.0%	93.0%	100.0%		100.0%	100.0%	100.0%	100.0%	98.0%	97.0%	100.0%	
Dermatology	77.0%	77.0%	77.0%	77.0%	75.0%	76.0%	76.0%		65.0%	65.0%	65.0%	64.0%	63.0%	83.0%	64.0%		91.0%	91.0%	91.0%	91.0%	88.0%	87.0%	87.0%	
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Endocrinology	99.0%	98.0%	99.0%	99.0%	98.0%	98.0%	98.0%		54.0%	54.0%	71.0%	69.0%	68.0%	68.0%	68.0%		89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	88.0%	
ENT	99.0%	98.0%	99.0%	99.0%	98.0%	98.0%	98.0%		99.0%	99.0%	99.0%	99.0%	99.0%	98.0%	92.0%		100.0%	99.0%	98.0%	98.0%	95.0%	98.0%	91.0%	
FQHC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Hematology/Oncology	99.0%	99.0%	99.0%	99.0%	98.0%	98.0%	98.0%		99.0%	99.0%	99.0%	99.0%	98.0%	98.0%	98.0%		96.0%	95.0%	94.0%	94.0%	93.0%	94.0%	93.0%	
Neurology	99.0%	99.0%	99.0%	99.0%	99.0%	98.0%	98.0%		95.0%	94.0%	95.0%	95.0%	93.0%	94.0%	95.0%		89.0%	90.0%	91.0%	91.0%	89.0%	89.0%	89.0%	
Neurosurgeons	99.0%	99.0%	99.0%	99.0%	98.0%	98.0%	98.0%		50.0%	53.0%	49.0%	49.0%	47.0%	47.0%	49.0%		72.0%	72.0%	72.0%	72.0%	69.0%	71.0%	68.0%	
OB/Gyn	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Orthopedics	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		98.0%	98.0%	100.0%	99.0%	98.0%	98.0%	98.0%	
Pediatrics	99.0%	99.0%	99.0%	99.0%	98.0%	98.0%	98.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Physician Assistant	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Podiatry	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		100.0%	100.0%	100.0%	99.0%	99.0%	99.0%	99.0%		95.0%	95.0%	95.0%	95.0%	94.0%	95.0%	94.0%	
Rheumatology	99.0%	98.0%	99.0%	99.0%	98.0%	98.0%	98.0%		99.0%	82.0%	86.0%	85.0%	80.0%	98.0%	98.0%		94.0%	88.0%	87.0%	88.0%	84.0%	90.0%	90.0%	
Surgeons	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Urology	99.0%	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%		95.0%	95.0%	95.0%	95.0%	94.0%	94.0%	94.0%		97.0%	97.0%	97.0%	97.0%	94.0%	93.0%	93.0%	
LTC - Standard 2																								
Personal Care Service Agencies (PCS) - delegated	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	99.0%	99.0%	99.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Personal Care Service Agencies (PCS) - directed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Nursing Facilities	96.0%	96.0%	95.0%	95.0%	92.0%	93.0%	94.0%		94.0%	94.0%	92.0%	99.0%	99.0%	99.0%	99.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
General Hospitals	99.0%	99.0%	99.0%	99.0%	99.0%	98.0%	99.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Transportation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Source: MHNM, GeoAccess Report #55, Q1CY15 - Q3CY16

