

FW: FW: New Proposal - Alaska revising 2023 TMAC Plan

From: "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
To: "McGuire, Frankeena (CMS/CMCS)" <frankeena.mcguire@cms.hhs.gov>
Date: Mon, 22 Apr 2024 11:47:33 +0000
Attachments: RE_ Alaska Tribal Medicaid Administrative Claim....pdf (349.27 kB)

FYI

From: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>
Sent: Friday, April 19, 2024 9:12 AM
To: Raymundo, Joe (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>
Cc: Redlinski, Justyna (CMS/CMCS) <Justyna.Redlinski@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Prehmus, Barbara (CMS/CMCS) <Barbara.Prehmus@cms.hhs.gov>
Subject: FYI: New Proposal - Alaska revising 2023 TMAC Plan

Good morning all,

Please be advised that Alaska will be submitting a new amendment request to update their 2023 approval. Alaska is updating as they indicate the demand for the outreach currently authorized is not sufficient as initially requested – the revised proposal may come in as early as today by COB.

I will forward the proposal to this team that was involved in the review and approval of the Alaska TMAC last year. Please let me know if there are others that may need to participate in the review.

Attached is the 2023 Alaska TMAC for your reference.

Respectfully,

Maria Garza

Maria Garza
Health Insurance Specialist - **Alaska State Lead & Acting Oregon State Lead**
Medicaid & CHIP Operations Group
Division of Program Operations – West Branch
Centers for Medicare & Medicaid Services
Office: (206) 615-2542 | fax: (443) 380-6147 |
email: maria.garza@cms.hhs.gov

*Alternative Work Schedule| Mondays-Fridays 6:00am to 3:30pm PST (2nd & 4th Fridays OFF)

From: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>
Sent: Tuesday, May 30, 2023 12:18 PM
To: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>
Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Thank you Joe. This is good news and I am happy to inform the SMD of the pending official notification.

Regards, Maria

From: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>
Sent: Tuesday, May 30, 2023 8:10 AM
To: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS)

<Cynthia.Gillaspie@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Hi all.

FMG leadership is ok with proposal and our issue brief. You can tell AK to expect a formal approval letter this week originating from DRR.

-Joe

From: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>

Sent: Thursday, May 25, 2023 10:51 AM

To: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Thanks for the update Joe.

Alaska is anxiously awaiting FMG leadership decision as to the acceptance/approval of their proposal. It is my understanding from SMD that she raised this pending decision with Ann Marie and leadership during NAMD and was planning on sending an email on Friday to check on status. They want to move forward with this collaboration asap, appreciate the work on this matter.

I understand FMG was in Baltimore this week so I appreciate your status update and hope to hear back soon.

Respectfully, Maria (Alaska State Lead)

From: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>

Sent: Thursday, May 25, 2023 7:41 AM

To: Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Hi all.

I just pinged FMG leadership for an update on whether they concurrence on our recommendation.

-Joe

From: Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>

Sent: Thursday, May 25, 2023 10:13 AM

To: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Thanks Maria. Just a reminder that this is a process the State proposed for Unwinding so time is of the essence.

Cyndi Gillaspie

Technical Director
Centers for Medicaid and CHIP Services
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
Phone (720)347-8661

From: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>
Sent: Thursday, May 25, 2023 8:11 AM
To: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>
Subject: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Good Morning Joe

The state is anxious to move forward with their unwinding activities and seek an update on the TMAC decision. Appreciate any status update to share or just to know internally where we are in finalizing this decision. Please let me know if any additional information is needed or if you want to speak with the state directly to obtain some additional clarifications.

Respectfully,

Maria Garza

Maria Garza
Health Insurance Specialist - **Alaska State Lead**
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group | Division of Program Operations – West Branch
Office: (206) 615-2542 | fax: (443) 380-6147 |
email: maria.garza@cms.hhs.gov

*Alternative Work Schedule| Mondays-Fridays 6:00am to 3:30pm PST (2nd & 4th Fridays OFF)

From: Garza, Maria (CMS/CMCS)
Sent: Wednesday, May 17, 2023 11:15 AM
To: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>
Subject: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Good Morning Joe

FYI: Alaska SMD is at NAMD this week and on her agenda is to ask about their TMAC request. I know the team was planning to review on Tuesday and I wanted to follow up to see if I can offer any update to the state. I look forward to hearing back or if your team wants to share its information with the Deputy Commissioner, Emily Ricci, directly you can reach her at emily.ricci@alaska.gov. The state has begun unwinding efforts and would like to have this CMS decision to initiate their discussions with the tribes.

Thanks to all those who are reviewing this proposal. I look forward to hearing back if the team has arrived at a decision or if there are additional steps to meet before review is complete.

Respectfully, Maria

From: Garza, Maria (CMS/CMCS)
Sent: Thursday, May 11, 2023 7:17 AM
To: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>
Subject: RE: Alaska's proposed TMAC Plan amendment

Thanks Joe

Appreciate the update and will continue to communicate to the state that this is under review and will be in touch next week with any update shared by FMG.

Regards, Maria

From: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>
Sent: Thursday, May 11, 2023 7:12 AM
To: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>
Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Maria.

Time has run out on the last couple calls so we haven't been able to present it. We're at the top of the list next Tuesday. We've also passed around an issue paper on it for FMG leadership's and OGD's awareness.

-Joe

From: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>
Sent: Wednesday, May 10, 2023 11:07 AM
To: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>
Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Joe

Any news on the FMG team presentation from yesterday and any next steps for the Alaska TMAC proposal?

Respectfully, Maria

From: Garza, Maria (CMS/CMCS)
Sent: Friday, May 5, 2023 12:15 PM
To: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>
Subject: RE: Alaska's proposed TMAC Plan amendment

Joe many thanks for this update we look forward to hearing back after your presentation.

Respectfully, Maria

From: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>

Sent: Friday, May 5, 2023 11:33 AM

To: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Maria.

We are presenting our recommendation on Tuesday's 3:4 FMG call. We will hopefully have a decision from leadership afterwards.

-Joe

From: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>

Sent: Friday, May 5, 2023 2:01 PM

To: Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Joe

Wondering if the financial team has a decision for Alaska. They are eagerly waiting on this decision to formalize their partnership with the tribes. Appreciate any update on the status of the review.

Respectfully,

Maria Garza

Maria Garza

Health Insurance Specialist - **Alaska State Lead**

Centers for Medicare & Medicaid Services

Medicaid & CHIP Operations Group | Division of Program Operations – West Branch

Office: (206) 615-2542 | fax: (443) 380-6147 |

email: maria.garza@cms.hhs.gov

*Alternative Work Schedule| Mondays-Fridays 6:00am to 3:30pm PST (2nd & 4th Fridays OFF)

From: Garza, Maria (CMS/CMCS)

Sent: Monday, April 24, 2023 2:56 PM

To: Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: RE: Alaska's proposed TMAC Plan amendment

Good Morning

Alaska is asking if we may have some feedback for them on this request. They are anxious as unwinding is underway and they would like to know if CMS has any concerns regarding this request or if it might have some final guidance to allow them to move forward.

Appreciate any information on the leadership discussion on any remaining concerns-questions to share with the state.

Respectfully, Maria

From: Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>
Sent: Thursday, April 20, 2023 9:39 AM
To: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>
Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Maria-

I think Joe Raymundo is planning on raising to leadership....

Stephanie

Stephanie Kaminsky | Senior Policy Advisor, Financial Management Group | CENTERS FOR MEDICARE & MEDICAID SERVICES | desk
410.786.4653 | cell (b)(6) | email: stephanie.kaminsky@cms.hhs.gov

From: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>
Sent: Thursday, April 20, 2023 11:52 AM
To: Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>
Subject: FW: Alaska's proposed TMAC Plan amendment

Good morning Stephanie, at.el

Please advise on the status of the financial review of this proposal. The last response from Alaska was on April 10th so I am following up as to next steps.

If the team would like to meet with the state one more time before finalizing a decision, I am happy to coordinate this discussion or if you need additional clarification from the state let me know.

Respectfully, Maria

From: Beaulieu, Emily A (DOH) <emily.beaulieu@alaska.gov>
Sent: Monday, April 10, 2023 3:06 PM
To: Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>
Cc: Moon, Clarissa S (DOH) <clarissa.moon@alaska.gov>; Gayhart, Renee A (DOH) <renee.gayhart@alaska.gov>; Walker, Jamie E (DOH) <jamie.walker@alaska.gov>; Etheridge, Deb J (DOH) <deb.etheridge@alaska.gov>; Sherwood, Jon M (DOH) <jon.sherwood@alaska.gov>; Ricci, Emily K (DOH) <emily.ricci@alaska.gov>; Serpette, Terra E (DOH) <terra.serpette@alaska.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>
Subject: RE: Alaska's proposed TMAC Plan amendment

Good afternoon, Stephanie and team,

The state responses to your questions are below. If further clarification is needed, please let me know.

Thank you,

Emily

From: Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>
Sent: Thursday, April 6, 2023 8:19 AM
To: Beaulieu, Emily A (DOH) <emily.beaulieu@alaska.gov>; Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS)

<Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>

Cc: Moon, Clarissa S (DOH) <clarissa.moon@alaska.gov>; Gayhart, Renee A (DOH) <renee.gayhart@alaska.gov>; Walker, Jamie E (DOH) <jamie.walker@alaska.gov>; Etheridge, Deb J (DOH) <deb.etheridge@alaska.gov>; Sherwood, Jon M (DOH) <jon.sherwood@alaska.gov>; Ricci, Emily K (DOH) <emily.ricci@alaska.gov>; Serpette, Terra E (DOH) <terra.serpette@alaska.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>

Subject: RE: Alaska's proposed TMAC Plan amendment

Thanks Emily- that is helpful.

Two more questions:

1. When you say that the suspension of MMIS records is to allow more tribes to participate, I am not sure I am following. Don't all Tribes use the MMIS to submit claims to Medicaid?

Yes, all tribes use MMIS and the ASO to submit service claims. The temporary revision in TMAC process will have no impact on service claims submission. The state would like to waive the need to verify that a service claim was submitted in order to claim the administrative amount. During the temporary process, tribes would be able to submit all members receiving an activity that falls within the approved list of TMAC initiatives.

2. I thought I understood from the call that the state is proposing to pay for administrative activities targeted to individuals who may not be Medicaid eligible- i.e., outreach activities. Is that correct?

Yes, this is correct.

Why doesn't the state pay Tribes for that type of outreach today?

The state currently does pay for outreach activities as defined in the linkage plan. It states that a service claim reconciliation/ audit process must be conducted via the TMAC attestation report. A summary of the process below, with a request to waive c/d during the term of the redetermination process:

- a. Ensure member exists in MMIS (i.e., member has a matching name and DOB, and assigned a Medicaid ID),
- b. Remove duplicate members from the TMAC attestation report,
- c. Verify initially if member has a service claim within the submission quarter, and
- d. At the end of each 12-month timely filing period, perform another audit and reconcile/match the member list with claims in MMIS. This allows Alaska Medicaid to determine if there are any recoupments and that fees are offset against TMAC payments issued for the quarter.

Thanks,
Stephanie

Stephanie Kaminsky | Senior Policy Advisor, Financial Management Group | CENTERS FOR MEDICARE & MEDICAID SERVICES | desk
410.786.4653 | cell (b)(6) | email: stephanie.kaminsky@cms.hhs.gov

From: Beaulieu, Emily A (DOH) <emily.beaulieu@alaska.gov>

Sent: Tuesday, April 4, 2023 2:41 PM

To: Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>

Cc: Moon, Clarissa S (DOH) <clarissa.moon@alaska.gov>; Gayhart, Renee A (DOH) <renee.gayhart@alaska.gov>; Walker, Jamie E (DOH) <jamie.walker@alaska.gov>; Etheridge, Deb J (DOH) <deb.etheridge@alaska.gov>; Sherwood, Jon M (DOH) <jon.sherwood@alaska.gov>; Ricci, Emily K (DOH) <emily.ricci@alaska.gov>; Serpette, Terra E (DOH) <terra.serpette@alaska.gov>

Subject: RE: Alaska's proposed TMAC Plan amendment

Good afternoon, Stephanie, and all,

I added responses to the questions (blue font) below.

Please let me know if there are additional questions.

Thank you,

Emily

From: Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>

Sent: Monday, April 3, 2023 12:05 PM

To: Beaulieu, Emily A (DOH) <emily.beaulieu@alaska.gov>; Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Heitt,

Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>

Cc: Moon, Clarissa S (DOH) <clarissa.moon@alaska.gov>; Gayhart, Renee A (DOH) <renee.gayhart@alaska.gov>; Walker, Jamie E (DOH) <jamie.walker@alaska.gov>; Etheridge, Deb J (DOH) <deb.etheridge@alaska.gov>; Sherwood, Jon M (DOH) <jon.sherwood@alaska.gov>; Ricci, Emily K (DOH) <emily.ricci@alaska.gov>; Serpette, Terra E (DOH) <terra.serpette@alaska.gov>

Subject: RE: Alaska's proposed TMAC Plan amendment

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Emily-

Than you very much for this information.

A couple of questions:

1. When we spoke a couple of weeks ago, I thought I understood that the state was going to change its methodology for Tribal administrative activities- by multiplying the outreach rate by the number of applications/renewals received. However, I only saw language in the attached that seemed to still multiply the admin rate by the number of Tribal members. Can you help me understand better? Section III states, "TMAC payment will be at the current rate for FFY23 (10/1/22 – 9/30/23) which is \$15.58 per unduplicated member per quarter." Besides adding Tribes that did not participate in the original time study, how is this payment approach any different than what AK does today?

In the current process, tribes are paid for each unduplicated member included in the TMAC attestation report if the tribes performed an approved TMAC activity with or on behalf of the member and if the member has a supporting claim submitted in MMIS. Each unduplicated member is paid at \$15.58 per quarter.

During the redetermination period/temporary change in TMAC process, the methodology/requirement remains the same except for the need to match each unduplicated member with a submitted claim in MMIS. This step in the process will be suspended for the time being to allow more tribes to participate in the program and to ease the administrative burden on tribal and state for requiring the claims submission.

2. You have also provided your PACAP to us. However, I did not see any changes in the PACAP. Were you planning on making any or were you just providing as background?

There are no changes to the PACAP at this time. The document was provided as background.

Thank you!

Stephanie

Stephanie Kaminsky | Senior Policy Advisor, Financial Management Group | CENTERS FOR MEDICARE & MEDICAID SERVICES | desk 410.786.4653 | cell (b)(6) | email: stephanie.kaminsky@cms.hhs.gov

From: Beaulieu, Emily A (DOH) <emily.beaulieu@alaska.gov>

Sent: Wednesday, March 22, 2023 9:03 PM

To: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>

Cc: Moon, Clarissa S (DOH) <clarissa.moon@alaska.gov>; Gayhart, Renee A (DOH) <renee.gayhart@alaska.gov>; Walker, Jamie E (DOH) <jamie.walker@alaska.gov>; Etheridge, Deb J (DOH) <deb.etheridge@alaska.gov>; Sherwood, Jon M (DOH) <jon.sherwood@alaska.gov>; Ricci, Emily K (DOH) <emily.ricci@alaska.gov>; Serpette, Terra E (DOH) <terra.serpette@alaska.gov>

Subject: Alaska's proposed TMAC Plan amendment

Good afternoon, Maria, and CMS team,

The Alaska Department of Health (department) and Alaska Tribal Health System partners are collaborating on efforts to ensure the success of the unwinding redetermination efforts. The department is seeking approval of a proposed amendment to the Tribal Administrative Medicaid Claiming (TMAC) plan.

Please review the following attached documents.

1. "RE: Tribal Medicaid Administrative Claiming (TMAC) – Revised Outreach and Linkage Plan – Information Requested"
 - The department found a record of a 10/10/2018 approval of the most recent TMAC Plan from 2018. The proposed amendments are on the redline version of the approved 2018 TMAC Plan.
2. "Tribal-Medicaid-Outreach-and Linkage-Plan-Complete-FFY19_Q1 (03.21.23)" Addendums A, B, D, E, and F are included in this document.
 - Proposed revisions include
 - updated department logo,
 - updated department name and acronym,
 - correction of minor typos and punctuation changes, and
 - added section VI which includes proposed temporary changes to TMAC process during redetermination period.
3. "AKDHSS PACAP (USDHHS approved 02.15.22)"
 - No proposed changes.

CMS is reviewing a request for additional months to complete redeterminations. If the request is approved, the department also asks to extend the timeframe for the proposed TMAC amendment.

The department appreciates CMS's consideration of the proposal and looks forward to your response.

Thank you,

Emily

Emily Beaulieu
Medicaid State Plan Coordinator
Department of Health – Commissioner's Office
3601 C Street, Suite 902
Anchorage, AK 99503
Phone: 907-538-7665
Work Hours: 7:30 AM – 4:00 PM
Medicaid State Plan

From: Gavino, Ysabel (CMS/CMCS)
To: emily.ricci@alaska.gov; emily.beaulieu@alaska.gov
Cc: [Mcmillion, Todd \(CMS/CMCS\)](#); [Sampson, Tamara \(CMS/CMCS\)](#); [Knight, Gary \(CMS/CMCS\)](#); [Raymundo, Joseph \(CMS/CMCS\)](#); [Garza, Maria \(CMS/CMCS\)](#); [Gillaspie, Cynthia \(CMS/CMCS\)](#); [Kaminsky, Stephanie \(CMS/CMCS\)](#); [Helitt, Melissa \(CMS/FCHCO\)](#); [Brown, Sharon \(CMS/CMCS\)](#); [Kokkeler, Traci \(CMS/CMCS\)](#); [Ta, Anh \(CMS/CMCS\)](#); [Lemesh, Cynthia \(CMS/CMCS\)](#); [Marx, Kitty \(CMS/CMCS\)](#); [Spitler, Douglas \(CMS/CMCS\)](#)
Subject: RE: Alaska Tribal Medicaid Administrative Claiming (TMAC) Implementation Plan - APPROVAL LETTER
Date: Friday, June 2, 2023 4:07:14 AM
Attachments: [APPROVAL LETTER] AK TRIBAL MAC 2023.pdf

Greetings State of Alaska.

Attached is your approved MAC Plan.

All the best.

Ysabel

Ysabel Gavino Management and Program Analyst/Division of Reimbursement
Review/Financial Management Group/Centers for Medicaid and CHIP Services/CMS
7500 Security Boulevard, Woodlawn, MD 21244 📧: maria.gavino@cms.hhs.gov
Time Zone: Eastern Standard Time

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 1, 2023

Heidi Hedberg, Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923

RE: Alaska Tribal Medicaid Administrative Claiming (TMAC) Implementation Plan

Dear Ms. Hedberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Alaska (AK) Department of Health for Medicaid administrative activities delegated to participating Tribes and Tribal Health Organizations. The MAC plan titled, "Tribal Medicaid Outreach and Linkage Plan Tribal Medicaid Administrative Claiming", submitted on March 22, 2023, is hereby approved. The effective date of this MAC plan is April 1, 2023.

With this submission, AK proposes a temporary amendment to allow all interested tribes to participate in the linkage agreement and receive payments for outreach and enrollment activities performed. This allows for Alaska Tribal Health Organizations to assist with redetermination efforts and ensure recipients in their areas, both American Indian/Alaska Native (AI/AN), and non-AI/AN, reenroll for Medicaid and do not lose eligibility as a result of unwinding.

The MAC plan approved via this letter requires AK update its public assistance cost allocation plan to the HHS/PSC Division of Cost Allocation Services as necessary. AK should notify CMS when program changes occur, found to be materially incomplete or inaccurate, or the previously approved plan is later found to violate a Federal statute or regulation.

Any unapproved changes to agreements or memorandums of understanding referenced within but not submitted with this MAC plan are not approved; existing approved version(s), as applicable, remain in effect. It should be noted that this area is subject to review by CMS, the OIG, and other applicable agencies. As per 2 CFR Part 200 Subpart F, if a review is conducted and finds that the state's agency claimed activities not allocable to Medicaid, then those claims will be disallowed.

If you have any questions about this approval letter, please call me or have your staff contact Joseph Raymundo at (404) 562-7406 or joseph.raymundo@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director, Division of Reimbursement Review

CC: Emily Ricci, Deputy Commissioner
Emily Beaulieu, SPA Coordinator
Tammy Sampson, CMCS, CMS
Gary Knight, CMCS, CMS
Maria Garza, CMCS, CMS
Cynthia Gillaspie, CMCS, CMS

RE: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

From: CMS State Directed Payment <statedirectedpayment@cms.hhs.gov>
To: "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>, CMS CMCS Tax Waiver <taxwaiver@cms.hhs.gov>
Cc: "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>, "Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>, "Mosley, Elle (CMS/CMCS)" <larrica.mosley@cms.hhs.gov>, "Schoonover, Matthew (CMS/CMCS)" <matthew.schoonover@cms.hhs.gov>, CMS State Directed Payment <statedirectedpayment@cms.hhs.gov>
Date: Fri, 28 Jun 2024 15:27:04 +0000
Attachments: FL_Fee_IPH.OPH4_Renewal_20231001-20240930 Revised Preprint 6.28.24.pdf (1.43 MB);
FL_Fee_IPH.OPH4_Renewal_20231001-20240930 - Round 2 State Responses.docx (35.65 kB);
FL_Fee_IPH.OPH4_Renewal_20231001-20240930 - HDPP Preprint Round 2 Questions.xlsx (390.67 kB)

Hello FMG,

Florida submitted the attached responses and corresponding documents related to CMS' Round 2 questions. The files are available at the following link: [Box File](#)

The following documents are saved in the Box folder:

- Round 2 State Responses
- Revised Preprint 6.28.24
- FL_Fee_IPH.OPH4_Renewal_20231001-20240930 – HDPP Preprint Round 2 Questions

Please let us know if FMG has any concerns with this funding source and/or has follow up questions that you would like us to send the state by **July 8, 2024**. If DMCP does not receive a response by this deadline, we will assume that you have no questions for the state on the financing of this payment arrangement and concur with the approval of the preprint.

Thanks,

Lovie Davis

From: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Sent: Thursday, April 25, 2024 2:48 PM
To: Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Hi Jonathan,

Thanks for the prompt review. We'll share FMG's questions with the state.

Thank you,

Lovie

From: Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>

Sent: Wednesday, April 24, 2024 3:17 PM

To: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>; Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>

Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Lovie,

DFP has reviewed the spreadsheet sent by the state in support of its responses and we are very confused. The more I look at it, the more confused I get. I think right now, we have four questions:

1. In the Spreadsheet labeled attachment 2, under the tab labeled "Question 16- Tax by Provider" in the column labeled "Inpatient %" and "Outpatient %" the state gives various percentages for each hospital. However, it is unclear what the unit is being taxed. Is this net patient revenue? Gross patient revenue etc.?
2. Can Florida please clarify, for each LPPF, what unit or units is being taxed i.e. bed days, net patient revenues, discharges, hospital costs, etc for each LPPF?
3. Can Florida please clarify, for each LPPF, what the tax rate or rates is for each tax? For example 4% of net patient revenues, \$50 per bed day, 3% of inpatient hospital costs, etc.?
4. Florida has indicated that the tax within each LPPF is both broad-based and uniform. This means that the tax is applied in the same dollar amount or percentage to each provider included within the tax and that no non-public provider is excluded from the tax. However, in the two columns that give the tax rates provided in the spreadsheet, "Inpatient %" and "Outpatient %" the rates seem to vary considerably between providers within the same LPPF. Are these supposed to be the tax rates for each provider?
5. If so, why are there such wide disparities for separate providers within the same LPPF tax? For instance, in Bay County LPPF, the tax rate for inpatient hospital services is 100% (unit unclear) and for outpatient hospital services is 0% (unit unclear). However, for HCA Florida Gulf Coast Hospital, also in Bay County LPPF, the tax rate is 47% (unit unclear) and for outpatient hospital services the tax rate is 53% (unit unclear). If this tax was truly uniform, meaning that all providers were taxed at the same rate, these two providers should have identical inpatient hospital services tax rates and identical outpatient hospital services tax rates. Can Florida please explain why that does not appear to be the case?

Best,

Jonathan

Jonathan Endelman (he/him), PhD

Social Science Research Analyst

Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and CHIP Services (CMCS)

Financial Management Group (FMG)

Division of Financial Policy (DFP)

410.786.4738

jonathan.endelman@cms.hhs.gov

7500 Security Blvd.

Mail Stop, S3-14-28

Baltimore, MD 21244-1850

From: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Sent: Wednesday, April 24, 2024 2:22 PM
To: Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Afternoon FMG,

Florida submitted the attached responses, a revised preprint, and corresponding documents. The files are also available at the following link: [Box File](#)

Please let us know if FMG has any concerns with this funding source and/or has follow up questions that you would like us to send the state by **April 8, 2024**. If DMCP does not receive a response by this deadline, we will assume that you have no questions for the state on the financing of this payment arrangement and concur with the approval of the preprint.

Thank you,

Lovie

From: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Sent: Wednesday, March 20, 2024 12:48 PM
To: Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Afternoon Lydia,

Thanks for the review. We'll share FMG's questions with the state.

Thank you,

Lovie

From: Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>
Sent: Tuesday, March 19, 2024 4:45 PM
To: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard

Hi Lovie,

Here are the questions we would like posed to the State:

1. The preprint indicates that "The State cannot call for intergovernmental transfers to fund the non-federal share until a) first, CMS approves the Preprint for the contract rating period and, b) after federal approval, the State's legislature (through the Legislative Budget Commission) authorizes budget authority for both the collection of non-federal funds and the payment to the MCOs." Can the State please affirm your understanding that Section 1902(a)(2) of the Social Security Act obligates you the State to pay the specified amount regardless of the availability of IGT funds or other non-federal share received from other sources?

2. According to attachment Question 35 Table 4.A there are IGT entities, specifically Lake County and Lee Health that do not have general taxing authority and do not have access to state or local appropriation. Can the State please indicate the source of IGT funding for those entities?

Sorry again about the confusion.

Thanks,

Lydia

Lydia Briggs (She/Her)

Health Insurance Specialist

Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and CHIP Services (CMCS)

Financial Management Group (FMG)

☎ (667) 290-8765 ✉ Lydia.Briggs@cms.hhs.gov

7500 Security Blvd.

Mail Stop, S3-14-28
Baltimore, MD 21244-1850

From: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>

Sent: Tuesday, March 19, 2024 12:54 PM

To: Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>

Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>

Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Hi Tia— Sounds great, thank you!

Lovie

From: Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>
Sent: Tuesday, March 19, 2024 12:07 PM
To: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>; Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>
Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Hi Lovie,

Thank you for that clarification we see where our misunderstanding was between the two preprints. We will provide questions for this particular preprint shortly.

Thanks,

Tia

From: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Sent: Tuesday, March 19, 2024 11:38 AM
To: Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Morning Lydia,

The DRP questions referenced in your email below were submitted regarding the FL_Fee_IPH.OPH3_Renewal_20231001-20240930 state directed payment preprint. Please see the attached email. The questions have been sent to the state. A response is due from the state by April 4, 2024. Once we receive the responses we'll share them with FMG.

Although the control names are similar, the state directed payment that I'm requesting feedback on during this review is different. The control name for this specific preprint under review is FL_Fee_IPH.OPH4_Renewal_20231001-20240930. We have not received feedback or questions from DRP regarding this preprint to my knowledge. If DRP wishes to ask the state the same questions for both preprints FL_Fee_IPH.OPH4_Renewal_20231001-20240930 and FL_Fee_IPH.OPH3_Renewal_20231001-20240930 please confirm. We appreciate your review as always.

Thanks,

Lovie

From: Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>
Sent: Tuesday, March 19, 2024 10:08 AM
To: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>
Subject: RE: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Morning,

I don't see where we ever received a response from the State regarding the below questions sent on 1/29/2024. Please resubmit to the State for response.

Questions from DRP –

1. In the IGT form provided by the State, the State Board of Education appears to be providing \$20.1 million out of their \$20.5 million in appropriated funding from the State. It is not clear how the Board of Education is able to support a payment at this level, giving up such a significant portion of their appropriated funds, for a payment that does not appear to be within the scope of the Board of Education's responsibilities. Please describe the relationship, if any, between the State Board of Education and the participating hospitals.

2. Please confirm that there are no agreements, written or otherwise, that would provide for a return of either cash or in-kind provider-related donations that could be seen as returning the School Board-funded non-federal share funding back to the Board. We want to ensure that the funding provided by the Board of Education is not, or does not become, a non-bona fide provider related donation if the providers return funding, via cash or in-kind services, to offset the funding provided by the Board in the form of an IGT in a manner that is similar to those described in SMDL #14-004 and DAB case #2886.

Thanks,

Lydia

Lydia Briggs (She/Her)

Health Insurance Specialist

Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and CHIP Services (CMCS)

Financial Management Group (FMG)

 (667) 290-8765  Lydia.Briggs@cms.hhs.gov

7500 Security Blvd.

Mail Stop, S3-14-28
Baltimore, MD 21244-1850

From: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Sent: Monday, March 18, 2024 12:25 PM
To: CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Subject: RE: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Afternoon FMG,

We're following up with the DRP team to see if there are questions for FL regarding this state directed payment. We note that we've already received questions from the DFP team. Please let us know if you have any questions or feedback for the state by **March 21, 2024**. We appreciate your review.

Thank you,

Lovie

From: CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>
Sent: Tuesday, February 20, 2024 3:46 PM
To: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>
Subject: RE: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Lovie,

1. In Table 5, Florida lists the permissible class as "Non-public." However, non-public is not one of the permissible classes listed at section 1903 (w)(7) of the Social Security Act or federal regulation at 42 CFR § 433.56. Does Florida mean inpatient hospital services or outpatient hospital services?
2. If the tax is separated out into components of inpatient hospital services and outpatient hospital services, can the state please provide the tax amount for inpatient hospital services and outpatient hospital services separately?
3. For the purposes of the 6% threshold found at 42 CFR § 433.68(f)(3)(i)(A) can the state of Florida please provide a 6% number for each permissible class taxed. For example, inpatient hospital services and outpatient hospital services. To calculate this number Florida should add up all of the taxes imposed on the permissible class in the state. Florida should then divide that sum by the net patient revenue for all services included within the permissible class in the state. The resulting number should be given in percentage form. If the state taxes inpatient hospital services and outpatient hospital services, separate percentages should be given for inpatient hospital services and outpatient hospital services.

Can DMCP please confirm the number of SDPs in house that have yet to be approved for the state of Florida that are funded by LPPFs and what their control numbers are? Thank you.

Best,

Jonathan

From: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Sent: Tuesday, February 20, 2024 1:26 PM
To: CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>
Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Afternoon FMG,

Florida has submitted a state directed payment preprint for formal CMS approval pursuant to 42 CFR 438.6(c). I have attached the preprint and corresponding documents for review. The documents are also available at the following link: [Box File](#)

The state has indicated the source of the non-federal share of the state directed payment is IGTs and health care related provider taxes/assessments.

Please let us know if FMG has any concerns with this funding source and/or has follow up questions that you would like us to send the state by **March 12, 2024**. If DMCP does not receive a response by this deadline, we will assume that you have no questions for the state on the financing of this payment arrangement and concur with the approval of the preprint.

Thank you,

Lovie

Lovie Davis, MPH

Division of Managed Care Policy
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

Section 438.6(c) Preprint

42 C.F.R. § 438.6(c) provides States with the flexibility to implement delivery system and provider payment initiatives under MCO, PIHP, or PAHP Medicaid managed care contracts (i.e., state directed payments). 42 C.F.R. § 438.6(c)(1) describes types of payment arrangements that States may use to direct expenditures under the managed care contract. Under 42 C.F.R. § 438.6(c)(2)(ii), contract arrangements that direct an MCO's, PIHP's, or PAHP's expenditures under paragraphs (c)(1)(i) through (c)(1)(ii) and (c)(1)(iii)(B) through (D) must have written approval from CMS prior to implementation and before approval of the corresponding managed care contract(s) and rate certification(s). This preprint implements the prior approval process and must be completed, submitted, and approved by CMS before implementing any of the specific payment arrangements described in 42 C.F.R. § 438.6(c)(1)(i) through (c)(1)(ii) and (c)(1)(iii)(B) through (D). Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules using State plan approved rates as defined in 42 C.F.R. § 438.6(a).

Submit all state directed payment preprints for prior approval to:
StateDirectedPayment@cms.hhs.gov.

SECTION I: DATE AND TIMING INFORMATION

1. Identify the State's managed care contract rating period(s) for which this payment arrangement will apply (for example, July 1, 2020 through June 30, 2021):
October 1, 2023 - September 30, 2024
2. Identify the State's requested start date for this payment arrangement (for example, January 1, 2021). *Note, this should be the start of the contract rating period unless this payment arrangement will begin during the rating period.* October 1, 2023
3. Identify the managed care program(s) to which this payment arrangement will apply:
Florida's Statewide Medicaid Managed Care (SMMC) Program
4. Identify the estimated **total dollar amount** (federal and non-federal dollars) of this state directed payment: \$3,362,969,548
 - a. Identify the estimated federal share of this state directed payment: \$1,924,900,311
 - b. Identify the estimated non-federal share of this state directed payment: \$1,438,069,237

Please note, the estimated total dollar amount and the estimated federal share should be described for the rating period in Question 1. If the State is seeking a multi-year approval (which is only an option for VBP/DSR payment arrangements (42 C.F.R. § 438.6(c)(1)(i)-(ii))), States should provide the estimates per rating period. For amendments, states should include the change from the total and federal share estimated in the previously approved preprint.

5. Is this the initial submission the State is seeking approval under 42 C.F.R. § 438.6(c) for this state directed payment arrangement? ☐ Yes ☒ No

6. If this is not the initial submission for this state directed payment, please indicate if:
- a. ☐ The State is seeking approval of an amendment to an already approved state directed payment.
 - b. ☒ The State is seeking approval for a renewal of a state directed payment for a new rating period.
 - i. If the State is seeking approval of a renewal, please indicate the rating periods for which previous approvals have been granted:
October 1, 2020 through September 30, 2021, October 1, 2021 through September 30, 2022, October 1, 2022 through September 30, 2023
 - c. Please identify the types of changes in this state directed payment that differ from what was previously approved.
 - ☐ Payment Type Change
 - ☐ Provider Type Change
 - ☐ Quality Metric(s) / Benchmark(s) Change
 - ☒ Other; please describe:
Removal of cancer hospitals. Because cancer hospitals are eligible for a separate directed payment arrangement that provides for total payments to the average commercial rate in RY 23/24, cancer hospitals are not eligible for pay
 - ☐ No changes from previously approved preprint other than rating period(s).
7. ☒ Please use the checkbox to provide an assurance that, in accordance with 42 C.F.R. § 438.6(c)(2)(ii)(F), the payment arrangement is not renewed automatically.

SECTION II: TYPE OF STATE DIRECTED PAYMENT

8. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(A), describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., utilization of services by managed care enrollees, meet or exceed a performance benchmark on provider quality metrics).

Each hospital's payments under the directed payment will be based on the hospital's actual paid Medicaid managed care claims for utilization for the contract rate period, multiplied by the uniform rate increase percentage. Payments required under this payment arrangement will only be made for Medicaid services on behalf of Medicaid beneficiaries covered under the Medicaid managed care contract for the SFY 2024 rating period only. At no time will payments be made on behalf of individuals who are uninsured, covered for such services by another insurer (e.g. Medicare), nor Medicaid services provided through the state fee-for-service program.

- a. ☒ Please use the checkbox to provide an assurance that CMS has approved the federal authority for the Medicaid services linked to the services associated with the SDP (i.e., Medicaid State plan, 1115(a) demonstration, 1915(c) waiver, etc.).
- b. Please also provide a link to, or submit a copy of, the authority document(s) with initial submissions and at any time the authority document(s) has been renewed/revised/updated.

The model contract with the SMMC plans can be found at this link:
https://ahca.myflorida.com/medicaid/statewide_mc/model_health_FY18-24.shtml

The approval of the section 1115(a) demonstration titled Managed Medical Assistance (MMA) (Project Number 11-W-00206/4) can be found here:
https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/docs/FL_MMA_CMS_Technical_Corrections_Memo_SIGNED_01.19.21.pdf

An amendment to the section 1115(a) demonstration titled Managed Medical Assistance (MMA) (Project Number 11-W-00206/4) can be found here:
https://ahca.myflorida.com/content/download/20392/file/FL_MMA_Approval_Package_20220525.pdf

9. Please select the general type of state directed payment arrangement the State is seeking prior approval to implement. (Check all that apply and address the underlying questions for each category selected.)

- a. ☐ **VALUE-BASED PAYMENTS / DELIVERY SYSTEM REFORM:** In accordance with 42 C.F.R. § 438.6(c)(1)(i) and (ii), the State is requiring the MCO, PIHP, or PAHP to implement value-based purchasing models for provider reimbursement, such as alternative payment models (APMs), pay for performance arrangements, bundled payments, or other service payment models intended to recognize value or outcomes over volume of services; or the State is requiring the MCO, PIHP, or PAHP to participate in a multi-payer or Medicaid-specific delivery system reform or performance improvement initiative.

If checked, please answer all questions in Subsection IIA.

- b. ☒ **FEE SCHEDULE REQUIREMENTS:** In accordance with 42 C.F.R. § 438.6(c)(1)(iii)(B) through (D), the State is requiring the MCO, PIHP, or PAHP to adopt a minimum or maximum fee schedule for network providers that provide a particular service under the contract; or the State is requiring the MCO, PIHP, or PAHP to provide a uniform dollar or percentage increase for network providers that provide a particular service under the contract. **[Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules using State plan approved rates as defined in 42 C.F.R. § 438.6(a).]**

If checked, please answer all questions in Subsection IIB.

SUBSECTION IIA: VALUE-BASED PAYMENTS (VBP) / DELIVERY SYSTEM REFORM (DSR):

This section must be completed for all state directed payments that are VBP or DSR. This section does not need to be completed for state directed payments that are fee schedule requirements.

10. Please check the type of VBP/DSR State directed payment the State is seeking prior approval for. *Check all that apply; if none are checked, proceed to Section III.*

- ☐ Quality Payment/Pay for Performance (Category 2 APM, or similar)
- ☐ Bundled Payment/Episode-Based Payment (Category 3 APM, or similar)
- ☐ Population-Based Payment/Accountable Care Organization (Category 4 APM, or similar)
- ☐ Multi-Payer Delivery System Reform
- ☐ Medicaid-Specific Delivery System Reform
- ☐ Performance Improvement Initiative
- ☐ Other Value-Based Purchasing Model

11. Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services. If “other” was checked above, identify the payment model. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., meet or exceed a performance benchmark on provider quality metrics).

12. In Table 1 below, identify the measure(s), baseline statistics, and targets that the State will tie to provider performance under this payment arrangement (provider performance measures). Please complete all boxes in the row. To the extent practicable, CMS encourages states to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures when applicable. If the state needs more space, please use Addendum Table 1.A and check this box: ☐

TABLE 1: Payment Arrangement Provider Performance Measures

Measure Name and NQF # (if applicable)	Measure Steward/ Developer ¹	Baseline ² Year	Baseline ² Statistic	Performance Measurement Period ³	Performance Target	Notes ⁴
<i>Example: Percent of High-Risk Residents with Pressure Ulcers – Long Stay</i>	<i>CMS</i>	<i>CY 2018</i>	<i>9.23%</i>	<i>Year 2</i>	<i>8%</i>	<i>Example notes</i>
a.						
b.						
c.						
d.						
e.						

1. Baseline data must be added after the first year of the payment arrangement

2. If state-developed, list State name for Steward/Developer.

3. If this is planned to be a multi-year payment arrangement, indicate which year(s) of the payment arrangement that performance on the measure will trigger payment.

4. If the State is using an established measure and will deviate from the measure steward’s measure specifications, please describe here. Additionally, if a state-specific measure will be used, please define the numerator and denominator here.

a. Please describe the methodology used to set the performance targets for each measure.

b. If multiple provider performance measures are involved in the payment arrangement, discuss if the provider must meet the performance target on each measure to receive payment or can providers receive a portion of the payment if they meet the performance target on some but not all measures?

c. For state-developed measures, please briefly describe how the measure was developed?

14. Is the State seeking a multi-year approval of the state directed payment arrangement?

☐ Yes ☐ No

- a. If this payment arrangement is designed to be a multi-year effort, denote the State's managed care contract rating period(s) the State is seeking approval for.
- b. If this payment arrangement is designed to be a multi-year effort and the State is **NOT** requesting a multi-year approval, describe how this application's payment arrangement fits into the larger multi-year effort and identify which year of the effort is addressed in this application.

15. Use the checkboxes below to make the following assurances:

- a. ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(A), the state directed payment arrangement makes participation in the value-based purchasing initiative, delivery system reform, or performance improvement initiative available, using the same terms of performance, to the class or classes of providers (identified below) providing services under the contract related to the reform or improvement initiative.
- b. ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(B), the payment arrangement makes use of a common set of performance measures across all of the payers and providers.
- c. ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(C), the payment arrangement does not set the amount or frequency of the expenditures.
- d. ☐ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(D), the payment arrangement does not allow the State to recoup any unspent funds allocated for these arrangements from the MCO, PIHP, or PAHP.

SUBSECTION IIB: STATE DIRECTED FEE SCHEDULES:

This section must be completed for all state directed payments that are fee schedule requirements. This section does not need to be completed for state directed payments that are VBP or DSR.

16. Please check the type of state directed payment for which the State is seeking prior approval. Check all that apply; if none are checked, proceed to Section III.

- a. ☐ Minimum Fee Schedule for providers that provide a particular service under the contract *using rates other than State plan approved rates*¹ (42 C.F.R. § 438.6(c)(1)(iii)(B))
- b. ☐ Maximum Fee Schedule (42 C.F.R. § 438.6(c)(1)(iii)(D))
- c. ☒ Uniform Dollar or Percentage Increase (42 C.F.R. § 438.6(c)(1)(iii)(C))

¹ Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules that use State plan approved rates as defined in 42 C.F.R. § 438.6(a).

17. If the State is seeking prior approval of a fee schedule (options a or b in Question 16):

- a. Check the basis for the fee schedule selected above.**
 - i.** ☐ The State is proposing to use a fee schedule based on the **State-plan approved rates** as defined in 42 C.F.R. § 438.6(a). ²
 - ii.** ☐ The State is proposing to use a fee schedule based on the **Medicare or Medicare-equivalent rate**.
 - iii.** ☐ The State is proposing to use a fee schedule based on an **alternative fee schedule established by the State**.
 - 1.** If the State is proposing an alternative fee schedule, please describe the alternative fee schedule (e.g., 80% of Medicaid State-plan approved rate)
- b. Explain how the state determined this fee schedule requirement to be reasonable and appropriate.**

18. If using a maximum fee schedule (option b in Question 16), please answer the following additional questions:

- a.** ☐ Use the checkbox to provide the following assurance: In accordance with 42 C.F.R. § 438.6(c)(1)(iii)(C), the State has determined that the MCO, PIHP, or PAHP has retained the ability to reasonably manage risk and has discretion in accomplishing the goals of the contract.
- b. Describe the process for plans and providers to request an exemption if they are under contract obligations that result in the need to pay more than the maximum fee schedule.**
- c. Indicate the number of exemptions to the requirement:**
 - i.** Expected in this contract rating period (estimate)
 - ii.** Granted in past years of this payment arrangement
- d. Describe how such exemptions will be considered in rate development.**

² Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules that use State plan approved rates as defined in 42 C.F.R. § 438.6(a).

