

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	Post/Hutto
DATE	7-2-13

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000001	1 1 Prepare reply for the Director's signature	DATE DUE
2. DATE SIGNED BY DIRECTOR		<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE
<p>* Please note due date by 7/12/13</p> <p>Cleared</p>		1 1 FOIA	DATE DUE
		1 1 Necessary Action	DATE DUE

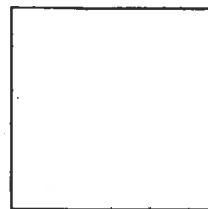
APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Jan Polatty

To: Anthony Keck
Cc: Bryan Kost
Subject: FW: GAO Study on State Medicaid Financing

FYI.... We will log this to coordinate response. Thanks, Jan.

From: Katherine Irtani [mailto:statedicaidfinancing@gao.gov]
Sent: Monday, July 01, 2013 4:00 PM
To: Jan Polatty
Subject: GAO Study on State Medicaid Financing



United States Government Accountability Office
Washington, DC 20548
Health Care

July 1, 2013

The U.S. Government Accountability Office (GAO) is an independent, nonpartisan agency that, among other things, evaluates federal programs for Congress. As part of a study requested by Congress, GAO is collecting information from all fifty states and the District of Columbia on Medicaid expenditures, including the nonfederal share of these expenditures, to better understand state Medicaid financing methods for the nonfederal share and how these methods have changed over time. We are requesting information on Medicaid expenditures made under your state Medicaid plan and under any Medicaid waivers. Please exclude payments made for services provided to Children's Health Insurance Program (CHIP) beneficiaries. Specifically, we are requesting information regarding:

- total computable medical assistance payments, including the federal and nonfederal share;
- the sources of funding for the nonfederal share of Medicaid expenditures; and
- health care provider taxes, as defined in Section 1903 of the Social Security Act.

Given that this questionnaire requests specific information about the source of the nonfederal share of Medicaid expenditures, we understand that the questionnaire items may need to be answered by more than one individual in your state, and we have included a link to a PDF copy of the questionnaire that you can share with others. We ask that you be the primary point of contact for submitting your state's responses. Your state's responses will help us better understand these issues as we prepare a report for Congress. Please respond to our questionnaire by July 12, 2013.

Instructions

To complete the questionnaire on our secure Web site, please follow these instructions:

1. In a separate web browser, open <https://websurveys.gao.gov/statemedicalfinancing>. You will first see an introductory screen with a "Begin Questionnaire" button.

2. After you click on the "Begin Questionnaire" button, enter the following User Name and Password:

User name: gao041
Password: 43235

More detailed instructions for completing the questionnaire can be found on the introductory screen. If you have any questions about this questionnaire, please email statemedicalfinancing@gao.gov or call toll-free at 855-653-4108. Thank you for your time and assistance on this important matter.

Sincerely,



Katherine Iritani
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Bar,
Pls log appropriately
- Kost?
The Jan

GAO Survey on State Medicaid Financing

U.S. Government Accountability Office

Completed
log letter #00001

Menu

Display list of headings.

Help

If you have any questions regarding this survey, please email

statedmedicaid@gao.gov or call toll free at 855-653-4108.

Summary of responses for .

User: ga0041

Record: 41

Date: Monday, July 15, 2013 6:00 pm EDT

Instructions for Completing the Survey

For the following items, please provide information about your state's Medicaid payments, including the nonfederal share of payments, as well as the sources of funding that contributed to the nonfederal share of Medicaid expenditures from state fiscal years 2008 through 2012. Please include Medicaid payments made under your state Medicaid plan and under any Medicaid waivers. Please exclude payments made for services provided to Children's Health Insurance Program (CHIP) beneficiaries.

To see a complete list of definitions that may help you complete this survey, please click [here](#). We suggest that most of the words that are bold and underlined throughout the survey by clicking on the word.

To learn more about navigating the survey click [here](#) for help.

A. State Fiscal Year

1. What are the beginning and ending dates of your state's fiscal year?
(Ex. Jul/01 through Jun/30).

Beginning date of State's fiscal year		Ending date of State's fiscal year	
Month	Day	Month	Day
Jul	01	Jun	30

2. Please enter the amounts of the total payments for medical assistance (also known as "total computable medical assistance payments" in the quarterly CMS 64 Medicaid expenditure report), including the federal and nonfederal share of medical assistance payments, during state fiscal years 2008 through 2012.

[illegible]

C1. State Financing of Nonfederal Share from 2008 through 2012

For items 3, 4, 5 and 6 we ask that you list the amount of funds contributed by each financing method (for example, state general funds and health care provider taxes) to fund the nonfederal share of capitation payments to managed care organizations, fee-for-service Medicaid payments, disproportionate share hospital (DSH) payments, and other Medicaid payments, including supplemental payments, special funding pool payments under Medicaid demonstrations, and episodic or bundled payments.

Please report the funding sources for the nonfederal share of expenditures for medical assistance payments only (i.e., exclude the nonfederal share of the state's Medicaid administrative expenditures or funds for the nonfederal share that were appropriated or collected but not expended). Please refer to the Terms and Definitions below for the definitions of capitation payments to managed care organizations, fee-for-service Medicaid payments, Medicaid DSH payments, and other Medicaid payments, and various funding sources used to fund the nonfederal share of medical assistance payments.

To print this page for use in completing items 3, 4, 5, and 6, please click on the "print this page" button, located at the bottom of the screen.