PHP 2015 - 2016

Meets Standard | Does Not Meet

	Urban								Rural								Frontier							
PH - Standard 1	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY16**	**Q3FY16**	**Q4FY16**	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY16**	**Q3FY16**	**Q4FY16**	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY16**	**Q3FY16**	**Q4FY16**
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.9%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%		99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	100.0%	
Pharmacies	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%		99.9%	99.5%	99.5%	99.8%	99.7%	99.7%	99.6%	
FQHC - PCP Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.0%	99.0%	95.1%	94.2%	99.7%	99.6%	99.5%		92.3%	86.3%	86.4%	92.8%	99.0%	98.9%	98.9%	
PH - Standard 2																								
Cardiology	99.0%	99.1%	99.1%	99.1%	99.1%	99.0%	99.1%		92.0%	92.2%	92.6%	92.7%	99.6%	99.6%	99.6%		97.6%	97.5%	97.5%	97.6%	99.9%	99.9%	99.9%	
Certified Nurse Practitioner	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Certified Midwives	96.7%	96.7%	96.7%	96.8%	96.7%	96.7%	96.7%		94.1%	94.0%	93.8%	93.7%	98.9%	92.8%	92.8%		98.9%	98.9%	98.9%	98.9%	98.8%	98.8%	98.7%	
Dermatology	85.8%	85.5%	85.3%	85.2%	85.3%	85.2%	99.0%		70.7%	70.7%	70.3%	70.3%	69.9%	69.7%	69.8%		78.5%	78.7%	78.5%	78.6%	78.5%	78.3%	78.1%	
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Endocrinology	98.8%	99.1%	99.1%	99.1%	99.1%	99.0%	99.1%		75.5%	76.8%	69.4%	69.4%	68.9%	68.6%	68.7%		79.9%	81.3%	86.7%	86.8%	86.8%	86.5%	86.6%	
ENT	99.0%	99.0%	99.1%	99.1%	99.1%	99.0%	99.1%		98.7%	98.7%	98.8%	98.6%	98.5%	98.5%	94.4%		98.6%	98.5%	98.4%	98.6%	98.3%	98.3%	95.7%	
FQHC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Hematology/Oncology	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%		97.0%	97.2%	98.7%	98.9%	98.9%	98.9%	98.9%		98.0%	98.1%	99.8%	99.7%	99.7%	99.7%	99.6%	
Neurology	98.8%	99.1%	99.1%	99.1%	99.1%	99.0%	99.1%		89.4%	91.1%	91.6%	91.8%	91.6%	91.7%	91.7%		88.1%	89.6%	90.3%	90.3%	90.3%	90.5%	90.5%	
Neurosurgeons	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		59.8%	59.6%	59.3%	59.3%	59.0%	58.8%	58.4%		75.3%	75.5%	75.1%	75.1%	75.1%	74.9%	74.9%	
OB/Gyn	99.1%	99.1%	99.2%	99.2%	99.2%	99.1%	99.1%		99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%		99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	
Orthopedics	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.2%		99.3%	99.4%	99.5%	99.6%	99.6%	99.6%	99.6%		96.7%	98.9%	98.9%	98.9%	98.8%	98.8%	98.7%	
Pediatrics	99.3%	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%		99.5%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	
Physician Assistant	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.9%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Podiatry	99.1%	99.1%	99.2%	99.3%	99.3%	99.2%	99.2%		99.3%	99.3%	99.3%	99.3%	99.3%	100.0%	100.0%		99.9%	99.9%	99.9%	99.9%	99.9%	98.9%	99.9%	
Rheumatology	99.1%	99.1%	99.1%	99.1%	99.1%	99.0%	99.1%		88.2%	88.1%	89.0%	89.0%	88.9%	89.1%	89.1%		86.8%	86.8%	87.1%	87.4%	87.2%	87.3%	87.7%	
Surgeons	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%		95.0%	94.8%	99.6%	99.6%	99.6%	99.6%	99.6%		99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	
Urology	99.1%	99.1%	99.1%	99.1%	99.1%	99.0%	99.1%		97.6%	94.5%	95.2%	97.9%	98.0%	98.0%	98.1%		96.1%	95.9%	95.9%	96.0%	95.9%	95.9%	96.1%	
LTC - Standard 2																								
Personal Care Service Agencies (PCS) - delegated	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.5%	99.6%	99.6%	99.7%	99.5%	99.6%	99.7%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Personal Care Service Agencies (PCS) - directed	99.3%	99.2%	99.3%	99.2%	99.1%	99.3%	99.3%		98.9%	99.1%	99.0%	99.7%	99.5%	99.6%	99.7%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Nursing Facilities	96.3%	96.9%	97.1%	97.1%	97.0%	97.1%	96.8%		97.1%	96.4%	96.4%	98.2%	98.2%	98.6%	98.8%		100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
General Hospitals	99.2%	99.2%	99.9%	99.2%	99.2%	99.1%	96.3%		99.3%	99.3%	98.4%	99.4%	99.4%	99.4%	84.8%		99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	82.0%	
Transportation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Source: PHP, GeoAccess Report #55, Q1CY15 - Q3CY16