19. If the State is seeking prior approval for a uniform dollar or percentage increase (option c in Question 16), please address the following questions:

- a.** Will the state require plans to pay a ☐ uniform dollar amount or a ☒ uniform percentage increase? (*Please select only one.*)
- b.** What is the magnitude of the increase (e.g., \$4 per claim or 3% increase per claim?)

The uniform percentage increases may vary by region, class, and/or eligible service. Please see the attachment labeled "Question 19_Y4 Submission.xlsx".

- c.** Describe how will the uniform increase be paid out by plans (e.g., upon processing the initial claim, a retroactive adjustment done one month after the end of quarter for those claims incurred during that quarter).

Eligible hospitals will receive payments under the arrangement upon the conclusion of certain intervals of time during the rating period, as set by the State. After an interval period concludes, the State will solicit and collect from the health plans a report in a standard format (to be set by the State) that details utilization and associated base payment data for the interval period for each eligible hospital contracted with the plan. These reports will be used by the State as the primary source to determine the payments the health plan will be directed to pay to eligible hospitals. Due to the payment amounts being calculated on a retrospective, periodic basis (and not upon processing of the initial claims), the health plans will effectively be making additional payments on claims for which initial payments at base contracts have previously been made.

The Uniform Percentage Increase payments will be made based only on the utilization of eligible hospital services at an eligible hospital by Medicaid managed care plan enrollees covered under the Medicaid managed care contract for the 2023 - 2024 rating period.

- d.** Describe how the increase was developed, including why the increase is reasonable and appropriate for network providers that provide a particular service under the contract

The total value of the anticipated payments to be made under the arrangement will be equal to 100% of the estimated Medicaid shortfall for all hospitals in regions/classes participating in the directed payment. Allocation of funds across hospital classes and regions will be proportional to the combined estimated Medicaid shortfall for each class within the Medicaid region to the total estimated Medicaid shortfall of all hospital classes within the region.

The Uniform Percentage Increase payments will be made based only on the utilization of eligible hospital services at an eligible hospital by Medicaid managed care plan enrollees covered under the Medicaid managed care contract for the SFY 2024 rating period. The Medicaid shortfall is defined as the uncompensated costs associated with inpatient and outpatient services provided to all Medicaid patients, inclusive of both traditional and managed care Medicaid plans.

SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS

20. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(B), identify the class or classes of providers that will participate in this payment arrangement by answering the following questions:

- a.** Please indicate which general class of providers would be affected by the state directed payment (check all that apply):

- ☒ inpatient hospital service
- ☒ outpatient hospital service
- ☐ professional services at an academic medical center
- ☐ primary care services
- ☐ specialty physician services
- ☐ nursing facility services
- ☐ HCBS/personal care services
- ☐ behavioral health inpatient services
- ☐ behavioral health outpatient services
- ☐ dental services
- ☐ Other:

- b.** Please define the provider class(es) (if further narrowed from the general classes indicated above).

This payment arrangement will affect providers that meet the following three criteria:

(1) Fall into one of the following exclusive provider classes: (a) private hospital class, (b) public hospitals (including state government and non-state government hospitals);

(2) Operate in one of Florida's eleven SMMC regions;

(3) Provide at least one eligible hospital service to Florida Medicaid managed care enrollees pursuant to a fully executed contract that complies with all State Medicaid Managed Care (SMMC) program requirements.

Note, because cancer hospitals are eligible for a separate directed payment arrangement that provides for total payments to the average commercial rate in RY 23/24, cancer hospitals are not eligible for payments under DPP for this rate year.

The payment arrangement varies by provider class by region.

- c. Provide a justification for the provider class defined in Question 20b (e.g., the provider class is defined in the State Plan.) If the provider class is defined in the State Plan, please provide a link to or attach the applicable State Plan pages to the preprint submission. Provider classes cannot be defined to only include providers that provide intergovernmental transfers.

The classes are consistent with the provider classes discussed in prior communication with CMS for the October 1, 2022, through September 30, 2023, period. .

Note, because cancer hospitals are eligible for a separate directed payment arrangement that provides for total payments to the average commercial rate in RY 23/24, cancer hospitals are not eligible for payments under DPP for this rate year.

21. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(B), describe how the payment arrangement directs expenditures equally, using the same terms of performance, for the class or classes of providers (identified above) providing the service under the contract. Please see the attachment labeled "Question 21".

22. For the services where payment is affected by the state directed payment, how will the state directed payment interact with the negotiated rate(s) between the plan and the provider? Will the state directed payment:

- a. ☐ Replace the negotiated rate(s) between the plan(s) and provider(s).
b. ☐ Limit but not replace the negotiated rate(s) between the plans(s) and provider(s).
c. ☒ Require a payment be made in addition to the negotiated rate(s) between the plan(s) and provider(s).

23. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22), please provide an analysis in Table 2 showing the impact of the state directed payment on payment levels for each provider class. This provider payment analysis should be completed distinctly for each service type (e.g., inpatient hospital services, outpatient hospital services, etc.).

This should include an estimate of the base reimbursement rate the managed care plans pay to these providers as a percent of Medicare, or some other standardized measure, and the effect the increase from the state directed payment will have on total payment. *Ex: The average base payment level from plans to providers is 80% of Medicare and this SDP is expected to increase the total payment level from 80% to 100% of Medicare.*

If the state needs more space, please use Addendum 2.A and check this box: ☒

TABLE 2: Provider Payment Analysis

Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of State Directed Payment (SDP)	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs)
<i>Ex: Rural Inpatient Hospital Services</i>	<i>80%</i>	<i>20%</i>	<i>N/A</i>	<i>N/A</i>	<i>100%</i>
a. See attachment labeled "sdp-4386c-preprint-addendum.xlsx"					
b.					
c.					
d.					
e.					
f.					
g.					

24. Please indicate if the data provided in Table 2 above is in terms of a percentage of:

- a.** ☐ Medicare payment/cost
- b.** ☐ State-plan approved rates as defined in 42 C.F.R. § 438.6(a) (*Please note, this rate cannot include supplemental payments.*)
- c.** ☒ Other; Please define: **Average Commercial Rate**

25. Does the State also require plans to pay any other state directed payments for providers eligible for the provider class described in Question 20b? ☐ Yes ☒ No

If yes, please provide information requested under the column "Other State Directed Payments" in Table 2.

- 26.** Does the State also require plans to pay pass-through payments as defined in 42 C.F.R. § 438.6(a) to any of the providers eligible for any of the provider class(es) described in Question 20b? ☐ Yes ☒ No

If yes, please provide information requested under the column “Pass-Through Payments” in Table 2.

- 27.** Please describe the data sources and methodology used for the analysis provided in response to Question 23.

This analysis was developed using the same set of hospitals and the same CY 2021 data as was used to support the calculation of rate year (RY) 22/23 payments to hospitals under Florida's Directed Payment Program (DPP).

Base Payment Level (absent the SDP) – Estimated the base payment level (absent the SDP) using the managed care plan paid amounts from the CY 2021 data described above. The plan paid amounts were adjusted to account for changes in the Medicaid FFS DRG and EAPG reimbursement rates between CY 2021 and RY 23/24, consistent with the approach used in the development of RY 23/24 MMA capitation rates.

After applying this adjustment, the data was aggregated to calculate subtotals split by region, public vs. private, and inpatient vs. outpatient services.

Effect on Total Payment Level of State Directed Payment (SDP) – The total dollars for the DPP were allocated between inpatient and outpatient services for each region and hospital type (using the distribution of dollars underlying the base payment levels, prior to adjustments for reimbursement rate changes from CY 2021 to RY 23/24) to estimate the impact on reimbursement relative to the average commercial rate.

Effect on Total Payment Level of Other SDPs – There is no impact of other State Directed Payments for this provider class.

Effect on Total Payment Level of Pass-Through Payments (PTPs) – There is no impact of pass-through payments in the exhibit because there are not pass-through payments within the SMMC program.

Comparison of Estimated Payment Levels to Estimated Cost – Estimated the average commercial rate using the following methodology:

o Repriced the CY 2021 data described above to the 2022 Inpatient and Outpatient Medicare PPS fee schedules using the Milliman Medicare Repriorizer software.

o Estimated the average CY 2022 commercial allowed amounts by applying Florida-specific CY 2022 Commercial to Medicare reimbursement benchmark factors from the Milliman Consolidated Health Cost Guidelines™ Sources Database (CHSD).

o Then trended estimated commercial amounts from CY 2022 to RY 23/24 using CHSD Inpatient and Outpatient commercial trend.

- 28.** Please describe the State's process for determining how the proposed state directed payment was appropriate and reasonable.

The total value of the DPP will be up to 100% of the estimated Medicaid shortfall for all hospitals in regions/classes participating in the directed payment. Allocation of funds across hospitals will be proportional to each region's Medicaid shortfall to total Medicaid shortfall.

SECTION IV: INCORPORATION INTO MANAGED CARE CONTRACTS

- 29.** States must adequately describe the contractual obligation for the state directed payment in the state's contract with the managed care plan(s) in accordance with 42 C.F.R. § 438.6(c). Has the state already submitted all contract action(s) to implement this state directed payment? ☐ Yes ☒ No

a. If yes:

i. What is/are the state-assigned identifier(s) of the contract actions provided to CMS?

ii. Please indicate where (page or section) the state directed payment is captured in the contract action(s).

b. If no, please estimate when the state will be submitting the contract actions for review.

June 30, 2024.

SECTION V: INCORPORATION INTO THE ACTUARIAL RATE CERTIFICATION

Note: Provide responses to the questions below for the first rating period if seeking approval for multi-year approval.

30. Has/Have the actuarial rate certification(s) for the rating period for which this state directed payment applies been submitted to CMS? ☒ Yes ☐ No

a. If no, please estimate when the state will be submitting the actuarial rate certification(s) for review.

b. If yes, provide the following information in the table below for each of the actuarial rate certification review(s) that will include this state directed payment.

Table 3: Actuarial Rate Certification(s)

Control Name Provided by CMS (List each actuarial rate certification separately)	Date Submitted to CMS	Does the certification incorporate the SDP?	If so, indicate where the state directed payment is captured in the certification (page or section)
i. Florida_MMA_20231001-20240930_Certification_20230918	09/18/2023	No	
ii.			
iii.			
iv.			
v.			

Please note, states and actuaries should consult the most recent Medicaid Managed Care Rate Development Guide for how to document state directed payments in actuarial rate certification(s). The actuary's certification must contain all of the information outlined; if all required documentation is not included, review of the certification will likely be delayed.)

c. If not currently captured in the State's actuarial certification submitted to CMS, note that the regulations at 42 C.F.R. § 438.7(b)(6) requires that all state directed payments are documented in the State's actuarial rate certification(s). CMS will not be able to approve the related contract action(s) until the rate certification(s) has/have been amended to account for all state directed payments. Please provide an estimate of when the State plans to submit an amendment to capture this information.

June 30, 2024

31. Describe how the State will/has incorporated this state directed payment arrangement in the applicable actuarial rate certification(s) (please select one of the options below):

- a. ☐ An adjustment applied in the development of the monthly base capitation rates paid to plans.
- b. ☒ Separate payment term(s) which are captured in the applicable rate certification(s) but paid separately to the plans from the monthly base capitation rates paid to plans.
- c. ☐ Other, please describe:

32. States should incorporate state directed payment arrangements into actuarial rate certification(s) as an adjustment applied in the development of the monthly base capitation rates paid to plans as this approach is consistent with the rate development requirements described in 42 C.F.R. § 438.5 and consistent with the nature of risk-based managed care. For state directed payments that are incorporated in another manner, particularly through separate payment terms, provide additional justification as to why this is necessary and what precludes the state from incorporating as an adjustment applied in the development of the monthly base capitation rates paid to managed care plans.

The directed payment is incorporated through a separate payment term for administrative simplicity related to the validation of data from the health plans, the timing of payments, and the receipt of Intergovernmental Transfer.

The State cannot call for intergovernmental transfers to fund the non-federal share until a) first, CMS approves the Preprint for the contract rating period and, b) after federal approval, the State's legislature (through the Legislative Budget Commission) authorizes both the collection of non-federal funds and the payment to the MCOs.

33. ☒ In accordance with 42 C.F.R. § 438.6(c)(2)(i), the State assures that all expenditures for this payment arrangement under this section are developed in accordance with 42 C.F.R. § 438.4, the standards specified in 42 C.F.R. § 438.5, and generally accepted actuarial principles and practices.

SECTION VI: FUNDING FOR THE NON-FEDERAL SHARE

34. Describe the source of the non-federal share of the payment arrangement. Check all that apply:

- a. ☐ State general revenue
- b. ☒ Intergovernmental transfers (IGTs) from a State or local government entity
- c. ☒ Health Care-Related Provider tax(es) / assessment(s)
- d. ☐ Provider donation(s)
- e. ☐ Other, specify:

35. For any payment funded by IGTs (option b in Question 34),

- a. Provide the following (respond to each column for all entities transferring funds). If the state needs more space, please use Addendum Table 4.A and check this box: ☒

Table 4: IGT Transferring Entities

Name of Entities transferring funds (enter each on a separate line)	Operational nature of the Transferring Entity (State, County, City, Other)	Total Amounts Transferred by This Entity	Does the Transferring Entity have General Taxing Authority? (Yes or No)	Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations	Is the Transferring Entity eligible for payment under this state directed payment? (Yes or No)
i. <small>See attachment labeled "adp-4386c-preprint-add"</small>					
ii.					
iii.					
iv.					
v.					
vi.					
vii.					
viii.					
ix.					
x.					

- b.** ☒ Use the checkbox to provide an assurance that no state directed payments made under this payment arrangement funded by IGTs are dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.
- c.** Provide information or documentation regarding any written agreements that exist between the State and healthcare providers or amongst healthcare providers and/or related entities relating to the non-federal share of the payment arrangement. This should include any written agreements that may exist with healthcare providers to support and finance the non-federal share of the payment arrangement. Submit a copy of any written agreements described above.

The State is not aware of and/or party to any such written agreements.

36. For any state directed payments funded by provider taxes/assessments (option c in Question 34),

- a.** Provide the following (respond to each column for all entries). If there are more entries than space in the table, please provide an attachment with the information requested in the table.

Table 5: Health Care-Related Provider Tax/Assessment(s)

Name of the Health Care-Related Provider Tax / Assessment (enter each on a separate line)	Identify the permissible class for this tax / assessment	Is the tax / assessment broad-based?	Is the tax / assessment uniform?	Is the tax / assessment under the 6% indirect hold harmless limit?	If not under the 6% indirect hold harmless limit, does it pass the "75/75" test?	Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer?
i. See attachment labeled "sdp-4386c-preprint-addendum.xlsx"						
ii.						
iii.						
iv.						
v.						

- b. If the state has any waiver(s) of the broad-based and/or uniform requirements for any of the health care-related provider taxes/assessments, list the waiver(s) and its current status:

Table 6: Health Care-Related Provider Tax/Assessment Waivers

Name of the Health Care-Related Provider Tax/Assessment Waiver (enter each on a separate line)	Submission Date	Current Status (Under Review, Approved)	Approval Date
i.			
ii.			
iii.			
iv.			
v.			

37. For any state directed payments funded by provider donations (option d in Question 34), please answer the following questions:

- a. Is the donation bona-fide? ☐ Yes ☐ No
- b. Does it contain a hold harmless arrangement to return all or any part of the donation to the donating entity, a related entity, or other provider furnishing the same health care items or services as the donating entity within the class?
☐ Yes ☐ No

38. ☒ For all state directed payment arrangements, use the checkbox to provide an assurance that in accordance with 42 C.F.R. § 438.6(c)(2)(ii)(E), the payment arrangement does not condition network provider participation on the network provider entering into or adhering to intergovernmental transfer agreements.

SECTION VII: QUALITY CRITERIA AND FRAMEWORK FOR ALL PAYMENT ARRANGEMENTS

39. ☒ Use the checkbox below to make the following assurance, “In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(C), the State expects this payment arrangement to advance at least one of the goals and objectives in the quality strategy required per 42 C.F.R. § 438.340.”
40. Consistent with 42 C.F.R. § 438.340(d), States must post the final quality strategy online beginning July 1, 2018. Please provide:
- a. A hyperlink to State’s most recent quality strategy: <https://ahca.myflorida.com/content/download/8651/file/2023%20CQS%20Final.pdf>
 - b. The effective date of quality strategy. April 1, 2024
41. If the State is currently updating the quality strategy, please submit a draft version, and provide:
- a. A target date for submission of the revised quality strategy (month and year):
 - b. Note any potential changes that might be made to the goals and objectives.
- N/A

Note: The State should submit the final version to CMS as soon as it is finalized. To be in compliance with 42 C.F.R. § 438.340(c)(2) the quality strategy must be updated no less than once every 3-years.

- 42.** To obtain written approval of this payment arrangement, a State must demonstrate that each state directed payment arrangement expects to advance at least one of the goals and objectives in the quality strategy. In the Table 7 below, identify the goal(s) and objective(s), as they appear in the Quality Strategy (include page numbers), this payment arrangement is expected to advance. If additional rows are required, please attach.

Table 7: Payment Arrangement Quality Strategy Goals and Objectives

Goal(s)	Objective(s)	Quality strategy page
<i>Example: Improve care coordination for enrollees with behavioral health conditions</i>	<i>Example: Increase the number of managed care patients receiving follow-up behavior health counseling by 15%</i>	5
a. Reduce potentially preventable hospital events (PPEs)	Reduce potentially preventable readmissions	4
b. Improve birth outcomes	Reduce cesarean sections	4
c. Reduce potentially preventable hospital events (PPEs)	Improve follow-up after mental illness hospitalization	4
d.		

- 43.** Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. If this is part of a multi-year effort, describe this both in terms of this year's payment arrangement and in terms of that of the multi-year payment arrangement.

- In order to improve health outcomes for Medicaid recipients enrolled in managed care, the State is deploying a Hospital Quality Improvement and Measures Monitoring Program.
- Calendar Year 2019 is the baseline year for calculating three performance metrics by Medicaid region and determining improvement targets for each region.
 - o Cesarean Sections (C-sections)
 - o Potentially Preventable Hospital Readmissions
 - o Follow-up After Hospitalization for Mental Illness

- The Agency has established improvement targets for each region based upon the baseline data.
- Hospitals must participate in the Agency's quality initiatives related to reducing preventable hospital readmissions, emergency department diversion, and reducing C-sections. Hospitals that participate in these initiatives are eligible to receive the payment increases. Hospital must continue to participate for the duration of the initiatives, which may extend across program years.

See the attachment titled, "Hospital DPP-QMs Baselines+1920+2021+2122+Targets MCO Only 121323.docx" for additional information related to the payment withhold for failure to meet the quality metric targets.

44. Please complete the following questions regarding having an evaluation plan to measure the degree to which the payment arrangement advances at least one of the goals and objectives of the State's quality strategy. To the extent practicable, CMS encourages States to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures, when applicable.

- a.** ☒ In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(D), use the checkbox to assure the State has an evaluation plan which measures the degree to which the payment arrangement advances at least one of the goals and objectives in the quality strategy required per 42 C.F.R. § 438.340, and that the evaluation conducted will be *specific* to this payment arrangement. *Note:* States have flexibility in how the evaluation is conducted and may leverage existing resources, such as their 1115 demonstration evaluation if this payment arrangement is tied to an 1115 demonstration or their External Quality Review validation activities, as long as those evaluation or validation activities are *specific* to this payment arrangement and its impacts on health care quality and outcomes.

- b. Describe how and when the State will review progress on the advancement of the State's goal(s) and objective(s) in the quality strategy identified in Question 42. For each measure the State intends to use in the evaluation of this payment arrangement, provide in Table 8 below: 1) the baseline year, 2) the baseline statistics, and 3) the performance targets the State will use to track the impact of this payment arrangement on the State's goals and objectives. Please attach the State's evaluation plan for this payment arrangement.

TABLE 8: Evaluation Measures, Baseline and Performance Targets

Measure Name and NQF # (if applicable)	Baseline Year	Baseline Statistic	Performance Target	Notes ¹
<i>Example: Flu Vaccinations for Adults Ages 19 to 64 (FVA-AD); NQF # 0039</i>	<i>CY 2019</i>	<i>34%</i>	<i>Increase the percentage of adults 18–64 years of age who report receiving an influenza vaccination by 1 percentage point per year</i>	<i>Example notes</i>
i. Cesarean Sections (C-sections)	CY 2019	See attachment for regional baseline rates	See the attachment for regional target rates.	Specifications are in attachment.
ii. Potentially Preventable Hospital Readmissions	CY 2019	See attachment for regional baseline rates	See the attachment for regional target rates.	3M metric - description is in attachment.
iii. Follow-up after Hospitalization for Mental Illness	CY 2019	See attachment for regional baseline rates	See the attachment for regional target rates.	Adult and Child Core Set metric - brief description is in attachment.
iv.				

1. If the State will deviate from the measure specification, please describe here. If a State-specific measure will be used, please define the numerator and denominator here. Additionally, describe any planned data or measure stratifications (for example, age, race, or ethnicity) that will be used to evaluate the payment arrangement.

- c. If this is any year other than year 1 of a multi-year effort, describe (or attach) prior year(s) evaluation findings and the payment arrangement's impact on the goal(s) and objective(s) in the State's quality strategy. Evaluation findings must include 1) historical data; 2) prior year(s) results data; 3) a description of the evaluation methodology; and 4) baseline and performance target information from the prior year(s) preprint(s) where applicable. If full evaluation findings from prior year(s) are not available, provide partial year(s) findings and an anticipated date for when CMS may expect to receive the full evaluation findings.

The calendar year (CY) 2019 baseline data for each metric are included in the attachment. Year 2 (FFY 2021-2022) was the first year in which hospitals' performance on the metrics is compared to the targets to evaluate hospitals' efforts to improve Medicaid members' experiences of care and to improve the health of the Medicaid population, through reducing PPEs and reducing C-Sections. The metrics by region and statewide for FFY 2019-2020, FFY 2020-2021, FFY 2021-2022, and FFY 2022-2023 are included in the attachment.

Cesarean Sections: In FFY 2019-20 (the year prior to this payment arrangement starting), the C-Section rates improved (dropped) compared to the CY 2019 baseline in nine of the eleven regions. In FFY 2020-21 (the first year of the payment arrangement), the C-section rates improved (dropped) in all 11 regions, compared to the FFY 2019-20 rates. The FFY 2020-21 regional rates have surpassed the targets for FFY 2021-22. In FFY 2021-22, rates declined (increased) in six regions compared to FFY 2020-21, stayed about the same in three regions, and improved (dropped) in two regions. Ten of the 11 regions met their targets for FFY 2021-22 and Region 1 was less than one percentage point away from its target. In FFY 2022-23, C-Section rates declined (increased) in four regions, improved (dropped) in three regions, and stayed about the same in four regions, compared to the prior year. As in the previous year, ten of the 11 regions met their targets for FFY 2022-23 and Region 1 was less than one percentage point away from its target.

Potentially Preventable Hospital Readmissions (PPRs): In FFY 2019-20 (the year prior to this payment arrangement starting), the PPR rates declined (increased) compared to the CY 2019 baseline in all 11 regions. In FFY 2020-21 (the first year of the payment arrangement), the PPR rates improved (dropped) in all 11 regions compared to the FFY 2019-20 rates. The FFY 2020-21 rates are higher (worse) than the CY 2019 baseline rates in nine of the 11 regions. In FFY 2021-22, the PPR rates declined (increased) in six regions compared to FFY 2020-21 rates and improved (dropped) in five regions. While no regions met their targets, two regions performed better than their baseline rates. In FFY 2022-23, the PPR rates declined (increased) in ten of the 11 regions compared to the prior year. One region's rate improved (dropped). No regions met their targets and they all performed worse than their baseline rates.

Follow-up After Hospitalization for Mental Illness: In FFY 2019-20 (the year prior to this payment arrangement starting), rates improved in four of the 11 regions compared to the CY 2019 baselines. In FFY 2020-21 (the first year of the payment arrangement), rates improved in seven of the 11 regions compared to the FFY 2019-20 rates. In FFY 2021-22, rates improved in five of the regions compared to FFY 2020-21. Eight regions' rates for FFY 2021-22 are better than their baseline rates, though only four regions met their targets for the year. In FFY 2022-23, rates improved in two of the regions compared to the prior year. Three regions' rates for FFY 2022-23 are better than their baseline rates and met their targets for the year.

Due to fluctuations in rates between the CY 2019, FFY 2019-20, FFY 2020-21, and FFY 2021-22 rates for the metrics, the state proposes to maintain the FFY 2021-22 and FFY 2022-23 targets for FFY 2023-24.

Accessibility Report

Filename: 438.6(c) Rev Preprint Template.pdf

Report created by: [Enter personal and organization information through the Preferences > Identity dialog.]

Organization:

Summary

The checker found no problems in this document.

- Needs manual check: 5
- Passed manually: 0
- Failed manually: 0
- Skipped: 0
- Passed: 27
- Failed: 0

Detailed Report

Document

Rule Name	Status	Description
Accessibility permission flag	Passed	Accessibility permission flag must be set
Image-only PDF	Passed	Document is not image-only PDF
Tagged PDF	Passed	Document is tagged PDF
Logical Reading Order	Needs manual check	Document structure provides a logical reading order
Primary language	Passed	Text language is specified
Title	Passed	Document title is showing in title bar
Bookmarks	Passed	Bookmarks are present in large documents
Color contrast	Needs manual check	Document has appropriate color contrast

Page Content

Rule Name	Status	Description
Tagged content	Passed	All page content is tagged
Tagged annotations	Passed	All annotations are tagged
Tab order	Passed	Tab order is consistent with structure order
Character encoding	Passed	Reliable character encoding is provided
Tagged multimedia	Passed	All multimedia objects are tagged
Screen flicker	Needs manual check	Page will not cause screen flicker
Scripts	Needs manual check	No inaccessible scripts
Timed responses	Needs manual check	Page does not require timed responses
Navigation links	Passed	Navigation links are not repetitive

Forms

Rule Name	Status	Description
Tagged form fields	Passed	All form fields are tagged
Field descriptions	Passed	All form fields have description

Alternate Text

Rule Name	Status	Description
-----------	--------	-------------

Figures alternate text	Passed	Figures require alternate text
Nested alternate text	Passed	Alternate text that will never be read
Associated with content	Passed	Alternate text must be associated with some content
Hides annotation	Passed	Alternate text should not hide annotation
Other elements alternate text	Passed	Other elements that require alternate text

Tables

Rule Name	Status	Description
Rows	Passed	TR must be a child of Table, THead, TBody, or TFoot
TH and TD	Passed	TH and TD must be children of TR
Headers	Passed	Tables should have headers
Regularity	Passed	Tables must contain the same number of columns in each row and rows in each column
Summary	Passed	Tables must have a summary

Lists

Rule Name	Status	Description
List items	Passed	LI must be a child of L
Lbl and LBody	Passed	Lbl and LBody must be children of LI

Headings

Rule Name	Status	Description
Appropriate nesting	Passed	Appropriate nesting

[Back to Top](#)

CommonLook PDF Compliance Report

Generated by CommonLook PDF GlobalAccess

Name of Verified File:

438.6(c) Rev Preprint Template.pdf

Date Verified:

Friday, January 15, 2021

Results Summary:

Number of Pages: 21

Total number of tests requested: 50

Total of Failed statuses: 0

Total of Warning statuses: 0

Total of Passed statuses: 1293

Total of User Verify statuses: 0

Total of Not Applicable statuses: 11

Structural Results

Accessibility Results

HHS (2018 regulations)

Serial	Page No.	Element Path	Checkpoint Name	Test Name	Status	Reason	Comments
1		Doc	Additional Checks	1. Special characters in file names	Passed	The document name 438.6(c) Rev Preprint Template contains special characters.	Verification result set by user.
2		Doc	Additional Checks	2. Concise file names	Passed	Please verify that a document name of 438.6(c) Rev Preprint Template is concise and makes the	Verification result set by user.

						contents of the file clear.	
3			Additional Checks	2. Concise file names	Passed	The file name is meaningful and restricted to 20-30 characters	
4			Section A: All PDFs	A1. Is the PDF tagged?	Passed	The PDF document is tagged.	
5		MetaData	Section A: All PDFs	A2. Is the Document Title filled out in the Document Properties?	Passed	Please verify that a document title of State Directed Payment 42 CFR 438.6(c) Proposal Preprint is appropriate for this document.	Verification result set by user.
6		MetaData	Section A: All PDFs	A3. Is the correct language of the document set?	Passed	Please ensure that the specified language (EN-US) is appropriate for the document.	Verification result set by user.
7		Doc	Section A: All PDFs	A4. Did the PDF fully pass the Adobe Accessibility Checker?	Passed	Did the PDF fully pass the Adobe Accessibility Checker?	Verification result set by user.
8	1,17	Tags->0->9->0->1->3->0,Tags->0->9->0->1->5->0,Tags->0->9->1->1->3->0,Tags->0->28->1->1->1->1->1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFDate_FormatEx("mm mm d, YYYY");
9	1,17	Tags->0->9->0->1->3->0,Tags->0->9->0->1->5->0,Tags->0->9->1->1->3->0,Tags->0->28->1->1->1->1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has	AFDate_Keys trokeEx("m mmm d, yyyy");

		>1->1->1- >1->0			been detected.		
10	1,2,3,6,7,10 ,11,12,13	Tags->0->9- >4->1->3- >0,Tags->0- >9->4->1- >5->0,Tags- >0->9->5- >1->1->2- >1->12- >0,Tags->0- >11->1->1- >5->0->1- >0->0,Tags- >0->11->1- >1->5->1- >1->0- >0,Tags->0- >14->0->1- >3->0,Tags- >0->14->0- >1->5- >0,Tags->0- >14->0->1- >7->0,Tags- >0->14->0- >1->9- >0,Tags->0- >14->0->1- >11- >0,Tags->0- >14->0->1- >13- >0,Tags->0- >14->0->1- >15- >0,Tags->0- >17->0->1- >3->0->1- >0->0,Tags- >0->17->0- >1->3->1- >1->0- >0,Tags->0- >17->0->1- >3->2->1- >0->0,Tags- >0->17->1- >1->1->0- >1->1->0- >1->1->0- >1->0- >0,Tags->0- >19->5->1- >1->0,Tags-	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	Verification result set by user.

		>0->19->5- >1->3- >0,Tags->0- >19->6->1- >1->0,Tags- >0->19->6- >1->3- >0,Tags->0- >21->0->1- >7->0,Tags- >0->24->0- >1->3- >0,Tags->0- >24->0->1- >5->0,Tags- >0->26->0- >1->2->1- >1->0- >0,Tags->0- >26->0->1- >2->2->1- >0->0,Tags- >0->26->0- >1->2->3- >1->0->0					
11	2	Tags->0->9->5->1->1->0->1->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("6.b1-Text"); a.hidden = true; this.getField("6.b1-Text").value = "";
12	2	Tags->0->9->5->1->1->1->1->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("6.b1-Text"); a.hidden = false;
13	2	Tags->0->9->5->1->1->2->1->3->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	if(this.getField("6.c1-Check").isChecked(0)) { this.getField("6.c5-Check").value = "Off"; }
14	2	Tags->0->9->5->1->1-	Section A: All PDFs	A5. Is the document free from	Passed	An action of type Run a JavaScript	if(this.getField("6.c2-Check").isBo

		>2->1->5->0		content that flashes more than 3 times per second?		attached to the Mouse Up trigger of the highlighted element has been detected.	xChecked(0)) { this.getField("6.c5-Check").value = "Off"; }
15	2	Tags->0->9->5->1->1->2->1->7->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	if(this.getField("6.c3-Check").isBooleanChecked(0)) { this.getField("6.c5-Check").value = "Off"; }
16	2	Tags->0->9->5->1->1->2->1->9->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("6.c4-Text"); if(this.getField("6.c4-Check").isBooleanChecked(0)){ a.hidden = false; this.getField("6.c5-Check").value = "Off"; } else { a.hidden = true; this.getField("6.c4-Text").value = ""; }
17	6	Tags->0->14->4->1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("14.a-MultiText"); var b = this.getField("14.b-MultiText"); /* show a */ a.hidden = false; /* clear and hide b */ b.value = ""; b.hidden = true;
18	6	Tags->0->14->4->1->3->0	Section A: All PDFs	A5. Is the document free from content that flashes more	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of	var a = this.getField("14.a-MultiText"); var b = this.getField(

				than 3 times per second?		the highlighted element has been detected.	"14.b-MultiText"); /* show b */ b.hidden = false; /* clear and hide a */ a.value = ""; a.hidden = true;
19	7	Tags->0->17->2->1->3->2->1->1->0->1->1->0,Tags->0->17->2->1->3->2->1->1->1->1->1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFNumber_Format(0, 0, 3, 0, "", true);
20	7	Tags->0->17->2->1->3->2->1->1->0->1->1->0,Tags->0->17->2->1->3->2->1->1->1->1->1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has been detected.	AFNumber_Keystroke(0, 0, 3, 0, "", true);
21	8	Tags->0->19->0->1->5->0->1->23->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("20.a11-Text"); if (this.getField("20.a11-Check").isChecked(0)) { a.hidden = false; } else { a.value = ""; a.hidden = true; }
22	10	Tags->0->19->3->1->3->2->1->0->0,Tags->0->19->3->1->3->2->2->0->0,Tags->0->19->3->1->3->2->3->0->0,Tags->0->19->3->1->3->2->4->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFPercent_Format(2, 0);

	>0,Tags->0-					
	>19->3->1-					
	>3->2->5-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->3-					
	>1->0-					
	>0,Tags->0-					
	>19->3->1-					
	>3->3->2-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->3-					
	>3->0-					
	>0,Tags->0-					
	>19->3->1-					
	>3->3->4-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->3-					
	>5->0-					
	>0,Tags->0-					
	>19->3->1-					
	>3->4->1-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->4-					
	>2->0-					
	>0,Tags->0-					
	>19->3->1-					
	>3->4->3-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->4-					
	>4->0-					
	>0,Tags->0-					
	>19->3->1-					
	>3->4->5-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->5-					
	>1->0-					
	>0,Tags->0-					
	>19->3->1-					
	>3->5->2-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->5-					
	>3->0-					
	>0,Tags->0-					
	>19->3->1-					
	>3->5->4-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->5-					
	>5->0-					
	>0,Tags->0-					
	>19->3->1-					
	>3->6->1-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->6-					
	>2->0-					

		>0,Tags->0- >19->3->1- >3->6->3- >0->0,Tags- >0->19->3- >1->3->6- >4->0- >0,Tags->0- >19->3->1- >3->6->5- >0->0,Tags- >0->19->3- >1->3->7- >1->0- >0,Tags->0- >19->3->1- >3->7->2- >0->0,Tags- >0->19->3- >1->3->7- >3->0- >0,Tags->0- >19->3->1- >3->7->4- >0->0,Tags- >0->19->3- >1->3->7- >5->0- >0,Tags->0- >19->3->1- >3->8->1- >0->0,Tags- >0->19->3- >1->3->8- >2->0- >0,Tags->0- >19->3->1- >3->8->3- >0->0,Tags- >0->19->3- >1->3->8- >4->0- >0,Tags->0- >19->3->1- >3->8->5- >0->0					
23	10	Tags->0- >19->3->1- >3->2->1- >0->0,Tags- >0->19->3- >1->3->2- >2->0- >0,Tags->0- >19->3->1- >3->2->3- >0->0,Tags- >0->19->3- >1->3->2- >4->0- >0,Tags->0- >19->3->1- >3->2->5-	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has been detected.	AFPercent_K eystroke(2,0);

>0->0,Tags-
>0->19->3-
>1->3->3-
>1->0-
>0,Tags->0-
>19->3->1-
>3->3->2-
>0->0,Tags-
>0->19->3-
>1->3->3-
>3->0-
>0,Tags->0-
>19->3->1-
>3->3->4-
>0->0,Tags-
>0->19->3-
>1->3->3-
>5->0-
>0,Tags->0-
>19->3->1-
>3->4->1-
>0->0,Tags-
>0->19->3-
>1->3->4-
>2->0-
>0,Tags->0-
>19->3->1-
>3->4->3-
>0->0,Tags-
>0->19->3-
>1->3->4-
>4->0-
>0,Tags->0-
>19->3->1-
>3->4->5-
>0->0,Tags-
>0->19->3-
>1->3->5-
>1->0-
>0,Tags->0-
>19->3->1-
>3->5->2-
>0->0,Tags-
>0->19->3-
>1->3->5-
>3->0-
>0,Tags->0-
>19->3->1-
>3->5->4-
>0->0,Tags-
>0->19->3-
>1->3->5-
>5->0-
>0,Tags->0-
>19->3->1-
>3->6->1-
>0->0,Tags-
>0->19->3-
>1->3->6-
>2->0-
>0,Tags->0-
>19->3->1-
>3->6->3-

		>0->0,Tags- >0->19->3- >1->3->6- >4->0- >0,Tags->0- >19->3->1- >3->6->5- >0->0,Tags- >0->19->3- >1->3->7- >1->0- >0,Tags->0- >19->3->1- >3->7->2- >0->0,Tags- >0->19->3- >1->3->7- >3->0- >0,Tags->0- >19->3->1- >3->7->4- >0->0,Tags- >0->19->3- >1->3->7- >5->0- >0,Tags->0- >19->3->1- >3->8->1- >0->0,Tags- >0->19->3- >1->3->8- >2->0- >0,Tags->0- >19->3->1- >3->8->3- >0->0,Tags- >0->19->3- >1->3->8- >4->0- >0,Tags->0- >19->3->1- >3->8->5- >0->0					
24	10	Tags->0- >19->4->1- >1->0->1- >0->0,Tags- >0->19->4- >1->1->1- >1->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("24.c-Text"); a.value = ""; a.hidden = true;
25	10	Tags->0- >19->4->1- >1->2->1- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted	var a = this.getField("24.c-Text"); a.hidden = false;

						element has been detected.	
26	11	Tags->0->21->0->1->5->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("29.ai-Text"); var b = this.getField("29.ail-Text"); var c = this.getField("29.b-MultiText"); /* if yes is checked, show a */ a.hidden = false; b.hidden = false; /* clear out and hide b */ c.value = ""; c.hidden = true;
27	12,16	Tags->0->24->0->1->7->0->1->3->0,Tags->0->24->0->1->7->1->1->2->1->1->0->0,Tags->0->24->0->1->7->1->1->2->2->1->0->0,Tags->0->24->0->1->7->1->1->2->3->1->0->0,Tags->0->24->0->1->7->1->1->2->4->1->0->0,Tags->0->24->0->1->7->1->1->2->5->1->0->0,Tags->0->26->2->1->1->1->1->6->1->3->0->0,Tags->0->26->2->1->1->1->1->6->2->3->0-	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFDate_FormatEx("mm/dd/yyyy");

		>0,Tags->0- >26->2->1- >1->1->1- >6->3->3- >0->0,Tags- >0->26->2- >1->1->1- >1->6->4- >3->0- >0,Tags->0- >26->2->1- >1->1->1- >6->5->3- >0->0					
28	12,16	Tags->0- >24->0->1- >7->0->1- >3->0,Tags- >0->24->0- >1->7->1- >1->2->1- >1->0- >0,Tags->0- >24->0->1- >7->1->1- >2->2->1- >0->0,Tags- >0->24->0- >1->7->1- >1->2->3- >1->0- >0,Tags->0- >24->0->1- >7->1->1- >2->4->1- >0->0,Tags- >0->24->0- >1->7->1- >1->2->5- >1->0- >0,Tags->0- >26->2->1- >1->1->1- >6->1->3- >0->0,Tags- >0->26->2- >1->1->1- >1->6->2- >3->0- >0,Tags->0- >26->2->1- >1->1->1- >6->3->3- >0->0,Tags- >0->26->2- >1->1->1- >1->6->4- >3->0- >0,Tags->0- >26->2->1- >1->1->1- >6->5->3- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has been detected.	AFDate_Keys trokeEx("m m/dd/yyyy") ;

29	13	Tags->0->24->1->1->3->0->1->0->0,Tags->0->24->1->1->3->1->1->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("31.c-Text"); a.value = ""; a.hidden = true;
30	13	Tags->0->24->1->1->3->2->1->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("31.c-Text"); a.hidden = false;
31	13	Tags->0->26->0->1->2->4->1->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("34.e-Text"); /* if checked, show box */ if (this.getField("34.e-Check").isChecked(0)) { a.hidden = false; } /* if unchecked, clear and hide */ else { a.value = ""; a.hidden = true; }
32	14	Tags->0->26->1->1->1->0->1->6->1->2->0->0,Tags->0->26->1->1->1->6->2->2->0->0,Tags->0->26->1->1->1->0->1->6->3->2->0->0,Tags->0->26->1->1->1->0->1->6->4->2->0->0,Tags->0->26->1->1->1->0->1	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFNumber_Format(2, 0, 0, 0, "\u0024 ", true);

		>6->5->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->6- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >6->7->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->8- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >6->9->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->10- >2->0->0					
33	14	Tags->0- >26->1->1- >1->0->1- >6->1->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->2- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >6->3->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->4- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >6->5->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->6- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >6->7->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->8- >2->0- >0,Tags->0- >26->1->1- >1->0->1-	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has been detected.	AFNumber_K eystroke(2, 0, 0, 0, "\u0024 ", true);

		>6->9->2->0->0,Tags->0->26->1->1->1->0->1->6->10->2->0->0					
34	15	Tags->0->26->2->1->1->0->1->2->1->4->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	/* if this field = "NO" then show column 5 */ a = this.getField("36.ai4-List"); b = this.getField("36.ai5-List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }
35	15	Tags->0->26->2->1->1->0->1->2->2->4->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	/* if this field = "NO" then show column 5 */ a = this.getField("36.aii4-List"); b = this.getField("36.aii5-List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }
36	15	Tags->0->26->2->1->1->0->1->2->3->4->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	/* if this field = "NO" then show column 5 */ a = this.getField("36.aiii4-List"); b = this.getField("36.aiii5-List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }

37	15	Tags->0->26->2->1->1->0->1->2->4->4->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	/* if this field = "NO" then show column 5 */ a = this.getField("36.aiv4-List"); b = this.getField("36.aiv5-List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }
38	15	Tags->0->26->2->1->1->0->1->2->5->4->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	/* if this field = "NO" then show column 5 */ a = this.getField("36.av4-List"); b = this.getField("36.av5-List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }
39	17	Tags->0->28->2->1->1->0->1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFDate_FormatEx("mm m-yy");
40	17	Tags->0->28->2->1->1->0->1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has been detected.	AFDate_Keys trokeEx("m mm-yy");
41			Section A: All PDFs	A6. Are accurate	Passed	Bookmarks are logical	

				bookmarks provided for documents greater than 9 pages?		and consistent with Heading Levels.	
42		Doc	Section A: All PDFs	A7. Review-related content	Passed	Is the document free from review-related content carried over from Office or other editing tools such as comments, track changes, embedded Speaker Notes?	Verification result set by user.
43	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21	Tags	Section A: All PDFs	A8. Logically ordered tags	Passed	Is the order in the tag structure accurate and logical? Do the tags match the order they should be read in?	Verification result set by user.
44			Section A: All PDFs	A9. Tagged content	Passed	No Untagged annotations were detected, and no elements have been untagged in this session.	
45			Section A: All PDFs	A10. Role mapped custom tags	Passed	Passed Role Map tests.	
46			Section A: All PDFs	A11. Text correctly formatted	Passed	All words were found in their corresponding language's dictionary	
47	1,3,6,12,2,4,8,9,10,11,14,15,16,17,18,20	Tags->0->0,Tags->0->1,Tags->0->2,Tags->0->3,Tags->0->4,Tags->0->6,Tags->0->7,Tags->0->13,Tags->0-	Section A: All PDFs	A12. Paragraph text	Passed	Do paragraph tags accurately represent visual paragraphs?	Verification result set by user.