Terms and Definitions
Types of Medicaid Payments:
Capitation payments to managed care organizations (MCOs): Fixed, predetermined payments made by the state to Medicaid managed care organizations for providing comprehensive medical services to Medicaid eligible individuals enrolled in managed care plans.
Fee-for-service Medicaid payments: Medicaid payments made by the state at the state's regular Medicaid rates for services provided. (Do not include disproportionate share hospital (DSH) payments and upper payment limit (UPL) payments).
Medicaid DSH payments: Medicaid payments to hospitals that serve a disproportionate share of low-income and Medicaid patients to help offset hospitals' uncompensated costs for serving these individuals.
Other Medicaid payments, including supplemental payments made under the Upper Payment Limit (UPL), special funding pool payments made under Medicaid demonstrations, and episodic or bundled payments: Medicaid UPL supplemental payments, which are sometimes referred to as non-DSH payments; payments made from funding pools created under Medicaid demonstration pools, such as payments from low-income pools, uncompensated care pools, and similar special funding pools established and paid under Medicaid waiver authority; bundled payments, episodic Medicaid payments in which payments are based on a predetermined cost for a clinically-defined bundle or episode of care; Medicaid Graduate Medical Education (GME) payments; and other payments, such as enhanced payment rates or bonus payments made to certain health care providers.

Terms and Definitions
Funding Sources for the Nonfederal Share of Medicaid Payments:
State general funds: Dollars appropriated from a state's general fund to the state Medicaid agency for Medicaid. (Do not report amounts appropriated but not expended.)
Health care provider taxes, fees, and/or assessments: A tax, licensure or other fee, assessment, or other mandatory payment imposed on health care services or providers, as defined in Section 1903 of the Social Security Act and in 42 C.F.R. § 433.55 - Health Care-Related Taxes Defined.
Provider donations: Funding donated by providers to contribute to the nonfederal share of a state's Medicaid program as stated in 42 C.F.R. § 433.66 - Permissible Provider-Related Donations.
Intergovernmental transfers (local or county): A transfer of funds from a local or county government entity, including a provider operated by local or county government, to the state Medicaid agency.
Certified public expenditures (local or county): An expenditure made by a local or county government entity, including a provider operated by local or county government, under the state's approved Medicaid state plan, for a Medicaid-covered service provided to a Medicaid beneficiary.
Intra-state agency payments/transfers/certified public expenditures: Contributions from other state agencies, such as state Departments of Mental Health, that pay Medicaid providers, for example, through intra-agency agreement; a transfer of funds to the state Medicaid agency from a state government entity that has been appropriated state general funds; or a certification of expenditures for Medicaid-covered services provided to a Medicaid beneficiary from a state government entity that has been appropriated state general funds.
Other financing methods: Sources of funds, such as tobacco settlement funds, that are used to fund the state's nonfederal share of Medicaid expenditures and are not considered state general funds, provider tax, fee, and/or assessment; provider donation; intergovernmental transfer; certified public expenditure or intra-state agency payment/transfer/certified public expenditure.
Total: The sum of all the nonfederal share amounts in a particular year.

C2. State Financing of Nonfederal Share from 2008 through 2012: Capitation Payments to Managed Care Organizations

3. In the tables below, please list the amount of funds used to fund the nonfederal share of capitation payments to managed care organizations (MCOs) for each of the financing methods below for state fiscal years 2008 through 2012. If your state did not use a particular financing source in a particular year, enter "0." Please state whether the information you provided is an estimate by indicating "yes" or "no" in the adjacent column.

State Fiscal Years 2008 & 2009		State Fiscal Years 2010 & 2011	
Capitation Payments to Managed Care Organizations		Capitation Payments to Managed Care Organizations	
Funding Sources Used to Finance the Nonfederal Share	Total	Funding for the Nonfederal Share in 2008	Funding for the Nonfederal Share in 2010
State general funds	\$ 82551246	State general funds	\$ 151512956
Health care provider taxes, fees and/or assessments	\$	Health care provider taxes, fees and/or assessments	\$ 52024180
Provider donations	\$	Provider donations	\$
Intergovernmental transfers (local or county)	\$	Intergovernmental transfers (local or county)	\$
Certified public expenditures (local or county)	\$	Certified public expenditures (local or county)	\$
Intra-state agency payments/transfers/certified public expenditures	\$	Intra-state agency payments/transfers/certified public expenditures	\$
Other financing methods	\$	Other financing methods	\$
Total	\$ 82551246	Total	\$ 175883916
Total Amount of Nonfederal Share in 2008	Total Amount of Nonfederal Share in 2009	Total Amount of Nonfederal Share in 2010	Total Amount of Nonfederal Share in 2011
\$ 120149414	\$ 55734502	\$ 304253449	\$ 44220000
Is the Amount Stated in the Previous Column an Estimate?	Is the Amount Stated in the Previous Column an Estimate?	Is the Amount Stated in the Previous Column an Estimate?	Is the Amount Stated in the Previous Column an Estimate?
Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

If you entered an amount in the "Other financing methods" category in state fiscal year 2008, briefly describe the funding source(s) of the nonfederal share in the box below.

If you entered an amount in the "Other financing methods" category in state fiscal year 2009, briefly describe the funding source(s) of the nonfederal share in the box below.

Capitation Payments to Managed Care Organizations

State Fiscal Years 2010 & 2011

State Fiscal Years 2010 & 2011	
Capitation Payments to Managed Care Organizations	
Funding Sources Used to Finance the Nonfederal Share	Total
State general funds	\$ 151512956
Health care provider taxes, fees and/or assessments	\$ 52024180
Provider donations	\$
Intergovernmental transfers (local or county)	\$
Certified public expenditures (local or county)	\$
Total	\$ 175883916
Total Amount of Nonfederal Share in 2010	Total Amount of Nonfederal Share in 2011
\$ 151512956	\$ 304253449
Is the Amount Stated in the Previous Column an Estimate?	Is the Amount Stated in the Previous Column an Estimate?
Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

Funding Sources Used to Finance the Nonfederal Share in 2010	Total Amount of Nonfederal Share in 2010	Is the Amount Stated in the Previous Column an Estimate?
Health care provider taxes, fees and/or assessments	\$ 233537136	<input type="radio"/> Yes <input type="radio"/> No
State general funds	\$ 30000000	<input type="radio"/> Yes <input type="radio"/> No
Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No
Intergovernmental transfers (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No
Intra-state agency payments/ transfers/ certified public expenditures	\$	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	\$ 4720272	<input type="radio"/> Yes <input type="radio"/> No
Total	\$ 353193721	<input type="radio"/> Yes <input type="radio"/> No

If you entered an amount in the "Other financing methods" category in state fiscal year 2010, briefly describe the funding source(s) of the nonfederal share in the box below.