UHC 2015 - 2016

Meets Standard | Does Not Meet

	Urban								Rural								Frontier							
PH - Standard 1	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY1**	**Q3FY16**	**Q4FY16**	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY1**	**Q3FY16**	**Q4FY16**	**Q1FY15**	**Q2FY15**	**Q3FY15**	**Q4FY15**	**Q1FY16**	**Q2FY1**	**Q3FY16**	**Q4FY16**
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	99.7%	
Pharmacies	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%		99.5%	99.4%	99.4%	99.4%	99.0%	99.4%	99.4%	
FQHC	nd	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		nd	100.0%	nd	99.1%	100.0%	99.1%	99.1%		nd	100.0%	nd	98.0%	100.0%	98.1%	98.2%	
PH - Standard 2																								
Cardiology	99.0%	99.1%	99.1%	99.1%	99.0%	99.1%	99.1%		99.5%	99.5%	99.5%	99.3%	99.0%	99.5%	99.5%		99.8%	99.8%	99.8%	99.8%	100.0%	99.8%	99.8%	
Certified Nurse Practitioner	100.0%	nd	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	nd	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	nd	100.0%	100.0%	100.0%	99.9%	100.0%	
Certified Midwives	96.2%	nd	96.2%	96.2%	96.0%	100.0%	100.0%		92.1%	nd	91.3%	91.0%	91.0%	90.7%	99.8%		97.6%	nd	97.7%	97.7%	98.0%	97.9%	97.8%	
Dermatology	95.0%	94.9%	95.0%	95.0%	95.0%	95.2%	94.0%		68.5%	62.9%	62.9%	62.7%	68.0%	67.2%	61.3%		88.1%	88.3%	88.2%	88.0%	88.0%	88.2%	87.4%	
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
Endocrinology	95.2%	95.1%	95.2%	95.2%	95.0%	99.1%	94.0%		89.7%	66.6%	66.6%	90.1%	73.0%	90.0%	82.6%		93.8%	93.9%	93.7%	93.6%	94.0%	91.0%	85.5%	
ENT	99.0%	99.0%	99.1%	99.0%	99.0%	99.1%	99.1%		92.9%	93.0%	93.1%	93.2%	93.0%	93.0%	93.1%		92.8%	92.9%	92.8%	93.1%	93.0%	93.2%	97.4%	
FQHC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.2%	99.1%	99.1%	100.0%	100.0%	100.0%	100.0%		97.9%	97.9%	91.9%	100.0%	100.0%	100.0%	100.0%	
Hematology/Oncology	99.0%	99.0%	99.1%	99.0%	99.0%	99.0%	99.1%		97.6%	99.2%	97.8%	98.0%	98.0%	99.1%	99.3%		99.8%	99.8%	99.8%	99.8%	100.0%	99.8%	99.7%	
Neurology	95.2%	95.2%	95.2%	95.2%	95.0%	99.1%	99.1%		89.1%	89.2%	89.4%	89.5%	89.0%	89.4%	89.8%		85.1%	85.4%	87.8%	88.5%	89.0%	88.6%	93.7%	
Neurosurgeons	98.7%	98.8%	98.8%	98.8%	99.0%	98.8%	99.1%		40.3%	40.0%	40.1%	40.0%	40.0%	43.1%	42.8%		69.3%	69.6%	69.2%	68.9%	69.0%	74.2%	73.4%	
OB/Gyn	99.0%	99.0%	99.1%	99.1%	99.0%	99.1%	99.1%		99.7%	99.7%	99.7%	99.8%	100.0%	99.8%	99.8%		99.7%	99.7%	99.7%	99.8%	100.0%	99.8%	99.8%	
Orthopedics	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.7%	99.7%	99.7%	99.6%	100.0%	99.8%	99.8%		97.0%	97.4%	97.4%	99.7%	100.0%	97.7%	97.6%	
Pediatrics	99.0%	99.0%	99.1%	100.0%	100.0%	99.1%	99.1%		99.5%	99.5%	99.5%	99.5%	100.0%	99.3%	99.9%		97.8%	97.9%	97.9%	97.9%	98.0%	98.0%	98.1%	
Physician Assistant	96.2%	N/A	100.0%	96.2%	96.0%	96.3%	94.9%		100.0%	N/A	100.0%	100.0%	100.0%	99.3%	99.8%		100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	
Podiatry	99.0%	99.0%	99.1%	99.0%	99.0%	99.1%	99.1%		99.5%	99.5%	99.5%	99.3%	99.0%	99.3%	98.9%		99.9%	99.9%	99.9%	99.9%	100.0%	99.9%	100.0%	
Rheumatology	95.2%	95.1%	95.2%	95.2%	95.0%	95.3%	94.0%		73.2%	73.8%	74.0%	74.1%	74.0%	73.8%	93.1%		84.4%	84.5%	84.1%	83.8%	84.0%	83.9%	92.5%	
Surgeons	99.0%	99.1%	99.1%	99.1%	99.0%	99.1%	99.1%		99.2%	99.2%	99.2%	99.3%	99.0%	99.3%	99.8%		99.8%	99.8%	99.8%	99.8%	100.0%	99.8%	99.8%	
Urology	99.0%	99.0%	99.1%	99.0%	99.0%	99.0%	99.1%		97.6%	97.8%	97.8%	97.8%	98.0%	98.0%	97.9%		94.1%	94.4%	94.3%	94.3%	95.0%	94.7%	94.5%	
LTC - Standard 2																								
Personal Care Service Agencies (PCS) - delegated	99.1%	99.1%	99.2%	99.2%	99.0%	100.0%	99.1%		96.3%	95.4%	95.5%	95.6%	95.0%	99.4%	98.4%		99.8%	99.7%	99.7%	99.7%	100.0%	100.0%	100.0%	
Personal Care Service Agencies (PCS) - directed	99.1%	99.1%	99.2%	99.2%	99.0%	100.0%	99.1%		91.1%	90.2%	90.4%	90.6%	90.0%	99.4%	98.4%		97.6%	97.5%	97.5%	97.6%	98.0%	100.0%	100.0%	
Nursing Facilities	99.2%	99.2%	99.2%	99.2%	99.0%	99.3%	99.3%		98.0%	98.2%	98.3%	98.3%	98.0%	98.0%	97.7%		99.9%	99.9%	99.9%	99.9%	100.0%	97.7%	97.7%	
General Hospitals	95.0%	95.2%	95.3%	95.3%	95.0%	95.3%	99.1%		97.0%	96.7%	96.6%	96.6%	96.0%	96.6%	99.5%		99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.8%	
Transportation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.8%	99.8%	99.8%	99.8%	100.0%	99.8%	99.1%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Source: UHC, GeoAccess Report #55, Q1CY15 - Q3CY16