>16,Tags-
>0-
>23,Tags-
>0->9->3-
>1->0,Tags-
>0->9->3-
>1->3,Tags-
>0->9->5-
>1->1->2-
>1->4,Tags-
>0->9->5-
>1->1->2-
>1->6,Tags-
>0->9->5-
>1->1->2-
>1->8,Tags-
>0->9->5-
>1->1->2-
>1-
>10,Tags-
>0->9->5-
>1->1->2-
>1-
>13,Tags-
>0->11->1-
>1->5->0-
>1->1,Tags-
>0->11->1-
>1->5->0-
>1->2,Tags-
>0->11->1-
>1->5->1-
>1->1,Tags-
>0->11->1-
>1->5->1-
>1->2,Tags-
>0->14->0-
>1->4,Tags-
>0->14->0-
>1->6,Tags-
>0->14->0-
>1->8,Tags-
>0->14->0-
>1-
>10,Tags-
>0->14->0-
>1-
>12,Tags-
>0->14->0-
>1-
>14,Tags-
>0->14->0-
>1-
>16,Tags-
>0->14->2-
>1->12->0-
>0->0,Tags-
>0->14->2-
>1->12->0-
>1->0,Tags-
>0->14->2-
>1->12->0-
>2->0,Tags-

>0->14->2-					
>1->12->0-					
>3->0,Tags-					
>0->14->2-					
>1->12->0-					
>4->0,Tags-					
>0->14->2-					
>1->12->0-					
>5->0,Tags-					
>0->14->2-					
>1->12->0-					
>6->0,Tags-					
>0->14->2-					
>1->12->1-					
>0->0,Tags-					
>0->14->2-					
>1->12->1-					
>1->0,Tags-					
>0->14->2-					
>1->12->1-					
>2->0,Tags-					
>0->14->2-					
>1->12->1-					
>3->0,Tags-					
>0->14->2-					
>1->12->1-					
>4->0,Tags-					
>0->14->2-					
>1->12->1-					
>5->0,Tags-					
>0->14->2-					
>1->12->1-					
>6->0,Tags-					
>0->19->0-					
>1->5->0-					
>1->4,Tags-					
>0->19->0-					
>1->5->0-					
>1->6,Tags-					
>0->19->0-					
>1->5->0-					
>1->8,Tags-					
>0->19->0-					
>1->5->0-					
>1-					
>10,Tags-					
>0->19->0-					
>1->5->0-					
>1-					
>12,Tags-					
>0->19->0-					
>1->5->0-					
>1-					
>14,Tags-					
>0->19->0-					
>1->5->0-					
>1-					
>16,Tags-					
>0->19->0-					
>1->5->0-					
>1-					
>18,Tags-					
>0->19->0-					

>1->5->0-
>1-
>20,Tags-
>0->19->0-
>1->5->0-
>1-
>24,Tags-
>0->19->3-
>1->0,Tags-
>0->19->3-
>1->1,Tags-
>0->19->3-
>1->3->0-
>0->0,Tags-
>0->19->3-
>1->3->0-
>1->0,Tags-
>0->19->3-
>1->3->0-
>2->0,Tags-
>0->19->3-
>1->3->0-
>3->0,Tags-
>0->19->3-
>1->3->0-
>4->0,Tags-
>0->19->3-
>1->3->0-
>5->0,Tags-
>0->19->3-
>1->3->1-
>0->0,Tags-
>0->19->3-
>1->3->1-
>1->0,Tags-
>0->19->3-
>1->3->1-
>2->0,Tags-
>0->19->3-
>1->3->1-
>3->0,Tags-
>0->19->3-
>1->3->1-
>4->0,Tags-
>0->19->3-
>1->3->1-
>5->0,Tags-
>0->19->5-
>1->0,Tags-
>0->19->5-
>1->5,Tags-
>0->19->6-
>1->0,Tags-
>0->19->6-
>1->5,Tags-
>0->24->0-
>1->7->1-
>1->0,Tags-
>0->24->0-
>1->7->1-
>1->3,Tags-
>0->24->0-
>1->7->1-

>1->2->0-
>0->0,Tags-
>0->24->0-
>1->7->1-
>1->2->0-
>1->0,Tags-
>0->24->0-
>1->7->1-
>1->2->0-
>2->0,Tags-
>0->24->0-
>1->7->1-
>1->2->0-
>3->0,Tags-
>0->26->1-
>1->1->0-
>1->6->0-
>0->0,Tags-
>0->26->1-
>1->1->0-
>1->6->0-
>1->0,Tags-
>0->26->1-
>1->1->0-
>1->6->0-
>2->0,Tags-
>0->26->1-
>1->1->0-
>1->6->0-
>3->0,Tags-
>0->26->1-
>1->1->0-
>1->6->0-
>4->0,Tags-
>0->26->1-
>1->1->0-
>1->6->0-
>5->0,Tags-
>0->26->2-
>1->1->0-
>1->2->0-
>0->0,Tags-
>0->26->2-
>1->1->0-
>1->2->0-
>1->0,Tags-
>0->26->2-
>1->1->0-
>1->2->0-
>2->0,Tags-
>0->26->2-
>1->1->0-
>1->2->0-
>3->0,Tags-
>0->26->2-
>1->1->0-
>1->2->0-
>4->0,Tags-
>0->26->2-
>1->1->0-
>1->2->0-
>5->0,Tags-
>0->26->2-

>1->1->0-
>1->2->0-
>6->0,Tags-
>0->26->2-
>1->1->1-
>1->6->0-
>0->0,Tags-
>0->26->2-
>1->1->1-
>1->6->0-
>1->0,Tags-
>0->26->2-
>1->1->1-
>1->6->0-
>2->0,Tags-
>0->26->2-
>1->1->1-
>1->6->0-
>2->1,Tags-
>0->26->2-
>1->1->1-
>1->6->0-
>3->0,Tags-
>0->28->2-
>1->0,Tags-
>0->28->2-
>1->2,Tags-
>0->28->3-
>1->0,Tags-
>0->28->3-
>1->2->0-
>0->0,Tags-
>0->28->3-
>1->2->0-
>1->0,Tags-
>0->28->3-
>1->2->0-
>2->0,Tags-
>0->28->3-
>1->2->1-
>0->0,Tags-
>0->28->3-
>1->2->1-
>1->0,Tags-
>0->28->3-
>1->2->1-
>2->0,Tags-
>0->28->5-
>1->11->1-
>1->0,Tags-
>0->28->5-
>1->11->1-
>1->2->0-
>0->0,Tags-
>0->28->5-
>1->11->1-
>1->2->0-
>1->0,Tags-
>0->28->5-
>1->11->1-
>1->2->0-
>2->0,Tags-
>0->28->5-

		>1->11->1- >1->2->0- >3->0,Tags- >0->28->5- >1->11->1- >1->2->0- >4->0,Tags- >0->28->5- >1->11->1- >1->2->1- >0->0,Tags- >0->28->5- >1->11->1- >1->2->1- >1->0,Tags- >0->28->5- >1->11->1- >1->2->1- >2->0,Tags- >0->28->5- >1->11->1- >1->2->1- >3->0,Tags- >0->28->5- >1->11->1- >1->2->1- >4->0					
48			Section A: All PDFs	A13. Resizable text	Passed	Text can be resized and is readable.	
49		Pages->0	Section B: PDFs containing Color	B1. Color alone	Passed	Page 1 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
50		Pages->1	Section B: PDFs containing Color	B1. Color alone	Passed	Page 2 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
51		Pages->2	Section B: PDFs containing Color	B1. Color alone	Passed	Page 3 contains color. Please ensure that all information conveyed	Verification result set by user.

						with color is also available without color.	
52		Pages->3	Section B: PDFs containing Color	B1. Color alone	Passed	Page 4 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
53		Pages->4	Section B: PDFs containing Color	B1. Color alone	Passed	Page 5 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
54		Pages->5	Section B: PDFs containing Color	B1. Color alone	Passed	Page 6 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
55		Pages->6	Section B: PDFs containing Color	B1. Color alone	Passed	Page 7 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
56		Pages->7	Section B: PDFs containing Color	B1. Color alone	Passed	Page 8 contains color. Please ensure that all information conveyed with color is	Verification result set by user.

						also available without color.	
57		Pages->8	Section B: PDFs containing Color	B1. Color alone	Passed	Page 9 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
58		Pages->9	Section B: PDFs containing Color	B1. Color alone	Passed	Page 10 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
59		Pages->10	Section B: PDFs containing Color	B1. Color alone	Passed	Page 11 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
60		Pages->11	Section B: PDFs containing Color	B1. Color alone	Passed	Page 12 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
61		Pages->12	Section B: PDFs containing Color	B1. Color alone	Passed	Page 13 contains color. Please ensure that all information conveyed with color is also	Verification result set by user.

						available without color.	
62		Pages->13	Section B: PDFs containing Color	B1. Color alone	Passed	Page 14 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
63		Pages->14	Section B: PDFs containing Color	B1. Color alone	Passed	Page 15 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
64		Pages->15	Section B: PDFs containing Color	B1. Color alone	Passed	Page 16 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
65		Pages->16	Section B: PDFs containing Color	B1. Color alone	Passed	Page 17 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
66		Pages->17	Section B: PDFs containing Color	B1. Color alone	Passed	Page 18 contains color. Please ensure that all information conveyed with color is also available	Verification result set by user.

						without color.	
67		Pages->18	Section B: PDFs containing Color	B1. Color alone	Passed	Page 19 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
68		Pages->19	Section B: PDFs containing Color	B1. Color alone	Passed	Page 20 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
69		Pages->20	Section B: PDFs containing Color	B1. Color alone	Passed	Page 21 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
70		Doc	Section B: PDFs containing Color	B2. Color contrast	Passed	Does all text (with the exception of logos) have a contrast ratio of 4.5:1 or greater no matter the size?	Verification result set by user.
71			Section C: PDFs containing Links	C1. Tagged links	Passed	All link annotations are placed along with their textual description in a Link tag.	
72	1,4,6,7,12,19	Tags->0->7->0->1,Tags->0->7->2->1,Tags->0->14->2->1-	Section C: PDFs containing Links	C2. Distinguishable Links	Passed	Is this link distinguished by a method other than color?	Verification result set by user.

		>9->1,Tags->0->14->2->1->9->2,Tags->0->17->0->1->3->0->1->2->0->1,Tags->0->17->1->1->1->0->1->1->0->1->2->0->1,Tags->0->24->0->1->7->1->1->3->1->1,Tags->0->24->0->1->7->1->1->3->1->2,Tags->0->28->5->1->9->1,Tags->0->28->5->1->9->2					
73	1	Tags->0->7->0,Tags->0->7->2	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Alt of "Email address for payment preprint approvals." is appropriate for the highlighted element.	Verification result set by user.
74	1	Tags->0->7->0->1,Tags->0->7->2->1	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Contents of "Email address for payment preprint approvals." is appropriate for the highlighted element.	Verification result set by user.
75	4,19	Tags->0->14->2->1->9,Tags->0->28->5->1->9	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Alt of "Adult and Child Health Care Quality Measures" is appropriate for the highlighted element.	Verification result set by user.

76	4,19	Tags->0->14->2->1->9->1,Tags->0->14->2->1->9->2,Tags->0->28->5->1->9->1,Tags->0->28->5->1->9->2	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Contents of "Adult and Child Health Care Quality Measures" is appropriate for the highlighted element.	Verification result set by user.
77	6	Tags->0->17->0->1->3->0->1->2->0	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Alt of "Footnote 1." is appropriate for the highlighted element.	Verification result set by user.
78	6	Tags->0->17->0->1->3->0->1->2->0->1	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Contents of "Footnote 1." is appropriate for the highlighted element.	Verification result set by user.
79	7	Tags->0->17->1->1->1->0->1->1->0->1->2->0	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Alt of "Footnote 2." is appropriate for the highlighted element.	Verification result set by user.
80	7	Tags->0->17->1->1->1->0->1->1->0->1->2->0->1	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Contents of "Footnote 2." is appropriate for the highlighted element.	Verification result set by user.
81	12	Tags->0->24->0->1->7->1->1->3->1	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Alt of "Medicaid Rate Review and Rate Guides" is appropriate for the highlighted element.	Verification result set by user.
82	12	Tags->0->24->0->1->7->1->1->3->1->1,Tags->0-	Section C: PDFs containing Links	C3. Understandable Links	Passed	Please verify that Contents of "Medicaid Rate Review	Verification result set by user.

		>24->0->1- >7->1->1- >3->1->2				and Rate Guides" is appropriate for the highlighted element.	
83			Section E: PDFs containing Tables	E1. Table tags	Passed	All tables in this document are data tables.	
84	4,10,12,14,15,16,18,20	Tags->0->14->2->1->12,Tags->0->19->3->1->3,Tags->0->24->0->1->7->1->1->2,Tags->0->26->1->1->1->0->1->6,Tags->0->26->2->1->1->0->1->2,Tags->0->26->2->1->1->1->1->1->6,Tags->0->28->3->1->2,Tags->0->28->5->1->11->1->1->2	Section E: PDFs containing Tables	E2. Table structure vs. visual layout	Passed	Does the table structure in the tag tree match the visual table layout?	Verification result set by user.
85	4,10,12,14,15,16,18,20	Tags->0->14->2->1->12,Tags->0->19->3->1->3,Tags->0->24->0->1->7->1->1->2,Tags->0->26->1->1->1->0->1->6,Tags->0->26->2->1->1->0->1->2,Tags->0->26->2->1->1->1->1->1->6,Tags->0->28->3->1->2,Tags->0->28->5->1->11->1->1->2	Section E: PDFs containing Tables	E3. Table cells types	Passed	Are all header cells tagged with the TH tag? Are all data cells tagged with the TD tag?	Verification result set by user.
86			Section E: PDFs containing Tables	E4. Empty header cells	Passed	All table header cells contain content or property set to passed.	

87	4,10,12,14,15,16,18,20	Tags->0->14->2->1->12,Tags->0->19->3->1->3,Tags->0->24->0->1->7->1->1->2,Tags->0->26->1->1->1->0->1->6,Tags->0->26->2->1->1->0->1->2,Tags->0->26->2->1->1->1->1->6,Tags->0->28->3->1->2,Tags->0->28->5->1->11->1->1->2	Section E: PDFs containing Tables	E5. Merged Cells	Passed	Please verify that the highlighted Table does not contain any merged cells.	Verification result set by user.
88			Section E: PDFs containing Tables	E6. Header scope	Passed	All simple tables define scope for THs	
89			Section F: PDFs containing Lists	F1. List tags	Passed	All List elements passed.	
90	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21	Tags->0->9,Tags->0->11,Tags->0->14,Tags->0->17,Tags->0->19,Tags->0->21,Tags->0->24,Tags->0->26,Tags->0->28,Tags->0->9->3->1->2,Tags->0->9->5->1->1,Tags->0->9->5->1->1->1->1->2,Tags->0->11->0->1->8,Tags->0->11->1->1->5,Tags->0->14->2->1->12->2->0->0,Tags->0->14->2-	Section F: PDFs containing Lists	F2. List items vs. visual layout	Passed	Does the number of items in the tag structure match the number of items in the visual list?	Verification result set by user.

	>1->12->3-					
	>0->0,Tags-					
	>0->14->2-					
	>1->12->4-					
	>0->0,Tags-					
	>0->14->2-					
	>1->12->5-					
	>0->0,Tags-					
	>0->14->2-					
	>1->12->6-					
	>0->0,Tags-					
	>0->14->3-					
	>1->1,Tags-					
	>0->14->4-					
	>1->5,Tags-					
	>0->14->5-					
	>1->1,Tags-					
	>0->17->0-					
	>1->3,Tags-					
	>0->17->1-					
	>1->1,Tags-					
	>0->17->1-					
	>1->1->0-					
	>1->1,Tags-					
	>0->17->1-					
	>1->1->0-					
	>1->1->2-					
	>1->2,Tags-					
	>0->17->2-					
	>1->3,Tags-					
	>0->17->2-					
	>1->3->2-					
	>1->1,Tags-					
	>0->17->3-					
	>1->3,Tags-					
	>0->19->0-					
	>1->5,Tags-					
	>0->19->2-					
	>1->5,Tags-					
	>0->19->3-					
	>1->3->2-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->3-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->4-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->5-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->6-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->7-					
	>0->0,Tags-					
	>0->19->3-					
	>1->3->8-					
	>0->0,Tags-					
	>0->19->4-					
	>1->1,Tags-					
	>0->21->0-					

	>1->9,Tags-				
	>0->21->0-				
	>1->9->0-				
	>1->1,Tags-				
	>0->24->0-				
	>1->7,Tags-				
	>0->24->0-				
	>1->7->1-				
	>1->2->1-				
	>0->0,Tags-				
	>0->24->0-				
	>1->7->1-				
	>1->2->2-				
	>0->0,Tags-				
	>0->24->0-				
	>1->7->1-				
	>1->2->3-				
	>0->0,Tags-				
	>0->24->0-				
	>1->7->1-				
	>1->2->4-				
	>0->0,Tags-				
	>0->24->0-				
	>1->7->1-				
	>1->2->5-				
	>0->0,Tags-				
	>0->24->1-				
	>1->3,Tags-				
	>0->26->0-				
	>1->2,Tags-				
	>0->26->1-				
	>1->1,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->1-				
	>0->0,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->2-				
	>0->0,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->3-				
	>0->0,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->4-				
	>0->0,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->5-				
	>0->0,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->6-				
	>0->0,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->7-				
	>0->0,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->8-				

	>0->0,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->9-				
	>0->0,Tags-				
	>0->26->1-				
	>1->1->0-				
	>1->6->10-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1,Tags-				
	>0->26->2-				
	>1->1->0-				
	>1->2->1-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1->0-				
	>1->2->2-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1->0-				
	>1->2->3-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1->0-				
	>1->2->4-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1->0-				
	>1->2->5-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1->1-				
	>1->6->1-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1->1-				
	>1->6->2-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1->1-				
	>1->6->3-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1->1-				
	>1->6->4-				
	>0->0,Tags-				
	>0->26->2-				
	>1->1->1-				
	>1->6->5-				
	>0->0,Tags-				
	>0->26->3-				
	>1->3,Tags-				
	>0->28->1-				
	>1->1,Tags-				
	>0->28->2-				
	>1->1,Tags-				
	>0->28->3-				
	>1->2->2-				
	>0->0,Tags-				
	>0->28->3-				
	>1->2->3-				
	>0->0,Tags-				

		>0->28->3- >1->2->4- >0->0,Tags- >0->28->3- >1->2->5- >0->0,Tags- >0->28->5- >1- >11,Tags- >0->28->5- >1->11->1- >1->2->2- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >0->0,Tags- >0->28->5- >1->11->1- >1->2->4- >0->0,Tags- >0->28->5- >1->11->1- >1->2->5- >0->0					
91	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,20	Tags->0->9- >3->1- >2,Tags->0- >9->5->1- >1->1->1- >2,Tags->0- >11->0->1- >8,Tags->0- >11->1->1- >5,Tags->0- >14->2->1- >12->2->0- >0,Tags->0- >14->2->1- >12->3->0- >0,Tags->0- >14->2->1- >12->4->0- >0,Tags->0- >14->2->1- >12->5->0- >0,Tags->0- >14->2->1- >12->6->0- >0,Tags->0- >14->3->1- >1,Tags->0- >14->4->1- >5,Tags->0- >14->5->1- >1,Tags->0- >17->0->1- >3,Tags->0- >17->1->1- >1->0->1- >1->2->1- >2,Tags->0- >17->2->1-	Section F: PDFs containing Lists	F3. Nested lists	Passed	Please confirm that this list does not contain any nested lists	Verification result set by user.

>3->2->1-
>1,Tags->0-
>17->3->1-
>3,Tags->0-
>19->0->1-
>5,Tags->0-
>19->2->1-
>5,Tags->0-
>19->3->1-
>3->2->0-
>0,Tags->0-
>19->3->1-
>3->3->0-
>0,Tags->0-
>19->3->1-
>3->4->0-
>0,Tags->0-
>19->3->1-
>3->5->0-
>0,Tags->0-
>19->3->1-
>3->6->0-
>0,Tags->0-
>19->3->1-
>3->7->0-
>0,Tags->0-
>19->3->1-
>3->8->0-
>0,Tags->0-
>19->4->1-
>1,Tags->0-
>21->0->1-
>9->0->1-
>1,Tags->0-
>24->0->1-
>7->1->1-
>2->1->0-
>0,Tags->0-
>24->0->1-
>7->1->1-
>2->2->0-
>0,Tags->0-
>24->0->1-
>7->1->1-
>2->3->0-
>0,Tags->0-
>24->0->1-
>7->1->1-
>2->4->0-
>0,Tags->0-
>24->0->1-
>7->1->1-
>2->5->0-
>0,Tags->0-
>24->1->1-
>3,Tags->0-
>26->0->1-
>2,Tags->0-
>26->1->1-
>1->0->1-
>6->1->0-
>0,Tags->0-
>26->1->1-

>1->0->1-
>6->2->0-
>0,Tags->0-
>26->1->1-
>1->0->1-
>6->3->0-
>0,Tags->0-
>26->1->1-
>1->0->1-
>6->4->0-
>0,Tags->0-
>26->1->1-
>1->0->1-
>6->5->0-
>0,Tags->0-
>26->1->1-
>1->0->1-
>6->6->0-
>0,Tags->0-
>26->1->1-
>1->0->1-
>6->7->0-
>0,Tags->0-
>26->1->1-
>1->0->1-
>6->8->0-
>0,Tags->0-
>26->1->1-
>1->0->1-
>6->9->0-
>0,Tags->0-
>26->1->1-
>1->0->1-
>6->10->0-
>0,Tags->0-
>26->2->1-
>1->0->1-
>2->1->0-
>0,Tags->0-
>26->2->1-
>1->0->1-
>2->2->0-
>0,Tags->0-
>26->2->1-
>1->0->1-
>2->3->0-
>0,Tags->0-
>26->2->1-
>1->0->1-
>2->4->0-
>0,Tags->0-
>26->2->1-
>1->0->1-
>2->5->0-
>0,Tags->0-
>26->2->1-
>1->1->1-
>6->1->0-
>0,Tags->0-
>26->2->1-
>1->1->1-
>6->2->0-
>0,Tags->0-

		>26->2->1- >1->1->1- >6->3->0- >0,Tags->0- >26->2->1- >1->1->1- >6->4->0- >0,Tags->0- >26->2->1- >1->1->1- >6->5->0- >0,Tags->0- >26->3->1- >3,Tags->0- >28->1->1- >1,Tags->0- >28->2->1- >1,Tags->0- >28->3->1- >2->2->0- >0,Tags->0- >28->3->1- >2->3->0- >0,Tags->0- >28->3->1- >2->4->0- >0,Tags->0- >28->3->1- >2->5->0- >0,Tags->0- >28->5->1- >11->1->1- >2->2->0- >0,Tags->0- >28->5->1- >11->1->1- >2->3->0- >0,Tags->0- >28->5->1- >11->1->1- >2->4->0- >0,Tags->0- >28->5->1- >11->1->1- >2->5->0- >0					
92			Section G: PDFs containing Headings	G1. Visual Headings in Heading tags	Passed	All Visual Headings are tagged as Headings.	
93			Section G: PDFs containing Headings	G2. Heading levels skipping	Passed	All Headings are nested correctly	
94	1,2,3,6,8,11,12,13,17	Tags->0- >5,Tags->0- >8,Tags->0- >10,Tags->0- >12,Tags->0- >15,Tags-	Section G: PDFs containing Headings	G3 & G4. Headings mark section of contents	Passed	Is the highlighted heading tag used on text that defines a section of content and if so, does	Verification result set by user.

		>0- >18,Tags- >0- >20,Tags- >0- >22,Tags- >0- >25,Tags- >0->27				the Heading text accurately describe the sectional content?	
95			Section H: PDFs containing Forms	H1. Tagged forms	Passed	All Form Annotations are tagged in Form Tags.	
96	1	Tags->0->3->1->1	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "State/Territory abbreviation" is appropriate for the highlighted element.	Verification result set by user.
97	1	Tags->0->4->1->1	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS Provided State Directed Payment Identifier" is appropriate for the highlighted element.	Verification result set by user.
98	1	Tags->0->9->0->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the State's managed care contract rating period(s) for which this payment arrangement will apply (date start)" is appropriate for the highlighted element.	Verification result set by user.
99	1	Tags->0->9->0->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the State's managed care contract rating	Verification result set by user.

						period(s) for which this payment arrangement will apply (date end)" is appropriate for the highlighted element.	
100	1,17	Tags->0->9->1->1->3->0,Tags->0->28->2->1->1->0->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the State s requested start date for this payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
101	1	Tags->0->9->2->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the managed care program(s) to which this payment arrangement will apply" is appropriate for the highlighted element.	Verification result set by user.
102	1	Tags->0->9->3->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the estimated total dollar amount (federal and non-federal dollars) of this state directed payment" is appropriate for the highlighted element.	Verification result set by user.
103	1	Tags->0->9->3->1->2->0->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the estimated federal share of this state	Verification result set by user.

						directed payment" is appropriate for the highlighted element.	
10 4	1	Tags->0->9->3->1->2->1->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the estimated non-federal share of this state directed payment" is appropriate for the highlighted element.	Verification result set by user.
10 5	1,6,10	Tags->0->9->4->1->3->0,Tags->0->9->4->1->5->0,Tags->0->14->4->1->1->0,Tags->0->14->4->1->3->0,Tags->0->19->5->1->1->0,Tags->0->19->5->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is this the initial submission the State is seeking approval under 42 C.F.R. § 438.6(c) for this state directed payment arrangement ?" is appropriate for the highlighted element.	Verification result set by user.
10 6	2	Tags->0->9->5->1->1->0->1->0->0,Tags->0->9->5->1->1->1->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "please indicate if the State is seeking approval of an amendment (a) or a renewal (b)." is appropriate for the highlighted element.	Verification result set by user.
10 7	2	Tags->0->9->5->1->1->1->1->2->0->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If the State is seeking approval of a renewal,	Verification result set by user.

						please indicate the rating periods for which previous approvals have been granted" is appropriate for the highlighted element.	
108	2	Tags->0->9->5->1->1->2->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Payment Type Change" is appropriate for the highlighted element.	Verification result set by user.
109	2	Tags->0->9->5->1->1->2->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provider Type Change" is appropriate for the highlighted element.	Verification result set by user.
110	2	Tags->0->9->5->1->1->2->1->7->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Quality Metric(s) / Benchmark(s) Change" is appropriate for the highlighted element.	Verification result set by user.
111	2	Tags->0->9->5->1->1->2->1->9->0,Tags->0->9->5->1->1->2->1->11->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Other; please describe" is appropriate for the highlighted element.	Verification result set by user.
112	2	Tags->0->9->5->1->1->2->1->12->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "No changes from previously approved preprint other than rating period(s)" is	Verification result set by user.

						appropriate for the highlighted element.	
113	2	Tags->0->9->6->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please use the checkbox to provide an assurance that the payment arrangement is not renewed automatically" is appropriate for the highlighted element.	Verification result set by user.
114	2	Tags->0->11->0->1->7->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract." is appropriate for the highlighted element.	Verification result set by user.
115	2	Tags->0->11->0->1->8->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please use the checkbox to provide an assurance" is appropriate for the highlighted element.	Verification result set by user.
116	2	Tags->0->11->0->1->8->1->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please also provide a link to, or submit a copy of, the authority	Verification result set by user.

						document(s) with initial submissions and at any time the authority document(s) has been renewed/rev ised/updated ." is appropriate for the highlighted element.	
117	3	Tags->0->11->1->1->5->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "VALUE-BASED PAYMENTS / DELIVERY SYSTEM REFORM" is appropriate for the highlighted element.	Verification result set by user.
118	3	Tags->0->11->1->1->5->1->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "FEE SCHEDULE REQUIREMENTS" is appropriate for the highlighted element.	Verification result set by user.
119	3	Tags->0->14->0->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Quality Payment/Pay for Performance " is appropriate for the highlighted element.	Verification result set by user.
120	3	Tags->0->14->0->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Bundled Payment/Epi sode-Based Payment" is appropriate for the highlighted element.	Verification result set by user.
121	3	Tags->0->14->0->1->7->0	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of "Population-	Verification result set by user.

			containing Forms			Based Payment/Accountable Care Organization " is appropriate for the highlighted element.	
12 2	3	Tags->0->14->0->1->9->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Multi-Payer Delivery System Reform" is appropriate for the highlighted element.	Verification result set by user.
12 3	3	Tags->0->14->0->1->11->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Medicaid-Specific Delivery System Reform" is appropriate for the highlighted element.	Verification result set by user.
12 4	3	Tags->0->14->0->1->13->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Performance Improvement Initiative" is appropriate for the highlighted element.	Verification result set by user.
12 5	3	Tags->0->14->0->1->15->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Other Value-Based Purchasing Model" is appropriate for the highlighted element.	Verification result set by user.
12 6	4	Tags->0->14->1->1->9->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provide a brief summary or description of the required payment	Verification result set by user.

						arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services." is appropriate for the highlighted element.	
12 7	4,20	<p>Tags->0->14->2->1->12->2->0->0->0->1->0->0,Tags->0->14->2->1->12->3->0->0->0->1->0->0,Tags->0->14->2->1->12->4->0->0->0->1->0->0,Tags->0->14->2->1->12->5->0->0->0->1->0->0,Tags->0->14->2->1->12->6->0->0->0->1->0->0,Tags->0->28->5->1->11->1->1->2->2->0->0->0->1->0->0,Tags->0->28->5->1->11->1->1->2->3->0->0->0->1->0->0,Tags->0->28->5->1->11->1->1->2->4->0->0->0->1->0->0,Tags->0->28->5->1->11->1->1->2->5->0->0->0->1->0->0</p>	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Measure Name and NQF # (if applicable)" is appropriate for the highlighted element.	Verification result set by user.

128	4	Tags->0->14->2->1->12->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_a." is appropriate for the highlighted element.	Verification result set by user.
129	4	Tags->0->14->2->1->12->2->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_a." is appropriate for the highlighted element.	Verification result set by user.
130	4	Tags->0->14->2->1->12->2->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_a." is appropriate for the highlighted element.	Verification result set by user.
131	4	Tags->0->14->2->1->12->2->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_a." is appropriate for the highlighted element.	Verification result set by user.
132	4	Tags->0->14->2->1->12->2->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_a." is appropriate for the highlighted element.	Verification result set by user.
133	4	Tags->0->14->2->1->12->2->6->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_a." is appropriate for the highlighted element.	Verification result set by user.
134	4	Tags->0->14->2->1->12->3->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_b." is appropriate for the highlighted element.	Verification result set by user.
135	4	Tags->0->14->2->1->12->3->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_b." is appropriate for the	Verification result set by user.

						highlighted element.	
13 6	4	Tags->0->14->2->1->12->3->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_b." is appropriate for the highlighted element.	Verification result set by user.
13 7	4	Tags->0->14->2->1->12->3->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_b." is appropriate for the highlighted element.	Verification result set by user.
13 8	4	Tags->0->14->2->1->12->3->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_b." is appropriate for the highlighted element.	Verification result set by user.
13 9	4	Tags->0->14->2->1->12->3->6->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_b." is appropriate for the highlighted element.	Verification result set by user.
14 0	4	Tags->0->14->2->1->12->4->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_c." is appropriate for the highlighted element.	Verification result set by user.
14 1	4	Tags->0->14->2->1->12->4->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_c." is appropriate for the highlighted element.	Verification result set by user.
14 2	4	Tags->0->14->2->1->12->4->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_c." is appropriate for the highlighted element.	Verification result set by user.
14 3	4	Tags->0->14->2->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_c."	Verification result set by user.

		>12->4->4->0->0	containing Forms			is appropriate for the highlighted element.	
14 4	4	Tags->0->14->2->1->12->4->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_c." is appropriate for the highlighted element.	Verification result set by user.
14 5	4	Tags->0->14->2->1->12->4->6->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_c." is appropriate for the highlighted element.	Verification result set by user.
14 6	4	Tags->0->14->2->1->12->5->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_d." is appropriate for the highlighted element.	Verification result set by user.
14 7	4	Tags->0->14->2->1->12->5->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_d." is appropriate for the highlighted element.	Verification result set by user.
14 8	4	Tags->0->14->2->1->12->5->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_d." is appropriate for the highlighted element.	Verification result set by user.
14 9	4	Tags->0->14->2->1->12->5->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_d." is appropriate for the highlighted element.	Verification result set by user.
15 0	4	Tags->0->14->2->1->12->5->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_d." is appropriate for the highlighted element.	Verification result set by user.

15 1	4	Tags->0- >14->2->1- >12->5->6- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_d." is appropriate for the highlighted element.	Verification result set by user.
15 2	4	Tags->0- >14->2->1- >12->6->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_e." is appropriate for the highlighted element.	Verification result set by user.
15 3	4	Tags->0- >14->2->1- >12->6->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_e." is appropriate for the highlighted element.	Verification result set by user.
15 4	4	Tags->0- >14->2->1- >12->6->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_e." is appropriate for the highlighted element.	Verification result set by user.
15 5	4	Tags->0- >14->2->1- >12->6->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_e." is appropriate for the highlighted element.	Verification result set by user.
15 6	4	Tags->0- >14->2->1- >12->6->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_e." is appropriate for the highlighted element.	Verification result set by user.
15 7	4	Tags->0- >14->2->1- >12->6->6- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_e." is appropriate for the highlighted element.	Verification result set by user.
15 8	5	Tags->0- >14->3->1- >1->0->1- >2->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please describe the methodology	Verification result set by user.

						used to set the performance targets for each measure." is appropriate for the highlighted element.	
159	5	Tags->0->14->3->1->1->1->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If multiple provider performance measures are involved in the payment arrangement , discuss if the provider must meet the performance target on each measure to receive payment or can providers receive a portion of the payment if they meet the performance target on some but not all measures?" is appropriate for the highlighted element.	Verification result set by user.
160	5	Tags->0->14->3->1->1->2->1->2->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "For state-developed measures, please briefly describe how the measure was developed?" is appropriate for the	Verification result set by user.

						highlighted element.	
16 1	6	Tags->0->14->4->1->5->0->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If this payment arrangement is designed to be a multi-year effort, denote the State s managed care contract rating period(s) the State is seeking approval for." is appropriate for the highlighted element.	Verification result set by user.
16 2	6	Tags->0->14->4->1->5->1->1->7->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If this payment arrangement is designed to be a multi-year effort and the State is NOT requesting a multi-year approval, describe how this application s payment arrangement fits into the larger multi-year effort and identify which year of the effort is addressed in this application." is appropriate for the highlighted element.	Verification result set by user.
16 3	6	Tags->0->14->5->1->1->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance with 42 C.F.R. §	Verification result set by user.

						438.6(c)(2)(iii)(A), the state directed payment" is appropriate for the highlighted element.	
164	6	Tags->0->14->5->1->1->1->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(B), the payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
165	6	Tags->0->14->5->1->1->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(C), the payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
166	6	Tags->0->14->5->1->1->3->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(D), the payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
167	6	Tags->0->17->0->1->3->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Minimum Fee Schedule" is appropriate for the	Verification result set by user.

						highlighted element.	
168	6	Tags->0->17->0->1->3->1->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Minimum Fee Schedule for providers that provide a particular service under the" is appropriate for the highlighted element.	Verification result set by user.
169	6	Tags->0->17->0->1->3->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Uniform Dollar or Percentage Increase " is appropriate for the highlighted element.	Verification result set by user.
170	7	Tags->0->17->1->1->1->0->1->1->0->1->0->0,Tags->0->17->1->1->1->0->1->1->1->1->0->0,Tags->0->17->1->1->1->0->1->1->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Check the basis for the fee schedule selected above" is appropriate for the highlighted element.	Verification result set by user.
171	7	Tags->0->17->1->1->1->0->1->1->2->1->2->0->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If the State is proposing an alternative fee schedule, please describe the alternative fee schedule" is appropriate for the highlighted element.	Verification result set by user.
172	7	Tags->0->17->1->1->1->1->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Explain how the state determined	Verification result set by user.

						this fee schedule requirement to be reasonable and appropriate" is appropriate for the highlighted element.	
17 3	7	Tags->0->17->2->1->3->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "C.F.R. § 438.6(c)(1)(iii)(C), the State has determined that the MCO, PIHP, or PAHP" is appropriate for the highlighted element.	Verification result set by user.
17 4	7	Tags->0->17->2->1->3->1->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe the process for plans and providers to request an exemption if they are under contract obligations that result in the need to pay more than the maximum fee schedule." is appropriate for the highlighted element.	Verification result set by user.
17 5	7	Tags->0->17->2->1->3->2->1->1->0->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Expected in this contract rating period (estimate)" is appropriate for the highlighted element.	Verification result set by user.

17 6	7	Tags->0->17->2->1->3->2->1->1->1->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Granted in past years of this payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
17 7	7	Tags->0->17->2->1->3->3->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe how such exemptions will be considered in rate development ." is appropriate for the highlighted element.	Verification result set by user.
17 8	8	Tags->0->17->3->1->3->0->1->1->0,Tags->0->17->3->1->3->0->1->3->0->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Will the state require plans to pay an increase?" is appropriate for the highlighted element.	Verification result set by user.
17 9	8	Tags->0->17->3->1->3->1->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "What is the magnitude of the increase (e.g., \$4 per claim or 3% increase per claim?)" is appropriate for the highlighted element.	Verification result set by user.
18 0	8	Tags->0->17->3->1->3->2->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe how will the uniform increase be paid out by plans (e.g., upon processing the initial	Verification result set by user.

						claim, a retroactive adjustment done one month after the end of quarter for those claims incurred during that quarter)." is appropriate for the highlighted element.	
18 1	8	Tags->0- >17->3->1- >3->3->1- >4->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe how the increase was developed, including why the increase is reasonable and appropriate for network providers that provide a particular service under the contract" is appropriate for the highlighted element.	Verification result set by user.
18 2	8	Tags->0- >19->0->1- >5->0->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "inpatient hospital service" is appropriate for the highlighted element.	Verification result set by user.
18 3	8	Tags->0- >19->0->1- >5->0->1- >5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "outpatient hospital service" is appropriate for the highlighted element.	Verification result set by user.
18 4	8	Tags->0- >19->0->1- >5->0->1- >7->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "professional services at an academic	Verification result set by user.

						medical center" is appropriate for the highlighted element.	
185	8	Tags->0->19->0->1->5->0->1->9->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "primary care services" is appropriate for the highlighted element.	Verification result set by user.
186	8	Tags->0->19->0->1->5->0->1->11->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "specialty physician services" is appropriate for the highlighted element.	Verification result set by user.
187	8	Tags->0->19->0->1->5->0->1->13->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "nursing facility services" is appropriate for the highlighted element.	Verification result set by user.
188	8	Tags->0->19->0->1->5->0->1->15->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "HCBS/personal care services" is appropriate for the highlighted element.	Verification result set by user.
189	8	Tags->0->19->0->1->5->0->1->17->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "behavioral health inpatient services" is appropriate for the highlighted element.	Verification result set by user.
190	8	Tags->0->19->0->1->5->0->1->19->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "behavioral health outpatient services" is appropriate for the	Verification result set by user.

						highlighted element.	
19 1	8	Tags->0->19->0->1->5->0->1->21->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "dental services" is appropriate for the highlighted element.	Verification result set by user.
19 2	8,10,13	Tags->0->19->0->1->5->0->1->23->0,Tags->0->19->0->1->5->0->1->25->0,Tags->0->19->4->1->1->2->1->2->0,Tags->0->24->1->1->3->2->1->2->0,Tags->0->26->0->1->2->4->1->2->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Other" is appropriate for the highlighted element.	Verification result set by user.
19 3	8,9	Tags->0->19->0->1->5->1->1->3->0,Tags->0->19->1->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please define the provider class(es) (if further narrowed from the general classes indicated above.)" is appropriate for the highlighted element.	Verification result set by user.
19 4	9	Tags->0->19->0->1->5->2->1->9->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provide a justification for the provider class defined in Question 20b (e.g., the provider class is defined in the State Plan.)" is appropriate	Verification result set by user.

						for the highlighted element.	
19 5	9	Tags->0->19->2->1->5->0->1->0->0,Tags->0->19->2->1->5->1->1->0->0,Tags->0->19->2->1->5->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Will the state directed payment" is appropriate for the highlighted element.	Verification result set by user.
19 6	10	Tags->0->19->3->1->3->2->0->0->0->1->0->0,Tags->0->19->3->1->3->3->0->0->0->1->0->0,Tags->0->19->3->1->3->4->0->0->0->1->0->0,Tags->0->19->3->1->3->5->0->0->0->1->0->0,Tags->0->19->3->1->3->6->0->0->0->1->0->0,Tags->0->19->3->1->3->7->0->0->0->1->0->0,Tags->0->19->3->1->3->8->0->0->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provider Class(es)" is appropriate for the highlighted element.	Verification result set by user.
19 7	10	Tags->0->19->3->1->3->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_a." is appropriate for the highlighted element.	Verification result set by user.
19 8	10	Tags->0->19->3->1->3->2->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_a." is appropriate for the highlighted element.	Verification result set by user.