Provider Refunds

If you entered an amount in the "Other financing methods" category in state fiscal year 2011, briefly describe the funding source(s) of the nonfederal share in the box below.

State Fiscal Year 2012

Capitation Payments to Managed Care Organizations

Funding Sources Used to Finance the Nonfederal Share in 2012	Total Amount of Nonfederal Share in 2012	Is the Amount Stated in the Previous Column an Estimate?
Health care provider taxes, fees and/or assessments	\$ 68014482	<input type="radio"/> Yes <input type="radio"/> No
State general funds	\$ 232498467	<input type="radio"/> Yes <input type="radio"/> No
Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No
Intergovernmental transfers (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No
Intra-state agency payments/ transfers/ certified public expenditures	\$	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	\$ 87749269	<input type="radio"/> Yes <input type="radio"/> No
Total	\$ 388262218	<input type="radio"/> Yes <input type="radio"/> No

If you entered an amount in the "Other financing methods" category in state fiscal year 2012, briefly describe the funding source(s) of the nonfederal share in the box below.

FY 10 Increased Enforcement Collections/Medicaid maintenance of effort

Tobacco Settlement Funds and Provider Refunds

C3. State Financing of Nonfederal Share from 2008 through 2012: Fee-For-Service Medicaid Payments

4. In the tables below, please list the amount of funds used to fund the nonfederal share of fee-for-service Medicaid payments for each of the financing methods below for state fiscal years 2008 through 2012. If your state did not use a particular financing source in a particular year, enter "0." Please state whether the information you provided is an estimate by indicating "yes" or "no" in the adjacent column.

Fee-For-Service Medicaid Payments		State Fiscal Years 2008 & 2009	
Payment Sources Used to Finance the Nonfederal Share	State general funds	\$ 853861630	<input type="radio"/> Yes <input type="radio"/> No
	Health care provider taxes, fees and/or assessments	\$ 56759962	<input type="radio"/> Yes <input type="radio"/> No
Provider donations	Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No
	Intergovernmental transfers (local or county)	\$ 7500000	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	Certified public expenditures	\$ 172415769	<input type="radio"/> Yes <input type="radio"/> No
	Intra-state agency payments/ transfers/ certified public expenditures	\$ 101792962	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	Other financing methods	\$ 19362255	<input type="radio"/> Yes <input type="radio"/> No
	Total	\$ 1211692578	<input type="radio"/> Yes <input type="radio"/> No
Total Amount of Nonfederal Share in 2008	Is the Amount Stated in the Previous Column an Estimate?		<input type="radio"/> Yes <input type="radio"/> No
	Total Amount of Nonfederal Share in 2009	\$ 506187244	<input type="radio"/> Yes <input type="radio"/> No
Payment Sources Used to Finance the Nonfederal Share	State general funds	\$ 506187244	<input type="radio"/> Yes <input type="radio"/> No
	Health care provider taxes, fees and/or assessments	\$ 195112612	<input type="radio"/> Yes <input type="radio"/> No
Provider donations	Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No
	Intergovernmental transfers (local or county)	\$ 6395441	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	Certified public expenditures	\$ 137736413	<input type="radio"/> Yes <input type="radio"/> No
	Intra-state agency payments/ transfers/ certified public expenditures	\$ 75205917	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	Other financing methods	\$ 26330431	<input type="radio"/> Yes <input type="radio"/> No
	Total	\$ 946968061	<input type="radio"/> Yes <input type="radio"/> No
Total Amount of Nonfederal Share in 2009	Is the Amount Stated in the Previous Column an Estimate?		<input type="radio"/> Yes <input type="radio"/> No
	Total Amount of Nonfederal Share in 2009	\$ 506187244	<input type="radio"/> Yes <input type="radio"/> No

If you entered an amount in the "Other financing methods" category in state fiscal year 2008, briefly describe the funding source(s) of the nonfederal share in the box below.

Tobacco Settlement Funds and Provider Refunds.

If you entered an amount in the "Other financing methods" category in state fiscal year 2009, briefly describe the funding source(s) of the nonfederal share in the box below.

Tobacco Settlement Funds and Provider Refunds.

