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Nevada Legislative Study Committee on Health Care

Report on Indigent Care Costs and Disproportionate Share

August 20, 2002

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ASSEMBLY HEALTH AND HUMAN SERVICES
DATE: 04/09 ROOM: 3138 EXHIBIT G1-2
SUBMITTED BY: Marla McNamee Williams

Introduction

■ S.B. 377-Mandated Study of Indigent Health Care Costs

- Questions to be Addressed
 - » Needs of rural hospitals
 - » Sources of funding to provide care to low-income patients
 - » Alternative methods of funding medical care for such patients
- Primary Aim of Study
 - » To determine net impact of Medicaid and other indigent or uncompensated care on hospitals throughout Nevada.
 - » Instigated because of Legislative concern over DSH distribution formula.
- Basic Principles Established for Conducting Study
 - » Assure access to care for low-income patients
 - » Equitable distribution of funds
 - » Maximize federal funds

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Introduction

■ Federal Disproportionate Share (DSH) Requirements

- DSH is a Component of the Medicaid Program
- Federal/State Partnership to Provide Care to Low-Income Individuals
- Annual DSH Allotment to States for Payments to Hospitals that Provide Large Amounts of Care to Low-Income Groups
 - » Nevada's DSH Allotment for FFY 2003 is an estimated \$38M in Federal Funds or \$76M in Total Funds.
 - » Providers automatically qualify for payment if they meet one of two federal criteria, and are excluded if Medicaid utilization is less than 1% or provided obstetric services as of 12/22/87 but no longer do so.
 - » Payments may not exceed hospital's OBRA limitation or a hospital's total uncompensated costs.

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