19 9	10	Tags->0->19->3->1->3->2->3->0->0,Tags->0->19->3->1->3->2->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_a." is appropriate for the highlighted element.	Verification result set by user.
20 0	10	Tags->0->19->3->1->3->2->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_a." is appropriate for the highlighted element.	Verification result set by user.
20 1	10	Tags->0->19->3->1->3->3->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_b." is appropriate for the highlighted element.	Verification result set by user.
20 2	10	Tags->0->19->3->1->3->3->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_b." is appropriate for the highlighted element.	Verification result set by user.
20 3	10	Tags->0->19->3->1->3->3->3->0->0,Tags->0->19->3->1->3->3->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_b." is appropriate for the highlighted element.	Verification result set by user.
20 4	10	Tags->0->19->3->1->3->3->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_b." is appropriate for the highlighted element.	Verification result set by user.
20 5	10	Tags->0->19->3->1->3->4->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_c." is appropriate for the highlighted element.	Verification result set by user.
20 6	10	Tags->0->19->3->1->3->4->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_c." is appropriate for the highlighted element.	Verification result set by user.

207	10	Tags->0->19->3->1->3->4->3->0->0,Tags->0->19->3->1->3->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_c." is appropriate for the highlighted element.	Verification result set by user.
208	10	Tags->0->19->3->1->3->4->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_c." is appropriate for the highlighted element.	Verification result set by user.
209	10	Tags->0->19->3->1->3->5->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_d." is appropriate for the highlighted element.	Verification result set by user.
210	10	Tags->0->19->3->1->3->5->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_d." is appropriate for the highlighted element.	Verification result set by user.
211	10	Tags->0->19->3->1->3->5->3->0->0,Tags->0->19->3->1->3->6->3->0->0,Tags->0->19->3->1->3->6->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_e." is appropriate for the highlighted element.	Verification result set by user.
212	10	Tags->0->19->3->1->3->5->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_d." is appropriate for the highlighted element.	Verification result set by user.
213	10	Tags->0->19->3->1->3->5->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_d." is appropriate for the highlighted element.	Verification result set by user.
214	10	Tags->0->19->3->1->3->6->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_e." is appropriate for the	Verification result set by user.

						highlighted element.	
21 5	10	Tags->0->19->3->1->3->6->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_e." is appropriate for the highlighted element.	Verification result set by user.
21 6	10	Tags->0->19->3->1->3->6->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_e." is appropriate for the highlighted element.	Verification result set by user.
21 7	10	Tags->0->19->3->1->3->7->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_f." is appropriate for the highlighted element.	Verification result set by user.
21 8	10	Tags->0->19->3->1->3->7->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_f." is appropriate for the highlighted element.	Verification result set by user.
21 9	10	Tags->0->19->3->1->3->7->3->0->0,Tags->0->19->3->1->3->7->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_f." is appropriate for the highlighted element.	Verification result set by user.
22 0	10	Tags->0->19->3->1->3->7->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_f." is appropriate for the highlighted element.	Verification result set by user.
22 1	10	Tags->0->19->3->1->3->8->1->0->0,Tags->0->19->3->1->3->8->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_g." is appropriate for the highlighted element.	Verification result set by user.
22 2	10	Tags->0->19->3->1->3->8->3->0->0,Tags->0->19->3->1->3->8->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_g." is appropriate for the highlighted element.	Verification result set by user.

22 3	10	Tags->0->19->3->1->3->8->5->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_g." is appropriate for the highlighted element.	Verification result set by user.
22 4	10,13	Tags->0->19->4->1->1->0->1->0->0,Tags->0->19->4->1->1->1->1->0->0,Tags->0->19->4->1->1->2->1->0->0,Tags->0->24->1->1->3->0->1->0->0,Tags->0->24->1->1->3->1->1->0->0,Tags->0->24->1->1->3->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please indicate if the data provided in Table 2 above is in terms of a percentage of" is appropriate for the highlighted element.	Verification result set by user.
22 5	11	Tags->0->19->6->1->1->0,Tags->0->19->6->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the State also require plans to pay pass-through payments" is appropriate for the highlighted element.	Verification result set by user.
22 6	11	Tags->0->19->7->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please describe the data sources and methodology used for the analysis provided in response to Question 23" is appropriate for the highlighted element.	Verification result set by user.
22 7	11	Tags->0->19->8->1->3->0	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of "Please	Verification result set by user.

			containing Forms			describe the State's process for determining how the proposed state directed payment was appropriate and reasonable" is appropriate for the highlighted element.	
228	11	Tags->0->21->0->1->5->0,Tags->0->21->0->1->7->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Has the state already submitted all contract action(s) to implement this state directed payment?" is appropriate for the highlighted element.	Verification result set by user.
229	11	Tags->0->21->0->1->9->0->1->1->0->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "What is/are the state-assigned identifier(s) of the contract actions provided to CMS?" is appropriate for the highlighted element.	Verification result set by user.
230	11	Tags->0->21->0->1->9->0->1->1->1->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please indicate where (page or section) the state directed payment is captured in the contract action(s)." is appropriate for the	Verification result set by user.

						highlighted element.	
23 1	11	Tags->0->21->0->1->9->1->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If no, please estimate when the state will be submitting the contract actions for review" is appropriate for the highlighted element.	Verification result set by user.
23 2	12	Tags->0->24->0->1->3->0,Tags->0->24->0->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Has/Have the actuarial rate certification(s) for the rating period for which this state directed payment applies been submitted to CMS?" is appropriate for the highlighted element.	Verification result set by user.
23 3	12	Tags->0->24->0->1->7->0->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If no, please estimate when the state will be submitting the actuarial rate certification(s) for review" is appropriate for the highlighted element.	Verification result set by user.
23 4	12	Tags->0->24->0->1->7->1->1->2->1->0->0->0->1->0->0,Tags->0->24->0->1->7->1->1->2->2->0->0->0-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Control Name Provided by CMS (List each actuarial rate certification	Verification result set by user.

		>1->0->0,Tags->0->24->0->1->7->1->1->2->3->0->0->0->1->0->0,Tags->0->24->0->1->7->1->1->1->2->4->0->0->0->1->0->0,Tags->0->24->0->1->7->1->1->2->5->0->0->0->1->0->0				separately)" is appropriate for the highlighted element.	
23 5	12	Tags->0->24->0->1->7->1->1->2->1->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Date Submitted to CMS_i." is appropriate for the highlighted element.	Verification result set by user.
23 6	12	Tags->0->24->0->1->7->1->1->2->1->2->0->0,Tags->0->24->0->1->7->1->1->1->2->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP?_i." is appropriate for the highlighted element.	Verification result set by user.
23 7	12	Tags->0->24->0->1->7->1->1->2->1->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed payment is captured in the certification (page or section)_i." is appropriate for the highlighted element.	Verification result set by user.
23 8	12	Tags->0->24->0->1->7->1->1->2->2->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP?_ii."	Verification result set by user.

						is appropriate for the highlighted element.	
239	12	Tags->0->24->0->1->7->1->1->2->2->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed payment is captured in the certification (page or section)_ii." is appropriate for the highlighted element.	Verification result set by user.
240	12	Tags->0->24->0->1->7->1->1->2->3->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Date Submitted to CMS_iii." is appropriate for the highlighted element.	Verification result set by user.
241	12	Tags->0->24->0->1->7->1->1->2->3->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP? _iii." is appropriate for the highlighted element.	Verification result set by user.
242	12	Tags->0->24->0->1->7->1->1->2->3->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed payment is captured in the certification (page or section)_iii." is appropriate for the highlighted element.	Verification result set by user.
243	12	Tags->0->24->0->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of	Verification result set by

		>7->1->1- >2->4->1- >0->0	containing Forms			"Date Submitted to CMS_iv." is appropriate for the highlighted element.	user.
24 4	12	Tags->0- >24->0->1- >7->1->1- >2->4->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP? _iv." is appropriate for the highlighted element.	Verification result set by user.
24 5	12	Tags->0- >24->0->1- >7->1->1- >2->4->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed payment is captured in the certification (page or section)_iv." is appropriate for the highlighted element.	Verification result set by user.
24 6	12	Tags->0- >24->0->1- >7->1->1- >2->5->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Date Submitted to CMS_v." is appropriate for the highlighted element.	Verification result set by user.
24 7	12	Tags->0- >24->0->1- >7->1->1- >2->5->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP?_v." is appropriate for the highlighted element.	Verification result set by user.
24 8	12	Tags->0- >24->0->1- >7->1->1- >2->5->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed	Verification result set by user.

						payment is captured in the certification (page or section)_v." is appropriate for the highlighted element.	
249	12	Tags->0->24->0->1->7->2->1->10->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please provide an estimate of when the State plans to submit an amendment to capture this information." is appropriate for the highlighted element.	Verification result set by user.
250	13	Tags->0->24->2->1->13->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provide additional justification as to why this is necessary and what precludes the state from incorporating as an adjustment applied in the development of the monthly base capitation rates paid to managed care plans." is appropriate for the highlighted element.	Verification result set by user.
251	13	Tags->0->24->3->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance	Verification result set by user.

						with 42 C.F.R. § 438.6(c)(2) (i), the State assures that all expenditures " is appropriate for the highlighted element.	
25 2	13	Tags->0->26->0->1->2->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "State general revenue" is appropriate for the highlighted element.	Verification result set by user.
25 3	13	Tags->0->26->0->1->2->1->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Intergovernmental transfers (IGTs) from a State or local government entity" is appropriate for the highlighted element.	Verification result set by user.
25 4	13	Tags->0->26->0->1->2->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Health Care-Related Provider tax(es) / assessment(s)" is appropriate for the highlighted element.	Verification result set by user.
25 5	13	Tags->0->26->0->1->2->3->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provider donation(s)" is appropriate for the highlighted element.	Verification result set by user.
25 6	13	Tags->0->26->0->1->2->4->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Other, specify" is appropriate	Verification result set by user.

						for the highlighted element.	
25 7	14	<p>Tags->0->26->1->1->1->0->1->6->1->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->2->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->3->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->4->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->5->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->6->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->7->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->8->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->9->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->10->0->0->0->1->0->0</p>	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Name of Entities transferring funds (enter each on a separate line)" is appropriate for the highlighted element.	Verification result set by user.
25 8	14	<p>Tags->0->26->1->1->1->0->1-</p>	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the	Verification result set by user.

		>6->1->1->0->0				Transferring Entity (State, County, City, Other)_i." is appropriate for the highlighted element.	
259	14	Tags->0->26->1->1->1->0->1->6->1->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_i." is appropriate for the highlighted element.	Verification result set by user.
260	14	Tags->0->26->1->1->1->0->1->6->1->3->0->0,Tags->0->26->1->1->1->0->1->6->1->5->0->0,Tags->0->26->1->1->1->0->1->6->2->3->0->0,Tags->0->26->1->1->1->0->1->6->2->5->0->0,Tags->0->26->1->1->1->0->1->6->3->3->0->0,Tags->0->26->1->1->1->0->1->6->3->5->0->0,Tags->0->26->1->1->1->0->1->6->4->3->0->0,Tags->0->26->1->1->1->0->1->6->4->5->0->0,Tags->0->26->1->1->1->0->1->6->5->3->0->0,Tags->0->26->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the Transferring Entity have General Taxing Authority (Yes or No)" is appropriate for the highlighted element.	Verification result set by user.

		>1->1->0- >1->6->5- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->6->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->6- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->7->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->7- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->8->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->8- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->9->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->9- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->10->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->10- >5->0->0					
26 1	14	Tags->0- >26->1->1- >1->0->1- >6->1->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_i." is appropriate for the	Verification result set by user.

						highlighted element.	
26 2	14	Tags->0->26->1->1->1->0->1->6->2->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_ii." is appropriate for the highlighted element.	Verification result set by user.
26 3	14	Tags->0->26->1->1->1->0->1->6->2->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_ii." is appropriate for the highlighted element.	Verification result set by user.
26 4	14	Tags->0->26->1->1->1->0->1->6->2->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations_ii." is appropriate for the highlighted element.	Verification result set by user.
26 5	14	Tags->0->26->1->1->1->0->1->6->3->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_iii." is appropriate for the highlighted element.	Verification result set by user.
26 6	14	Tags->0->26->1->1->1->0->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts	Verification result set by user.

		>6->3->2->0->0				Transferred by This Entity_iii." is appropriate for the highlighted element.	
267	14	Tags->0->26->1->1->1->0->1->6->3->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations_iii." is appropriate for the highlighted element.	Verification result set by user.
268	14	Tags->0->26->1->1->1->0->1->6->4->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_iv." is appropriate for the highlighted element.	Verification result set by user.
269	14	Tags->0->26->1->1->1->0->1->6->4->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_iv." is appropriate for the highlighted element.	Verification result set by user.
270	14	Tags->0->26->1->1->1->0->1->6->4->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriatio	Verification result set by user.

						ns_iv." is appropriate for the highlighted element.	
27 1	14	Tags->0->26->1->1->1->0->1->6->5->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_v." is appropriate for the highlighted element.	Verification result set by user.
27 2	14	Tags->0->26->1->1->1->0->1->6->5->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_v." is appropriate for the highlighted element.	Verification result set by user.
27 3	14	Tags->0->26->1->1->1->0->1->6->5->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations_v." is appropriate for the highlighted element.	Verification result set by user.
27 4	14	Tags->0->26->1->1->1->0->1->6->6->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_vi." is appropriate for the highlighted element.	Verification result set by user.

27 5	14	Tags->0->26->1->1->1->0->1->6->6->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_vi." is appropriate for the highlighted element.	Verification result set by user.
27 6	14	Tags->0->26->1->1->1->0->1->6->6->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_vi." is appropriate for the highlighted element.	Verification result set by user.
27 7	14	Tags->0->26->1->1->1->0->1->6->7->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_vii." is appropriate for the highlighted element.	Verification result set by user.
27 8	14	Tags->0->26->1->1->1->0->1->6->7->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_vii." is appropriate for the highlighted element.	Verification result set by user.
27 9	14	Tags->0->26->1->1->1->0->1->6->7->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio	Verification result set by user.

						ns? If not, put N/A. If yes, identify the level of appropriatio ns_vii." is appropriate for the highlighted element.	
280	14	Tags->0->26->1->1->1->0->1->6->8->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_viii." is appropriate for the highlighted element.	Verification result set by user.
281	14	Tags->0->26->1->1->1->0->1->6->8->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_viii." is appropriate for the highlighted element.	Verification result set by user.
282	14	Tags->0->26->1->1->1->0->1->6->8->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_viii." is appropriate for the highlighted element.	Verification result set by user.
283	14	Tags->0->26->1->1->1->0->1->6->9->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City,	Verification result set by user.

						Other)_ix." is appropriate for the highlighted element.	
284	14	Tags->0->26->1->1->1->0->1->6->9->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_ix." is appropriate for the highlighted element.	Verification result set by user.
285	14	Tags->0->26->1->1->1->0->1->6->9->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations_ix." is appropriate for the highlighted element.	Verification result set by user.
286	14	Tags->0->26->1->1->1->0->1->6->10->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_x." is appropriate for the highlighted element.	Verification result set by user.
287	14	Tags->0->26->1->1->1->0->1->6->10->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_x." is appropriate for the highlighted element.	Verification result set by user.
288	14	Tags->0->26->1->1->1->0->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of "Did the	Verification result set by user.

		>6->10->4->0->0	containing Forms			Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations_x." is appropriate for the highlighted element.	
289	14	Tags->0->26->1->1->1->1->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "under this payment arrangement funded by IGTs are dependent on any agreement or" is appropriate for the highlighted element.	Verification result set by user.
290	14	Tags->0->26->1->1->1->2->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provide information or documentation regarding any written agreements that exist between the State and healthcare providers or amongst healthcare providers and/or related entities relating to the non-federal share of the payment arrangement ." is appropriate for the highlighted element.	Verification result set by user.
291	15	Tags->0->26->2->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of	Verification result set by

		>1->0->1- >2->1->0- >0->0->1- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >0->0->0- >1->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->0- >0->0->1- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >0->0->0- >1->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->0- >0->0->1- >0->0	containing Forms			"Name of the Health Care-Related Provider Tax / Assessment (enter each on a separate line)" is appropriate for the highlighted element.	user.
29 2	15	Tags->0- >26->2->1- >1->0->1- >2->1->1- >0->1,Tags- >0->26->2- >1->1->0- >1->2->2- >1->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->1- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >1->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the permissible class for this tax / assessment" is appropriate for the highlighted element.	Verification result set by user.
29 3	15	Tags->0- >26->2->1- >1->0->1- >2->1->2- >0->1,Tags- >0->26->2- >1->1->0- >1->2->1- >3->0- >0,Tags->0- >26->2->1- >1->0->1- >2->2->3-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is the tax / assessment uniform?" is appropriate for the highlighted element.	Verification result set by user.

		>0->0,Tags- >0->26->2- >1->1->0- >1->2->3- >3->0- >0,Tags->0- >26->2->1- >1->0->1- >2->4->3- >0->0,Tags- >0->26->2- >1->1->0- >1->2->5- >2->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->3- >0->0					
29 4	15	Tags->0- >26->2->1- >1->0->1- >2->1->4- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >4->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->4- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >4->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is the tax / assessment under the 6% indirect hold harmless limit?" is appropriate for the highlighted element.	Verification result set by user.
29 5	15	Tags->0- >26->2->1- >1->0->1- >2->1->5- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >5->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->5- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >5->0- >0,Tags->0- >26->2->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If not under the 6% indirect hold harmless limit, does it pass the 75/75 test" is appropriate for the highlighted element.	Verification result set by user.

		>1->0->1- >2->5->5- >0->0					
29 6	15	Tags->0- >26->2->1- >1->0->1- >2->1->6- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >6->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->6- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >6->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->6- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer" is appropriate for the highlighted element.	Verification result set by user.
29 7	15	Tags->0- >26->2->1- >1->0->1- >2->2->2- >0->0,Tags- >0->26->2- >1->1->0- >1->2->3- >2->0- >0,Tags->0- >26->2->1- >1->0->1- >2->4->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is the tax / assessment broad- based?" is appropriate for the highlighted element.	Verification result set by user.
29 8	16	Tags->0- >26->2->1- >1->1->1- >6->1->0- >0->0->1- >0->0,Tags- >0->26->2- >1->1->1- >1->6->2- >0->0->0- >1->0- >0,Tags->0- >26->2->1- >1->1->1- >6->3->0- >0->0->1- >0->0,Tags- >0->26->2- >1->1->1- >1->6->4- >0->0->0- >1->0-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Name of the Health Care-Related Provider Tax/Assessm ent Waiver (enter each on a separate line)" is appropriate for the highlighted element.	Verification result set by user.

		>0,Tags->0- >26->2->1- >1->1->1- >6->5->0- >0->0->1- >0->0					
29 9	16	Tags->0- >26->2->1- >1->1->1- >6->1->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_i." is appropriate for the highlighted element.	Verification result set by user.
30 0	16	Tags->0- >26->2->1- >1->1->1- >6->1->2- >0->0,Tags- >0->26->2- >1->1->1- >1->6->2- >2->0- >0,Tags->0- >26->2->1- >1->1->1- >6->3->2- >0->0,Tags- >0->26->2- >1->1->1- >1->6->4- >2->0- >0,Tags->0- >26->2->1- >1->1->1- >6->5->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Current Status (Under Review, Approved)" is appropriate for the highlighted element.	Verification result set by user.
30 1	16	Tags->0- >26->2->1- >1->1->1- >6->1->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_i." is appropriate for the highlighted element.	Verification result set by user.
30 2	16	Tags->0- >26->2->1- >1->1->1- >6->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_ii." is appropriate for the highlighted element.	Verification result set by user.
30 3	16	Tags->0- >26->2->1- >1->1->1- >6->2->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_ii." is appropriate for the highlighted element.	Verification result set by user.

304	16	Tags->0->26->2->1->1->1->1->6->3->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_iii." is appropriate for the highlighted element.	Verification result set by user.
305	16	Tags->0->26->2->1->1->1->1->6->3->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_iii." is appropriate for the highlighted element.	Verification result set by user.
306	16	Tags->0->26->2->1->1->1->1->6->4->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_iv." is appropriate for the highlighted element.	Verification result set by user.
307	16	Tags->0->26->2->1->1->1->1->6->4->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_iv." is appropriate for the highlighted element.	Verification result set by user.
308	16	Tags->0->26->2->1->1->1->1->6->5->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_v." is appropriate for the highlighted element.	Verification result set by user.
309	16	Tags->0->26->2->1->1->1->1->6->5->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_v." is appropriate for the highlighted element.	Verification result set by user.
310	16	Tags->0->26->3->1->3->0->1->1->0,Tags->0->26->3->1->3->0->1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is the donation bona-fide?" is appropriate for the highlighted element.	Verification result set by user.

31 1	16	Tags->0->26->3->1->3->1->1->3->0,Tags->0->26->3->1->3->1->1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does it contain a hold harmless arrangement to return all or any part of the donation to the donating entity, a related entity, or other provider furnishing the same health care items or services as the donating entity within the class?" is appropriate for the highlighted element.	Verification result set by user.
31 2	16	Tags->0->26->4->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "For all state directed payment arrangements, use the checkbox to provide an" is appropriate for the highlighted element.	Verification result set by user.
31 3	17	Tags->0->28->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "C.F.R. § 438.6(c)(2)(ii)(C), the State expects this payment arrangement to advance at" is appropriate for the highlighted element.	Verification result set by user.
31 4	17	Tags->0->28->1->1->1->0->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "A hyperlink to State s most	Verification result set by user.

						recent quality strategy" is appropriate for the highlighted element.	
315	17	Tags->0->28->1->1->1->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "The effective date of quality strategy" is appropriate for the highlighted element.	Verification result set by user.
316	17	Tags->0->28->2->1->1->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Note any potential changes that might be made to the goals and objectives" is appropriate for the highlighted element.	Verification result set by user.
317	18	Tags->0->28->3->1->2->2->0->0->0->1->0->0,Tags->0->28->3->1->2->3->0->0->0->1->0->0,Tags->0->28->3->1->2->5->0->0->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Goal(s)" is appropriate for the highlighted element.	Verification result set by user.
318	18	Tags->0->28->3->1->2->2->1->0->0,Tags->0->28->3->1->2->3->1->0->0,Tags->0->28->3->1->2->4->1->0->0,Tags-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Objective(s)" is appropriate for the highlighted element.	Verification result set by user.

		>0->28->3->1->2->5->1->0->0					
31 9	18	Tags->0->28->3->1->2->2->2->0->0,Tags->0->28->3->1->2->3->2->0->0,Tags->0->28->3->1->2->4->2->0->0,Tags->0->28->3->1->2->5->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Quality strategy page" is appropriate for the highlighted element.	Verification result set by user.
32 0	18	Tags->0->28->4->1->1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7." is appropriate for the highlighted element.	Verification result set by user.
32 1	19	Tags->0->28->5->1->11->0->1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "State has an evaluation plan which measures the degree to which the payment" is appropriate for the highlighted element.	Verification result set by user.
32 2	20	Tags->0->28->5->1->11->1->1->2->2->1->0->0,Tags->0->28->5->1->11->1->1->2->3->1->0->0,Tags->0->28->5->1->11->1->1->2->4->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Baseline Year" is appropriate for the highlighted element.	Verification result set by user.

		>0->0,Tags->0->28->5->1->11->1->1->2->5->1->0->0					
32 3	20	Tags->0->28->5->1->11->1->1->2->2->2->0->0,Tags->0->28->5->1->11->1->1->2->3->2->0->0,Tags->0->28->5->1->11->1->1->2->4->2->0->0,Tags->0->28->5->1->11->1->1->2->5->2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Baseline Statistic" is appropriate for the highlighted element.	Verification result set by user.
32 4	20	Tags->0->28->5->1->11->1->1->2->2->3->0->0,Tags->0->28->5->1->11->1->1->2->3->3->0->0,Tags->0->28->5->1->11->1->1->2->4->3->0->0,Tags->0->28->5->1->11->1->1->2->5->3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Performanc e Target" is appropriate for the highlighted element.	Verification result set by user.
32 5	20	Tags->0->28->5->1->11->1->1->2->2->4->0->0,Tags->0->28->5->1->11->1->1->2->3->4->0->0,Tags->0->28->5->1->11->1->1->2->5->4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Notes" is appropriate for the highlighted element.	Verification result set by user.
32 6	21	Tags->0->28->5->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of "If	Verification result set by

		>11->2->1->1->0	containing Forms			this is any year other than year 1 of a multi-year effort, describe (or attach) prior year(s) evaluation findings and the payment arrangements impact on the goal(s) and objective(s) in the State's quality strategy." is appropriate for the highlighted element.	user.
327	1	Tags->0->3->1->1	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of State/Territory abbreviation for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
328	1	Tags->0->4->1->1	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CMS Provided State Directed Payment Identifier for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
329	1	Tags->0->9->0->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Identify the State's	Verification result set by user.

						managed care contract rating period(s) for which this payment arrangement will apply (date start) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
330	1	Tags->0->9->0->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Identify the State s managed care contract rating period(s) for which this payment arrangement will apply (date end) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
331	1,17	Tags->0->9->1->1->3->0,Tags->0->28->2->1->1->0->1->1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Identify the State s requested start date for this payment arrangement for the highlighted element contain all the formatting requirements that will be automaticall	Verification result set by user.

						y flagged as an error?	
33 2	1	Tags->0->9->2->1->1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Identify the managed care program(s) to which this payment arrangement will apply for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
33 3	1	Tags->0->9->3->1->1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Identify the estimated total dollar amount (federal and non-federal dollars) of this state directed payment for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
33 4	1	Tags->0->9->3->1->2->0->1->1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Identify the estimated federal share of this state directed payment for the highlighted element contain all the formatting requirements that will be	Verification result set by user.

						automaticall y flagged as an error?	
33 5	1	Tags->0->9- >3->1->2- >1->1->1- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Identify the estimated non-federal share of this state directed payment for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
33 6	1,6,10	Tags->0->9- >4->1->3- >0,Tags->0- >9->4->1- >5->0,Tags- >0->14->4- >1->1- >0,Tags->0- >14->4->1- >3->0,Tags- >0->19->5- >1->1- >0,Tags->0- >19->5->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Is this the initial submission the State is seeking approval under 42 C.F.R. § 438.6(c) for this state directed payment arrangement ? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
33 7	2	Tags->0->9- >5->1->1- >0->1->0- >0,Tags->0- >9->5->1- >1->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of please indicate if the State is seeking approval of an amendment (a) or a renewal (b). for the highlighted	Verification result set by user.

						element contain all the formatting requirements that will be automatically flagged as an error?	
338	2	Tags->0->9->5->1->1->1->1->2->0->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If the State is seeking approval of a renewal, please indicate the rating periods for which previous approvals have been granted for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
339	2	Tags->0->9->5->1->1->2->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Payment Type Change for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
340	2	Tags->0->9->5->1->1->2->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Provider Type Change for the highlighted element contain all the formatting requirements that will be	Verification result set by user.

						automaticall y flagged as an error?	
34 1	2	Tags->0->9- >5->1->1- >2->1->7- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Quality Metric(s) / Benchmark(s) Change for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
34 2	2	Tags->0->9- >5->1->1- >2->1->9- >0,Tags->0- >9->5->1- >1->2->1- >11->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Other; please describe for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
34 3	2	Tags->0->9- >5->1->1- >2->1->12- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of No changes from previously approved preprint other than rating period(s for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
34 4	2	Tags->0->9- >6->1->0- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Please use the	Verification result set by user.

						checkbox to provide an assurance that the payment arrangement is not renewed automatically for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
345	2	Tags->0->11->0->1->7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
346	2	Tags->0->11->0->1->8->0->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Please use the checkbox to provide an assurance for the highlighted element contain all the formatting requirements that will be automaticall	Verification result set by user.

						y flagged as an error?	
347	2	Tags->0->11->0->1->8->1->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Please also provide a link to, or submit a copy of, the authority document(s) with initial submissions and at any time the authority document(s) has been renewed/rev ised/updated . for the highlighted element contain all the formatting requirements that will be automaticall y flagged as an error?	Verification result set by user.
348	3	Tags->0->11->1->1->5->0->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of VALUE-BASED PAYMENTS / DELIVERY SYSTEM REFORM for the highlighted element contain all the formatting requirements that will be automaticall y flagged as an error?	Verification result set by user.
349	3	Tags->0->11->1->1->5->1->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of FEE SCHEDULE REQUIREMENTS for the highlighted element contain all the formatting requirement	Verification result set by user.

						s that will be automatically flagged as an error?	
350	3	Tags->0->14->0->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Quality Payment/Pay for Performance for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
351	3	Tags->0->14->0->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Bundled Payment/Episode-Based Payment for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
352	3	Tags->0->14->0->1->7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Population-Based Payment/Accountable Care Organization for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
353	3	Tags->0->14->0->1->9->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Multi-Payer Delivery	Verification result set by user.

						System Reform for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
354	3	Tags->0->14->0->1->11->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Medicaid-Specific Delivery System Reform for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
355	3	Tags->0->14->0->1->13->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Performance Improvement Initiative for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
356	3	Tags->0->14->0->1->15->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Other Value-Based Purchasing Model for the highlighted element contain all the formatting requirements that will be automatically	Verification result set by user.

						y flagged as an error?	
357	4	Tags->0->14->1->1->9->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
358	4,20	Tags->0->14->2->1->12->2->0->0->0->1->0->0,Tags->0->14->2->1->12->3->0->0->0->1->0->0,Tags->0->14->2->1->12->4->0->0->0->1->0->0,Tags->0->14->2->1->12->5->0->0->0->1->0->0,Tags->0->14->2->1->12->6->0->0->0->1->0->0,Tags->0->28->5->1->11->1->1->2->2->0->0->0->1->0-	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Measure Name and NQF # (if applicable) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.

		>0,Tags->0- >28->5->1- >11->1->1- >2->3->0- >0->0->1- >0->0,Tags- >0->28->5- >1->11->1- >1->2->4- >0->0->0- >1->0- >0,Tags->0- >28->5->1- >11->1->1- >2->5->0- >0->0->1- >0->0					
359	4	Tags->0->14->2->1->12->2->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CMS_a. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
360	4	Tags->0->14->2->1->12->2->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CY 2018_a. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
361	4	Tags->0->14->2->1->12->2->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 9.23%_a. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
362	4	Tags->0->14->2->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of	Verification result set by

		>12->2->4->0->0	containing Forms	requirements		Year 2_a. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	user.
363	4	Tags->0->14->2->1->12->2->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 8%_a. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
364	4	Tags->0->14->2->1->12->2->6->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Example notes_a. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
365	4	Tags->0->14->2->1->12->3->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CMS_b. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
366	4	Tags->0->14->2->1->12->3->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CY 2018_b. for the highlighted element	Verification result set by user.

						contain all the formatting requirements that will be automatically flagged as an error?	
367	4	Tags->0->14->2->1->12->3->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 9.23%_b. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
368	4	Tags->0->14->2->1->12->3->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Year 2_b. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
369	4	Tags->0->14->2->1->12->3->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 8%_b. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
370	4	Tags->0->14->2->1->12->3->6->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Example notes_b. for the highlighted element contain all the formatting requirements	Verification result set by user.

						s that will be automatically flagged as an error?	
37 1	4	Tags->0->14->2->1->12->4->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CMS_c. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
37 2	4	Tags->0->14->2->1->12->4->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CY 2018_c. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
37 3	4	Tags->0->14->2->1->12->4->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 9.23%_c. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
37 4	4	Tags->0->14->2->1->12->4->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Year 2_c. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.

375	4	Tags->0->14->2->1->12->4->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 8%_c. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
376	4	Tags->0->14->2->1->12->4->6->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Example notes_c. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
377	4	Tags->0->14->2->1->12->5->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CMS_d. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
378	4	Tags->0->14->2->1->12->5->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CY 2018_d. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
379	4	Tags->0->14->2->1->12->5->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 9.23%_d. for the	Verification result set by user.

						highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
380	4	Tags->0->14->2->1->12->5->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Year 2_d. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
381	4	Tags->0->14->2->1->12->5->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 8%_d. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
382	4	Tags->0->14->2->1->12->5->6->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Example notes_d. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
383	4	Tags->0->14->2->1->12->6->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CMS_e. for the highlighted element contain all the	Verification result set by user.

						formatting requirements that will be automatically flagged as an error?	
384	4	Tags->0->14->2->1->12->6->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of CY 2018_e. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
385	4	Tags->0->14->2->1->12->6->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 9.23%_e. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
386	4	Tags->0->14->2->1->12->6->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Year 2_e. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
387	4	Tags->0->14->2->1->12->6->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 8%_e. for the highlighted element contain all the formatting requirements that will be automaticall	Verification result set by user.

						y flagged as an error?	
388	4	Tags->0->14->2->1->12->6->6->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Example notes_e. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
389	5	Tags->0->14->3->1->1->0->1->2->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Please describe the methodology used to set the performance targets for each measure. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
390	5	Tags->0->14->3->1->1->1->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If multiple provider performance measures are involved in the payment arrangement , discuss if the provider must meet the performance target on each measure to receive payment or can providers receive a	Verification result set by user.

						portion of the payment if they meet the performance target on some but not all measures? for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
39 1	5	Tags->0->14->3->1->1->2->1->2->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of For state-developed measures, please briefly describe how the measure was developed? for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
39 2	6	Tags->0->14->4->1->5->0->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If this payment arrangement is designed to be a multi-year effort, denote the State's managed care contract rating period(s) the State is seeking approval for. for the highlighted element	Verification result set by user.

						contain all the formatting requirements that will be automatically flagged as an error?	
393	6	Tags->0->14->4->1->5->1->1->7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If this payment arrangement is designed to be a multi-year effort and the State is NOT requesting a multi-year approval, describe how this application's payment arrangement fits into the larger multi-year effort and identify which year of the effort is addressed in this application. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
394	6	Tags->0->14->5->1->1->0->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(A), the state directed payment for the highlighted element contain all the formatting	Verification result set by user.

						requirement s that will be automaticall y flagged as an error?	
39 5	6	Tags->0- >14->5->1- >1->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(B), the payment arrangement for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
39 6	6	Tags->0- >14->5->1- >1->2->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(C), the payment arrangement for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
39 7	6	Tags->0- >14->5->1- >1->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(D), the payment arrangement for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
39 8	6	Tags->0- >17->0->1- >3->0->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Minimum Fee Schedule for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
39 9	6	Tags->0- >17->0->1- >3->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Minimum Fee Schedule for providers that provide a particular service under the for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 0	6	Tags->0- >17->0->1- >3->2->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Uniform Dollar or Percentage Increase for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 1	7	Tags->0- >17->1->1- >1->0->1- >1->0->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Check the basis for the	Verification result set by user.

		>0->0,Tags->0->17->1->1->1->0->1->1->1->1->0->0,Tags->0->17->1->1->1->0->1->2->1->0->0				fee schedule selected above for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
402	7	Tags->0->17->1->1->1->0->1->1->2->1->2->0->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If the State is proposing an alternative fee schedule, please describe the alternative fee schedule for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
403	7	Tags->0->17->1->1->1->1->1->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Explain how the state determined this fee schedule requirement to be reasonable and appropriate for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
404	7	Tags->0->17->2->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of C.F.R. §	Verification result set by user.

		>3->0->1->0->0	containing Forms	requirements		438.6(c)(1)(iii)(C), the State has determined that the MCO, PIHP, or PAHP for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
405	7	Tags->0->17->2->1->3->1->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Describe the process for plans and providers to request an exemption if they are under contract obligations that result in the need to pay more than the maximum fee schedule. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
406	7	Tags->0->17->2->1->3->2->1->1->0->1->1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Expected in this contract rating period (estimate) for the highlighted element contain all the formatting requirements that will be	Verification result set by user.

						automaticall y flagged as an error?	
40 7	7	Tags->0- >17->2->1- >3->2->1- >1->1->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Granted in past years of this payment arrangement for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 8	7	Tags->0- >17->2->1- >3->3->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Describe how such exemptions will be considered in rate development . for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 9	8	Tags->0- >17->3->1- >3->0->1- >1->0,Tags- >0->17->3- >1->3->0- >1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Will the state require plans to pay an increase? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
41 0	8	Tags->0- >17->3->1- >3->1->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of What is the magnitude	Verification result set by user.

						of the increase (e.g., \$4 per claim or 3% increase per claim?) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
41 1	8	Tags->0->17->3->1->3->2->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Describe how will the uniform increase be paid out by plans (e.g., upon processing the initial claim, a retroactive adjustment done one month after the end of quarter for those claims incurred during that quarter). for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
41 2	8	Tags->0->17->3->1->3->3->1->4->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Describe how the increase was developed, including why the increase is reasonable and appropriate	Verification result set by user.

						for network providers that provide a particular service under the contract for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
413	8	Tags->0->19->0->1->5->0->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of inpatient hospital service for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
414	8	Tags->0->19->0->1->5->0->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of outpatient hospital service for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
415	8	Tags->0->19->0->1->5->0->1->7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of professional services at an academic medical center for the highlighted element contain all the	Verification result set by user.

						formatting requirements that will be automatically flagged as an error?	
416	8	Tags->0->19->0->1->5->0->1->9->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of primary care services for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
417	8	Tags->0->19->0->1->5->0->1->11->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of specialty physician services for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
418	8	Tags->0->19->0->1->5->0->1->13->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of nursing facility services for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
419	8	Tags->0->19->0->1->5->0->1->15->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of HCBS/personal care services for the highlighted element	Verification result set by user.

						contain all the formatting requirements that will be automatically flagged as an error?	
420	8	Tags->0->19->0->1->5->0->1->17->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of behavioral health inpatient services for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
421	8	Tags->0->19->0->1->5->0->1->19->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of behavioral health outpatient services for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
422	8	Tags->0->19->0->1->5->0->1->21->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of dental services for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
423	8,10,13	Tags->0->19->0->1->5->0->1->23-	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Other for the highlighted	Verification result set by user.

		<p>>0,Tags->0->19->0->1->5->0->1->25->0,Tags->0->19->4->1->1->2->1->2->0,Tags->0->24->1->1->3->2->1->2->0,Tags->0->26->0->1->2->4->1->2->0</p>				<p>element contain all the formatting requirements that will be automatically flagged as an error?</p>	
424	8,9	<p>Tags->0->19->0->1->5->1->1->3->0,Tags->0->19->1->1->5->0</p>	<p>Section H: PDFs containing Forms</p>	<p>H3. Tooltips contain requirements</p>	<p>Passed</p>	<p>Does the tooltip of Please define the provider class(es) (if further narrowed from the general classes indicated above.) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?</p>	<p>Verification result set by user.</p>
425	9	<p>Tags->0->19->0->1->5->2->1->9->0</p>	<p>Section H: PDFs containing Forms</p>	<p>H3. Tooltips contain requirements</p>	<p>Passed</p>	<p>Does the tooltip of Provide a justification for the provider class defined in Question 20b (e.g., the provider class is defined in the State Plan.) for the highlighted element contain all the formatting requirements that will be automatically</p>	<p>Verification result set by user.</p>

						y flagged as an error?	
426	9	Tags->0->19->2->1->5->0->1->0->0,Tags->0->19->2->1->5->1->1->0->0,Tags->0->19->2->1->5->2->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Will the state directed payment for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
427	10	Tags->0->19->3->1->3->2->0->0->0->1->0->0,Tags->0->19->3->1->3->3->3->0->0->0->1->0->0,Tags->0->19->3->1->3->4->0->0->0->1->0->0,Tags->0->19->3->1->3->5->0->0->0->1->0->0,Tags->0->19->3->1->3->6->0->0->0->1->0->0,Tags->0->19->3->1->3->7->0->0->0->1->0->0,Tags->0->19->3->1->3->8->0->0->0->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Provider Class(es) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
428	10	Tags->0->19->3->1->3->2->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 80%_a. for the highlighted element contain all the formatting requirements that will be	Verification result set by user.

						automaticall y flagged as an error?	
42 9	10	Tags->0- >19->3->1- >3->2->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 20%_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 0	10	Tags->0- >19->3->1- >3->2->3- >0->0,Tags- >0->19->3- >1->3->2- >4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of N/A_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 1	10	Tags->0- >19->3->1- >3->2->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 100%_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 2	10	Tags->0- >19->3->1- >3->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 80%_b. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 3	10	Tags->0- >19->3->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of	Verification result set by

		>3->3->2->0->0	containing Forms	requirements		20%_b. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	user.
434	10	Tags->0->19->3->1->3->3->3->0->0,Tags->0->19->3->1->3->3->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of N/A_b. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
435	10	Tags->0->19->3->1->3->3->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 100%_b. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
436	10	Tags->0->19->3->1->3->4->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 80%_c. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
437	10	Tags->0->19->3->1->3->4->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 20%_c. for the highlighted element contain all	Verification result set by user.

						the formatting requirements that will be automatically flagged as an error?	
438	10	Tags->0->19->3->1->3->4->3->0->0,Tags->0->19->3->1->3->4->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of N/A_c. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
439	10	Tags->0->19->3->1->3->4->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 100%_c. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
440	10	Tags->0->19->3->1->3->5->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 80%_d. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
441	10	Tags->0->19->3->1->3->5->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 20%_d. for the highlighted element contain all the formatting requirements that will be automaticall	Verification result set by user.

						y flagged as an error?	
442	10	Tags->0->19->3->1->3->5->3->0->0,Tags->0->19->3->1->3->6->3->0->0,Tags->0->19->3->1->3->6->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of N/A_e. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
443	10	Tags->0->19->3->1->3->5->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of N/A_d. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
444	10	Tags->0->19->3->1->3->5->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 100%_d. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
445	10	Tags->0->19->3->1->3->6->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 80%_e. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
446	10	Tags->0->19->3->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of 20%_e. for	Verification result set by user.

		>3->6->2->0->0	containing Forms	requirements		the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
447	10	Tags->0->19->3->1->3->6->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 100%_e. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
448	10	Tags->0->19->3->1->3->7->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 80%_f. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
449	10	Tags->0->19->3->1->3->7->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 20%_f. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
450	10	Tags->0->19->3->1->3->7->3->0->0,Tags->0->19->3->1->3->7->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of N/A_f. for the highlighted element contain all the	Verification result set by user.

						formatting requirements that will be automatically flagged as an error?	
45 1	10	Tags->0->19->3->1->3->7->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 100%_f. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
45 2	10	Tags->0->19->3->1->3->8->1->0->0,Tags->0->19->3->1->3->8->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 80%_g. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
45 3	10	Tags->0->19->3->1->3->8->3->0->0,Tags->0->19->3->1->3->8->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of N/A_g. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
45 4	10	Tags->0->19->3->1->3->8->5->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of 100%_g. for the highlighted element contain all the formatting requirements that will be automatically	Verification result set by user.

						y flagged as an error?	
45 5	10,13	Tags->0->19->4->1->1->0->1->0->0,Tags->0->19->4->1->1->1->1->0->0,Tags->0->19->4->1->2->1->0->0,Tags->0->24->1->1->3->0->1->0->0,Tags->0->24->1->1->3->1->1->0->0,Tags->0->24->1->1->3->2->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Please indicate if the data provided in Table 2 above is in terms of a percentage of for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
45 6	11	Tags->0->19->6->1->1->0,Tags->0->19->6->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Does the State also require plans to pay pass-through payments for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
45 7	11	Tags->0->19->7->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Please describe the data sources and methodology used for the analysis provided in response to Question 23 for the highlighted element contain all the formatting requirements that will be	Verification result set by user.

						automaticall y flagged as an error?	
45 8	11	Tags->0- >19->8->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Please describe the State's process for determining how the proposed state directed payment was appropriate and reasonable for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
45 9	11	Tags->0- >21->0->1- >5->0,Tags- >0->21->0- >1->7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Has the state already submitted all contract action(s) to implement this state directed payment? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
46 0	11	Tags->0- >21->0->1- >9->0->1- >1->0->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of What is/are the state- assigned identifier(s) of the contract actions provided to	Verification result set by user.