Fee-For-Service Medicaid Payments

State Fiscal Years 2010 & 2011

Fee-For-Service Medicaid Payments		State Fiscal Years 2010 & 2011	
Payment Sources Used to Finance the Nonfederal Share	State general funds	\$ 346369796	<input type="radio"/> Yes <input type="radio"/> No
	Health care provider taxes, fees and/or assessments	\$ 145195000	<input type="radio"/> Yes <input type="radio"/> No
Provider donations	Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No
	Intergovernmental transfers (local or county)	\$ 8639424	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	Certified public expenditures	\$ 84687699	<input type="radio"/> Yes <input type="radio"/> No
	Total	\$ 137974773	<input type="radio"/> Yes <input type="radio"/> No
Total Amount of Nonfederal Share in 2010	Is the Amount Stated in the Previous Column an Estimate?		<input type="radio"/> Yes <input type="radio"/> No
	Total Amount of Nonfederal Share in 2011	\$ 473950403	<input type="radio"/> Yes <input type="radio"/> No
Payment Sources Used to Finance the Nonfederal Share	State general funds	\$ 473950403	<input type="radio"/> Yes <input type="radio"/> No
	Health care provider taxes, fees and/or assessments	\$ 68276275	<input type="radio"/> Yes <input type="radio"/> No
Provider donations	Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No
	Intergovernmental transfers (local or county)	\$ 7493186	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	Certified public expenditures	\$ 137974773	<input type="radio"/> Yes <input type="radio"/> No
	Total	\$ 137974773	<input type="radio"/> Yes <input type="radio"/> No
Total Amount of Nonfederal Share in 2011	Is the Amount Stated in the Previous Column an Estimate?		<input type="radio"/> Yes <input type="radio"/> No
	Total Amount of Nonfederal Share in 2011	\$ 473950403	<input type="radio"/> Yes <input type="radio"/> No

Payment Sources Used to Finance the Nonfederal Share in 2010

Total Amount of Funding for the Nonfederal Share in 2010	\$ 54736313	Is the Amount Stated in the Previous Column an Estimate?
<input type="radio"/> Yes <input type="radio"/> No		
Intra-state agency payments/ transfers/ certified public expenditures	\$ 36356221	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	\$ 675985453	<input type="radio"/> Yes <input type="radio"/> No
Total	\$ 802725437	<input type="radio"/> Yes <input type="radio"/> No

Total Amount of Funding for the Nonfederal Share in 2011

Total Amount of Funding for the Nonfederal Share in 2011	\$ 62327055	Is the Amount Stated in the Previous Column an Estimate?
<input type="radio"/> Yes <input type="radio"/> No		
Intra-state agency payments/ transfers/ certified public expenditures	\$ 52703745	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	\$ 802725437	<input type="radio"/> Yes <input type="radio"/> No
Total	\$ 802725437	<input type="radio"/> Yes <input type="radio"/> No

If you entered an amount in the "Other financing methods" category in state fiscal year 2010, briefly describe the funding source(s) of the nonfederal share in the box below.

Tobacco Settlement Funds and Provider Refunds

Fee-For-Service Medicaid Payments

State Fiscal Year 2012

Total Amount of Funding for the Nonfederal Share in 2012

Total Amount of Funding for the Nonfederal Share in 2012	\$ 518353220	Is the Amount Stated in the Previous Column an Estimate?
<input type="radio"/> Yes <input type="radio"/> No		
State general funds	\$ 74000000	<input type="radio"/> Yes <input type="radio"/> No
Health care provider taxes, fees and/or assessments	\$	<input type="radio"/> Yes <input type="radio"/> No
Provider donations	\$ 7500000	<input type="radio"/> Yes <input type="radio"/> No
Intergovernmental transfers (local or county)	\$ 169617032	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	\$ 77370438	<input type="radio"/> Yes <input type="radio"/> No
Intra-state agency payments/ transfers/ certified public expenditures	\$ 89767370	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	\$ 936608060	<input type="radio"/> Yes <input type="radio"/> No
Total	\$ 936608060	<input type="radio"/> Yes <input type="radio"/> No

If you entered an amount in the "Other financing methods" category in state fiscal year 2012, briefly describe the funding source(s) of the nonfederal share in the box below.

Tobacco Settlement Funds and Provider Refunds

If you entered an amount in the "Other financing methods" category in state fiscal year 2012, briefly describe the funding source(s) of the nonfederal share in the box below.

Tobacco Settlement Funds and Provider Refunds

C4. State Financing of Nonfederal Share from 2008 through 2012: Medicaid DSH Payments

5. In the tables below, please list the amount of funds used to fund the nonfederal share of Medicaid DSH payments for each of the financing methods below for state fiscal years 2008 through 2012. If your state did not use a particular financing source in a particular year, enter "0." Please state whether the information you provided is an estimate by indicating "yes" or "no" in the adjacent column.

Medicaid DSH Payments

State Fiscal Years 2008 & 2009

Payment Sources Used to Finance the Nonfederal Share	Total Amount of Funding for the Nonfederal Share in 2008	Is the Amount Stated in the Previous Column an Estimate?	Payment Sources Used to Finance the Nonfederal Share in 2009	Total Amount of Funding for the Nonfederal Share in 2009	Is the Amount Stated in the Previous Column an Estimate?
State general funds	\$ 832946	<input type="radio"/> Yes <input type="radio"/> No	\$	\$	<input type="radio"/> Yes <input type="radio"/> No
Health care provider taxes, fees and/or assessments	\$ 120237814	<input type="radio"/> Yes <input type="radio"/> No	\$ 119295096		<input type="radio"/> Yes <input type="radio"/> No
Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No	\$		<input type="radio"/> Yes <input type="radio"/> No
Intergovernmental transfers (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No	\$		<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	\$ 11760610	<input type="radio"/> Yes <input type="radio"/> No	\$ 19934437		<input type="radio"/> Yes <input type="radio"/> No
Intra-state agency payments/transfers/ expenditures	\$	<input type="radio"/> Yes <input type="radio"/> No	\$		<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	\$	<input type="radio"/> Yes <input type="radio"/> No	\$		<input type="radio"/> Yes <input type="radio"/> No
Total	\$ 132831370	<input type="radio"/> Yes <input type="radio"/> No	\$ 139229533		<input type="radio"/> Yes <input type="radio"/> No

If you entered an amount in the "Other financing methods" category in state fiscal year 2008, briefly describe the funding source(s) of the nonfederal share in the box below.

If you entered an amount in the "Other financing methods" category in state fiscal year 2009, briefly describe the funding source(s) of the nonfederal share in the box below.