						CMS? for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
46 1	11	Tags->0->21->0->1->9->0->1->1->1->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Please indicate where (page or section) the state directed payment is captured in the contract action(s). for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
46 2	11	Tags->0->21->0->1->9->1->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If no, please estimate when the state will be submitting the contract actions for review for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
46 3	12	Tags->0->24->0->1->3->0,Tags->0->24->0->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Has/Have the actuarial rate certification(s) for the	Verification result set by user.

						rating period for which this state directed payment applies been submitted to CMS? for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
464	12	Tags->0->24->0->1->7->0->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If no, please estimate when the state will be submitting the actuarial rate certification(s) for review for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
465	12	Tags->0->24->0->1->7->1->1->2->1->0->0->0->1->0->0,Tags->0->24->0->1->7->1->1->2->2->0->0->0->1->0->0,Tags->0->24->0->1->7->1->1->2->3->0->0->0->1->0->0,Tags->0->24->0->1->7->1->1->2->4->0->0->0->1->0-	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Control Name Provided by CMS (List each actuarial rate certification separately) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.

		>0,Tags->0->24->0->1->7->1->1->2->5->0->0->0->1->0->0					
466	12	Tags->0->24->0->1->7->1->1->2->1->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Date Submitted to CMS_i. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
467	12	Tags->0->24->0->1->7->1->1->2->1->2->0->0,Tags->0->24->0->1->7->1->1->2->2->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Does the certification incorporate the SDP?_i. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
468	12	Tags->0->24->0->1->7->1->1->2->1->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_i. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.

469	12	Tags->0->24->0->1->7->1->1->2->2->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Does the certification incorporate the SDP?_ii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
470	12	Tags->0->24->0->1->7->1->1->2->2->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_ii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
471	12	Tags->0->24->0->1->7->1->1->2->3->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Date Submitted to CMS_iii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
472	12	Tags->0->24->0->1->7->1->1->2->3->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Does the certification incorporate the SDP?_iii.	Verification result set by user.

						for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
473	12	Tags->0->24->0->1->7->1->1->2->3->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_iii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
474	12	Tags->0->24->0->1->7->1->1->2->4->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Date Submitted to CMS_iv. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
475	12	Tags->0->24->0->1->7->1->1->2->4->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Does the certification incorporate the SDP?_iv. for the highlighted element contain all the formatting	Verification result set by user.

						requirement s that will be automaticall y flagged as an error?	
47 6	12	Tags->0- >24->0->1- >7->1->1- >2->4->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
47 7	12	Tags->0- >24->0->1- >7->1->1- >2->5->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Date Submitted to CMS_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
47 8	12	Tags->0- >24->0->1- >7->1->1- >2->5->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Does the certification incorporate the SDP?_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

479	12	Tags->0->24->0->1->7->1->1->2->5->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_v. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
480	12	Tags->0->24->0->1->7->2->1->10->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Please provide an estimate of when the State plans to submit an amendment to capture this information. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
481	13	Tags->0->24->2->1->13->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Provide additional justification as to why this is necessary and what precludes the state from incorporating as an adjustment applied in	Verification result set by user.

						the development of the monthly base capitation rates paid to managed care plans. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
482	13	Tags->0->24->3->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2) (i), the State assures that all expenditures for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
483	13	Tags->0->26->0->1->2->0->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of State general revenue for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
484	13	Tags->0->26->0->1->2->1->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Intergovernmental transfers	Verification result set by user.

						(IGTs) from a State or local government entity for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
485	13	Tags->0->26->0->1->2->2->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Health Care-Related Provider tax(es) / assessment(s) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
486	13	Tags->0->26->0->1->2->3->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Provider donation(s) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
487	13	Tags->0->26->0->1->2->4->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Other, specify for the highlighted element contain all the formatting requirements that will be automatically	Verification result set by user.

						y flagged as an error?	
488	14	<p>Tags->0->26->1->1->1->0->1->6->1->0->0->0->1->0->0,Tags->0->26->1->1->1->1->0->1->6->2->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->3->0->0->0->1->0->0,Tags->0->26->1->1->1->1->0->1->6->4->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->6->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->8->0->0->0->1->0->0,Tags->0->26->1->1->1->0->1->6->10->0->0->0->1->0->0</p>	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Name of Entities transferring funds (enter each on a separate line) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
489	14	<p>Tags->0->26->1->1->1->0->1->6->1->1->0->0</p>	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Operational nature of the Transferring	Verification result set by user.

						Entity (State, County, City, Other)_i. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
490	14	Tags->0->26->1->1->1->0->1->6->1->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Total Amounts Transferred by This Entity_i. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
491	14	Tags->0->26->1->1->1->0->1->6->1->3->0->0,Tags->0->26->1->1->1->0->1->6->1->5->0->0,Tags->0->26->1->1->1->0->1->6->2->3->0->0,Tags->0->26->1->1->1->0->1->6->2->5->0->0,Tags->0->26->1->1->1->0->1->6->3->3->0->0,Tags->0->26->1->1->1->0->1->6->3->5->0->0,Tags->0->26->1->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Does the Transferring Entity have General Taxing Authority (Yes or No) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.

		>1->0->1- >6->4->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->4- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->5->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->5- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->6->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->6- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->7->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->7- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->8->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->8- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->9->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->9- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->10->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->10- >5->0->0					
49 2	14	Tags->0- >26->1->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of Did	Verification result set by

		>1->0->1->6->1->4->0->0	containing Forms	requirements		the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations_i. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	user.
493	14	Tags->0->26->1->1->1->0->1->6->2->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_ii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
494	14	Tags->0->26->1->1->1->0->1->6->2->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Total Amounts Transferred by This Entity_ii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
495	14	Tags->0->26->1->1->1->0->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of Did the	Verification result set by user.

		>6->2->4->0->0	containing Forms	requirements		Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations_ii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
496	14	Tags->0->26->1->1->1->0->1->6->3->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_iii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
497	14	Tags->0->26->1->1->1->0->1->6->3->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Total Amounts Transferred by This Entity_iii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
498	14	Tags->0->26->1->1->1->0->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Did the Transferring	Verification result set by user.

		>6->3->4->0->0				Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_iii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
499	14	Tags->0->26->1->1->1->0->1->6->4->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
500	14	Tags->0->26->1->1->1->0->1->6->4->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
501	14	Tags->0->26->1->1->1->0->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring	Verification result set by user.

		>6->4->4->0->0				Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations_iv. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
502	14	Tags->0->26->1->1->1->0->1->6->5->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_v. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
503	14	Tags->0->26->1->1->1->0->1->6->5->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Total Amounts Transferred by This Entity_v. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
504	14	Tags->0->26->1->1->1->0->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Did the Transferring	Verification result set by user.

		>6->5->4- >0->0				Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
50 5	14	Tags->0- >26->1->1- >1->0->1- >6->6->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_vi. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 6	14	Tags->0- >26->1->1- >1->0->1- >6->6->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_vi. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 7	14	Tags->0- >26->1->1- >1->0->1- >6->6->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring Entity	Verification result set by user.

						receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_vii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
50 8	14	Tags->0- >26->1->1- >1->0->1- >6->7->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_vii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 9	14	Tags->0- >26->1->1- >1->0->1- >6->7->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_vii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
51 0	14	Tags->0- >26->1->1- >1->0->1- >6->7->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring Entity	Verification result set by user.

						receive appropriations? If not, put N/A. If yes, identify the level of appropriations_vii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
51 1	14	Tags->0->26->1->1->1->0->1->6->8->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_viii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
51 2	14	Tags->0->26->1->1->1->0->1->6->8->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Total Amounts Transferred by This Entity_viii. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
51 3	14	Tags->0->26->1->1->1->0->1->6->8->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Did the Transferring Entity	Verification result set by user.

						receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_viii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
51 4	14	Tags->0- >26->1->1- >1->0->1- >6->9->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_ix. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
51 5	14	Tags->0- >26->1->1- >1->0->1- >6->9->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_ix. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
51 6	14	Tags->0- >26->1->1- >1->0->1- >6->9->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring Entity	Verification result set by user.

						receive appropriations? If not, put N/A. If yes, identify the level of appropriations_ix. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
517	14	Tags->0->26->1->1->1->0->1->6->10->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_x. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
518	14	Tags->0->26->1->1->1->0->1->6->10->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Total Amounts Transferred by This Entity_x. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
519	14	Tags->0->26->1->1->1->0->1->6->10->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Did the Transferring Entity	Verification result set by user.

						receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_x. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
52 0	14	Tags->0- >26->1->1- >1->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of under this payment arrangement funded by IGTs are dependent on any agreement or for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
52 1	14	Tags->0- >26->1->1- >1->2->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Provide information or documentati on regarding any written agreements that exist between the State and healthcare providers or amongst healthcare providers and/or related entities relating to the non- federal share	Verification result set by user.

						of the payment arrangement . for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
52 2	15	Tags->0->26->2->1->1->0->1->2->1->0->0->0->1->0->0,Tags->0->26->2->1->1->0->1->2->2->0->0->0->1->0->0,Tags->0->26->2->1->0->1->2->3->0->0->0->1->0->0,Tags->0->26->2->1->1->1->0->1->2->4->0->0->0->1->0->0,Tags->0->26->2->1->1->0->1->2->5->0->0->0->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Name of the Health Care-Related Provider Tax / Assessment (enter each on a separate line) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
52 3	15	Tags->0->26->2->1->1->0->1->2->1->1->0->1,Tags->0->26->2->1->1->1->0->1->2->2->1->0->0,Tags->0->26->2->1->1->0->1->2->3->1->0->0,Tags->0->26->2->1->1->1->0->1->2->4->1->0->0,Tags->0->26->2->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Identify the permissible class for this tax / assessment for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.

		>1->0->1- >2->5->1- >0->0					
52 4	15	Tags->0- >26->2->1- >1->0->1- >2->1->2- >0->1,Tags- >0->26->2- >1->1->0- >1->2->1- >3->0- >0,Tags->0- >26->2->1- >1->0->1- >2->2->3- >0->0,Tags- >0->26->2- >1->1->0- >1->2->3- >3->0- >0,Tags->0- >26->2->1- >1->0->1- >2->4->3- >0->0,Tags- >0->26->2- >1->1->0- >1->2->5- >2->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Is the tax / assessment uniform? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
52 5	15	Tags->0- >26->2->1- >1->0->1- >2->1->4- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >4->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->4- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >4->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Is the tax / assessment under the 6% indirect hold harmless limit? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
52 6	15	Tags->0- >26->2->1- >1->0->1- >2->1->5-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If not under the 6%	Verification result set by user.

		>0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >5->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->5- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >5->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->5- >0->0				indirect hold harmless limit, does it pass the 75/75 test for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
527	15	Tags->0- >26->2->1- >1->0->1- >2->1->6- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >6->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->6- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >6->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->6- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
528	15	Tags->0- >26->2->1- >1->0->1- >2->2->2- >0->0,Tags- >0->26->2- >1->1->0- >1->2->3- >2->0- >0,Tags->0- >26->2->1- >1->0->1- >2->4->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Is the tax / assessment broad-based? for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.

529	16	Tags->0->26->2->1->1->1->1->6->1->0->0->0->1->0->0,Tags->0->26->2->1->1->1->1->6->2->0->0->0->1->0->0,Tags->0->26->2->1->1->1->1->6->3->0->0->0->1->0->0,Tags->0->26->2->1->1->1->1->6->4->0->0->0->1->0->0,Tags->0->26->2->1->1->1->1->6->5->0->0->0->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Name of the Health Care-Related Provider Tax/Assessment Waiver (enter each on a separate line) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
530	16	Tags->0->26->2->1->1->1->1->6->1->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Submission Date_i. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
531	16	Tags->0->26->2->1->1->1->1->6->1->2->0->0,Tags->0->26->2->1->1->1->1->6->2->2->0->0,Tags->0->26->2->1->1->1->1->6->3->2->0->0,Tags->0->26->2->1->1->1->1->6->4->2->0->0,Tags->0->26->2->1->1->1->1->6->4->2->0->0,Tags->0->26->2->1->1->1->1->6->4->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Current Status (Under Review, Approved) for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.

		>26->2->1- >1->1->1- >6->5->2- >0->0					
53 2	16	Tags->0- >26->2->1- >1->1->1- >6->1->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Approval Date_i. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 3	16	Tags->0- >26->2->1- >1->1->1- >6->2->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Submission Date_ii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 4	16	Tags->0- >26->2->1- >1->1->1- >6->2->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Approval Date_ii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 5	16	Tags->0- >26->2->1- >1->1->1- >6->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Submission Date_iii. for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
53 6	16	Tags->0- >26->2->1- >1->1->1- >6->3->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Approval Date_iii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 7	16	Tags->0- >26->2->1- >1->1->1- >6->4->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Submission Date_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 8	16	Tags->0- >26->2->1- >1->1->1- >6->4->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Approval Date_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 9	16	Tags->0- >26->2->1- >1->1->1- >6->5->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Submission Date_v. for the highlighted element contain all the formatting requirement s that will be automaticall	Verification result set by user.

						y flagged as an error?	
540	16	Tags->0->26->2->1->1->1->1->6->5->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Approval Date_v. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
541	16	Tags->0->26->3->1->3->0->1->1->0,Tags->0->26->3->1->3->0->1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Is the donation bona-fide? for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
542	16	Tags->0->26->3->1->3->1->1->3->0,Tags->0->26->3->1->3->1->1->1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Does it contain a hold harmless arrangement to return all or any part of the donation to the donating entity, a related entity, or other provider furnishing the same health care items or services as the donating entity within the class? for the highlighted element contain all the	Verification result set by user.

						formatting requirements that will be automatically flagged as an error?	
543	16	Tags->0->26->4->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of For all state directed payment arrangements, use the checkbox to provide an for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
544	17	Tags->0->28->0->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of C.F.R. § 438.6(c)(2)(ii)(C), the State expects this payment arrangement to advance at for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
545	17	Tags->0->28->1->1->1->0->1->1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of A hyperlink to State s most recent quality strategy for the highlighted element contain all the formatting requirements that will be	Verification result set by user.

						automaticall y flagged as an error?	
54 6	17	Tags->0- >28->1->1- >1->1->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of The effective date of quality strategy for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54 7	17	Tags->0- >28->2->1- >1->1->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Note any potential changes that might be made to the goals and objectives for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54 8	18	Tags->0- >28->3->1- >2->2->0- >0->0->1- >0->0,Tags- >0->28->3- >1->2->3- >0->0->0- >1->0- >0,Tags->0- >28->3->1- >2->4->0- >0->0->1- >0->0,Tags- >0->28->3- >1->2->5- >0->0->0- >1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Goal(s) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54 9	18	Tags->0- >28->3->1- >2->2->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of Objective(s)	Verification result set by user.

		>0->0,Tags->0->28->3->1->2->3->1->0->0,Tags->0->28->3->1->2->4->1->0->0,Tags->0->28->3->1->2->5->1->0->0	containing Forms	requirements		for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	
550	18	Tags->0->28->3->1->2->2->2->0->0,Tags->0->28->3->1->2->3->2->0->0,Tags->0->28->3->1->2->4->2->0->0,Tags->0->28->3->1->2->5->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Quality strategy page for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
551	18	Tags->0->28->4->1->1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
552	19	Tags->0->28->5->1->11->0->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of State has an evaluation plan which measures the degree to which the payment for the highlighted element	Verification result set by user.

						contain all the formatting requirements that will be automatically flagged as an error?	
553	20	Tags->0->28->5->1->11->1->1->2->2->1->0->0,Tags->0->28->5->1->11->1->1->1->2->3->1->0->0,Tags->0->28->5->1->11->1->1->2->4->1->0->0,Tags->0->28->5->1->11->1->1->2->5->1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Baseline Year for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
554	20	Tags->0->28->5->1->11->1->1->2->2->2->0->0,Tags->0->28->5->1->11->1->1->1->2->3->2->0->0,Tags->0->28->5->1->11->1->1->2->4->2->0->0,Tags->0->28->5->1->11->1->1->2->5->2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Baseline Statistic for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
555	20	Tags->0->28->5->1->11->1->1->2->2->3->0->0,Tags->0->28->5->1->11->1->1->2->3->3->0->0,Tags->0->28->5->1->11->1->1->2->4->3->0->0,Tags->0->28->5->1->11->1->1->2->5->3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Performance Target for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.

55 6	20	Tags->0->28->5->1->11->1->1->2->2->4->0->0,Tags->0->28->5->1->11->1->1->1->2->3->4->0->0,Tags->0->28->5->1->11->1->1->2->4->4->0->0,Tags->0->28->5->1->11->1->1->1->2->5->4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of Notes for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
55 7	21	Tags->0->28->5->1->11->2->1->1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirements	Passed	Does the tooltip of If this is any year other than year 1 of a multi-year effort, describe (or attach) prior year(s) evaluation findings and the payment arrangements impact on the goal(s) and objective(s) in the State's quality strategy. for the highlighted element contain all the formatting requirements that will be automatically flagged as an error?	Verification result set by user.
55 8	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,20,21	Tags->0->3->1->1	Section H: PDFs containing Forms	H4. Required fields	Passed	Some form fields have been marked as required while others haven't. Please verify that all form fields not marked as required (highlighted)	Verification result set by user.

						are not required.	
559			Section H: PDFs containing Forms	H5. Tab order	Passed	All pages that contain annotations have tabbing order set to follow the logical structure.	
560			Section I: PDFs containing other common elements	I3. Language for words and phrases	Passed	All words were found in their corresponding language's dictionary	
561			Section I: PDFs containing other common elements	I4. Table of Contents	Passed	No Table of Contents (TOCs) were detected in this document.	Verification result set by user.
562			Section I: PDFs containing other common elements	I6. References and Notes	Passed	All internal links are tagged within Reference tags	
563			Section D: PDFs containing Images	D1. Images in Figures	Not Applicable	No Paths, XObjects, Form XObjects or Shadings were detected in document.	
564			Section D: PDFs containing Images	D2. Figures Alternative text	Not Applicable	No Figure or Formula tags with alternate representation were detected in this document.	
565			Section D: PDFs containing Images	D2. Figures Alternative text	Not Applicable	No Formula tags were detected in this document.	
566			Section D: PDFs containing Images	D3. Decorative Images	Not Applicable	No Paths, XObjects, Form XObjects or Shadings were detected in document.	

567			Section D: PDFs containing Images	D4. Complex Images	Not Applicable	No Figures detected in this document	
568			Section D: PDFs containing Images	D5. Images of text	Not Applicable	No images of text were detected in this document.	
569			Section D: PDFs containing Images	D6. Grouped Images	Not Applicable	No Figures were detected in this document.	
570			Section E: PDFs containing Tables	E7. Headers/IDs	Not Applicable	No complex tables were detected in this document.	
571			Section I: PDFs containing other common elements	I1. Nonstandard glyphs	Not Applicable	No special glyphs detected	
572			Section I: PDFs containing other common elements	I2. OCR text	Not Applicable	No raster-based images were detected in this document.	
573			Section I: PDFs containing other common elements	I5. TOC links	Not Applicable	No Table of Contents (TOCs) were detected in this document.	

Section I: Date and Timing Information

1. Please clarify if this state directed payment only applies to Florida's MMA program or any of the other Medicaid Managed Care programs, such as the Florida Long Term Care program.

STATE RESPONSE: This preprint applies only to Florida's MMA program. It does not apply to LTC.

Section II: Type of State Directed Payment

2. Preprint Question 8: Please affirm that the payments required under this payment arrangement will only be made for Medicaid services on behalf of Medicaid beneficiaries covered under the Medicaid managed care contract for the FY 2023 (October 2022- September 2023) rating period only and that the payments will not be made on behalf of individuals who are uninsured, covered for such services by another insurer (e.g. Medicare), nor Medicaid services provided through the state fee-for-service program.

STATE RESPONSE: The state affirms that the payments required under this payment arrangement will only be made for Medicaid services on behalf of Medicaid beneficiaries covered under the Medicaid managed care contract for the FY 2023 (October 2022- September 2023) rating period only and that the payments will not be made on behalf of individuals who are uninsured, covered for such services by another insurer (e.g. Medicare), nor Medicaid services provided through the state fee-for-service program.

Section IIB: State Directed Fee Schedules

3. CMS would like to note that prior approval for payment arrangements under 42 C.F.R. § 438.6(c) are for a specific time period and cannot be automatically renewed. Specifically, 42 C.F.R. 438.6(c)(3)(ii) defines approval for any fee schedules (minimum fee schedules, maximum fee schedules and/or uniform increases) for one rating period. If the state intends to continue this payment arrangement in future years, it will need to obtain approval for this payment arrangement for each successive year. Please acknowledge this policy.

STATE RESPONSE: The state acknowledges this policy.

4. Preprint Question 23: The state's provider payment analysis in Table 2 indicates the total payment levels are a percentage of the average commercial rate (ACR).

- a. CMS requests that the state provide a reimbursement analysis and supporting documentation to demonstrate the payment level is below Medicare or the ACR for each provider class and service line included in this state directed payment.

STATE RESPONSE: As described in the response to Preprint Question 27, this analysis was developed using the same set of hospitals and the same CY 2021 data as was used to support the calculation of rate year (RY) 23/24 payments to hospitals under Florida's Directed Payment Program (DPP). The Average Commercial Rates were estimated using the following data and methodology:

- We repriced the CY 2021 data described above to the 2022 Inpatient and Outpatient Medicare PPS fee schedules using the Milliman Medicare Repricer software.
- We estimated the average CY 2022 commercial allowed amounts by applying Florida-specific CY 2022 Commercial to Medicare reimbursement benchmark factors from the Milliman Consolidated Health Cost Guidelines™ Sources Database (CHSD).
- We trended estimated commercial amounts from CY 2022 to RY 23/24 using CHSD Inpatient and Outpatient commercial trends.

Please see Attachment “1. FL_Fee.IPH.OPH4_Renewal_20231001-20240930-preprint-addendum.xlsx – Tab 2.A.”

- b. We request the state to provide the underlying data to document the ACR analysis. For documentation purposes, can the state please provide a demonstration that includes the underlying data and analysis? This can be de-identified if it contains proprietary or sensitive data.

STATE RESPONSE: Please see Attachment “1.A.FL_Fee.IPH.OPH4_Renewal_20231001-20240930-preprint-addendum.xlsx – Tab 2.A. Dollar Basis.”

Section III: Provider Class and Assessment of Reasonableness

5. The attachment labeled Question 21_Y4 Submission indicates the following:

The uniform rate increase percentage for each hospital class may vary. For example:

- (1) Region A: private hospitals will receive a rate increase of 50% for an eligible hospital service; public hospital will receive a rate increase of 60% for the eligible hospital service.
- (2) Region B: private hospitals will receive a rate increase of 65% for an eligible hospital service; public hospital will receive a rate increase of 45% for the eligible hospital service.

It is CMS’ understanding that various hospitals in 11 regions of the state are eligible to receive the proposed state directed payment for inpatient and outpatient services. Please clarify the state’s reference to Region A and B in the attachment. Are Region A and B referenced as examples for illustrative purposes only or are specific regions classified as Region A and B?

STATE RESPONSE: The “A” and “B” regions referenced in this document are examples for illustrative purposes only, and not references to specific regions.

Section IV: Incorporation into Managed Care Contracts

6. Preprint Question 29: The state indicates that contract actions for this state directed payment arrangement will be submitted by March 2024. Has the state submitted the contract actions? Please confirm. Update the response to this question and submit a revised preprint if applicable.

STATE RESPONSE: Preprint updated to June 30, 2024

Section V: Incorporation into Actuarial Rate Certification

7. Preprint Question 30c: State indicates that a rate certification amendment for this state directed payment arrangement will be submitted by June 30, 2024. Please confirm if that estimated time frame is still accurate and applicable.

STATE RESPONSE: Yes, June 30, 2024 is still accurate.

8. CMS would like to include the state's actuaries on the approval email for this state directed payment preprint to ensure that the details within the approved preprint (e.g. total dollar amount) are accurately documented within the applicable rate certification(s) in accordance with the documentation requirements outlined in the most recent Medicaid Managed Care Rate Development Guide. Please provide the name and email address of at least one actuary who is responsible for producing the rate certification(s) in which this state directed payment will be documented.

STATE RESPONSE: Please see the name and email address of the Principal and Consulting Actuary listed below.

Andrew L. Gaffner
Andrew.Gaffner@milliman.com

9. Preprint Question 31: As the state is aware, when a state chooses to incorporate a state directed payment as a separate payment term as indicated in Q31b, CMS has additional expectations for documentation.

a. CMS expects that documentation of the separate payment term will be included in the initial rate certification, including certifying the aggregate amount of the payment, the distribution methodology for the state directed payment and, if the payment arrangement is material, an estimate of the magnitude of the payment on a PMPM basis for each applicable rate cell. Please acknowledge this policy.

STATE RESPONSE: The state acknowledges this policy.

b. After the rating period is complete and the state makes the payment consistent with the contract and as reflected in the initial rate certification, the state must submit documentation to CMS that incorporates the total amount of the payment into the rate certification's rate cells consistent with the distribution methodology described in the initial rate certification and approved preprint, as if the payment information (e.g., providers receiving the payment, amount of the payment, utilization that occurred, enrollees seen, etc.) had been known when the rates were initially developed.

Please acknowledge this policy.

STATE RESPONSE: The state acknowledges this policy.

10. Preprint Question 32: The state writes: The directed payment is incorporated through a separate payment term for administrative simplicity related to the validation of data from the health plans, the timing of payments, and the receipt of Intergovernmental Transfer.

Please explain and clarify what does the state mean by timing of payments and the receipt of Intergovernmental Transfer.

STATE RESPONSE: The State cannot call for intergovernmental transfers to fund the non-federal share until a) first, CMS approves the Preprint for the contract rating period and, b) after federal approval, the State's legislature (through the Legislative Budget Commission) authorizes both the collection of non-federal funds and the payment to the MCOs. The LBC typically convenes either in September or January, or both. The LBC waits until federal approval to give approval for the IGT call and payout to MCOs.

11. Preprint Question 32: The preprint indicates that "The State cannot call for intergovernmental transfers to fund the non-federal share until a) first, CMS approves the Preprint for the contract

rating period and, b) after federal approval, the State's legislature (through the Legislative Budget Commission) authorizes budget authority for both the collection of non-federal funds and the payment to the MCOs."

Can the state please affirm your understanding that Section 1902(a)(2) of the Social Security Act obligates you the State to pay the specified amount regardless of the availability of IGT funds or other non-federal share received from other sources?

STATE RESPONSE: In the unlikely event that insufficient IGT are available to fund this program at the levels requested in the preprint, the State would submit a preprint amendment for CMS' consideration. The state understands that if this were to occur, the preprint amendment would need to be submitted to CMS expeditiously. This has not happened in the past, and the state does not anticipate a need to amend the preprint for 2023-24.

The State ensures that an excess of IGTs are not collected by invoicing at the time the payment is to be made. In the event a provider sent excess IGTs to the state, we would either (1) use the overage as a credit toward next year's IGT obligation, or (2) return the excess IGT to the provider. Either of these options are available to the IGT provider upon request

Section VI: Funding for the Non-Federal Share

12. According to the attachment for Question 35 Table 4.A there are IGT entities, specifically Lake County and Lee Health that do not have general taxing authority and do not have access to state or local appropriation. Can the State please indicate the source of IGT funding for those entities?

STATE RESPONSE: Lake County does have general taxing authority and is listed as such in table 4.A. Lee Health is a public hospital and a special district created under Florida law but does not have general taxing authority. Lee Health's transfer is derived from public funds permitted to be transferred pursuant to 42 C.F.R. § 433.51.

13. Please affirm that no payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

STATE RESPONSE: The state affirms that no payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

14. Section 1902(a)(2) of the Social Security Act obligates the state to pay that amount regardless of the amount of IGT or other non-federal share received from other sources. Please describe what occurs in instances where the funds derived from the cities/counties/hospital districts are less than the amount the state is obligated to pay out under the approved contracts. Conversely, please describe what occurs when the funds derived from the cities/counties/hospital districts are in excess of the amount the state is obligated to pay out under the approved contracts.

STATE RESPONSE: In the unlikely event that insufficient IGT are available to fund this program at the levels requested in the preprint, the State would submit a preprint amendment for CMS' consideration. The state understands that if this were to occur, the preprint amendment would need to be submitted to CMS expeditiously. This has not happened in the past, and the state does not anticipate a need to amend the preprint for 2023-24.

The State ensures that an excess of IGTs are not collected by invoicing at the time the payment is to be made. In the event a provider sent excess IGTs to the state, we would either (1) use the

overage as a credit toward next year's IGT obligation, or (2) return the excess IGT to the provider. Either of these options are available to the IGT provider upon request.

15. In Table 5, Florida lists the permissible class as "Non-public." However, non-public is not one of the permissible classes listed at section 1903 (w)(7) of the Social Security Act or federal regulation at 42 CFR § 433.56. Does Florida mean inpatient hospital services or outpatient hospital services?

STATE RESPONSE: Hospitals pay an assessment on inpatient and/or outpatient hospital services. The assessments exclude services provided by public hospitals, as permitted by the Medicaid statute and regulations.

16. If the tax is separated out into components of inpatient hospital services and outpatient hospital services, can the state please provide the tax amount for inpatient hospital services and outpatient hospital services separately?

STATE RESPONSE: In attachment "2. FL_Fee_IPH.OPH4_Renewal_20231001-20240930 - Year 4 Preprint Round 1 Questions", please see tab labeled "Question 16 – Tax by Provider" in the attachment for the breakout of assessments by inpatient and outpatient hospital services.

17. For the purposes of the 6% threshold found at 42 CFR § 433.68(f)(3)(i)(A) can the state of Florida please provide a 6% number for each permissible class taxed. For example, inpatient hospital services and outpatient hospital services. To calculate this number Florida should add up all of the taxes imposed on the permissible class in the state. Florida should then divide that sum by the net patient revenue for all services included within the permissible class in the state. The resulting number should be given in percentage form. If the state taxes inpatient hospital services and outpatient hospital services, separate percentages should be given for inpatient hospital services and outpatient hospital services.

STATE RESPONSE: In attachment "2. FL_Fee_IPH.OPH4_Renewal_20231001-20240930 - Year 4 Preprint Round 1 Questions", please see tab labeled "Question 17 – 6% of NPR" in the attachment for the total assessment amounts for inpatient and outpatient hospital services as a percentage of net patient revenue.

Section VII: Quality Criteria and Framework for all Payment Arrangements

18. The goals and objectives in Table 7 do not align with how the goals and objectives appear on page 5 of the state's February 2024 managed care quality strategy.

Please update Table 7 to align with how the goals and objectives are presented on page 4. For example, the goal 'Reduce potentially preventable hospital events (PPE)' on page 4 aligns with the objective 'Reduce potentially preventable readmissions.'

STATE RESPONSE: Table 7 in the preprint has been updated.

19. Thank you for providing evaluation findings for the payment arrangement. The evaluation findings, including baseline statistics, were calculated at the region-level. To understand the overall impact of the payment arrangement, preprint for the 2024-2025 contract rating period (Year 4 of the payment arrangement), please also provide evaluation findings, including baseline statistics, calculated at the payment arrangement level (i.e., using data from Medicaid managed care enrollees who received services from all providers participating in the payment arrangement).

Additionally, CMS encourages the state to calculate data at the payment arrangement level for all years of the payment arrangement, including the baseline.

STATE RESPONSE: Statewide rates for the baseline and subsequent years have been added to the tables in attachment "3. FL_Fee_IPH.OPH4_Renewal_20231001-20240930 - Table 8. Hospital DPP-QMs Baselines-2122" and will be included in the next preprint.

Round 2 Questions
June 4, 2024

Section VI: Funding for the Non-Federal Share

1. In the Spreadsheet labeled attachment 2, under the tab labeled “Question 16- Tax by Provider” in the column labeled “Inpatient %” and “Outpatient %” the state gives various percentages for each hospital. However, it is unclear what the unit is being taxed. Is this net patient revenue? Gross patient revenue etc.?

STATE RESPONSE: The original spreadsheet that was submitted was clearly confusing and we have attached a revised spreadsheet with additional clarifying information, since the original spreadsheet did not include the information requested in this question. In the “Question 5,6, - Assessment by Prov” Tab of the new spreadsheet labeled “FL_Fee_IPH.OPH4_Renewal_20231001-20240930 – HDPP Preprint Round 2 Questions”, we have added new columns (Column E and Column G) to provide information about the bases for the assessment on inpatient hospital services and outpatient hospital services, respectively, and new columns (Column F and Column H) to provide information about the rate for the assessment on inpatient hospital services and outpatient hospital services, respectively. (The Inpatient % and Outpatient % columns in the prior spreadsheet did not relate to either the assessment basis or the assessment rate.)

2. Can Florida please clarify, for each LPPF, what unit or units is being taxed i.e. bed days, net patient revenues, discharges, hospital costs, etc. for each LPPF?

STATE RESPONSE: This information is provided in the “Question 5,6, - Assessment by Prov” Tab in the same new spreadsheet that is attached. Column E and Column G provide information about the bases for the assessment on inpatient hospital services and outpatient hospital services, respectively.

3. Can Florida please clarify, for each LPPF, what the tax rate or rates is for each tax? For example 4% of net patient revenues, \$50 per bed day, 3% of inpatient hospital costs, etc.?

STATE RESPONSE: This information is provided in the “Question 5,6, - Assessment by Prov” Tab in the same new spreadsheet that is attached. Column F and Column H provide information about the rate for the assessment on inpatient hospital services and outpatient hospital services, respectively.

4. Florida has indicated that the tax within each LPPF is both broad-based and uniform. This means that the tax is applied in the same dollar amount or percentage to each provider included within the tax and that no non-public provider is excluded from the tax. However, in the two columns that give the tax rates provided in the spreadsheet, “Inpatient %” and “Outpatient %” the rates seem to vary considerably between providers within the same LPPF. Are these supposed to be the tax rates for each provider?

STATE RESPONSE: The Inpatient % and Outpatient % columns in the prior submitted spreadsheet did not relate to either the assessment basis or the assessment rate. These columns

were part of an attempt to demonstrate that the assessments are below the 6 percent indirect hold harmless limit.

5. If so, why are there such wide disparities for separate providers within the same LPPF tax? For instance, in Bay County LPPF, the tax rate for inpatient hospital services is 100% (unit unclear) and for outpatient hospital services is 0% (unit unclear). However, for HCA Florida Gulf Coast Hospital, also in Bay County LPPF, the tax rate is 47% (unit unclear) and for outpatient hospital services the tax rate is 53% (unit unclear). If this tax was truly uniform, meaning that all providers were taxed at the same rate, these two providers should have identical inpatient hospital services tax rates and identical outpatient hospital services tax rates. Can the state please explain why the tax rates are different?

STATE RESPONSE: As noted in the response to Q7, the Inpatient % and Outpatient % columns in the prior spreadsheet did not relate to either the assessment basis or the assessment rate. The new attached spreadsheet should clarify.

Section VII: Quality Criteria and Framework for all Payment Arrangements

6. Thank you for providing evaluation findings, including baseline statistics, at the payment arrangement level. In the preprint for the 2024-2025 contract rating period (Year 4 of the payment arrangement), please also include performance targets set to the payment arrangement level.

STATE RESPONSE: Please see the attachment titled "Hospital DPP-QMs Baselines-2223+Targets MCO Only 060524". The preprint has also been updated accordingly.

														Assesments for SFY23	
Medicaid ID	Provider Name	LPPF Jurisdiction	Data Source	Answer to Question		Answer to Question		IP Revenue Base	OP Revenue Base	Inpatient Tax Assessment	Outpatient Tax Assessment				
				Answer to Question #5 - IP Assessment Basis	#6 - Inpatient Assessment Rate	Answer to Question #5 - OP Assessment Basis	#6 - Outpatient Assessment Rate								
10006400	Bay Med Ctr Sacred Heart Hlth Sys	Bay	Cost Report	NPR	2.77%	NPR	2.77%	81,339,550	84,857,852	2,253,106	2,350,563				
10275000	Encompass Emerald Coast Rehab Hosp	Bay	Cost Report	NPR	2.77%	NPR	2.77%	23,073,688	-	639,141	-				
10343800	SSH - Panama City	Bay	Cost Report	NPR	2.77%	NPR	2.77%	16,205,938	-	448,904	-				
11761700	HCA Florida Gulf Coast Hospital	Bay	Cost Report	NPR	2.77%	NPR	2.77%	138,989,081	126,693,909	3,849,998	3,509,421				
105750000	Emerald Coast Behav Hosp	Bay	Cost Report	NPR	2.77%	NPR	2.77%	5,574,839	581,252	154,423	16,101				
1681500	Kindred Hosp - Melbourne	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	25,264,001	283,166	270,325	3,030				
3158800	Viera Hosp	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	43,983,603	80,394,930	470,625	860,226				
3297500	Palm Bay Hosp	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	44,445,248	55,821,102	475,564	597,286				
10008100	Holmes Regional Med Ctr	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	337,527,261	168,384,876	3,611,542	1,801,718				
10009900	Cape Canaveral Hosp	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	58,754,469	73,818,221	628,673	789,855				
10011100	Wuesthoff Med Ctr - Rockledge	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	75,105,157	74,515,088	803,625	797,311				
10320900	Wuesthoff Med Ctr - Melbourne	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	38,978,385	41,196,720	417,069	440,805				
12042100	Encompass Sea Pines Rehab Hosp	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	28,133,163	909	301,025	10				
16552300	Circles of Care	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	15,986,197	5,806,293	171,052	62,127				
101334000	Palm Point Behavioral Health	Brevard	Cost Report	NPR	1.07%	NPR	1.07%	4,901,730	176,137	52,449	1,885				
10018800	Holy Cross Hosp	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	743,499,190	1,224,512,033	1,561,348	2,571,475				
10019600	Kindred Hosp - So FL - Ft. Lauderdale	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	444,496,210	1,667,419	933,442	3,502				
10220200	Cleveland Clinic Hosp	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	875,501,779	733,840,138	1,838,554	1,541,064				
10357800	Fort Lauderdale Behavioral Health Hospital	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	101,116,500	5,634,117	212,345	11,832				
10459100	HCA Florida Northwest Hospital	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	1,800,766,253	854,397,013	3,781,609	1,794,234				
11230500	HCA Florida Westside Hospital	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	1,541,313,236	603,016,286	3,236,758	1,266,334				
11280100	HCA Florida Woodmont Hospital (formerly University Hosp And Med Ctr)	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	789,671,787	426,894,498	1,658,311	896,478				
12027800	Encompass Sunrise Rehab Hosp	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	76,159,444	2,152	159,935	5				
15775700	Larkin Community Hosp Behav	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	38,936,712	-	81,767	-				
16972100	St John's Rehabilitation Hospital	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	16,062,064	494,127	33,730	1,038				
10027700	ShorePoint Health Punta Gorda	Charlotte	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	396,504,510	292,008,955	832,659	613,219				
10028500	ShorePoint Health Port Charlotte	Charlotte	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	1,050,592,512	847,813,563	2,206,244	1,780,408				
11746300	HCA Florida Fawcett Hospital	Charlotte	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	1,612,043,717	930,939,222	3,385,292	1,954,972				
10219900	HCA Florida Citrus Hospital	Citrus	Cost Report	NPR	3.10%	NPR	3.10%	117,677,026	88,560,761	3,647,988	2,745,384				
11998900	Bravera Health Seven Rivers	Citrus	Cost Report	NPR	3.10%	NPR	3.10%	51,451,106	54,375,577	1,594,984	1,685,643				
101290000	AdventHealth Orlando	City of Orlando	Cost Report	Gross Revenue	0.58%	Gross Revenue	0.58%	7,600,670,705	3,414,365,906	43,934,520	19,736,222				
170783000	Aspire Health Partners	City of Orlando	Cost Report	Gross Revenue	0.58%	Gross Revenue	0.58%	17,081,391	-	98,736	-				
40876000	Nemours Children's Hosp	City of Orlando	Cost Report	Gross Revenue	0.58%	Gross Revenue	0.58%	458,377,994	373,020,764	2,649,584	2,156,190				
101338000	Orlando Health	City of Orlando	Cost Report	Gross Revenue	0.58%	Gross Revenue	0.58%	9,734,477,918	5,733,381,242	56,268,668	33,140,937				
103390000	Select Specialty Hospital - Orlando (North Campus)	City of Orlando	Cost Report	Gross Revenue	0.58%	Gross Revenue	0.58%	412,289,494	-	2,383,177	-				
9701300	St. Vent's Med Ctr - Clay County	Clay	Cost Report	NPR	1.30%	NPR	1.30%	61,088,544	85,733,005	794,151	1,114,529				
10267900	Kindred Hospital-North Florida	Clay	Cost Report	NPR	1.30%	NPR	1.30%	35,176,027	399,351	457,288	5,192				
11174100	HCA Florida Orange Park Hospital	Clay	Cost Report	NPR	1.30%	NPR	1.30%	248,723,265	144,311,985	3,233,402	1,876,056				
104063	The Willough at Naples	Collier	Cost Report	NPR	1.09%	NPR	1.09%	14,096,324	526,231	153,650	5,736				
10031500	Naples Community Hosp	Collier	Cost Report	NPR	1.09%	NPR	1.09%	314,773,881	294,607,709	3,431,035	3,211,224				
10314400	Physicians Regional Med Ctr - Pine Ridge	Collier	Cost Report	NPR	1.09%	NPR	1.09%	193,447,487	160,295,734	2,108,578	1,747,224				
8589300	Wekiva Springs Center	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	50,940,400	6,949,975	152,821	20,850				
10064100	Baptist Med Ctr Jacksonville	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	3,784,282,124	3,924,408,575	11,352,846	11,773,226				
10067600	UF Health Jacksonville	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	1,763,769,485	2,217,483,262	5,291,308	6,652,450				
10072200	Mayo Clinic	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	1,400,591,560	1,330,345,440	4,201,775	3,991,036				
10073100	St. Vent's Med Ctr Riverside	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	1,410,348,387	1,342,278,361	4,231,045	4,026,835				
10193100	HCA Florida Memorial Hospital	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	2,821,038,571	1,863,272,209	8,463,116	5,589,817				
10232600	Baptist Med Ctr - Beaches	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	427,390,299	452,610,718	1,282,171	1,357,832				
10271700	Brooks Rehabilitation Hospital	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	227,104,665	134,162,795	681,314	402,488				
10373000	St. Vent's Med Ctr Southside	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	495,336,666	798,307,631	1,486,010	2,394,923				
10647000	Specialty Hosp Jacksonville	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	50,775,046	50,624	152,325	152				
24058800	River Point Behavioral Health	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	41,212,800	4,109,050	123,638	12,327				
10074900	Baptist Hosp	Escambia	Cost Report	Gross Revenue	0.39%	Gross Revenue	0.39%	967,996,977	1,504,035,939	3,775,188	5,865,740				
10076500	Sacred Heart Hosp	Escambia	Cost Report	Gross Revenue	0.39%	Gross Revenue	0.39%	1,194,841,011	1,953,197,927	4,659,880	7,617,472				
10368300	Select Specialty Hospital - Pensacola	Escambia	Cost Report	Gross Revenue	0.39%	Gross Revenue	0.39%	190,195,284	-	741,762	-				
11321200	HCA Florida West Hospital	Escambia	Cost Report	Gross Revenue	0.39%	Gross Revenue	0.39%	1,656,311,025	1,469,740,208	6,459,613	5,731,987				
112381700	Encompass Health Rehabilitation Hospital of Pensacola	Escambia	Cost Report	Gross Revenue	0.39%	Gross Revenue	0.39%	6,506,637	-	25,376	-				
10087100	Bravera Health Brooksville	Hernando	Cost Report	NPR	0.87%	NPR	0.87%	67,991,072	65,076,741	591,522	566,168				
10355100	Encompass Health Rehabilitation Hospital of Spring Hill	Hernando	Cost Report	NPR	0.87%	NPR	0.87%	31,348,188	460,142	272,729	4,003				
12007300	HCA Florida Oak Hill Hospital	Hernando	Cost Report	NPR	0.87%	NPR	0.87%	196,526,285	94,917,280	1,709,779	825,780				
16552600	Springbrook Hospital	Hernando	Cost Report	NPR	0.87%	NPR	0.87%	17,002,580	783,123	147,922	6,813				
10094300	AdventHealth Carrollwood	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	103	-	2,739,800	-				
10097802	St. Josephs Hosp	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	1,382	-	36,761,200	-				
10098600	South Florida Baptist Hosp	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	128	-	3,404,800	-				
10099400	Tampa General Hosp	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	898	-	23,886,800	-				
10102800	AdventHealth Tampa	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	596	-	15,853,600	-				
10230000	Kindred Hosp - Central Tampa	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	102	-	2,713,200	-				
10234200	Kindred Hosp - Bay Area - Tampa	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	133	-	3,537,800	-				