Medicaid DSH Payments

State Fiscal Years 2010 & 2011

Payment Sources Used to Finance the Nonfederal Share	Total Amount of Funding for the Nonfederal Share in 2010	Is the Amount Stated in the Previous Column an Estimate?	Payment Sources Used to Finance the Nonfederal Share in 2011	Total Amount of Funding for the Nonfederal Share in 2011	Is the Amount Stated in the Previous Column an Estimate?
State general funds	\$	<input type="radio"/> Yes <input type="radio"/> No	\$		<input type="radio"/> Yes <input type="radio"/> No
Health care provider taxes, fees and/or assessments	\$ 119792245	<input type="radio"/> Yes <input type="radio"/> No	\$ 130886192		<input type="radio"/> Yes <input type="radio"/> No
Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No	\$		<input type="radio"/> Yes <input type="radio"/> No
Intergovernmental transfers (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No	\$		<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	\$ 7209693	<input type="radio"/> Yes <input type="radio"/> No	\$ 16987123		<input type="radio"/> Yes <input type="radio"/> No
Intra-state agency payments/transfers/	\$	<input type="radio"/> Yes <input type="radio"/> No	\$		<input type="radio"/> Yes <input type="radio"/> No

Payment Sources Used to Finance the Nonfederal Share in 2010 Total Amount of Funding for the Nonfederal Share in 2010		\$ 127001938 <input type="radio"/> Yes <input checked="" type="radio"/> No		Payment Sources Used to Finance the Nonfederal Share in 2011 Total Amount of Funding for the Nonfederal Share in 2011		\$ 147873316 <input type="radio"/> Yes <input checked="" type="radio"/> No	
certified public expenditures Other financing methods		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No	
Total \$ 127001938 <input type="radio"/> Yes <input checked="" type="radio"/> No				Total \$ 147873316 <input type="radio"/> Yes <input checked="" type="radio"/> No			

If you entered an amount in the "Other financing methods" category in state fiscal year 2010, briefly describe the funding source(s) of the nonfederal share in the box below.

If you entered an amount in the "Other financing methods" category in state fiscal year 2011, briefly describe the funding source(s) of the nonfederal share in the box below.

Medicaid DSH Payments

State Fiscal Year 2012

Payment Sources Used to Finance the Nonfederal Share in 2012 Total Amount of Funding for the Nonfederal Share in 2012		\$ 121837593 <input type="radio"/> Yes <input checked="" type="radio"/> No		Payment Sources Used to Finance the Nonfederal Share in 2012 Total Amount of Funding for the Nonfederal Share in 2012		\$ 121837593 <input type="radio"/> Yes <input checked="" type="radio"/> No	
State general funds Health care provider taxes, fees and/or assessments		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No	
Provider donations Intergovernmental transfers (local or county)		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No	
Certified public expenditures (local or county) Intra-state agency payments/ transfers/ certified public expenditures		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No	
Other financing methods Total \$ 137505528 <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/> \$ <input type="radio"/> Yes <input checked="" type="radio"/> No	

If you entered an amount in the "Other financing methods" category in state fiscal year 2012, briefly describe the funding source(s) of the nonfederal share in the box below.

C4. State Financing of Nonfederal Share from 2008 through 2012: Medicaid DSH Payments (Continued)

5a. During 2008 through 2012, did your state implement any new Medicaid DSH payments?

☐ Yes

☒ No (GO TO QUESTION 6)

5b. In the drop-down boxes below, for each category of service and year, please report whether your state implemented a new payment and if so, the type of provider receiving the payment. If your state did not implement a new payment, please select "No new DSH payment." If your state did implement a new Medicaid payment, please indicate the type of provider by selecting one of the following options: "Government," "Private," or "Both government and private."

Category of service for Medicaid DSH payments		2008		2009		2010		2011		2012	
Inpatient hospital services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outpatient hospital services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicaid DSH payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you selected a provider type in the "Other" category of service for Medicaid DSH payments in state fiscal year 2008, briefly describe the category of service.	<input type="text"/>
If you selected a provider type in the "Other" category of service for Medicaid DSH payments in state fiscal year 2009, briefly describe the category of service.	<input type="text"/>
If you selected a provider type in the "Other" category of service for Medicaid DSH payments in state fiscal year 2010, briefly describe the category of service.	<input type="text"/>
If you selected a provider type in the "Other" category of service for Medicaid DSH payments in state fiscal year 2011, briefly describe the category of service.	<input type="text"/>
If you selected a provider type in the "Other" category of service for Medicaid DSH payments in state fiscal year 2012, briefly describe the category of service.	<input type="text"/>

C5. State Financing of Nonfederal Share from 2008 through 2012: Other Medicaid Payments, Including Supplemental Payments Made under the UPL, Special Funding Pool Payments Made under Medicaid Demonstrations, and Episodic or Bundled Payments

6. In the tables below, please list the amount of funds used to fund the nonfederal share of other Medicaid payments, including supplemental payments made under the Upper Payment Limit (UPL), special funding pool payments made under Medicaid demonstrations, and episodic or bundled payments for each financing method below for state fiscal years 2008 through 2012. If your state did not use a particular financing source in a particular year, enter "0." Please state whether the information you provided is an estimate by indicating "yes" or "no" in the adjacent column.