11279800	HCA Florida South Tampa Hospital	Hillsborough	Cost Report	Beds	\$	26,600	N/A	0.00%	168	-	4,468,800	-
11807900	HCA Florida Brandon Hospital	Hillsborough	Cost Report	Beds	\$	26,600	N/A	0.00%	411	-	10,932,600	-
11994600	HCA Florida South Shore Hospital	Hillsborough	Cost Report	Beds	\$	26,600	N/A	0.00%	138	-	3,670,800	-
12032400	H. Lee Moffitt Cancer Hosp	Hillsborough	Cost Report	Beds	\$	26,600	N/A	0.00%	218	-	5,798,800	-
110563900	Encompass Health Rehabilitation Hospital of North Tampa	Hillsborough	Cost Report	Beds	\$	26,600	N/A	0.00%	50	-	1,330,000	-
10104400	Indian River Med Ctr	Indian River	Cost Report	NPR		0.37%	NPR	0.37%	147,674,269	184,586,032	546,395	682,968
12001400	Sebastian Med Ctr	Indian River	Cost Report	NPR		0.37%	NPR	0.37%	45,879,076	64,581,342	169,753	238,951
12034100	Encompass Treasure Coast Rehab Hosp	Indian River	Cost Report	NPR		0.37%	NPR	0.37%	29,812,356	-	110,306	-
10107900	Leesburg Regional Med Ctr	Lake	Cost Report	Gross Revenue		0.81%	Gross Revenue	0.81%	511,869,005	354,064,347	4,146,139	2,867,921
10108700	South Lake Hosp	Lake	Cost Report	Gross Revenue		0.81%	Gross Revenue	0.81%	1,110,819,296	1,025,731,092	8,997,636	8,308,422
10109500	AdventHealth Waterman	Lake	Cost Report	Gross Revenue		0.81%	Gross Revenue	0.81%	790,650,242	861,248,213	6,404,267	6,976,111
114440700	LifeStream Hospital	Lake	Cost Report	Gross Revenue		0.81%	Gross Revenue	0.81%	28,144,582	23,256,613	227,971	188,379
10113300	Tallahassee Memorial Hosp	Leon	Cost Report	NPR		2.15%	NPR	2.15%	392,676,276	370,615,276	8,442,540	7,968,228
10374800	Select Specialty Hospital - Tallahassee	Leon	Cost Report	NPR		2.15%	NPR	2.15%	22,894,021	-	492,221	-
11980600	HCA Florida Capital Hospital	Leon	Cost Report	NPR		2.15%	NPR	2.15%	163,907,901	150,498,230	3,524,020	3,235,712
12033200	Encompass Rehab Hosp Tallahassee	Leon	Cost Report	NPR		2.15%	NPR	2.15%	23,115,549	-	496,984	-
16911900	Eastside Psych Hosp	Leon	Cost Report	NPR		2.15%	NPR	2.15%	4,287,587	-	92,183	-
8369200	Encompass Health Rehabilitation Hospital of Ocala	Marion	Cost Report	Gross Revenue		0.42%	Gross Revenue	0.42%	36,381,569	-	152,803	-
10117600	AdventHealth Ocala	Marion	Cost Report	Gross Revenue		0.42%	Gross Revenue	0.42%	1,533,913,339	1,098,938,872	6,442,457	4,615,543
10353500	Kindred Hosp - Ocala	Marion	Cost Report	Gross Revenue		0.42%	Gross Revenue	0.42%	27,138,979	-	113,984	-
10988600	HCA Florida Ocala Hospital	Marion	Cost Report	Gross Revenue		0.42%	Gross Revenue	0.42%	3,524,624,578	2,216,740,034	14,803,423	9,310,308
160000100	Ocala Behavioral Health LLC dba The Vines Hospital	Marion	Cost Report	Gross Revenue		0.42%	Gross Revenue	0.42%	47,344,460	3,263,965	198,847	13,709
3226500	West Kendall Baptist Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	636,994,157	810,842,009	1,847,283	2,351,442
10035800	Baptist Hosp of Miami	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	3,177,904,845	3,130,806,520	9,215,924	9,079,339
10041200	Hialeah Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	153,675,826	86,026,705	445,660	249,477
10046300	Mount Sinai Med Ctr	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	1,593,154,417	1,369,972,265	4,620,148	3,972,920
10047100	University of Miami Hosp And Clinics	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	2,360,029,172	6,851,406,793	6,844,085	19,869,080
10049800	North Shore Med Ctr	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	379,596,119	232,270,958	1,100,829	673,586
10053600	Larkin Community Hosp Palm Springs	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	237,057,536	102,564,418	687,467	297,437
10058700	South Miami Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	1,254,588,453	1,161,090,798	3,638,307	3,367,163
10060900	Nicklaus Children's Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	1,075,906,776	940,766,310	3,120,130	2,728,222
10062500	Westchester General Hospital	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	66,186,967	92,575,224	191,942	268,468
10170200	West Gables Rehab Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	91,510,564	4,075,995	265,381	11,820
10226100	Homestead Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	575,902,944	646,366,325	1,670,119	1,874,462
10270900	Encompass Rehab Hosp of Miami	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	38,880,139	20,310	112,752	59
10277600	Douglas Gardens Hospital	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	19,240,221	1,026,951	55,797	2,978
10337300	Select Specialty Hospital - Miami	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	159,242,116	-	461,802	-
10354300	Doctors Hospital	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	429,569,349	477,257,678	1,246,751	1,384,047
10460400	Palmetto General Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	1,086,084,303	527,721,647	3,149,646	1,530,393
10960600	Coral Gables Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	349,745,763	392,449,928	1,014,263	1,138,105
12000601	HCA Florida Mercy Hospital	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	3,043,769,889	1,826,983,932	8,826,933	5,298,253
12002200	St Catherine's Rehab Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	29,824,827	325,290	86,492	943
12005700	Larkin Community Hosp	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	202,802,197	152,709,495	588,126	442,858
12013800	HCA Florida Kendall Hospital	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	3,329,131,455	1,782,807,142	9,654,481	5,170,141
12037500	HCA Florida Aventura Hospital	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	2,440,279,892	908,465,054	7,076,812	2,634,549
16949600	Southern Winds Health	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	39,732,184	-	115,223	-
19556500	Select Specialty Hospital - Miami Lakes	Miami-Dade	Cost Report	Gross Revenue		0.29%	Gross Revenue	0.29%	151,103,941	-	438,201	-
4087600	Nemours Children's Hosp	Orange	Cost Report	NPR		2.18%	NPR	2.18%	136,321,364	110,936,171	2,971,806	2,418,409
10129000	AdventHealth Orlando	Orange	Cost Report	NPR		2.18%	NPR	2.18%	2,952,372,536	2,029,880,421	64,361,721	44,251,393
10133800	Orlando Health	Orange	Cost Report	NPR		2.18%	NPR	2.18%	1,718,158,223	1,154,959,746	37,455,849	25,178,122
10135400	Health Central	Orange	Cost Report	NPR		2.18%	NPR	2.18%	174,952,892	95,321,917	3,813,973	2,078,018
10339000	Select Specialty Hospital - Orlando (North Campus)	Orange	Cost Report	NPR		2.18%	NPR	2.18%	59,450,845	-	1,296,028	-
17078300	Aspire Health Partners	Orange	Cost Report	NPR		2.18%	NPR	2.18%	8,248,017	-	179,807	-
17079000	Central Florida Behavioral Hospital	Orange	Cost Report	NPR		2.18%	NPR	2.18%	36,762,135	3,881,019	801,415	84,606
360086617	University Behav Ctr	Orange	Cost Report	NPR		2.18%	NPR	2.18%	21,931,202	-	478,100	-
9268300	HCA Florida Poinciana Hospital	Osceola	Cost Report	Gross Revenue		0.35%	Gross Revenue	0.35%	414,141,069	725,679,630	1,449,494	2,539,879
10138900	HCA Florida Osceola Hospital	Osceola	Cost Report	Gross Revenue		0.35%	Gross Revenue	0.35%	2,756,976,055	1,769,681,150	9,649,416	6,193,884
10346200	St. Cloud Regional Med Ctr	Osceola	Cost Report	Gross Revenue		0.35%	Gross Revenue	0.35%	274,260,964	196,070,179	959,913	686,246
110947200	The Blackberry Center	Osceola	Cost Report	Gross Revenue		0.35%	Gross Revenue	0.35%	30,885,000	-	108,098	-
417000	Kindred Hosp - The Palm Beaches	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	154,394,712	79,946	432,305	224
10140100	Bethesda Hosp East	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	1,354,568,425	910,775,466	3,782,792	2,550,171
10141900	Boca Raton Regional Hosp	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	1,100,042,994	1,903,682,374	3,080,120	5,330,311
10146000	HCA Florida JFK Hospital	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	3,630,812,727	2,267,127,624	10,166,276	6,347,957
10148600	St Mary's Med Ctr	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	1,934,890,302	858,373,890	5,417,693	2,403,447
10152400	Good Samaritan Med Ctr	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	1,236,353,929	1,211,988,305	3,461,791	3,393,567
10210500	Palm Beach Gardens Med Ctr	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	1,502,062,820	777,425,569	4,205,776	2,176,792
10213000	Wellington Regional Med Ctr	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	1,369,461,183	766,508,408	3,834,491	2,146,224
10376400	Select Specialty Hospital - Palm Beach	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	201,099,991	-	563,080	-
12009000	Delray Med Ctr	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	3,019,629,995	1,193,152,737	8,454,964	3,340,828
12024300	West Boca Med Ctr	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	836,131,079	727,871,045	2,341,167	2,038,039
12026000	HCA Florida Palms West Hospital	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	1,065,595,338	681,864,845	2,983,667	1,909,222
12029400	Jupiter Med Ctr	Palm Beach	Cost Report	Gross Revenue		0.28%	Gross Revenue	0.28%	762,891,821	772,678,326	2,136,097	2,163,499

10161300	AdventHealth North Pinellas	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	33,026,769	-	1,056,857	-
10372100	Baycare Alliant Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	7,388,114	-	236,420	-
12008100	Mease Countryside Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	25,773,275	-	824,745	-
10154100	Mease Dunedin Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	121,076,925	-	3,874,462	-
10158300	Morton Plant Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	207,658,872	-	6,645,084	-
12022700	St Anthony's Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	105,143,734	-	3,364,599	-
10175300	Encompass Rehab Hosp of Largo	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	4,846,899	-	155,101	-
11974100	Largo Med Ctr	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	121,636,578	-	3,892,370	-
11519300	Northside Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	46,798,744	-	1,497,560	-
12011100	Palms of Pasadena Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	17,937,649	-	574,005	-
12010300	St. Petersburg Gen Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	23,101,415	-	739,245	-
10151600	All Children's Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	322,499,761	-	10,319,992	-
10276800	Kindred Hosp - Bay Area - St Petersburg	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	9,608,754	-	307,480	-
10156700	Bayfront Health - St Petersburg	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	94,426,079	-	3,021,635	-
10823300	Windmoor Healthcare of Clearwater	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	12,274,229	-	392,775	-
10161300	AdventHealth North Pinellas	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	130,278,314	-	1,654,535	-
10372100	Baycare Alliant Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	21,708,390	-	275,697	-
12008100	Mease Countryside Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	99,261,025	-	1,260,615	-
10154100	Mease Dunedin Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	333,571,920	-	4,236,363	-
10158300	Morton Plant Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	608,013,054	-	7,721,766	-
12022700	St Anthony's Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	399,307,333	-	5,071,203	-
10175300	Encompass Rehab Hosp of Largo	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	8,197,969	-	104,114	-
11974100	Largo Med Ctr	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	1,042,362,241	-	13,238,000	-
11519300	Northside Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	499,059,012	-	6,338,049	-
12011100	Palms of Pasadena Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	171,870,007	-	2,182,749	-
12010300	St. Petersburg Gen Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	344,485,346	-	4,374,964	-
10151600	All Children's Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	983,935,170	-	12,495,977	-
10276800	Kindred Hosp - Bay Area - St Petersburg	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	59,266,574	-	752,685	-
10156700	Bayfront Health - St Petersburg	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	900,434,554	-	11,435,519	-
10823300	Windmoor Healthcare of Clearwater	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	38,600,917	-	490,232	-
10164800	Lakeland Regional Med Ctr	Polk	Cost Report	NPR	2.28%	NPR	2.28%	441,350,712	434,090,260	10,062,796	9,897,258
10166400	AdventHealth Lake Wales Med Ctr	Polk	Cost Report	NPR	2.28%	NPR	2.28%	31,065,360	31,818,163	708,290	725,454
10169900	Winter Haven Hosp	Polk	Cost Report	NPR	2.28%	NPR	2.28%	246,329,804	190,376,875	5,616,320	4,340,593
10228800	Advent Health Heart of Florida	Polk	Cost Report	NPR	2.28%	NPR	2.28%	103,740,325	97,775,036	2,365,279	2,229,271
12041300	Bartow Regional Med Ctr	Polk	Cost Report	NPR	2.28%	NPR	2.28%	36,712,735	50,357,628	837,050	1,148,154
10182600	AdventHealth Fish Memorial	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	94,755,525	90,963,726	1,535,040	1,473,612
10183400	AdventHealth New Smyrna	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	50,601,807	66,840,287	819,749	1,082,813
10186900	AdventHealth Daytona Beach	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	214,313,633	175,798,743	3,471,881	2,847,940
10187700	AdventHealth Deland	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	68,972,024	89,898,372	1,117,347	1,456,354
16486300	Select Specialty Hospital - Daytona Beach	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	19,843,671	-	321,467	-
105531100	HH UF Health Medical Ctr Of Deltona	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	2,824,096	7,702,537	45,750	124,781
Other Total										757,792,704	397,238,192

Answer to Question 8

Hospital Assessments (Inpatient and Outpatient)					Total Net Patient Revenue	
		LPPF Assessments	PMATF Assessment	Total Assessment	(IP/OP) ¹	% of Net Patient Revenue (IP/OP)
Reference	Class Type	A	B	C = A + B	D	E = C / D
SFY23	Inpatient	\$ 757,792,704		\$ 757,792,704	\$ 38,867,380,247	1.95%
	Outpatient	\$ 397,238,192		\$ 397,238,192	\$ 35,450,388,691	1.12%

Footnotes:

1 - Cost reports used to calculate the NPR were those with a fiscal-year ending within state fiscal year 2023 (7/1/22-6/30/23).

Prov Num	Provider	G-2 line 17.00 column 3.00	G-2 line 18.00 column 3.00	G-2 line 19.00 column 3.00	G-2 line 7.00 column 3.00	G-2 line 9.00 column 3.00	G-2 Adjusted total
10067600	100001 SHANDS JACKSONVILLE MEDICAL CENTER	417,090,127	1,368,659,130	2,217,483,262	21,979,772	-	3,981,252,747
10140100	100002 BETHESDA HOSPITAL	399,371,519	1,680,486,102	185,486,270	-	-	2,265,343,891
10133800	100006 ORLANDO HEALTH	2,775,029,750	12,748,657,923	1,324,999,709	-	-	16,848,687,382
10129000	100007 ADVENTHEALTH ORLANDO	3,862,649,675	20,004,471,216	837,626,526	-	-	24,704,747,417
10035800	100008 BAPTIST HOSPITAL	926,942,863	4,824,724,805	557,043,697	-	-	6,308,711,365
10110900	100012 LEE MEMORIAL HOSPITAL	559,758,292	4,407,716,059	622,435,803	2,254,722	-	5,587,655,432
10183400	100014 ADVENTHEALTH NEW SMYRNA BEACH	52,799,089	344,493,954	56,055,438	-	-	453,348,481
10184200	100017 HALIFAX MEDICAL CENTER	370,902,610	1,604,821,755	204,256,334	-	-	2,179,980,699
10031500	100018 NAPLES COMMUNITY HOSPITAL	298,129,927	2,282,407,054	333,609,446	-	-	2,914,146,427
10008100	100019 HOLMES REGL MEDICAL CENTER	482,614,576	1,909,471,288	269,295,961	-	-	2,661,381,825
10042100	100022 JACKSON MEMORIAL	1,432,003,358	3,990,323,391	528,207,039	-	-	5,950,533,788
10219900	100023 CITRUS MEMORIAL HOSPITAL	131,106,480	2,154,892,408	162,822,841	-	-	2,448,821,729
10076500	100025 ASCENSION SACRED HEART PENSACOLA	368,064,518	1,854,809,341	925,165,079	-	-	3,148,038,938
10006400	100026 ASCENSION SACRED HEART BAY	57,066,299	738,045,011	208,964,810	-	-	1,004,076,120
10010200	100028 PARRISH MEDICAL CENTER	47,090,544	555,361,629	-	-	-	602,452,173
10049800	100029 NORTH SHORE MEDICAL CENTER AND FMC	79,798,655	464,967,892	67,100,530	-	-	611,867,077
10135400	100030 ORLANDO HEALTH-HEALTH CENTRAL HOSPIT	343,991,282	1,458,539,503	-	-	-	1,802,530,785
10156700	100032 BAYFRONT HEALTH ST. PETERSBURG	267,721,706	1,853,615,835	-	-	-	2,121,337,541
10046300	100034 MOUNT SINAI MEDICAL CENTER OF FLORID	447,943,462	2,220,944,411	294,238,809	-	-	2,963,126,682
10116800	100035 MANATEE MEMORIAL HOSPITAL	307,167,520	2,601,446,088	216,492,622	-	-	3,125,106,230
10020000	100038 MEMORIAL REGIONAL HOSPITAL	777,593,267	3,103,973,350	2,747,654,517	-	-	6,629,221,134
10012900	100039 BROWARD HEALTH MEDICAL CENTER	318,189,542	1,662,382,981	160,336,775	-	-	2,140,909,298
10073100	100040 ASCENSION ST. VINCENTS RIVERSIDE	313,149,834	2,241,405,396	198,071,518	-	-	2,752,626,748
10154100	100043 MEASE HOSPITAL AND CLINIC	64,792,196	411,405,672	52,584,191	-	-	528,782,059
10118400	100044 MARTIN MEDICAL CENTER	327,869,407	2,469,437,703	444,783,007	-	-	3,242,090,117
10187700	100045 ADVENTHEALTH DELAND	82,873,320	614,384,255	85,900,031	-	-	783,157,606
10149400	100046 ADVENTHEALTH ZEPHYRHILLS	118,373,009	1,015,828,253	122,201,244	-	-	1,256,402,506
10027700	100047 BAYFRONT HEALTH PUNTA GORDA	116,724,581	477,033,369	94,755,515	-	-	688,513,465
10173700	100048 JAY HOSPITAL	1,575,624	37,529,374	14,876,130	-	-	53,981,128
10089700	100049 HCA FLORIDA HIGHLANDS HOSPITAL	39,666,098	591,404,949	47,159,854	-	-	678,230,901
10053600	100050 LARKIN HOSP PALM SPRINGS CAMPUS LLC	89,833,569	216,687,057	33,101,328	-	-	339,621,954
10108700	100051 ORLANDO HEALTH SOUTH LAKE HOSPITAL	278,316,052	1,861,467,655	-	3,233,319	-	2,136,550,388
10169900	100052 WINTER HAVEN HOSPITAL	283,941,013	1,725,368,596	157,043,165	-	-	2,166,352,774
10041200	100053 HIALEAH HOSPITAL	26,657,428	190,197,642	22,847,461	-	-	239,702,531
10125700	100054 TWIN CITIES HOSPITAL	29,749,926	629,051,896	84,374,596	-	-	743,176,418
10161300	100055 ADVENTHEALTH - NORTH PINELLAS	72,039,512	480,044,679	114,439,427	8,775,683	-	657,747,935
10109500	100057 ADVENTHEALTH WATERMAN	141,688,438	1,261,848,379	248,361,638	-	-	1,651,898,455
10117600	100062 ADVENTHEALTH OCALA	191,896,084	2,259,954,612	181,006,515	-	-	2,632,857,211
10150800	100063 MORTON PLANT NORTH BAY HOSPITAL	138,212,675	615,863,664	74,516,088	-	-	828,592,427
12022700	100067 ST. ANTHONYS HOSPITAL	208,699,525	1,723,239,477	148,640,377	-	-	2,080,579,379
10186900	100068 ADVENTHEALTH DAYTONA BEACH	218,332,101	1,439,084,670	145,107,999	-	-	1,802,524,770
10094300	100069 ADVENTHEALTH CARROLLWOOD	69,394,228	1,014,840,255	139,526,940	-	-	1,223,761,423
11973300	100070 VENICE REGIONAL BAYFRONT HEALTH	102,654,995	1,314,621,818	123,682,511	-	-	1,540,959,324
10087100	100071 BROOKSVILLE REGIONAL HOSPITAL	118,280,982	1,333,109,165	227,756,999	-	-	1,679,147,146
10182600	100072 ADVENTHEALTH FISH MEMORIAL	92,516,033	639,850,459	108,978,912	-	-	841,345,404
10018800	100073 HOLY CROSS HOSPITAL	127,455,948	1,306,039,734	534,515,541	-	-	1,968,011,223
10097802	100075 ST. JOSEPHS HOSPITAL	608,842,190	4,737,502,220	538,196,739	-	-	5,884,541,149
10028500	100077 BAYFRONT HEALTH PORT CHARLOTTE	118,554,884	1,585,865,319	193,985,872	-	-	1,898,406,075
10047100	100079 UNIVERSITY OF MIAMI HOSP & CLINICS	210,738,751	7,702,522,294	1,298,174,920	-	-	9,211,435,965
10146000	100080 HCA FLORIDA JFK HOSPITAL	762,905,994	4,681,428,978	453,605,379	-	-	5,897,940,351
10107900	100084 LEESBURG REGIONAL MEDICAL CENTER INC	96,746,999	670,211,011	98,975,342	-	-	865,933,352
10012900	100086 BROWARD HEALTH NORTH	160,067,999	898,578,867	65,325,775	-	-	1,123,972,641
10176100	100087 SARASOTA MEMORIAL HOSPITAL	777,673,405	4,336,492,607	396,287,854	-	-	5,510,453,866
10064100	100088 BAPTIST MEDICAL CENTER	1,522,462,731	5,375,013,243	811,214,725	-	-	7,708,690,699

10171100	100090 FLAGLER HOSPITAL	199,982,026	1,028,367,686	139,515,462	-	-	1,367,865,174
10011100	100092 ROCKLEDGE REGIONAL MEDICAL CENTER	94,770,526	1,220,674,585	90,248,864	-	-	1,405,693,975
10074900	100093 BAPTIST HOSPITAL	106,419,417	2,087,900,247	277,713,252	-	-	2,472,032,916
10166400	100099 ADVENTHEALTH LAKE WALES	70,073,093	392,892,936	69,904,130	-	-	532,870,159
10104400	100105 INDIAN RIVER MEMORIAL HOSPITAL	161,336,734	469,911,104	789,030,710	-	-	1,420,278,548
10180000	100106 DOCTORS MEMORIAL	573,750	28,165,724	11,465,131	-	-	40,204,605
10111700	100107 LEHIGH REGIONAL	15,726,518	285,595,367	-	-	-	301,321,885
10090100	100109 ADVENTHEALTH SEBRING	120,668,890	1,270,825,012	122,149,796	-	-	1,513,643,698
10138900	100110 OSCEOLA REGIONAL MEDICAL CENTER	295,436,229	3,605,928,109	625,292,867	-	-	4,526,657,205
10003000	100113 UF HEALTH SHANDS	1,323,142,425	4,762,224,239	217,656,364	-	-	6,303,023,028
10232600	100117 BAPTIST MEDICAL CENTER-BEACHES	181,444,910	602,502,087	96,054,020	-	-	880,001,017
10189300	100118 ADVENTHEALTH PALM COAST	100,985,049	785,641,525	90,069,030	-	-	976,695,604
12041300	100121 BARTOW REGIONAL MEDICAL CENTER	41,811,595	298,776,363	80,155,395	-	-	420,743,353
10126500	100122 NORTH OKALOOSA MEDICAL CENTER	36,032,474	997,268,079	102,830,046	-	-	1,136,130,599
10174500	100124 SANTA ROSA MEDICAL CENTER	13,932,578	690,428,133	184,660,438	-	-	889,021,149
10226100	100125 HOMESTEAD HOSPITAL	189,246,684	825,808,476	207,214,109	-	-	1,222,269,269
12011100	100126 HCA FLORIDA PASADENA HOSPITAL	92,979,268	894,604,337	151,558,271	-	-	1,139,141,876
10158300	100127 MORTON PLANT HOSPITAL	289,447,349	2,639,989,473	194,577,905	9,893,320	-	3,114,121,407
10099400	100128 TAMPA GENERAL HOSPITAL	1,172,098,155	7,483,276,318	547,404,401	-	-	9,202,778,874
10144300	100130 LAKESIDE MEDICAL CENTER	13,439,502	105,710,042	21,030,315	-	-	140,179,859
12037500	100131 HCA FLORIDA AVENTURA HOSPITAL	346,380,742	2,764,433,221	237,930,983	-	-	3,348,744,946
10098600	100132 SOUTH FLORIDA BAPTIST HOSPITAL	67,781,096	567,510,939	90,250,082	-	-	725,542,117
10004800	100134 ED FRASER MEMORIAL HOSPITAL	7,867,651	40,767,587	21,709,060	5,047,779	-	65,296,519
10113300	100135 TALLAHASSEE MEMORIAL HOSPITAL	441,383,861	2,705,698,153	297,099,386	29,636,488	-	3,414,544,912
10228800	100137 ADVENTHEALTH HEART OF FLORIDA	140,085,039	1,438,978,127	132,383,585	-	-	1,711,446,751
10123100	100140 BAPTIST MEDICAL CTR-NASSAU	63,730,810	296,564,419	62,124,617	-	-	422,419,846
10106100	100142 JACKSON HOSPITAL MARIANNA	10,978,441	124,960,399	31,126,461	-	-	167,065,301
10119200	100150 LOWER KEYS MEDICAL CENTER	53,736,611	351,889,854	48,649,029	-	-	454,275,494
10072200	100151 MAYO CLINIC FLORIDA	277,344,365	2,359,047,736	94,544,899	-	-	2,730,937,000
10058700	100154 SOUTH MIAMI HOSPITAL	371,082,901	1,661,363,796	383,232,554	-	-	2,415,679,251
11976800	100156 HCA FLORIDA LAKE CITY HOSPITAL	76,054,895	983,622,436	336,281,776	-	-	1,395,959,107
10164800	100157 LAKELAND REGIONAL MED CTR	427,695,510	3,636,124,685	795,873,785	-	-	4,859,693,980
10178800	100161 HCA FLORIDA LAKE MONROE HOSPITAL	107,482,023	1,332,857,983	219,544,154	-	-	1,659,884,160
11995400	100166 HCA FLORIDA SARASOTA DOCTORS HOSPITAL	109,374,534	1,496,540,499	198,804,028	-	-	1,804,719,061
12000601	100167 HCA FLORIDA MERCY HOSPITAL	629,036,742	3,787,589,256	454,127,823	-	-	4,870,753,821
10141900	100168 BOCA RATON REGIONAL HOSPITAL	252,445,320	2,589,027,190	162,252,858	-	-	3,003,725,368
10102800	100173 ADVENTHEALTH TAMPA	394,934,530	2,876,921,164	334,465,075	-	-	3,606,320,769
10192300	100175 DESOTO MEMORIAL HOSPITAL	17,628,264	108,773,555	30,099,869	-	-	156,501,688
10210500	100176 PALM BEACH GARDENS	322,183,106	1,808,845,342	148,459,941	-	-	2,279,488,389
10009900	100177 CAPE CANAVERAL HOSPITAL INC	89,814,279	473,749,640	84,136,800	-	-	647,700,719
10193100	100179 MEMORIAL HOSPITAL OF JACKSONVILLE	509,440,814	3,618,536,638	556,333,328	-	-	4,684,310,780
12010300	100180 ST. PETERSBURG GENERAL	74,334,485	947,576,511	270,371,948	-	-	1,292,282,944
12005700	100181 LARKIN COMMUNITY HOSPITAL	82,068,250	210,169,688	63,273,754	-	-	355,511,692
10960600	100183 CORAL GABLES HOSPITAL	158,537,340	507,873,203	75,785,148	-	-	742,195,691
10460400	100187 PALMETTO GENERAL HOSPITAL	244,115,376	1,220,662,746	149,028,328	-	-	1,613,806,450
10459100	100189 NORTHWEST MEDICAL CENTER	294,254,488	2,264,023,854	96,884,924	-	-	2,655,163,266
10552000	100191 MEDICAL CENTER OF TRINITY	232,307,345	2,507,260,636	175,957,103	-	-	2,915,525,084
10821900	100200 BROWARD HEALTH IMPERIAL POINT	68,539,832	427,478,065	46,860,062	-	-	542,877,959
10862600	100204 NORTH FLORIDA REGIONAL MED CTR	381,310,913	4,269,146,683	594,031,082	-	-	5,244,488,678
11279800	100206 MEMORIAL HOSPITAL OF TAMPA	132,630,394	1,262,552,225	133,483,118	-	-	1,528,665,737
12013800	100209 HCA FLORIDA KENDALL HOSPITAL	496,487,669	4,106,712,053	508,738,875	-	-	5,111,938,597
10959200	100211 ADVENTHEALTH DADE CITY	62,428,726	456,024,832	74,162,537	18,717,065	-	573,899,030
10988600	100212 HCA FLORIDA OCALA HOSPITAL	336,845,782	4,865,709,352	538,809,478	-	-	5,741,364,612
11021300	100213 HCA FL BLAKE HOSPITAL	325,876,427	1,947,979,368	133,759,947	-	-	2,407,615,742
12001400	100217 SEBASTIAN RIVER MEDICAL CENTER	44,860,886	931,097,608	98,030,585	2,389,811	-	1,071,599,268

11134100	100220 GULF COAST MEDICAL CENTER	357,571,143	2,233,236,046	248,282,905	6,727,336	-	2,832,362,758
11132500	100223 FORT WALTON BEACH MEDICAL CTR	189,237,890	3,003,653,124	271,342,773	-	-	3,464,233,787
11280100	100224 HCA FLORIDA WOODMONT HOSPITAL	227,205,610	844,866,272	144,494,403	-	-	1,216,566,285
11174100	100226 HCA FLORIDA ORANGE PARK HOSPITAL	547,440,125	3,319,833,206	593,028,760	-	-	4,460,302,091
11230500	100228 WESTSIDE REGIONAL MEDICAL CENTER	253,825,242	1,781,532,295	108,971,985	-	-	2,144,329,522
10222900	100230 MEMORIAL HOSPITAL PEMBROKE	104,826,221	468,017,752	528,331,312	-	-	1,101,175,285
11321200	100231 WEST FLORIDA HOSPITAL	344,158,236	2,459,195,964	322,697,033	-	-	3,126,051,233
11351400	100232 HCA FLORIDA PUTNAM HOSPITAL	53,189,738	547,219,016	160,272,843	-	-	760,681,597
11746300	100236 HCA FL FAWCETT HOSPITAL	198,164,372	2,072,770,535	272,048,032	-	-	2,542,982,939
11519300	100238 HCA FLORIDA NORTHSIDE HOSPITAL	165,825,770	1,821,425,066	166,561,698	-	-	2,153,812,534
11761700	100242 HCA FLORIDA GULF COAST HOSPITAL	210,497,650	2,156,652,023	240,507,990	-	-	2,607,657,663
11807900	100243 HCA FLORIDA BRANDON HOSPITAL	323,715,014	4,193,837,905	542,980,152	-	-	5,060,533,071
11971700	100244 CAPE CORAL HOSPITAL	228,548,386	1,256,991,451	220,261,307	-	-	1,705,801,144
11969500	100246 HCA FL LAWNWOOD HOSPITAL	505,575,324	3,213,117,828	345,357,803	-	-	4,064,050,955
11974100	100248 LARGO MEDICAL CENTER	322,292,376	2,618,585,431	246,318,003	-	-	3,187,195,810
11998900	100249 SEVEN RIVERS REGIONAL MEDICAL CENTER	74,764,480	769,807,132	171,047,656	-	-	1,015,619,268
11975000	100252 RAULERSON HOSPITAL	46,304,254	514,858,106	44,671,193	-	-	605,833,553
12029400	100253 JUPITER MEDICAL CENTER	134,964,552	1,290,344,694	110,260,901	-	-	1,535,570,147
11980600	100254 HCA FLORIDA CAPITAL HOSPITAL	238,159,794	1,896,089,706	288,377,718	-	-	2,422,627,218
11988100	100256 HCA FLORIDA BAYONET POINT HOSPITAL	261,212,872	2,984,599,475	143,742,947	-	-	3,389,555,294
12009000	100258 DELRAY MEDICAL CENTER	604,222,156	3,254,962,943	353,597,633	-	-	4,212,782,732
11994600	100259 HCA FLORIDA SOUTH SHORE HOSPITAL	93,861,811	832,098,543	96,978,996	-	-	1,022,939,350
11997100	100260 HCA FLORIDA ST. LUCIE HOSPITAL	155,629,237	1,867,834,555	183,950,172	-	-	2,207,413,964
12007300	100264 OAK HILL HOSPITAL	433,898,138	2,648,478,658	250,798,723	-	-	3,333,175,519
12008100	100265 MEASE HOSPITAL COUNTRYSIDE	159,709,089	1,481,003,607	8,875,033	-	-	1,649,587,729
10074900	100266 GULF BREEZE HOSPITAL	15,640,068	607,870,729	58,631,167	-	-	682,141,964
10253900	100267 ENGLEWOOD COMMUNITY HOSPITAL	34,244,839	681,026,114	136,153,402	-	-	851,424,355
12024300	100268 WEST BOCA MEDICAL CENTER	238,756,306	1,115,579,701	209,666,117	-	-	1,564,002,124
12026000	100269 HCA FLORIDA PALMS WEST HOSPITAL	158,923,079	1,452,164,378	136,372,726	-	-	1,747,460,183
12032400	100271 MOFFITT CANCER CENTER	86,027,836	848,158,010	4,189,867,231	-	-	5,124,053,077
10213000	100275 WELLINGTON REGL MEDICAL CENTER	328,350,494	1,603,652,007	203,967,090	-	-	2,135,969,591
12040500	100276 BROWARD HEALTH CORAL SPRINGS	125,612,288	682,978,871	67,069,032	-	-	875,660,191
10277600	100277 MIAMI JEWISH HEALTH SYSTEMS INC.	46,182,353	16,666,144	998,737	43,580,062	-	20,267,172
10252100	100281 MEMORIAL HOSPITAL WEST	403,312,947	1,639,341,815	1,876,933,310	-	-	3,919,588,072
10062500	100284 WESTCHESTER GENERAL HOSPITAL	17,337,742	107,564,386	33,860,063	-	-	158,762,191
10345400	100285 MEMORIAL HOSPITAL MIRAMAR	137,179,213	504,340,253	660,423,280	-	-	1,301,942,746
10314400	100286 PHYSICIANS REGIONAL MEDICAL CENTER	601,081,929	2,273,267,253	280,698,533	-	-	3,155,047,715
10152400	100287 GOOD SAMARITAN HOSPITAL	270,345,516	1,645,375,353	532,621,365	-	-	2,448,342,234
10148600	100288 ST MARYS MEDICAL CENTER	486,186,456	1,947,158,123	359,919,613	-	-	2,793,264,192
10220200	100289 CCF HOSPITAL - WESTON	213,481,936	1,306,766,997	89,092,984	-	-	1,609,341,917
10317900	100290 THE VILLAGES REGIONAL HOSPITAL	78,795,555	530,997,933	96,153,811	-	-	705,947,299
10320900	100291 MELBOURNE REGIONAL MEDICAL CENTER	21,838,118	667,460,635	45,252,951	-	-	734,551,704
10323300	100292 ASCENSION SACRED HEART EMERALD COAST	42,709,173	620,272,085	108,854,326	-	-	771,835,584
10354300	100296 DOCTORS HOSPITAL	121,771,195	710,494,931	74,560,901	-	-	906,827,027
10342000	100299 LAKEWOOD RANCH MEDICAL CENTER	127,774,554	1,156,567,576	127,611,444	-	-	1,411,953,574
10346200	100302 ST. CLOUD REGIONAL MEDICAL CENTER	66,247,109	404,084,034	-	-	-	470,331,143
10373000	100307 ASCENSION ST. VINCENTS SOUTHSIDE HO	115,904,561	1,025,764,370	151,975,366	-	-	1,293,644,297
2012700	100313 ASCENSION SACRED HEART GULF	2,561,757	44,191,282	19,573,040	-	-	66,326,079
3226500	100314 WEST KENDALL BAPTIST HOSPITAL	195,181,117	861,340,466	391,314,583	-	-	1,447,836,166
3158800	100315 VIERA HOSPITAL INC	62,873,461	481,604,009	75,297,326	-	-	619,774,796
3297500	100316 PALM BAY HOSPITAL	94,285,761	385,154,835	124,667,571	-	-	604,108,167
5456800	100319 ADVENTHEALTH WESLEY CHAPEL	113,636,391	1,492,805,509	189,377,623	-	-	1,795,819,523
9268300	100320 POINCIANA MEDICAL CENTER	49,075,306	810,421,837	280,323,556	-	-	1,139,820,699
9701300	100321 ASCENSION ST. VINCENTS CLAY COUNTY	99,866,660	618,560,501	120,994,348	-	-	839,421,509
21094100	100329 OVIEDO MEDICAL CENTER	32,118,403	678,325,448	160,284,871	-	-	870,728,722