Other Medicaid Payments, Including Supplemental Payments Made under the UPL, Special Funding Pool Payments Made under Medicaid Demonstrations, and Episodic or Bundled Payments

State Fiscal Years 2008 & 2009

Payment Sources Used to Finance the Nonfederal Share	Total Amount of Funding for the Nonfederal Share in 2008	State general funds	Health care provider taxes, fees and/or assessments	Provider donations	Intergovernmental transfers (local or county)	Certified public expenditures (local or county)	Intra-state agency payments/ transfers/ certified public expenditures	Other financing methods	Total
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
\$ 20259649	\$ 20610191	\$ 20259649	\$ 20610191	\$ 20259649	\$ 20610191	\$ 20259649	\$ 20610191	\$ 20259649	\$ 20610191
Is the Amount Stated in the Previous Column an Estimate?	Total Amount of Funding for the Nonfederal Share in 2009	State general funds	Health care provider taxes, fees and/or assessments	Provider donations	Intergovernmental transfers (local or county)	Certified public expenditures (local or county)	Intra-state agency payments/ transfers/ certified public expenditures	Other financing methods	Total

If you entered an amount in the "Other financing methods" category in state fiscal year 2008, briefly describe the funding source(s) of the nonfederal share in the box below.

If you entered an amount in the "Other financing methods" category in state fiscal year 2009, briefly describe the funding source(s) of the nonfederal share in the box below.

Other Medicaid Payments, Including Supplemental Payments Made under the UPL, Special Funding Pool Payments Made under Medicaid Demonstrations, and Episodic or Bundled Payments

State Fiscal Years 2010 & 2011

Payment Sources Used to Finance the Nonfederal Share	Total Amount of Funding for the Nonfederal Share in 2010	State general funds	Health care provider taxes, fees and/or assessments	Provider donations	Intergovernmental transfers (local or county)	Certified public expenditures (local or county)	Intra-state agency payments/ transfers/ certified public expenditures	Other financing methods	Total
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
\$ 10202934	\$ 29651891	\$ 10202934	\$ 29651891	\$ 10202934	\$ 29651891	\$ 10202934	\$ 29651891	\$ 10202934	\$ 29651891
Is the Amount Stated in the Previous Column an Estimate?	Total Amount of Funding for the Nonfederal Share in 2011	State general funds	Health care provider taxes, fees and/or assessments	Provider donations	Intergovernmental transfers (local or county)	Certified public expenditures (local or county)	Intra-state agency payments/ transfers/ certified public expenditures	Other financing methods	Total

Other Medicaid Payments, Including Supplemental Payments Made under the UPL, Special Funding Pool Payments Made under Medicaid Demonstrations, and Episodic or Bundled Payments

State Fiscal Years 2012

Payment Sources Used to Finance the Nonfederal Share in 2012	Total Amount of Funding for the Nonfederal Share in 2012	Is the Amount Stated in the Previous Column an Estimate?
State general funds	\$ 19189637	<input type="radio"/> Yes <input type="radio"/> No
Health care provider taxes, fees and/or assessments	\$	<input type="radio"/> Yes <input type="radio"/> No
Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No
Intergovernmental transfers (local or county)	\$ 5941709	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No
Intra-state agency payments/ transfers/ certified public expenditures	\$	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	\$	<input type="radio"/> Yes <input type="radio"/> No
Total	\$ 25131346	<input type="radio"/> Yes <input type="radio"/> No

If you entered an amount in the "Other financing methods" category in state fiscal year 2012, briefly describe the funding source(s) of the nonfederal share in the box below.

If you entered an amount in the "Other financing methods" category in state fiscal year 2011, briefly describe the funding source(s) of the nonfederal share in the box below.

If you entered an amount in the "Other financing methods" category in state fiscal year 2010, briefly describe the funding source(s) of the nonfederal share in the box below.

Payment Sources Used to Finance the Nonfederal Share in 2010	Total Amount of Funding for the Nonfederal Share in 2010	Is the Amount Stated in the Previous Column an Estimate?
Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No
Intergovernmental transfers (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No
Intra-state agency payments/ transfers/ certified public expenditures	\$	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	\$	<input type="radio"/> Yes <input type="radio"/> No
Total	\$ 10202934	<input type="radio"/> Yes <input type="radio"/> No

Payment Sources Used to Finance the Nonfederal Share in 2011	Total Amount of Funding for the Nonfederal Share in 2011	Is the Amount Stated in the Previous Column an Estimate?
Provider donations	\$	<input type="radio"/> Yes <input type="radio"/> No
Intergovernmental transfers (local or county)	\$ 3912250	<input type="radio"/> Yes <input type="radio"/> No
Certified public expenditures (local or county)	\$	<input type="radio"/> Yes <input type="radio"/> No
Intra-state agency payments/ transfers/ certified public expenditures	\$	<input type="radio"/> Yes <input type="radio"/> No
Other financing methods	\$	<input type="radio"/> Yes <input type="radio"/> No
Total	\$ 33564141	<input type="radio"/> Yes <input type="radio"/> No

C5. State Financing of Nonfederal Share from 2008 through 2012: Other Medicaid Payments, Including Supplemental Payments Made under the UPL, Special Funding Pool Payments Made under Medicaid Demonstrations, and Episodic or Bundled Payments (Continued)

6a. Please indicate the types of Medicaid payments which were funded by the payment sources you provided in question 6. Select all that apply for each year.

Type of Medicaid Payment	2008	2009	2010	2011	2012
Supplemental payments made under the UPL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medicaid payments made from special funding pools created under Medicaid demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Episodic or bundled Medicaid payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid GME payments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other Medicaid payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected the "Other Medicaid payments" category in state fiscal year 2008, briefly describe the Medicaid payment(s) which were funded in the box below.

If you selected the "Other Medicaid payments" category in state fiscal year 2009, briefly describe the Medicaid payment(s) which were funded in the box below.

If you selected the "Other Medicaid payments" category in state fiscal year 2010, briefly describe the Medicaid payment(s) which were funded in the box below.

If you selected the "Other Medicaid payments" category in state fiscal year 2011, briefly describe the Medicaid payment(s) which were funded in the box below.

If you selected the "Other Medicaid payments" category in state fiscal year 2012, briefly describe the Medicaid payment(s) which were funded in the box below.

C5. State Financing of Nonfederal Share from 2008 through 2012: Other Medicaid Payments, Including Supplemental Payments Made under the UPL, Special Funding Pool Payments Made under Medicaid Demonstrations, and Episodic or Bundled Payments (Continued)

6b. During 2008 through 2012, did your state implement any new UPL payments?

☐ Yes

☐ No GO TO QUESTION 6d

6c. In the drop-down boxes below, for each category of service and year, please report whether your state implemented a new UPL payment and if so, the type of provider receiving the payment. (If your state did not implement a new UPL payment, please select "no new UPL payment". If your state did implement a new UPL payment, please indicate the type of provider by selecting one of the following options: "Government," "Private," or "Both government and private.")

Category of service for UPL payment	2008	2009
Inpatient hospital services	Please select from list	Please select from list
Outpatient hospital services	Please select from list	Please select from list
Nursing facility services	Please select from list	Please select from list
Physician and surgical services	Please select from list	Please select from list
Other practitioners' services	Please select from list	Please select from list
Intermediate care facility services	Please select from list	Please select from list
Other	Please select from list	Please select from list

Category of service for UPL payment	2010	2011	2012
Inpatient hospital services	Please select from list	Please select from list	Please select from list
Outpatient hospital services	Please select from list	Please select from list	Please select from list
Nursing facility services	Please select from list	Please select from list	Please select from list
Physician and surgical services	Please select from list	Please select from list	Please select from list
Other practitioners' services	Please select from list	Please select from list	Please select from list
Intermediate care facility services	Please select from list	Please select from list	Please select from list
Other	Please select from list	Please select from list	Please select from list

If you selected a provider type in the "Other" category of service for UPL payments in state fiscal year 2008, briefly describe the category of service.

If you selected a provider type in the "Other" category of service for UPL payments in state fiscal year 2009, briefly describe the category of service.

If you selected a provider type in the "Other" category of service for UPL payments in state fiscal year 2010, briefly describe the category of service.

If you selected a provider type in the "Other" category of service for UPL payments in state fiscal year 2011, briefly describe the category of service.

If you selected a provider type in the "Other" category of service for UPL payments in state fiscal year 2012, briefly describe the category of service.

C5. State Financing of Nonfederal Share from 2008 through 2012: Other Medicaid Payments, Including Supplemental Payments Made under the UPL, Special Funding Pool Payments Made under Medicaid Demonstrations, and Episodic or Bundled Payments (Continued)

6d. During 2008 through 2012, did your state implement any new "Other Medicaid payments"?

☐ Yes

☐ No (GO TO QUESTION 7)

6e. In the drop-down boxes below, for each type of Medicaid payment and year, please report whether your state implemented a new Medicaid payment and if so, the type of provider receiving the payment. (If your state did not implement a new Medicaid payment, please select "No new other Medicaid payment". If your state did implement a new Medicaid payment, please indicate the type of provider by selecting one of the following options: "Government", "Private", or "Both government and private".)

Type of Medicaid payment	2008	2009
Medicaid payments made from special funding pools created under Medicaid demonstrations	Please select from list	Please select from list
Episodic or bundled Medicaid payments	Please select from list	Please select from list
Medicaid GME payments	Please select from list	Please select from list
Other Medicaid payments	Please select from list	Please select from list

Type of Medicaid payment	2010	2011	2012
Medicaid payments made from special funding pools created under Medicaid demonstrations	Please select from list	Please select from list	Please select from list
Episodic or bundled Medicaid payments	Please select from list	Please select from list	Please select from list
Medicaid GME payments	Please select from list	Please select from list	Please select from list
Other Medicaid payments	Please select from list	Please select from list	Please select from list

If you selected a provider type in the "Other Medicaid payments" category in state fiscal year 2008, briefly describe the Medicaid payment(s) which were funded in the box below.

If you selected a provider type in the "Other Medicaid payments" category in state fiscal year 2009, briefly describe the Medicaid payment(s) which were funded in the box below.

If you selected a provider type in the "Other Medicaid payments" category in state fiscal year 2010, briefly describe the Medicaid payment(s) which were funded in the box below.

If you selected a provider type in the "Other Medicaid payments" category in state fiscal year 2011, briefly describe the Medicaid payment(s) which were funded in the box below.

If you selected a provider type in the "Other Medicaid payments" category in state fiscal year 2012, briefly describe the Medicaid payment(s) which were funded in the box below.

D. Provider Taxes, Fees, and/or Assessments from 2008 through 2012

7. Please complete the following questions for each type of health care provider subject to tax, fee, or assessment during 2008 through 2012. For each provider tax, we ask that you respond to these questions separately. Below, we provided room to respond to four different types of provider taxes (7a, 7b, 7c and 7d.) (For example, a hospital tax can be reported under 7a and nursing home tax can be reported under 7b. If there is more than one health care provider tax for a specific provider type, please report them separately. For example, if there are two different provider taxes for inpatient hospitals, please report one inpatient hospital provider tax in 7a and the other inpatient hospital provider tax in 7b. If you have more than four taxes to report, please contact us by sending an e-mail to state Medicaid financing@gao.gov.

a) Provider type subject to paying the taxes, fees, or assessments
click [here](#) for a defined list of the provider types eligible for provider tax arrangements.

Inpatient hospital services

Please answer the following questions for the above provider type

i. How is the tax rate, fee amount, or assessment being applied (for example, to a service provided or payment for services, such as percentage of net patient services revenues or dollar amount per bed day)?

A percentage of net patient services revenues.

ii. For this provider type (listed in 7a), please identify for each year the rate or amount of the tax, fee, or assessment. (For years where there was no tax, fee, or assessment, please enter "0.")

2008 26400000

New

Was this an existing or new tax, fee, or assessment in 2008?