105531100	100330 MEDICAL CENTER OF DELTONA	4,262,083	35,838,797	14,852,301	-	-	54,953,181
10260100	101300 ADVENTHEALTH WAUCHULA	8,859,510	79,743,894	31,762,586	-	-	120,365,990
10822700	101303 LAKE BUTLER HOSPITAL	7,082,599	20,686,430	-	-	-	27,769,029
10026900	101304 CALHOUN-LIBERTY HOSPITAL ASSN	1,164,977	14,667,034	11,021,609	-	-	26,853,620
10080300	101305 GEORGE E. WEEMS MEMORIAL HOSPITAL	553,674	13,645,737	-	-	-	14,199,411
10103600	101307 DOCTORS MEMORIAL HOSPITAL	2,412,400	36,256,620	7,363,319	-	-	46,032,339
10190700	101308 NORTHWEST FLORIDA COMMUNITY HOSPITAL	6,401,013	74,178,793	23,591,945	2,241,390	-	101,930,361
10086200	101309 HENDRY REGIONAL MEDICAL CENTER	2,405,167	53,518,205	16,372,588	-	-	72,295,960
10115000	101311 MADISON MEMORIAL HOSPITAL	2,182,547	17,767,337	2,534,536	-	-	22,484,420
10120600	101312 FISHERMENS HOSPITAL	175,932	37,618,830	14,638,948	-	-	52,433,710
10121400	101313 MARINERS HOSPITAL	11,031,325	197,784,496	28,419,118	-	-	237,234,939
10337300	102001 SSH - MIAMI	56,215,756	103,026,360	-	-	-	159,242,116
10339000	102003 SSH -ORLANDO	140,142,403	272,147,091	-	-	-	412,289,494
10234200	102009 KINDRED HOSPITAL BAY AREA	132,589,519	196,870,934	-	-	-	329,460,453
10019600	102010 KINDRED HOSPITAL SOUTH FLORIDA	199,215,062	250,325,204	-	3,376,637	-	446,163,629
10647000	102012 CURAHEALTH JACKSONVILLE LLC	27,092,273	23,733,397	-	-	-	50,825,670
10230000	102013 KINDRED HOSPITAL CENTRAL TAMPA	90,599,398	142,508,360	-	-	-	233,107,758
10267900	102015 KINDRED HOSPITAL NORTH FLORIDA	64,969,082	108,315,953	-	-	-	173,285,035
10343800	102017 SSH - PANAMA CITY INC	32,588,941	44,018,175	-	-	-	76,607,116
10356000	102018 PAM SPECIALTY HOSPITAL OF SARASOTA	34,164,584	54,795,250	-	-	-	88,959,834
10353500	102019 KINDRED HOSPITAL OCALA	14,722,218	12,416,761	-	-	-	27,138,979
10374800	102020 SSH -TALLAHASSEE INC.	42,484,877	55,617,051	-	-	-	98,101,928
10372100	102021 BAYCARE ALLIANT HOSPITAL	24,121,543	45,395,898	-	-	-	69,517,441
10377200	102022 SSH - GAINESVILLE INC	53,883,521	71,898,115	-	-	-	125,781,636
10376400	102023 SSH - PALM BEACH LLC	80,402,970	120,697,021	-	-	-	201,099,991
10368300	102024 SSH - PENSACOLA INC	79,138,248	111,057,036	-	-	-	190,195,284
417000	102025 KINDRED HOSPITAL THE PALM BEACHES	66,013,873	88,460,785	-	-	-	154,474,658
949600	102026 ADVENTHEALTH CONNERTON	76,700,558	115,904,024	-	-	-	192,604,582
1681500	102027 KINDRED HOSPITAL MELBOURNE	48,897,917	68,655,132	-	-	-	117,553,049
13800200	102028 SSH - THE VILLAGES	37,334,480	39,796,389	-	-	-	77,130,869
13854800	102029 SSH - FORT MYERS	45,999,255	55,588,717	-	-	-	101,587,972
16486300	102030 SSH - DAYTONA BEACH	32,921,891	66,061,692	-	-	-	98,983,583
19556500	102031 SSH - MIAMI LAKES	56,615,649	94,488,292	-	-	-	151,103,941
16431100	102032 LANDMARK HOSPITAL OF SOUTHWEST FLORI	50,465,964	90,694,760	-	-	-	141,160,724
12002200	103026 ST CATHERINES REHAB HOSPITAL	40,685,281	14,021,205	220,517	24,776,886	-	30,150,117
16972100	103027 ST JOHNS REHABILITATION HOSPITAL	27,666,470	9,172,247	393,792	20,676,318	-	16,556,191
12027800	103028 ENCOMPASS HEALTH REHABILITATION HOS	36,145,670	40,015,926	-	-	-	76,161,596
12038300	103031 ENCOMPASS HEALTH REHABILITATION HOSP	34,674,368	37,265,860	-	-	-	71,940,228
12034100	103032 ENCOMPASS HEALTH REHABILITATION HOSP	19,486,501	21,399,393	-	-	-	40,885,894
12033200	103033 ENCOMPASS HEALTH REHABILITATION HOSP	11,839,854	19,659,628	-	-	-	31,499,482
12042100	103034 SEA PINES REHABILITATION HOSPITAL A	19,614,425	23,461,115	-	-	-	43,075,540
10170200	103036 WEST GABLES REHABILITATION HOSPITAL	38,764,539	56,822,020	-	-	-	95,586,559
10175300	103037 ENCOMPASS HEALTH REHABILITATION HOSP	16,455,048	26,279,225	-	-	-	42,734,273
10270900	103038 ENCOMPASS HEALTH REHABILITATION HOSP	14,853,382	24,047,067	-	-	-	38,900,449
10271700	103039 BROOKS REHABILITATION	68,430,898	292,836,562	-	-	-	361,267,460
10275000	103040 ENCOMPASS HEALTH REHABILITATION HOSP	14,607,420	18,366,224	-	-	-	32,973,644
10355100	103042 ENCOMPASS HEALTH REHABILITATION HOSP	15,785,226	26,527,829	-	-	-	42,313,055
8369200	103043 ENCOMPASS HEALTH REHABILITATION HOSP	14,086,037	22,295,532	-	-	-	36,381,569
9587500	103044 ENCOMPASS HEALTH REHABILITATION HOSP	28,678,718	30,543,145	-	-	-	59,221,863
14235500	103045 ENCOMPASS HEALTH REHABILITATION HOSP	28,166,382	30,464,575	-	-	-	58,630,957
103449400	103046 ARCHER REHABILITATION LLC	52,460,169	49,594,243	-	-	-	102,054,412
103047	103047 ENCOMPASS HEALTH REHABILITATION HOSP	10,680,768	10,736,779	-	-	-	21,417,547
112381700	103048 ENCOMPASS HEALTH REHABILITATION OF P	3,423,680	3,082,957	-	-	-	6,506,637
10151600	103300 JOHNS HOPKINS ALL CHILDRENS HOSPITA	454,661,242	1,015,810,703	82,949,685	-	-	1,553,421,630
10060900	103301 NICKLAUS CHILDRENS HOSPITAL	434,028,638	1,562,674,734	19,969,714	-	-	2,016,673,086

4087600	103304 NEMOURS CHILDRENS HOSPITAL	219,992,779	526,432,138	84,973,841	-	-	831,398,758
26002900	104007 NORTHEAST FLORIDA STATE HOSPITAL	4,337,474	-	-	-	2,477,189	1,860,285
24058800	104016 RIVER POINT BEHAVIORAL HEALTH	41,041,450	1,506,800	2,773,600	-	-	45,321,850
10823300	104017 WINDMOOR HEALTHCARE	45,445,400	1,359,000	6,259,420	-	-	53,063,820
114440700	104018 LIFESTREAM BEHAVIORAL CENTER	27,071,377	2,313,292	22,016,526	-	-	51,401,195
16552300	104024 CIRCLES OF CARE INC.	32,441,474	13,481,603	-	-	-	45,923,077
10357800	104026 FT. LAUDERDALE HOSPITAL	100,155,000	2,517,000	4,078,617	-	-	106,750,617
16949600	104049 SOUTHERN WINDS HOSPITAL LLC	32,157,284	7,574,900	-	-	-	39,732,184
16552600	104057 SPRINGBROOK HOSPITAL	36,913,500	1,700,201	-	-	-	38,613,701
16911900	104059 EASTSIDE PSYCHIATRIC HOSPITAL	8,725,234	458,723	-	-	-	9,183,957
104063	104063 THE WILLOUGH AT NAPLES	29,304,000	1,093,950	-	-	-	30,397,950
17078300	104067 ASPIRE HEALTH PARTNERS INC	13,499,170	-	-	-	-	13,499,170
8589300	104069 WEKIVA SPRINGS CENTER LLC	50,927,350	13,050	6,949,975	-	-	57,890,375
4805200	104070 PORT ST LUCIE HOSPITAL	36,304,500	-	1,789,590	-	-	38,094,090
160000100	104071 THE VINES HOSPITAL	47,344,459	2	3,263,964	-	-	50,608,425
17079000	104072 CENTRAL FLORIDA BEHAVIORAL HEALTH	96,664,920	3,312,635	7,729,195	-	-	107,706,750
105750000	104073 EMERALD COAST BEHAVIORAL HOSPITAL	46,626,800	-	4,861,468	-	-	51,488,268
16551100	104074 PARK ROYAL HOSPITAL	66,208,448	17,016,702	3,777,140	-	-	87,002,290
5456800	104075 NORTH TAMPA BEHAVIORAL HEALTH	58,202,063	7,404,137	1,783,600	-	-	67,389,800
360086617	104076 UNIVERSITY BEHAVIORAL CENTER	60,107,155	-	-	-	-	60,107,155
104784700	104078 SUNCOAST BEHAVIORAL HEALTH CENTER	22,589,600	-	410,955	-	-	23,000,555
15775700	104079 LARKIN COMMUNITY HOSPITAL BEHAVIORAL	34,541,525	4,395,187	-	-	-	38,936,712
22041500	104080 CORAL SHORES BEHAVIORAL HEALTH	23,344,200	-	424,200	-	-	23,768,400
110947200	104081 OGLETHORPE OF ORLANDO INC.	30,885,000	-	-	-	-	30,885,000
101334000	104082 PALM POINT BEHAVIORAL HEALTHCARE	18,884,800	-	678,600	-	-	19,563,400
		49,131,139,701	304,307,885,456	48,148,546,236	203,306,588	2,477,189	401,381,787,616

[illegible]

10119200	1010150	LAVER KEYS MEDICAL CENTER	454,392,118	112,505,515	453,402,777	454,275,494	112,476,639	53,736,611	138,249,257	213,640,597	48,649,029	-	454,275,494	58%	47,534,867	64,941,772
10072200	1010151	MAYO CLINIC FLORIDA	2,779,429,500	986,907,022	2,774,029,502	2,730,937,000	969,688,529	277,344,365	1,123,247,195	1,235,800,541	94,544,899	-	2,730,937,000	42%	497,315,599	472,372,930
10058700	1010154	SOUTH MIAMI HOSPITAL	2,415,741,697	619,607,044	2,415,679,252	2,415,679,251	619,591,027	371,082,901	883,505,552	777,858,244	383,232,554	-	2,415,679,251	52%	321,785,994	297,805,034
10157800	1010156	LAKE CITY MEDICAL CENTER	1,396,462,215	166,438,282	1,404,905,291	1,395,959,107	166,356,876	76,054,895	404,050,139	578,572,297	336,281,776	-	1,395,959,107	66%	57,214,264	109,142,611
10164800	1010157	LAKELAND REGIONAL MED CTR	4,859,693,980	875,440,972	4,859,693,980	4,859,693,980	875,440,972	427,695,510	2,022,303,365	1,613,821,320	795,873,785	-	4,859,693,980	50%	441,350,712	434,090,260
10117800	1010161	CENTRAL FLORIDA REGIONAL HOSPITAL	1,659,884,160	202,706,439	1,659,884,158	1,659,884,158	202,706,439	107,482,923	669,295,324	219,544,154	169,884,160	-	1,659,884,160	58%	119,284,805	83,421,574
11955400	1010166	HCA FLORIDA SARASOTA DOCTORS HOSPITA	1,804,719,062	187,994,823	1,804,719,062	1,804,719,061	187,994,823	109,374,534	172,194,628	348,345,871	198,804,028	-	1,804,719,061	46%	85,581,602	102,413,221
12000601	1010167	PLANTATION GENERAL HOSPITAL	4,870,760,033	498,230,593	4,870,753,821	4,870,753,821	498,229,958	629,036,742	2,414,733,147	1,372,856,109	454,127,823	-	4,870,753,821	62%	311,347,565	186,882,392
10141900	1010168	BOCA RATON REGIONAL HOSPITAL	3,008,964,154	595,510,879	3,008,677,891	3,003,725,368	594,467,737	252,445,320	847,597,674	1,741,429,516	162,252,858	-	3,003,725,368	37%	217,709,674	376,758,063
10102800	1010173	ADVENTHEALTH TAMPA	3,606,320,769	632,892,571	3,606,320,767	3,606,320,769	632,892,571	394,934,590	1,658,111,198	1,218,809,966	334,465,075	-	3,606,320,769	57%	360,300,004	272,592,567
10192300	1010175	DESOTO MEMORIAL HOSPITAL	157,538,106	41,681,581	154,562,723	156,501,688	41,407,365	17,628,264	21,486,964	87,286,591	30,099,869	-	156,501,688	25%	10,349,144	31,058,221
10210500	1010176	PALM BEACH GARDENS	2,279,488,389	235,368,283	2,272,904,416	2,279,488,389	235,368,283	322,183,106	1,179,879,714	628,965,628	148,459,941	-	2,279,488,389	66%	155,095,305	80,272,978
10003900	1010177	CAPE CANAVERAL HOSPITAL INC	663,814,504	135,829,956	723,425,644	647,700,719	132,572,690	89,814,279	197,238,145	276,511,435	84,136,800	-	647,700,719	44%	58,754,469	73,818,221
10193100	1010179	MEMORIAL HOSPITAL OF JACKSONVILLE	4,684,310,780	472,837,468	4,796,499,352	4,684,310,780	472,837,468	509,440,814	2,311,597,757	1,306,938,881	556,333,328	-	4,684,310,780	60%	284,757,523	188,079,945
12010300	1010180	ST. PETERSBURG GENERAL	1,292,283,584	100,462,490	1,292,282,944	1,292,282,944	100,462,440	74,334,485	520,443,732	427,132,779	270,371,948	-	1,292,282,944	46%	46,238,226	54,224,214
12005700	1010181	LARKIN COMMUNITY HOSPITAL	355,511,692	94,545,513	355,511,692	355,511,692	94,545,513	82,068,250	120,733,947	89,435,741	63,273,754	-	355,511,692	57%	53,933,635	40,611,878
10960600	1010183	CORAL GABLES HOSPITAL	742,195,691	74,767,192	742,114,825	742,195,691	74,767,192	158,537,340	191,208,423	316,664,780	75,785,148	-	742,195,691	47%	35,232,633	39,534,559
10460400	1010187	PALMETTO GENERAL HOSPITAL	1,618,824,329	206,177,093	1,617,431,739	1,613,806,450	205,538,005	244,115,376	841,969,427	378,693,319	149,028,328	-	1,613,806,450	67%	138,326,194	67,21,811
10459100	1010189	NORTHWEST MEDICAL CENTER	2,655,163,266	269,317,779	2,655,163,266	2,655,163,266	269,317,779	294,254,488	1,506,511,765	757,512,089	96,884,924	-	2,655,163,266	68%	182,654,820	86,662,959
10552000	1010191	MEDICAL CENTER OF TRINITY	2,915,525,084	277,239,332	2,915,188,725	2,915,525,084	277,239,332	232,307,345	1,439,882,593	1,067,378,043	175,957,103	-	2,915,525,084	57%	159,009,718	118,229,614
10821900	1020000	BROWARD HEALTH IMPERIAL POINT	542,877,959	100,242,787	542,877,959	542,877,959	100,242,787	68,539,832	196,299,335	231,178,730	46,860,062	-	542,877,959	49%	48,902,734	51,340,053
10862600	1020004	NORTH FLORIDA REGIONAL MED CTR	5,281,984,423	545,121,363	5,281,984,320	5,244,498,678	544,343,354	581,310,613	2,684,796,467	1,584,350,216	594,031,082	-	5,244,498,678	58%	318,241,735	226,101,619
11279800	1020006	MEMORIAL HOSPITAL OF TAMPA	1,528,665,737	158,681,772	1,528,665,737	1,528,665,737	158,681,772	132,630,594	533,956,444	728,595,781	133,483,118	-	1,528,665,737	44%	68,281,659	89,600,113
12013800	1020009	KENDALL REGIONAL MEDICAL CENTER	5,113,188,517	553,414,945	5,111,938,597	5,111,938,597	553,279,663	496,487,669	2,832,643,786	1,274,068,267	708,738,875	-	5,111,938,597	35%	360,321,372	192,598,731
10951900	1020111	ADVENTHEALTH DADE CITY	592,616,095	73,423,553	592,616,097	573,899,030	71,104,559	62,428,726	263,512,796	192,512,036	54,162,537	18,717,065	592,616,095	65%	39,107,828	31,996,731
10988600	1020112	OKALA REGIONAL MEDICAL CENTER	5,741,364,910	637,191,618	5,741,364,612	5,741,364,612	637,191,585	326,845,782	3,187,778,796	1,677,930,556	538,809,478	-	5,741,364,612	61%	391,172,008	246,019,577
10213300	1020113	CLAKE MEDICAL CENTER	2,407,615,742	277,090,295	2,407,615,742	2,407,615,742	277,090,295	325,876,427	1,421,835,561	733,759,947	526,143,801	-	2,407,615,742	73%	201,142,576	75,947,719
12001400	1020117	SEBASTIAN RIVER MEDICAL CENTER	1,073,989,079	110,706,760	1,073,989,079	1,071,599,268	110,460,418	44,860,886	401,214,074	529,883,534	98,030,585	2,389,811	1,073,989,079	42%	45,879,076	64,581,342
11134100	1020220	GULF COAST MEDICAL CENTER	2,839,090,094	558,427,551	2,757,784,118	2,832,362,758	557,104,335	357,571,143	1,392,722,300	248,282,905	60,513,746	6,727,336	2,839,090,094	62%	343,453,724	213,650,611
11132500	1020223	FORT WALTON BEACH MEDICAL CTR	3,466,750,094	326,964,508	3,466,749,979	3,464,233,787	326,727,184	189,237,890	1,671,592,939	1,332,060,185	271,342,773	-	3,464,233,787	54%	175,503,172	151,224,012
11280100	1020224	UNIVERSITY HOSPITAL	1,216,566,285	121,202,778	1,216,566,285	1,216,566,285	121,202,778	227,205,610	562,466,177	282,400,095	144,494,403	-	1,216,566,285	65%	78,672,585	42,530,193
11174100	1020226	ORANGE PARK MEDICAL CENTER	4,460,302,091	393,035,250	4,460,302,091	4,460,302,091	393,035,250	547,400,125	2,275,158,859	1,044,674,347	593,028,760	-	4,460,302,091	63%	248,723,265	144,311,985
11230500	1020228	WESTSIDE REGIONAL MEDICAL CENTER	2,144,329,522	240,379,286	2,144,329,522	2,144,329,522	240,379,286	253,825,242	1,287,487,994	494,044,301	108,971,985	-	2,144,329,522	72%	172,781,175	67,598,111
10222900	1020300	MEMORIAL HOSPITAL PEMBROKE	1,101,175,285	166,884,034	1,042,935,941	1,101,175,285	166,884,034	104,826,221	468,017,752	528,331,312	68,017,752	-	1,101,175,285	52%	86,814,982	80,069,052
11321200	1020331	WEST FLORIDA HOSPITAL	3,126,051,233	366,553,908	3,134,882,822	3,126,051,233	366,553,908	344,158,236	1,312,152,789	1,147,043,175	322,697,033	-	3,126,051,233	53%	194,215,396	172,338,512
11351400	1020332	PUTNAM COMMUNITY MEDICAL CENTER	760,681,597	87,356,098	760,681,597	760,681,597	87,356,098	53,109,738	282,546,609	264,672,407	160,272,843	-	760,681,597	44%	38,555,708	48,800,390
11746300	1020336	HCA FT. LAWCETT HOSPITAL	2,543,063,530	203,442,182	2,542,983,149	2,542,982,393	203,387,748	198,164,372	1,413,879,345	658,891,190	272,048,032	-	2,542,982,393	63%	128,931,239	74,456,609
11519300	1020338	NORTHSHORE HOSPITAL	2,153,812,534	181,309,188	2,153,812,534	2,153,812,534	181,309,188	165,825,770	1,187,388,993	634,036,073	166,561,698	-	2,153,812,534	63%	113,914,403	67,394,785
11761700	1020341	HCA FLORIDA GULF COAST HOSPITAL	2,607,657,663	265,682,960	2,604,411,283	2,607,657,663	265,682,960	210,497,850	1,153,669,255	1,002,982,768	240,507,960	-	2,607,657,663	58%	138,989,081	126,693,909
11807900	1020343	HCA FLORIDA BRANDON HOSPITAL	5,060,533,088	498,218,652	5,060,533,071	5,060,533,071	498,218,650	323,715,014	2,323,570,807	1,870,266,998	542,980,152	-	5,060,533,071	52%	280,630,096	237,588,555
11971700	1020444	CAPE CORAL HOSPITAL	1,705,801,144	339,985,640	1,629,624,776	1,705,801,144	339,985,640	228,548,386	644,487,497	612,503,964	220,261,307	-	1,705,801,144	51%	174,006,017	165,979,623
11969500	1020446	LAWNWOOD REGIONAL MEDICAL CENTER	4,064,050,955	432,856,876	4,064,050,955	4,064,050,955	432,856,876	505,575,324	2,374,832,345	838,285,483	345,357,803	-	4,064,050,955	71%	360,788,542	126,068,334
11974100	1020448	LARGO MEDICAL CENTER	3,187,195,810	325,712,648	3,183,133,872	3,187,195,810	325,712,648	322,292,376	1,835,714,037	782,871,394	246,318,003	-	3,187,195,810	68%	220,535,551	105,177,097
11989800	1020449	SEVEN RIVERS REGIONAL MEDICAL CENTER	1,015,686,351	105,833,673	1,013,132,514	1,015,619,268	105,826,683	74,764,480	419,012,068	350,795,064	171,047,656	-	1,015,619,268	51%	51,451,106	54,375,572
11975000	1020552	RAULERSON HOSPITAL	605,833,553	80,573,012	605,833,553	605,833,553	80,573,012	46,304,254	252,563,171	282,294,935	44,671,193	-	605,833,553	49%	37,088,055	43,484,957
12029400	1020553	JUPITER MEDICAL CENTER	1,535,570,147	305,700,878	1,535,570,146	1,535,570,147	305,700,878	134,964,552	627,927,269	662,417,425	110,260,901	-	1,535,570,147	50%	151,876,292	153,824,596
11980800	1020554	CAPITAL REGIONAL MEDICAL CENTER	2,222,948,780	315,524,294	2,222,948,780	2,222,948,780	315,524,294	242,827,218	1,024,817,304	871,272,402	288,377,719	-	2,222,948,780	52%	153,907,801	150,496,230
11989100	1020558	REGIONAL MEDICAL CENTRE BAYONET POIN	3,389,555,294	315,524,294	3,389,555,294	3,389,555,294	315,524,294	261,212,872	2,259,716,876	724,882,498	143,742,947	-	3,389,555,294	74%	236,887,537	81,628,718
12009000	1020559	DELRAY MEDICAL CENTER	4,212,782,732	454,998,575	4,224,434,651	4,212,782,732	454,998,575	804,222,156	2,415,407,839	839,555,104	353,					

10822700	101303 LAKE BUTLER HOSPITAL	34,602,579	12,178,501	28,664,566	27,769,029	9,773,409	7,082,599	5,921,016	-	-	-	47%	53%	4,576,689	5,196,740
10822600	101304 CALHOUN-LIBERTY HOSPITAL ASSN	30,047,745	9,288,317	30,042,188	26,853,620	8,300,954	1,164,977	1,983,307	12,683,727	11,021,609	-	12%	88%	973,193	7,327,760
1080300	101305 GEORGE E. WEEMS MEMORIAL HOSPITAL	15,711,060	8,568,189	13,653,506	14,199,411	7,743,796	553,674	1,345,585	12,300,152	-	-	13%	87%	1,035,781	6,708,015
10103600	101307 DOCTORS MEMORIAL HOSPITAL	50,329,163	16,005,583	46,452,013	46,032,339	14,638,115	2,412,400	27,775,881	27,775,881	7,363,319	-	24%	76%	3,464,215	11,174,900
10100700	101308 NORTHWEST FLORIDA COMMUNITY HOSPITAL	114,286,701	32,713,805	103,536,545	101,930,361	29,178,885	6,401,013	12,902,196	61,276,597	23,591,945	2,241,390	1%	81%	5,406,528	23,770,357
10886200	101309 HENDRY REGIONAL MEDICAL CENTER	76,903,960	37,211,512	75,087,868	72,295,960	35,396,077	2,405,167	7,056,884	46,461,321	16,372,568	-	13%	87%	4,633,617	30,763,460
10115000	101311 MADISON MEMORIAL HOSPITAL	22,484,420	10,131,795	20,725,902	22,484,420	10,131,795	2,182,547	6,511,884	11,255,453	2,534,536	-	19%	61%	3,917,833	6,213,962
10120600	101312 FISHERMENS HOSPITAL	52,434,700	22,288,315	52,433,710	52,433,710	22,287,894	175,932	168,305	37,450,525	14,638,948	-	1%	99%	146,324	22,141,570
10121400	101313 MARINERS HOSPITAL	237,253,069	84,020,354	237,234,939	237,234,939	84,013,933	11,031,325	18,337,927	179,446,569	28,419,118	-	12%	88%	10,400,771	73,613,162
10337300	102001 SSH - MIAMI	159,242,116	28,049,460	159,242,116	159,242,116	28,049,460	56,215,756	103,026,360	-	-	-	100%	0%	28,049,460	-
10339000	102003 SSH-ORLANDO	412,289,494	59,450,845	412,289,494	412,289,494	59,450,845	140,142,403	272,147,091	-	-	-	100%	0%	59,450,845	-
10234200	102009 KINDRED HOSPITAL BAY AREA	329,460,453	61,477,819	329,460,453	329,460,453	61,477,819	132,589,519	195,217,364	1,653,570	-	-	100%	1%	61,189,260	308,559
10019600	102010 KINDRED HOSPITAL SOUTH FLORIDA	449,540,266	91,688,167	449,540,266	446,163,629	90,959,469	199,215,062	248,657,785	1,667,419	3,376,637	-	100%	0%	90,661,937	337,532
10647000	102012 CURAHEALTH JACKSONVILLE LLC	50,825,670	10,418,557	50,825,670	50,825,670	10,418,557	27,092,273	23,682,773	50,624	-	-	100%	0%	10,408,180	10,377
10230000	102013 KINDRED HOSPITAL CENTRAL TAMPA	233,107,758	43,428,839	233,107,758	233,107,758	43,428,839	90,599,398	141,342,474	1,165,886	-	-	99%	1%	43,211,630	217,209
10267900	102015 KINDRED HOSPITAL NORTH FLORIDA	173,285,035	35,575,378	173,285,035	173,285,035	35,575,378	64,969,082	106,370,745	1,945,208	-	-	99%	1%	35,176,027	399,351
10343800	102017 SSH - PANAMA CITY INC	76,607,116	16,205,938	76,607,116	76,607,116	16,205,938	32,588,941	44,018,175	-	-	-	100%	0%	16,205,938	-
10356000	102018 PAM SPECIALTY HOSPITAL OF SARASOTA	88,959,834	26,572,625	88,959,834	88,959,834	26,572,625	34,164,584	54,501,658	293,592	-	-	100%	0%	26,484,928	87,697
10353500	102019 KINDRED HOSPITAL OCALA	27,138,979	6,939,718	27,138,979	27,138,979	6,939,718	14,722,218	12,416,761	-	-	-	100%	0%	6,939,718	-
10374800	102020 SSH-TAL-HASSEEE INC.	98,101,928	22,894,021	98,101,928	98,101,928	22,894,021	42,484,877	55,617,051	-	-	-	100%	0%	22,894,021	-
10372100	102021 BAYCARE ALLIANT HOSPITAL	69,517,441	19,801,214	68,447,456	69,517,441	19,801,214	24,121,543	45,395,898	-	-	-	100%	0%	19,801,214	-
10377200	102022 SSH - GAINESVILLE INC	125,781,636	26,382,490	125,781,636	125,781,636	26,382,490	53,883,521	71,898,115	-	-	-	100%	0%	26,382,490	-
10376400	102023 SSH - PALM BEACH LLC	33,221,313	201,099,991	33,221,313	201,099,991	33,221,313	80,402,070	120,697,021	-	-	-	100%	0%	33,221,313	-
10368300	102024 SSH - PENSACOLA INC	190,195,284	35,128,325	190,195,284	190,195,284	35,128,325	79,138,248	111,057,036	-	-	-	100%	0%	35,128,325	-
417000	102025 KINDRED HOSPITAL THE PALM BEACHES	154,474,658	30,254,901	154,474,658	154,474,658	30,254,901	66,013,873	88,380,839	79,946	-	-	100%	0%	30,239,243	15,658
949600	102026 ADVENTHEALTH CONNERTON	192,604,582	44,448,796	192,604,582	192,604,582	44,448,796	76,700,558	115,858,585	45,439	-	-	100%	0%	44,438,310	10,486
1681500	102027 KINDRED HOSPITAL MELBOURNE	117,553,049	25,547,167	117,553,049	117,553,049	25,547,167	48,897,917	67,352,170	1,302,962	-	-	99%	1%	25,264,001	283,166
13800200	102028 SSH - THE VILLAGES	77,130,869	23,133,877	77,130,869	77,130,869	23,133,877	37,334,480	39,796,389	-	-	-	100%	0%	23,133,877	-
13854800	102029 SSH - FORT MYERS	101,587,972	26,529,001	101,587,972	101,587,972	26,529,001	45,999,255	55,588,717	-	-	-	100%	0%	26,529,001	-
10675000	102030 SSH - DAYTONA BEACH	98,983,583	19,843,671	121,545,509	98,983,583	19,843,671	32,921,891	66,061,632	-	-	-	100%	0%	19,843,671	-
1955500	102031 SSH - MIAMI LAKES	151,103,941	34,578,139	151,103,941	151,103,941	34,578,139	56,615,649	94,488,292	-	-	-	100%	0%	34,578,139	-
16431100	102032 LANDMARK HOSPITAL OF SOUTHWEST FLORI	114,892,377	25,456,193	141,160,724	141,160,724	25,456,193	50,465,964	44,101,861	46,592,899	-	-	67%	33%	16,965,935	8,358,996
10202200	103026 ST CATERINES REHAB HOSPITAL	54,927,003	36,579,167	54,927,003	30,150,117	20,078,761	40,685,281	13,916,432	104,773	220,517	24,776,886	99%	1%	19,959,850	118,911
16972100	103027 ST JOHNS REHABILITATION HOSPITAL	37,232,509	23,690,524	37,232,509	16,556,191	10,534,472	27,666,470	9,071,912	100,335	393,792	20,676,318	99%	1%	10,394,665	139,807
12027800	103028 ENCOMPASS HEALTH REHABILITATION HOSP	76,161,596	44,141,320	76,161,596	76,161,596	44,141,320	36,145,670	40,013,774	2,152	-	-	100%	0%	44,140,073	1,247
12028300	103031 ENCOMPASS HEALTH REHABILITATION HOSP	71,940,228	55,549,316	71,938,796	71,940,228	55,549,316	34,674,368	37,265,860	-	-	-	100%	0%	55,549,316	-
12034100	103032 ENCOMPASS HEALTH REHABILITATION HOSP	40,885,894	29,812,356	40,885,894	40,885,894	29,812,356	19,486,601	21,399,393	-	-	-	100%	0%	29,812,356	-
12033200	103033 ENCOMPASS HEALTH REHABILITATION HOSP	31,499,482	23,115,549	31,499,482	31,499,482	23,115,549	11,839,854	19,659,628	-	-	-	100%	0%	23,115,549	-
12042100	103034 SEA PINES REHABILITATION HOSPITAL A	43,075,540	28,134,072	51,687,389	43,075,540	28,134,072	19,614,425	23,459,723	1,392	-	-	100%	0%	28,133,163	909
10170200	103036 WEST GABLES REHABILITATION HOSPITAL	95,586,559	35,964,127	95,586,560	95,586,559	35,964,127	38,764,639	52,746,025	4,075,995	-	-	96%	4%	34,430,547	1,533,580
10175300	103037 ENCOMPASS HEALTH REHABILITATION HOSP	42,734,273	32,838,386	42,734,273	32,838,386	42,734,273	16,455,048	26,279,225	-	-	-	100%	0%	32,838,386	-
10270900	103038 ENCOMPASS HEALTH REHABILITATION HOSP	38,900,449	25,165,309	38,900,449	38,900,449	25,165,309	14,853,362	24,026,757	20,310	-	-	100%	0%	25,152,170	13,139
10271700	103039 BROOKS REHABILITATION	361,267,460	117,519,689	361,267,460	361,267,460	117,519,689	68,430,898	158,673,767	134,162,795	-	-	63%	37%	73,876,760	43,642,929
10275000	103040 ENCOMPASS HEALTH REHABILITATION HOSP	32,973,644	23,073,688	32,973,644	32,973,644	23,073,688	14,607,420	18,366,224	-	-	-	100%	0%	23,073,688	-
10355100	103042 ENCOMPASS HEALTH REHABILITATION HOSP	42,313,055	31,808,330	42,313,055	42,313,055	31,808,330	15,785,226	25,915,725	612,104	-	-	99%	1%	31,348,188	460,142
8369200	103043 ENCOMPASS HEALTH REHABILITATION HOSP	36,381,569	28,823,572	36,381,569	36,381,569	28,823,572	14,086,037	22,295,532	-	-	-	100%	0%	28,823,572	-
9687500	103044 ENCOMPASS HEALTH REHABILITATION HOSP	59,221,863	45,012,481	59,221,863	59,221,863	45,012,481	29,678,719	30,543,145	-	-	-	100%	0%	45,012,481	-
14235500	103045 ENCOMPASS HEALTH REHABILITATION HOSP	58,630,957	37,891,956	58,630,956	58,630,956	37,891,956	28,166,382	30,484,576	-	-	-	100%	0%	37,891,956	-
10344940	103046 ARCHER REHABILITATION LLC	102,054,412	31,716,325	102,054,412	102,054,412	31,716,325	52,460,169	49,594,243	-	-	-	100%	0%	31,716,325	-
103047	103047 ENCOMPASS HEALTH REHABILITATION HOSP	21,417,547	13,389,639	21,417,547	13,389,639	10,680,768	10,680,768	10,736,779	-	-	-	100%	0%	13,388,839	-
112381700	103048 ENCOMPASS HEALTH REHABILITATION OF P	6,506,637	3,692,271	6,506,637	3,692,271	3,692,271	3,423,690	3,082,957	-	-	-	100%	0%	3,682,271	-
10151600	103300 JOHNS HOPKINS ALL CHILDRENS HOSPITA	1,553,421,630	458,525,557	1,553,421,630	1,553,421,630	458,525,557	454,661,242	504,384,836	511,425,867	82,949,685	-	62%	38%	283,082,924	175,442,633
10060900	103301 NICKLAUS CHILDRENS HOSPITAL	2,016,673,086	714,880,649	1,996,703,371	2,016,673,086	714,880,649	434,028,639	641,878,138	820,796,596	19,969,714	-	53%	47%	381,392,968	333,487,681
4087600	103304 NEMOURS CHILDRENS HOSPITAL	831,398,758	247,257,535	831,398,757	831,398,758	247,257,535	219,992,779	238,385,215	288,046,923	84,973,841	-	55%	45%	136,321,364	110,936,171
26002900	104007 NORTHEAST FLORIDA STATE HOSPITAL	4,337,474	4,337,474	74,191,067	1,860,285	1,860,285	4,337,474	-	-	-	-	100%	0%	1,860,285	-
24058800	104016 RIVER POINT BEHAVIORAL HEALTH	45,321,850	12,541,394	45,321,850	45,321,850	12,541,394	41,041,450	171,350	1,335,450	2,773,600	-	91%	9%	11,404,344	1,137,050
10823000	104017 WINDMOR HEALTHCARE	53,063,820	15,131,751	53,063,820	53,063,820	15,131,751	45,445,400	80,400	1,278,600	6,259,420	-	86%	14%	12,982,199	2,149,552
114447000	104018 LIFESTREAM BEHAVIORAL CENTER	51,401,195	(4,353,689)	51,401,195	51,401,195	(4,353,689)	27,071,377	1,073,205	1,240,087	22,018,526	-	55%	45%	(2,383,850)	(1,989,839)
16552300	104024 CIRCLES OF CARE INC.	45,923,077	21,792,490	51,652,796	45,923,077	21,792,490	1,246,065	12,235,538	-	-	-	73%	27%	15,998,197	5,806,293
10357800	104026 FT. LAUDERDALE HOSPITAL	106,750,617	31,986,750	106,750,617	106,750,617	31,986,750	100,155,000	981,500	1,555,500	4,078,617	-	95%	5%	30,298,543	1,688,207
16949600	104049 SOUTHERN WINDS HOSPITAL LLC	39,847,376	1												

[illegible]

[illegible]

Prov Num	Provider	G-2 line 17.00 column 3.00	G-2 line 18.00 column 3.00	G-2 line 19.00 column 3.00	G-2 line 7.00 column 3.00	G-2 line 9.00 column 3.00	G-2 Adjusted total
100001	SHANDS JACKSONVILLE MEDICAL CENTER	476,984,430	1,513,646,250	2,575,001,886	25,283,628	-	4,540,348,938
100002	BETHESDA HOSPITAL	393,245,289	1,755,545,696	216,550,077	-	-	2,365,341,062
100006	ORLANDO HEALTH	3,125,215,542	14,058,798,902	1,522,049,721	-	-	18,706,064,165
100007	ADVENTHEALTH ORLANDO	4,516,180,326	22,227,145,587	505,813,651	-	-	27,249,139,564
100008	BAPTIST HOSPITAL	983,111,336	5,265,420,208	653,466,670	-	-	6,901,998,214
100012	LEE MEMORIAL HOSPITAL	556,500,566	4,697,853,630	661,611,092	2,427,648	-	5,913,537,640
100014	ADVENTHEALTH NEW SMYRNA BEACH	72,784,491	471,395,094	77,955,116	-	-	622,134,701
100017	HALIFAX MEDICAL CENTER	347,306,664	1,652,425,242	226,552,913	-	-	2,226,284,819
100018	NAPLES COMMUNITY HOSPITAL	332,783,809	2,429,881,590	396,943,238	-	-	3,159,608,637
100019	HOLMES REGL MEDICAL CENTER	640,652,821	2,156,500,661	286,157,584	-	-	3,083,311,066
100022	JACKSON MEMORIAL	1,508,080,525	4,332,035,202	642,775,479	-	-	6,482,891,206
100023	CITRUS MEMORIAL HOSPITAL	127,406,500	2,245,730,107	174,739,321	-	-	2,547,875,928
100025	ASCENSION SACRED HEART PENSACOLA	489,381,685	2,301,574,007	1,347,844,567	-	-	4,138,800,259
100026	ASCENSION SACRED HEART BAY	67,340,774	863,904,603	248,887,594	-	-	1,180,132,971
100028	PARRISH MEDICAL CENTER	45,174,188	185,443,503	386,133,480	-	-	616,751,171
100029	NORTH SHORE MEDICAL CENTER AND FMC	467,672,959	2,449,655,048	426,849,621	-	-	3,344,177,628
100030	ORLANDO HEALTH-HEALTH CENTRAL HOSPIT	342,408,698	1,408,882,506	380,014,273	-	-	2,131,305,477
100032	BAYFRONT HEALTH ST. PETERSBURG	389,267,627	1,703,412,884	276,944,532	-	-	2,369,625,043
100034	MOUNT SINAI MEDICAL CENTER OF FLORID	413,114,770	2,448,156,047	314,912,704	-	-	3,176,183,521
100035	MANATEE MEMORIAL HOSPITAL	370,486,405	3,007,125,979	254,537,125	-	-	3,632,149,509
100038	MEMORIAL REGIONAL HOSPITAL	1,424,253,126	3,564,660,262	3,658,038,065	-	-	8,646,951,453
100039	BROWARD HEALTH MEDICAL CENTER	428,760,487	2,103,637,619	252,504,873	-	-	2,784,902,979
100040	ASCENSION ST. VINCENTS RIVERSIDE	270,537,372	2,523,341,968	227,611,535	-	-	3,021,490,875
100043	MEASE HOSPITAL AND CLINIC	74,142,435	431,921,660	55,871,323	-	-	561,935,418
100044	MARTIN MEDICAL CENTER	350,925,685	2,650,551,748	511,008,060	-	-	3,512,485,493
100045	ADVENTHEALTH DELAND	98,805,817	776,216,302	117,614,754	1,224,827	-	991,412,046
100046	ADVENTHEALTH ZEPHYRHILLS	120,679,485	1,121,546,447	126,269,019	-	-	1,368,494,951
100047	BAYFRONT HEALTH PUNTA GORDA	98,187,348	433,864,474	90,410,805	-	-	622,462,627
100048	JAY HOSPITAL	-	1,494,487	15,583,888	-	-	57,237,024
100049	HCA FLORIDA HIGHLANDS HOSPITAL	46,361,969	693,218,061	57,352,534	-	-	796,932,564
100050	LARKIN HOSP PALM SPRINGS CAMPUS LLC	-	-	-	-	-	-
100051	ORLANDO HEALTH SOUTH LAKE HOSPITAL	295,344,236	1,551,874,097	517,506,548	3,000,674	-	2,361,724,207
100052	WINTER HAVEN HOSPITAL	254,752,689	1,647,144,481	199,714,202	-	-	2,101,611,372
100053	HIALEAH HOSPITAL	118,979,234	991,912,174	161,130,988	-	-	1,272,022,396
100054	TWIN CITIES HOSPITAL	28,917,056	811,308,994	133,649,553	-	-	973,875,603
100055	ADVENTHEALTH - NORTH PINELLAS	-	-	-	-	-	-
100057	ADVENTHEALTH WATERMAN	145,782,178	1,344,651,095	291,048,760	-	-	1,781,482,033
100062	ADVENTHEALTH OCALA	-	-	-	-	-	-
100063	MORTON PLANT NORTH BAY HOSPITAL	155,538,160	640,784,730	91,806,866	-	-	888,129,756
100067	ST. ANTHONYS HOSPITAL	254,398,865	1,750,955,355	162,431,559	-	-	2,167,785,779
100068	ADVENTHEALTH DAYTONA BEACH	281,483,786	1,922,547,682	201,686,726	-	-	2,405,718,194
100069	ADVENTHEALTH CARROLLWOOD	-	-	-	-	-	-
100070	VENICE REGIONAL BAYFRONT HEALTH	44,513,658	739,304,700	61,665,421	-	-	845,483,779
100071	BROOKSVILLE REGIONAL HOSPITAL	109,821,714	833,868,588	253,173,642	-	-	1,196,863,944
100072	ADVENTHEALTH FISH MEMORIAL	138,198,477	764,011,466	149,705,642	-	-	1,051,915,585
100073	HOLY CROSS HOSPITAL	Missing	#VALUE!	Missing	Missing	Missing	#VALUE!
100075	ST. JOSEPHS HOSPITAL	705,449,217	5,022,638,857	593,668,132	-	-	6,321,756,206
100077	BAYFRONT HEALTH PORT CHARLOTTE	140,251,423	1,441,927,261	182,145,008	-	-	1,764,323,692
100079	UNIVERSITY OF MIAMI HOSP & CLINICS	538,661,350	9,830,964,077	1,945,403,659	-	-	12,315,029,086
100080	HCA FLORIDA JFK HOSPITAL	928,204,979	5,905,336,732	555,153,642	-	-	7,388,695,353
100084	LEESBURG REGIONAL MEDICAL CENTER INC	354,153,809	751,963,178	103,444,182	-	-	1,209,561,169
100086	BROWARD HEALTH NORTH	173,041,764	1,036,770,478	131,257,875	-	-	1,341,070,117
100087	SARASOTA MEMORIAL HOSPITAL	732,826,864	4,293,426,674	748,930,562	-	-	5,775,184,100
100088	BAPTIST MEDICAL CENTER	1,688,756,247	5,979,832,665	986,488,509	-	-	8,655,077,421
100090	FLAGLER HOSPITAL	212,425,295	1,000,868,316	157,050,458	-	-	1,370,344,069
100092	ROCKLEDGE REGIONAL MEDICAL CENTER	89,311,962	1,306,453,602	94,684,653	-	-	1,490,450,217
100093	BAPTIST HOSPITAL	101,370,032	2,366,976,638	310,621,330	-	-	2,778,968,000