2009 264000000

2010 264000000

2011 264000000

2012 264000000

iii. How was the revenue from tax, fee, or assessment used by the state? Please identify below the type(s) of Medicaid payments or other purposes for which the revenue was used.

(CHECK ALL THAT APPLY)

- ☒ Capitation payments to managed care organizations
- ☒ Fee-for-service Medicaid payments
- ☒ Medicaid DSH payments
- ☒ Other Medicaid payments, including supplemental payments made under the UPL, special funding pool payments made under Medicaid demonstrations, and episodic or bundled payments
- ☐ Avoiding cuts in benefits or services
- ☐ Expanding benefits or services
- ☐ Other

iv. If you responded "other" for the question above, please explain how the revenue was used.

v. If you would like to share any other comments or clarification on this provider tax, fee, or assessment, you may do so in the space provided.

b) Provider type subject to paying the taxes, fees, or assessments

click [here](#) for a defined list of the provider types eligible for provider tax arrangements.

Nursing facility services

Please answer the following questions for the above provider type

i. How is the tax rate, fee amount, or assessment being applied (for example, to a service provided or payment for services, such as percentage of net patient services revenues or dollar amount per bed day)?

ii. For this provider type (listed in 7b), please identify for each year the rate or amount of the tax, fee, or assessment. (For years where there was no tax, fee, or assessment, please enter "0.")

2008

Was this an existing or new tax, fee, or assessment in 2008?

2009

2010

2011

2012

iii. How was the revenue from tax, fee, or assessment used by the state? Please identify below the type(s) of Medicaid payments or other purposes for which the revenue was used.

(CHECK ALL THAT APPLY)

☐ Capitation payments to managed care organizations

☐ Fee-for-service Medicaid payments

☐ Medicaid DSH payments

☐ Other Medicaid payments, including supplemental payments made under the UPL, special funding pool payments made under Medicaid demonstrations, and episodic or bundled payments

☒ Avoiding cuts in benefits or services

☐ Expanding benefits or services

☐ Other

iv. If you responded "other" for the question above, please explain how the revenue was used.

v. If you would like to share any other comments or clarification on this provider tax, fee, or assessment, you may do so in the space provided.

c) Provider type subject to paying the taxes, fees, or assessments

click [here](#) for a defined list of the provider types eligible for provider tax arrangements.

Please answer the following questions for the above provider type

i. How is the tax rate, fee amount, or assessment being applied (for example, to a service provided or payment for services, such as percentage of net patient services revenues or dollar amount per bed day)?

ii. For this provider type (listed in 7c), please identify for each year the rate or amount of the tax, fee, or assessment. (For years where there was no tax, fee, or assessment, please enter "0.")

2008 ☐

Was this an existing or new tax, fee, or assessment in 2008?

2009 ☐

2010 ☐

2011 ☐

2012 ☐

iii. How was the revenue from tax, fee, or assessment used by the state? Please identify below the type(s) of Medicaid payments or other purposes for which the revenue was used.

(CHECK ALL THAT APPLY)

☐ Capitation payments to managed care organizations

☐ Fee-for-service Medicaid payments

☐ Medicaid DSH payments

☐ Other Medicaid payments, including supplemental payments made under the UPL, special funding pool payments made under Medicaid demonstrations, and episodic or bundled payments

☐ Avoiding cuts in benefits or services

☐ Expanding benefits or services

☐ Other

iv. If you responded "other" for the question above, please explain how the revenue was used.

v. If you would like to share any other comments or clarification on this provider tax, fee, or assessment, you may do so in the space provided.

d) Provider type subject to paying the taxes, fees, or assessments
click here for a defined list of the provider types eligible for provider tax arrangements.

Please select from list

Please answer the following questions for the above provider type

i. How is the tax rate, fee amount, or assessment being applied (for example, to a service provided or payment for services, such as percentage of net patient services revenues or dollar amount per bed day)?

ii. For this provider type (listed in 7d), please identify for each year the rate or amount of the tax, fee, or assessment. (For years where there was no tax, fee, or assessment, please enter "0.")

Was this an existing or new tax, fee, or assessment in 2008?

☐

Please select from list

☐

2009

☐

2010

☐

2011

☐

2012

iii. How was the revenue from tax, fee, or assessment used by the state? Please identify below the type(s) of Medicaid payments or other purposes for which the revenue was used.
(CHECK ALL THAT APPLY)

- ☐ Capitation payments to managed care organizations
- ☐ Fee-for-service Medicaid payments
- ☐ Medicaid DSH payments
- ☐ Other Medicaid payments, including supplemental payments made under the UPL, special funding pool payments made under Medicaid demonstrations, and episodic or bundled payments
- ☐ Avoiding cuts in benefits or services
- ☐ Expanding benefits or services
- ☐ Other

iv. If you responded "other" for the question above, please explain how the revenue was used.

v. If you would like to share any other comments or clarification on this provider tax, fee, or assessment, you may do so in the space provided.

Final Comments

8. If there are any other comments you would like to share about the issues covered in this data collection instrument, please provide them below.

Contact Information

Please provide contact information for the person(s) who completed this survey in case we have a question about the information your organization provided.

Name: Milton German
 Title: Associate Finance Director
 Phone #: 803-898-1051
 Email: German@SCDHHD.GOV

Name: ☐
 Title: ☐
 Phone #: ☐
 Email: ☐

Submit your responses to GAO

This completes our survey. Are you ready to submit your final completed survey to GAO?

- ☒ Yes, my survey is complete - To submit your final responses, please click on "Exit" below
- ☐ No, my survey is not yet complete - To save your responses for later, please click on "Exit" below

You may view and print your completed survey by clicking on the Summary link in the menu to the left.

[Print this Page](#)

[Close](#)