100099 ADVENTHEALTH LAKE WALES	64,173,679	576,111,597	98,167,078	-	-	738,452,354
100105 INDIAN RIVER MEMORIAL HOSPITAL	170,727,805	496,264,132	894,807,785	-	-	1,561,799,722
100106 DOCTORS MEMORIAL	Missing	#VALUE!	Missing	Missing	Missing	#VALUE!
100107 LEHIGH REGIONAL	13,153,035	299,826,174	-	-	-	312,979,209
100109 ADVENTHEALTH SEBRING	126,662,130	1,294,756,726	128,790,720	-	-	1,550,209,576
100110 OSCEOLA REGIONAL MEDICAL CENTER	313,823,953	3,761,496,708	690,425,800	-	-	4,765,746,461
100113 UF HEALTH SHANDS	1,569,459,936	5,629,332,720	271,525,294	-	-	7,470,317,950
100117 BAPTIST MEDICAL CENTER-BEACHES	191,193,210	637,081,344	108,557,766	-	-	936,832,320
100118 ADVENTHEALTH PALM COAST	109,180,923	875,444,590	105,165,225	-	-	1,089,790,738
100121 BARTOW REGIONAL MEDICAL CENTER	32,972,879	319,950,908	91,365,604	-	-	444,289,391
100122 NORTH OKALOOSA MEDICAL CENTER	39,954,604	1,242,652,659	132,116,453	-	-	1,414,723,716
100124 SANTA ROSA MEDICAL CENTER	12,586,161	821,545,803	227,776,578	-	-	1,061,908,542
100125 HOMESTEAD HOSPITAL	187,660,815	856,335,405	275,031,436	-	-	1,319,027,656
100126 HCA FLORIDA PASADENA HOSPITAL	88,177,735	843,221,808	162,112,338	-	-	1,093,511,881
100127 MORTON PLANT HOSPITAL	344,451,339	2,729,459,849	216,908,946	8,756,980	-	3,282,063,154
100128 TAMPA GENERAL HOSPITAL	1,287,196,588	8,252,011,023	649,714,297	-	-	10,188,921,908
100130 LAKESIDE MEDICAL CENTER	6,183,348	101,152,217	21,209,206	-	-	128,544,771
100131 HCA FLORIDA AVENTURA HOSPITAL	287,045,530	2,676,451,311	266,019,543	-	-	3,229,516,384
100132 SOUTH FLORIDA BAPTIST HOSPITAL	78,080,222	602,182,655	95,466,821	-	-	775,729,698
100134 ED FRASER MEMORIAL HOSPITAL	6,965,451	38,784,727	24,340,996	5,088,485	-	65,002,689
100135 TALLAHASSEE MEMORIAL HOSPITAL	488,698,200	2,938,702,312	308,140,299	34,089,202	-	3,701,451,609
100137 ADVENTHEALTH HEART OF FLORIDA	178,477,391	1,666,396,733	197,217,864	-	-	2,042,091,988
100140 BAPTIST MEDICAL CTR-NASSAU	55,058,155	285,264,064	73,134,373	-	-	413,456,592
100142 JACKSON HOSPITAL MARIANNA	8,793,536	132,044,781	35,616,292	-	-	176,454,609
100150 LOWER KEYS MEDICAL CENTER	57,688,137	361,725,941	55,630,291	-	-	475,044,369
100151 MAYO CLINIC FLORIDA	299,256,385	2,590,367,229	106,914,288	-	-	2,996,537,902
100154 SOUTH MIAMI HOSPITAL	381,103,195	1,785,534,259	419,772,964	-	-	2,586,410,418
100156 HCA FLORIDA LAKE CITY HOSPITAL	78,129,990	1,219,058,917	393,743,243	-	-	1,690,932,150
100157 LAKELAND REGIONAL MED CTR	413,973,039	3,889,458,216	706,069,641	-	-	5,009,500,896
100161 HCA FLORIDA LAKE MONROE HOSPITAL	125,453,279	1,551,643,668	250,230,118	-	-	1,927,327,065
100166 HCA FLORIDA SARASOTA DOCTORS HOSPITAL	110,127,353	1,644,442,001	210,026,063	-	-	1,964,595,417
100167 HCA FLORIDA MERCY HOSPITAL	519,967,723	3,074,781,662	297,601,592	-	-	3,892,350,977
100168 BOCA RATON REGIONAL HOSPITAL	276,717,584	2,927,079,102	213,493,007	-	-	3,417,289,693
100173 ADVENTHEALTH TAMPA	524,536,934	3,178,875,132	335,781,347	-	-	4,039,193,413
100175 DESOTO MEMORIAL HOSPITAL	15,780,976	117,614,132	29,865,629	-	-	163,260,737
100176 PALM BEACH GARDENS	331,824,255	1,890,971,858	171,015,668	-	-	2,393,811,781
100177 CAPE CANAVERAL HOSPITAL INC	115,239,241	541,101,284	112,041,570	-	-	768,382,095
100179 MEMORIAL HOSPITAL OF JACKSONVILLE	490,134,333	3,739,607,225	624,710,588	-	-	4,854,452,146
100180 ST. PETERSBURG GENERAL	68,713,530	1,170,534,701	375,770,091	-	-	1,615,018,322
100181 LARKIN COMMUNITY HOSPITAL	81,145,361	188,888,364	63,205,567	-	-	333,239,292
100183 CORAL GABLES HOSPITAL	203,516,514	756,273,436	174,963,287	-	-	1,134,753,237
100187 PALMETTO GENERAL HOSPITAL	444,077,122	2,105,114,051	276,060,402	-	-	2,825,251,575
100189 NORTHWEST MEDICAL CENTER	287,128,121	2,364,541,518	146,955,526	-	-	2,798,625,165
100191 MEDICAL CENTER OF TRINITY	260,457,990	3,260,214,462	324,349,362	-	-	3,845,021,814
100200 BROWARD HEALTH IMPERIAL POINT	70,444,734	434,003,642	86,268,664	-	-	590,717,040
100204 NORTH FLORIDA REGIONAL MED CTR	507,480,564	5,532,561,896	845,609,720	-	-	6,885,652,180
100206 MEMORIAL HOSPITAL OF TAMPA	146,907,326	1,558,474,156	145,439,251	-	-	1,850,820,733
100209 HCA FLORIDA KENDALL HOSPITAL	515,278,991	4,275,755,046	538,302,385	-	-	5,329,336,422
100211 ADVENTHEALTH DADE CITY	-	-	-	-	-	-
100212 HCA FLORIDA OCALA HOSPITAL	381,109,650	5,627,968,252	605,690,167	-	-	6,614,768,069
100213 HCA FL BLAKE HOSPITAL	345,097,935	2,381,190,229	181,748,173	-	-	2,908,036,337
100217 SEBASTIAN RIVER MEDICAL CENTER	45,823,170	994,096,754	101,812,669	-	-	1,141,732,593
100220 GULF COAST MEDICAL CENTER	402,935,115	2,629,214,924	331,434,912	9,087,296	-	3,354,497,655
100223 FORT WALTON BEACH MEDICAL CTR	223,162,854	3,443,816,052	386,582,770	-	-	4,053,561,676
100224 HCA FLORIDA WOODMONT HOSPITAL	323,444,133	1,334,388,777	220,336,898	-	-	1,878,169,808
100226 HCA FLORIDA ORANGE PARK HOSPITAL	545,468,252	3,858,380,535	746,862,787	-	-	5,150,711,574
100228 WESTSIDE REGIONAL MEDICAL CENTER	322,589,023	2,582,000,986	174,323,040	-	-	3,078,913,049
100230 MEMORIAL HOSPITAL PEMBROKE	165,576,232	454,377,506	708,460,447	-	-	1,328,414,185

100231 WEST FLORIDA HOSPITAL	338,178,770	3,094,292,301	437,252,403	-	-	3,869,723,474
100232 HCA FLORIDA PUTNAM HOSPITAL	53,639,290	545,099,389	175,423,513	-	-	774,162,192
100236 HCA FL FAWCETT HOSPITAL	193,174,838	2,200,558,054	329,748,180	-	-	2,723,481,072
100238 HCA FLORIDA NORTHSIDE HOSPITAL	161,842,841	1,735,429,238	175,237,033	-	-	2,072,509,112
100242 HCA FLORIDA GULF COAST HOSPITAL	263,782,035	2,736,746,060	413,479,963	-	-	3,414,008,058
100243 HCA FLORIDA BRANDON HOSPITAL	301,133,274	4,487,051,763	594,973,864	-	-	5,383,158,901
100244 CAPE CORAL HOSPITAL	217,472,567	1,355,688,433	232,550,368	-	-	1,805,711,368
100246 HCA FL LAWNWOOD HOSPITAL	561,364,334	3,457,448,030	384,362,869	-	-	4,403,175,233
100248 LARGO MEDICAL CENTER	317,257,071	3,211,847,868	381,469,750	-	-	3,910,574,689
100249 SEVEN RIVERS REGIONAL MEDICAL CENTER	81,890,957	918,960,876	193,660,960	-	-	1,194,512,793
100252 RAULERSON HOSPITAL	52,048,571	611,863,951	68,209,615	-	-	732,122,137
100253 JUPITER MEDICAL CENTER	161,105,797	1,362,274,282	118,520,558	-	-	1,641,900,637
100254 HCA FLORIDA CAPITAL HOSPITAL	266,492,986	2,185,275,634	448,665,676	-	-	2,900,434,296
100256 HCA FLORIDA BAYONET POINT HOSPITAL	335,967,885	3,366,118,036	330,820,793	-	-	4,032,906,714
100258 DELRAY MEDICAL CENTER	643,411,780	3,497,086,607	394,473,058	-	-	4,534,971,445
100259 HCA FLORIDA SOUTH SHORE HOSPITAL	99,310,460	953,486,626	113,227,236	-	-	1,166,024,322
100260 HCA FLORIDA ST. LUCIE HOSPITAL	164,404,787	2,113,881,107	228,862,682	-	-	2,507,148,576
100264 OAK HILL HOSPITAL	521,982,320	3,621,044,144	376,384,976	-	-	4,519,411,440
100265 MEASE HOSPITAL COUNTRYSIDE	195,497,203	1,424,647,261	156,483,192	-	-	1,776,627,656
100266 GULF BREEZE HOSPITAL	14,466,979	697,843,851	59,417,752	-	-	771,728,582
100267 ENGLEWOOD COMMUNITY HOSPITAL	34,488,000	729,711,705	148,156,669	-	-	912,356,374
100268 WEST BOCA MEDICAL CENTER	238,052,058	1,262,128,809	268,069,825	-	-	1,768,250,692
100269 HCA FLORIDA PALMS WEST HOSPITAL	204,657,496	1,948,154,384	208,833,145	-	-	2,361,645,025
100271 MOFFITT CANCER CENTER	117,402,538	1,119,626,440	5,598,151,502	-	-	6,835,180,480
100275 WELLINGTON REGL MEDICAL CENTER	327,735,161	1,797,915,992	238,360,546	-	-	2,364,011,699
100276 BROWARD HEALTH CORAL SPRINGS	150,841,065	873,800,017	152,625,754	-	-	1,177,266,836
100277 MIAMI JEWISH HEALTH SYSTEMS INC.	36,119,466	10,018,358	1,499,586	35,640,537	-	11,996,873
100281 MEMORIAL HOSPITAL WEST	694,356,883	1,947,130,116	2,482,200,035	-	-	5,123,687,034
100284 WESTCHESTER GENERAL HOSPITAL	15,590,919	114,567,343	26,124,777	-	-	156,283,039
100285 MEMORIAL HOSPITAL MIRAMAR	247,513,818	489,452,207	849,923,602	-	-	1,586,889,627
100286 PHYSICIANS REGIONAL MEDICAL CENTER	630,907,746	2,487,686,554	328,575,667	-	-	3,447,169,967
100287 GOOD SAMARITAN HOSPITAL	301,226,633	1,886,737,459	651,710,238	-	-	2,839,674,330
100288 ST MARYS MEDICAL CENTER	482,558,875	2,191,911,190	459,806,679	-	-	3,134,276,744
100289 CCF HOSPITAL - WESTON	215,742,808	1,331,854,009	94,431,818	-	-	1,642,028,635
100290 THE VILLAGES REGIONAL HOSPITAL	295,106,259	619,105,647	154,669,180	-	-	1,068,881,086
100291 MELBOURNE REGIONAL MEDICAL CENTER	36,875,999	990,185,458	76,035,830	-	-	1,103,097,287
100292 ASCENSION SACRED HEART EMERALD COAST	58,248,232	818,230,045	148,306,738	-	-	1,024,785,015
100296 DOCTORS HOSPITAL	109,485,079	726,521,949	92,028,786	-	-	928,035,814
100298 FLORIDA STATE HOSPITAL	1,943,633	-	-	-	484,745	1,458,888
100299 LAKEWOOD RANCH MEDICAL CENTER	143,521,320	1,378,396,925	154,640,448	-	-	1,676,558,693
100302 ST. CLOUD REGIONAL MEDICAL CENTER	119,108,019	477,883,882	132,196,525	-	-	729,188,426
100307 ASCENSION ST. VINCENTS SOUTHSIDE HO	184,270,720	1,144,901,570	211,052,084	-	-	1,540,224,374
100313 ASCENSION SACRED HEART GULF	2,788,297	56,120,495	29,670,695	-	-	88,579,487
100314 WEST KENDALL BAPTIST HOSPITAL	228,957,428	890,730,377	490,505,258	-	-	1,610,193,063
100315 VIERA HOSPITAL INC	99,340,874	597,801,973	118,845,179	-	-	815,988,026
100316 PALM BAY HOSPITAL	149,104,776	498,526,489	170,448,389	-	-	818,079,654
100319 ADVENTHEALTH WESLEY CHAPEL	120,430,299	1,612,571,180	205,850,913	-	-	1,938,852,392
100320 POINCIANA MEDICAL CENTER	47,747,864	1,001,403,707	473,934,237	-	-	1,523,085,808
100321 ASCENSION ST. VINCENTS CLAY COUNTY	110,177,019	752,360,668	131,491,374	-	-	994,029,061
100329 OVIEDO MEDICAL CENTER	33,110,146	778,477,779	172,794,149	-	-	984,382,074
100330 MEDICAL CENTER OF DELTONA	14,248,206	135,071,487	39,446,615	-	-	188,766,308
100350 UCF LAKE NONA HOSPITAL	27,135,878	619,965,011	114,260,129	-	-	761,361,018
100359 SARASOTA MEMORIAL HOSPITAL VENICE	97,416,258	329,734,629	351,359,954	-	-	778,510,841
100360 HCA FLORIDA UNIVERSITY HOSPITAL	129,467,169	751,171,944	91,548,030	-	-	972,187,143
101300 ADVENTHEALTH WAUCHULA	9,832,675	89,157,752	34,556,264	-	-	133,546,691
101303 LAKE BUTLER HOSPITAL	6,694,866	20,930,201	-	-	-	27,625,067
101304 CALHOUN-LIBERTY HOSPITAL ASSN	1,374,847	18,861,861	7,288,724	-	-	27,525,432
101305 GEORGE E. WEEMS MEMORIAL HOSPITAL	163,425	11,026,558	-	-	-	11,189,983

101307	DOCTORS MEMORIAL HOSPITAL	2,532,940	44,255,498	9,813,859	-	-	56,602,297
101308	NORTHWEST FLORIDA COMMUNITY HOSPITAL	6,099,982	75,743,704	24,471,333	2,499,045	-	103,815,974
101309	HENDRY REGIONAL MEDICAL CENTER	9,394,740	13,661,978	49,827,623	-	-	72,884,341
101311	MADISON MEMORIAL HOSPITAL	2,189,667	18,469,334	2,696,228	-	-	23,355,229
101312	FISHERMENS HOSPITAL	853,604	74,900,969	22,179,069	-	-	97,933,642
101313	MARINERS HOSPITAL	9,548,142	180,815,063	34,745,702	-	-	225,108,907
102001	SSH - MIAMI	65,816,096	129,033,483	-	-	-	194,849,579
102003	SSH -ORLANDO	161,623,385	338,918,630	-	-	-	500,542,015
102009	KINDRED HOSPITAL BAY AREA	146,492,263	185,398,988	-	-	-	331,891,251
102010	KINDRED HOSPITAL SOUTH FLORIDA	223,643,593	255,928,818	-	3,694,331	-	475,878,080
102012	CURAHEALTH JACKSONVILLE LLC	26,411,429	27,243,907	-	-	-	53,655,336
102013	KINDRED HOSPITAL CENTRAL TAMPA	93,836,594	158,902,633	-	-	-	252,739,227
102015	KINDRED HOSPITAL NORTH FLORIDA	64,663,169	97,173,906	-	-	-	161,837,075
102017	SSH - PANAMA CITY INC	38,887,076	56,034,223	-	-	-	94,921,299
102018	PAM SPECIALTY HOSPITAL OF SARASOTA	35,596,139	51,329,529	-	-	-	86,925,668
102019	KINDRED HOSPITAL OCALA	17,330,250	10,242,308	-	-	-	27,572,558
102020	SSH -TALLAHASSEE INC.	59,322,772	98,471,236	-	-	-	157,794,008
102021	BAYCARE ALLIANT HOSPITAL	31,300,248	45,768,383	-	-	-	77,068,631
102022	SSH - GAINESVILLE INC	60,776,208	87,865,458	-	-	-	148,641,666
102023	SSH - PALM BEACH LLC	91,631,691	161,434,352	-	-	-	253,066,043
102024	SSH - PENSACOLA INC	47,584,700	83,492,251	-	-	-	131,076,951
102025	KINDRED HOSPITAL THE PALM BEACHES	75,419,276	82,361,209	-	-	-	157,780,485
102026	ADVENTHEALTH CONNERTON	83,709,294	134,514,583	-	-	-	218,223,877
102027	KINDRED HOSPITAL MELBOURNE	66,099,645	68,224,234	-	-	-	134,323,879
102028	SSH - THE VILLAGES	45,440,648	54,313,828	-	-	-	99,754,476
102029	SSH - FORT MYERS	55,958,184	69,779,456	-	-	-	125,737,640
102030	SSH - DAYTONA BEACH	44,564,649	97,276,782	-	-	-	141,841,431
102031	SSH - MIAMI LAKES	77,689,053	158,235,307	-	-	-	235,924,360
102032	LANDMARK HOSPITAL OF SOUTHWEST FLORI	38,406,770	32,554,025	-	-	-	70,960,795
103026	ST CATHERINES REHAB HOSPITAL	42,489,395	13,955,310	355,025	25,191,119	-	31,608,611
103027	ST JOHNS REHABILITATION HOSPITAL	28,494,502	9,596,691	469,986	21,326,838	-	17,234,341
103028	ENCOMPASS HEALTH REHABILITATION HOS	38,201,984	39,136,052	-	-	-	77,338,036
103031	ENCOMPASS HEALTH REHABILITATION HOSP	39,608,722	40,561,268	-	-	-	80,169,990
103032	ENCOMPASS HEALTH REHABILITATION HOSP	21,265,543	22,805,538	-	-	-	44,071,081
103033	ENCOMPASS HEALTH REHABILITATION HOSP	14,430,172	17,859,265	-	-	-	32,289,437
103034	SEA PINES REHABILITATION HOSPITAL A	25,631,813	28,986,634	-	-	-	54,618,447
103036	WEST GABLES REHABILITATION HOSPITAL	58,143,251	88,331,251	-	-	-	146,474,502
103037	ENCOMPASS HEALTH REHABILITATION HOSP	17,686,143	26,927,827	196	-	-	44,614,166
103038	ENCOMPASS HEALTH REHABILITATION HOSP	16,514,169	22,482,072	-	-	-	38,996,241
103039	BROOKS REHABILITATION	73,224,677	325,901,386	-	-	-	399,126,063
103040	ENCOMPASS HEALTH REHABILITATION HOSP	14,995,990	19,379,466	2,040	-	-	34,377,496
103042	ENCOMPASS HEALTH REHABILITATION HOSP	19,028,022	28,927,431	-	-	-	47,955,453
103043	ENCOMPASS HEALTH REHABILITATION HOSP	17,753,346	23,742,012	-	-	-	41,495,358
103044	ENCOMPASS HEALTH REHABILITATION HOSP	30,294,319	31,853,461	-	-	-	62,147,780
103045	ENCOMPASS HEALTH REHABILITATION HOSP	29,609,277	29,702,979	670	-	-	59,312,926
103046	ARCHER REHABILITATION LLC	55,862,864	58,117,669	-	-	-	113,980,533
103047	ENCOMPASS HEALTH REHABILITATION HOSP	21,254,737	20,443,117	-	-	-	41,697,854
103048	ENCOMPASS HEALTH REHABILITATION OF P	14,549,291	13,422,117	-	-	-	27,971,408
103049	ENCOMPASS HEALTH REHABILITATION HOSP	8,058,581	7,703,479	-	-	-	15,762,060
103050	ENCOMPASS HEALTH REHABILITATION HOSP	5,998,335	5,686,627	-	-	-	11,684,962
103051	TAMPA GENERAL REHABILITATION HOSPITAL	9,413,600	5,877,904	-	-	-	15,291,504
103052	ENCOMPASS HEALTH REHABILITATION HOSP	5,761,536	4,692,739	-	-	-	10,454,275
103053	ENCOMPASS HEALTH REHABILITATION HOSP	6,829,971	5,812,221	-	-	-	12,642,192
103054	REHABILITATION HOSPITAL OF NAPLES	4,561,630	2,923,461	-	-	-	7,485,091
103300	JOHNS HOPKINS ALL CHILDRENS HOSPITA	572,650,132	1,155,252,843	102,218,274	-	-	1,830,121,249
103301	NICKLAUS CHILDRENS HOSPITAL	468,817,466	1,900,231,653	18,830,233	-	-	2,387,879,352
103304	NEMOURS CHILDRENS HOSPITAL	232,082,207	537,673,409	127,988,538	-	-	897,744,154
104001	BROWARD	1,643,297	129,134	-	-	1,412,976	359,455

104007 NORTHEAST FLORIDA STATE HOSPITAL	5,465,039	-	-	-	3,207,539	2,257,500
104016 RIVER POINT BEHAVIORAL HEALTH	45,412,600	1,033,650	5,010,690	-	-	51,456,940
104017 WINDMOOR HEALTHCARE	51,686,800	-	6,954,640	-	-	58,641,440
104018 LIFESTREAM BEHAVIORAL CENTER	Missing	#VALUE!	Missing	Missing	Missing	#VALUE!
104024 CIRCLES OF CARE INC.	41,551,605	17,271,226	-	-	-	58,822,831
104026 FT. LAUDERDALE HOSPITAL	100,687,400	2,331,000	3,631,819	-	-	106,650,219
104040 CENTERSTONE OF FLORIDA INC.	9,680,058	1,342,070	-	-	-	11,022,128
104049 SOUTHERN WINDS HOSPITAL LLC	38,459,165	6,619,880	-	-	-	45,079,045
104057 SPRINGBROOK HOSPITAL	34,188,000	2,123,055	-	-	-	36,311,055
104059 EASTSIDE PSYCHIATRIC HOSPITAL	9,285,518	614,945	-	-	-	9,900,463
104063 THE WILLOUGH AT NAPLES	23,203,500	-	1,064,580	-	-	24,268,080
104067 ASPIRE HEALTH PARTNERS INC	21,958,695	-	-	-	-	21,958,695
104069 WEKIVA SPRINGS CENTER LLC	51,686,800	-	8,912,200	-	-	60,599,000
104070 PORT ST LUCIE HOSPITAL	33,475,500	-	1,574,265	-	-	35,049,765
104071 THE VINES HOSPITAL	43,122,239	2	2,705,729	-	-	45,827,970
104072 CENTRAL FLORIDA BEHAVIORAL HEALTH	111,208,460	2,885,410	7,662,090	-	-	121,755,960
104073 EMERALD COAST BEHAVIORAL HOSPITAL	47,707,000	-	4,956,621	-	-	52,663,621
104074 PARK ROYAL HOSPITAL	73,737,509	11,871,591	4,482,900	-	-	90,092,000
104075 NORTH TAMPA BEHAVIORAL HEALTH	62,565,395	6,807,205	1,729,000	-	-	71,101,600
104076 UNIVERSITY BEHAVIORAL CENTER	58,383,375	-	-	-	-	58,383,375
104078 SUNCOAST BEHAVIORAL HEALTH CENTER	21,388,200	-	310,545	-	2,312,000	-
104079 LARKIN COMMUNITY HOSPITAL BEHAVIORAL	37,562,714	4,028,877	-	-	-	-
104080 CORAL SHORES BEHAVIORAL HEALTH	38,005,000	-	1,058,000	-	-	-
104081 OGLETHORPE OF ORLANDO INC.	25,963,500	-	-	-	-	-
104082 PALM POINT BEHAVIORAL HEALTHCARE	23,546,600	-	148,800	-	-	-
	56,068,171,627	#VALUE!	61,121,480,698	177,310,610	7,417,260	#VALUE!

Prov Num	Facility	Cost Report Total Gross G3 G-3 L1.00 C1.00	Cost Report Total NPR G3 G-3 L1.00 C1.00	Cost Report C Part 1 R202 C Part 1 GR	Calculated G-2 GR - adjusted	Calculated G-2 derived NPR	Cost Report Inpatient G-2 L1.07 C1.00	Cost Report Ancillary G-2 L1.18 C1.00	Cost Report Ancillary G-2 L1.18 C2.00	Cost Report Outpatient G-2 L1.09 C3.00	Calculated Total Gross G2	Calculated Inpatient Ratio	Calculated Outpatient Ratio	Calculated Inpatient Net	Calculated Outpatient Net
100001	SHANDS JACKSONVILLE MEDICAL CENTER	4,581,112,449	861,446,114	4,564,838,730	4,540,348,938	853,780,821	476,984,430	1,513,646,250	-	2,575,001,886	4,565,632,566	44%	56%	372,251,221	481,529,600
100002	BETHESDA HOSPITAL	2,371,704,293	335,282,622	2,365,341,063	2,365,341,062	334,383,066	393,245,289	979,529,478	776,016,218	216,550,077	2,365,341,062	58%	42%	194,066,151	140,316,915
100006	ORLANDO HEALTH	18,752,427,678	3,049,724,845	18,925,770,353	18,706,064,165	3,042,184,704	3,125,215,542	7,776,823,111	6,281,975,791	1,522,049,721	18,706,064,165	58%	42%	1,773,008,739	1,269,175,965
100007	ADVENTHEALTH ORLANDO	27,387,247,041	5,403,037,761	27,872,188,450	27,249,139,564	5,375,791,506	4,516,180,326	11,328,634,409	10,898,511,178	505,813,651	27,249,139,564	58%	42%	3,125,912,298	2,249,879,208
100008	BAPTIST HOSPITAL	6,902,086,356	1,709,663,544	6,901,998,214	6,901,998,214	1,709,641,710	983,111,336	2,240,337,054	3,025,083,154	653,466,670	6,901,998,214	47%	53%	798,455,990	911,185,720
100012	LEE MEMORIAL HOSPITAL	5,954,476,597	1,276,366,068	5,642,348,348	5,913,537,640	1,267,590,637	556,500,566	1,882,315,248	2,815,538,382	661,611,092	5,915,965,288	41%	59%	522,555,482	745,035,156
100014	ADVENTHEALTH NEW SMYRNA BEACH	622,134,701	152,668,335	602,593,187	622,134,701	152,668,335	72,784,491	185,253,485	286,141,609	77,955,116	622,134,701	41%	59%	63,321,059	89,337,276
100017	HALIFAX MEDICAL CENTER	2,337,202,401	567,827,282	2,227,447,114	2,226,284,819	540,879,668	347,306,664	817,543,847	834,881,395	226,552,913	2,226,284,819	52%	48%	283,002,405	257,877,263
100018	NAPLES COMMUNITY HOSPITAL	3,159,608,637	677,748,228	3,140,084,324	3,159,608,637	677,748,228	332,783,809	1,257,502,643	1,172,378,947	396,943,238	3,159,608,637	50%	50%	341,122,572	336,625,656
100019	HOLMES REG'L MEDICAL CENTER	3,118,216,331	593,053,145	3,105,632,804	3,083,311,066	586,414,517	640,652,821	1,437,428,623	719,072,038	286,157,584	3,083,311,066	67%	33%	395,230,031	191,184,487
100022	JACKSON MEMORIAL	6,575,092,862	1,471,427,135	6,575,092,863	6,482,891,206	1,450,793,507	1,508,080,525	2,862,943,987	1,469,091,215	642,775,479	6,482,891,206	67%	33%	978,183,002	472,610,505
100023	CITRUS MEMORIAL HOSPITAL	2,547,875,928	196,324,045	2,547,875,926	2,547,875,928	196,324,045	127,406,500	1,241,461,988	1,004,268,119	174,739,321	2,547,875,928	54%	46%	105,476,800	90,847,245
100025	ASCENSION SACRED HEART PENSACOLA	4,264,531,118	1,040,724,592	3,802,355,237	4,138,800,259	1,010,040,985	489,381,685	1,003,081,538	1,298,492,469	1,347,844,567	4,138,800,259	36%	64%	364,223,671	645,817,314
100026	ASCENSION SACRED HEART BAY	1,182,573,754	192,107,564	1,180,132,971	1,180,132,971	191,711,062	67,340,774	441,316,527	422,588,076	248,887,594	1,180,132,971	43%	57%	82,630,715	109,080,347
100028	PARRISH MEDICAL CENTER	616,751,171	138,765,939	613,292,985	616,751,171	138,765,939	45,174,188	185,443,503	386,133,480	616,751,171	616,751,171	37%	63%	51,887,831	86,878,108
100029	NORTH SHORE MEDICAL CENTER AND FMC	3,347,599,260	369,487,542	3,347,599,260	3,344,177,828	369,109,883	467,672,959	1,556,204,690	893,450,358	426,849,821	3,344,177,828	61%	39%	223,383,243	145,726,641
100030	ORLANDO HEALTH-HEALTH CENTRAL HOSPIT	2,131,305,478	306,453,359	2,131,305,477	2,131,305,477	306,453,359	342,408,698	864,823,364	544,059,142	380,014,273	2,131,305,477	57%	43%	173,583,902	132,869,457
100032	BAYFRONT HEALTH ST. PETERSBURG	2,369,625,043	279,024,006	2,369,625,043	2,369,625,043	279,024,006	389,267,627	1,107,562,518	958,850,866	276,944,532	2,369,625,043	63%	37%	176,252,165	102,771,841
100034	MOUNT SINAI MEDICAL CENTER OF FLORID	3,539,423,510	904,182,353	3,193,555,364	3,178,183,521	611,388,871	413,114,770	1,197,810,795	1,250,345,252	314,912,704	3,178,183,521	51%	49%	411,527,587	399,861,304
100035	MANATEE MEMORIAL HOSPITAL	3,632,149,500	347,622,140	3,632,149,500	3,632,149,500	347,622,140	370,486,405	1,798,534,701	1,210,591,278	254,537,125	3,632,149,500	60%	40%	207,399,093	140,223,407
100038	MEMORIAL REGIONAL HOSPITAL	9,057,383,406	1,452,853,047	8,779,680,484	8,845,951,453	1,386,826,616	1,424,253,126	3,564,860,262	3,658,038,065	6,846,951,453	8,845,951,453	58%	42%	800,138,396	586,686,219
100039	BROWARD HEALTH MEDICAL CENTER	2,784,902,979	530,320,148	2,784,902,901	2,784,902,979	530,320,148	428,760,487	1,335,897,582	767,740,037	252,504,377	2,784,902,979	63%	37%	336,038,180	194,281,568
100040	ASCENSION ST. VINCENTS RIVERSIDE	3,030,895,328	449,565,271	3,010,614,776	3,021,490,875	448,170,332	270,537,372	1,102,346,621	1,420,995,347	227,611,535	3,021,490,875	45%	55%	203,336,516	244,533,816
100043	MEASE HOSPITAL AND CLINIC	561,935,418	116,215,329	553,927,705	551,935,418	116,215,329	74,142,435	202,540,648	229,381,012	55,871,323	561,935,418	49%	51%	57,221,550	58,993,779
100044	MARTIN MEDICAL CENTER	3,568,782,987	846,900,320	3,517,787,234	3,512,485,493	833,540,481	350,925,685	1,293,740,000	1,356,811,748	511,008,060	3,512,485,493	43%	57%	390,292,125	443,248,356
100045	ADVENTHEALTH DELAND	992,636,873	197,102,074	946,025,062	991,412,046	196,858,867	98,805,817	552,299,614	183,916,688	117,614,754	992,636,873	70%	30%	137,059,418	59,799,449
100046	ADVENTHEALTH ZEPHYRHILLS	1,368,494,951	207,080,325	1,366,256,283	1,368,494,951	207,080,325	120,679,485	581,212,161	540,334,286	126,269,019	1,368,494,951	51%	49%	106,210,074	100,870,251
100047	BAYFRONT HEALTH PUNTA GORDA	622,465,761	78,661,949	622,465,762	622,462,627	78,661,949	98,187,348	219,061,418	214,803,056	90,410,805	622,462,627	51%	49%	40,091,211	38,570,342
100048	JAY HOSPITAL	57,946,019	10,323,201	57,946,018	57,237,024	10,196,892	1,494,487	7,386,741	32,771,908	15,583,888	57,237,024	16%	84%	1,582,209	8,614,683
100049	HCA FLORIDA HIGHLANDS HOSPITAL	796,932,564	80,986,380	796,932,564	796,932,564	80,986,380	46,361,969	328,858,324	364,359,737	57,352,534	796,932,564	47%	53%	38,130,872	42,855,508
100050	LARKIN HOSP PALM SPRINGS CAMPUS LLC	-	(252,445,093)	326,814,522	-	-	-	-	-	-	-	0%	100%	-	-
100051	ORLANDO HEALTH SOUTH LAKE HOSPITAL	2,365,263,650	331,768,553	2,364,724,881	2,361,724,207	331,272,086	295,344,236	827,170,506	724,703,591	517,506,548	2,364,724,881	47%	53%	157,252,035	174,020,051
100052	WINTER HAVEN HOSPITAL	2,101,611,372	418,326,277	2,057,167,432	2,101,611,372	418,326,277	254,752,689	861,530,788	785,613,693	199,714,202	2,101,611,372	53%	47%	222,196,509	196,128,768
100053	HIALEAH HOSPITAL	1,272,022,396	124,557,744	1,272,022,394	1,272,022,396	124,557,744	118,979,234	574,364,720	661,130,988	1,272,022,396	1,272,022,396	46%	54%	67,723,551	56,834,193
100054	TWIN CITIES HOSPITAL	973,875,603	73,626,236	973,875,603	973,875,603	73,626,236	28,917,056	231,588,595	579,720,399	133,649,553	973,875,603	27%	73%	19,694,559	53,931,677
100055	ADVENTHEALTH - NORTH PINELLAS	-	-	784,985,363	-	-	-	-	-	-	-	0%	100%	-	-
100057	ADVENTHEALTH WATERMAN	1,786,649,181	338,714,611	1,785,929,870	1,781,482,033	337,735,207	145,782,178	690,783,169	653,867,926	291,048,760	1,781,482,033	47%	53%	158,596,924	179,138,283
100062	ADVENTHEALTH OCALA	-	-	2,753,481,680	-	-	-	-	-	-	-	0%	100%	-	-
100063	MORTON PLANT NORTH BAY HOSPITAL	888,129,756	183,234,559	875,363,280	888,129,756	183,234,559	155,538,160	380,079,944	260,704,786	91,806,866	888,129,756	60%	40%	110,506,090	72,728,469
100067	ST. ANTHONYS HOSPITAL	463,535,396	2,139,412,610	2,167,785,779	463,535,396	2,167,785,779	254,398,865	844,113,559	906,841,796	162,431,559	2,167,785,779	49%	51%	234,893,778	228,641,618
100068	ADVENTHEALTH DAYTONA BEACH	2,512,682,041	532,682,293	2,369,768,588	2,405,718,194	510,006,226	281,483,786	1,002,007,499	920,540,183	201,686,726	2,405,718,194	53%	47%	272,096,935	237,909,291
100069	ADVENTHEALTH CARROLLWOOD	-	-	1,322,348,507	-	-	-	-	-	-	-	0%	100%	-	-
100070	VENICE REGIONAL BAYFRONT HEALTH	845,483,779	85,712,840	845,483,779	845,483,779	85,712,840	44,513,658	266,842,465	472,462,235	61,665,421	845,483,779	37%	63%	31,564,435	54,148,405
100071	BROOKSVILLE REGIONAL HOSPITAL	1,196,863,944	127,295,267	1,196,863,944	1,196,863,944	127,295,267	109,821,714	430,503,298	430,365,280	253,173,642	1,196,863,944	43%	57%	54,595,884	72,689,383
100072	ADVENTHEALTH FISH MEMORIAL	1,090,094,691	239,426,654	1,054,178,633	1,051,915,585	231,041,055	138,198,477	359,843,264	404,168,022	149,705,642	1,051,915,585	47%	53%	109,389,091	121,651,965
100073	#N/A	Missing	Missing	Missing	Missing	Missing	Missing	#N/A	#N/A	#N/A	#N/A	0%	100%	-	-
100075	ST. JOSEPHS HOSPITAL	6,321,756,206	1,563,310,099	6,321,756,206	6,321,756,206	1,563,310,099	705,449,217	2,605,983,645	2,416,855,212	593,668,132	6,321,756,206	52%	48%	818,885,807	744,424,292
100077	BAYFRONT HEALTH PORT CHARLOTTE	1,764,332,692	177,735,541	1,764,422,334	1,764,332,692	177,735,541	140,251,423	750,558,659	691,368,602	182,145,008	1,764,332,692	50%	50%	89,738,982	87,996,559
100079	UNIVERSITY OF MIAMI HOSP & CLINICS	12,321,108,172	2,363,667,318	12,325,255,852	12,315,029,086	2,362,501,113	538,661,350	2,537,848,458	7,293,115,619	1,945,403,659	12,315,029,086	25%	75%	590,194,127	1,772,306,986
100080	HCA FLORIDA JFK HOSPITAL	7,388,695,353	688,349,409	7,388,695,353	7,388,695,353	688,349,409	928,204,979	3,421,878,331	2,483,458,401	555,153,642	7,388,695,353	59%	41%	405,264,470	283,084,579
100084	LEESBURG REGIONAL MEDICAL CENTER INC	1,209,561,169	246,042,832	1,209,561,171	1,209,561,169	246,042,832	354,153,809	482,111,919	269,851,259	103,444,182	1,209,561,169	69%	31%	170,108,956	75,933,876
100086	BROWARD HEALTH NORTH	3,341,289,509	254,082,714	3,141,259,508	3,141,070,117	254,041,154	173,041,764	591,941,371	444,829,107	131,257,875	3,141,070,117	57%	43%	144,912,034	109,129,120

100128 TAMPA GENERAL HOSPITAL	10,339,881,625	1,734,329,798	10,339,759,818	10,188,921,908	1,709,009,011	1,287,196,588	5,433,456,049	2,818,554,974	649,714,297	10,188,921,908	66%	34%	1,127,269,011	581,740,001
100130 LAKESIDE MEDICAL CENTER	128,544,771	26,315,670	128,544,771	128,544,771	26,315,670	6,183,348	31,674,446	69,477,771	21,209,206	128,544,771	29%	71%	7,750,243	18,565,427
100131 HCA FLORIDA AVENTURA HOSPITAL	3,229,516,384	371,079,640	3,229,516,384	3,229,516,384	371,079,640	287,045,530	1,903,338,786	773,112,525	266,019,543	3,229,516,384	68%	32%	251,680,725	119,398,915
100132 SOUTH FLORIDA BAPTIST HOSPITAL	775,729,698	164,143,574	775,729,698	775,729,698	164,143,574	78,080,222	274,199,189	327,983,466	95,466,821	775,729,698	45%	55%	74,541,946	89,601,628
100134 ED FRASER MEMORIAL HOSPITAL	70,785,532	40,677,311	62,991,504	65,002,689	37,354,002	6,965,451	3,380,291	35,404,436	24,340,996	70,091,174	51%	85%	5,513,602	31,840,399
100135 TALLAHASSEE MEMORIAL HOSPITAL	4,002,209,698	871,609,645	3,742,504,712	3,701,451,609	806,109,916	488,698,200	1,408,808,987	1,529,893,325	308,140,299	3,735,540,811	15%	49%	409,471,998	396,637,918
100137 ADVENTHEALTH HEART OF FLORIDA	2,042,091,988	258,551,975	2,042,072,446	2,042,091,988	258,551,975	178,477,391	807,706,033	858,690,700	197,217,864	2,042,091,988	48%	52%	124,861,991	133,689,984
100140 BAPTIST MEDICAL CTR-NASSAU	413,456,592	85,052,592	413,456,592	413,456,592	85,052,592	55,058,155	71,507,475	213,756,589	73,134,373	413,456,592	31%	69%	26,035,949	59,016,643
100142 JACKSON HOSPITAL MARIANNA	202,811,755	75,303,608	176,454,610	176,454,609	65,517,251	8,793,536	20,535,463	111,509,318	35,618,292	176,454,609	17%	83%	10,889,800	54,627,451
100150 LOWER KEYS MEDICAL CENTER	475,044,369	119,502,383	475,044,369	475,044,369	119,502,383	57,688,137	134,454,313	227,271,628	55,630,291	475,044,369	40%	60%	48,335,444	71,166,939
100151 MAYO CLINIC FLORIDA	3,040,335,302	1,088,504,655	3,042,835,301	2,996,537,902	1,072,824,255	299,258,385	1,239,759,089	1,350,608,140	106,914,288	2,996,537,902	51%	49%	551,000,249	521,824,006
100154 SOUTH MIAMI HOSPITAL	2,586,496,219	688,414,570	2,586,410,419	2,586,410,418	688,391,733	381,103,195	901,038,138	884,496,121	19,772,964	2,586,410,418	50%	50%	341,251,137	347,140,597
100156 HCA FLORIDA LAKE CITY HOSPITAL	1,691,478,122	168,815,999	1,701,696,622	1,690,832,150	168,761,509	78,129,990	459,745,599	759,313,319	393,743,243	1,690,832,150	32%	68%	53,682,045	115,079,464
100157 LAKE LAND REGIONAL MED CTR	5,009,500,896	928,026,036	5,009,500,895	5,009,500,896	928,026,036	413,973,039	1,822,915,829	2,066,542,387	706,069,641	5,009,500,896	45%	55%	414,390,805	513,635,231
100161 HCA FLORIDA LAKE MONROE HOSPITAL	1,927,327,065	218,508,147	1,927,327,065	1,927,327,065	218,508,147	125,453,278	872,586,635	579,057,133	250,230,118	1,927,327,065	57%	43%	124,488,806	94,018,341
100166 HCA FLORIDA SARASOTA DOCTORS HOSPITA	1,964,595,417	183,753,955	1,964,595,420	1,964,595,417	183,753,955	110,127,353	727,931,671	916,510,330	210,026,063	1,964,595,417	43%	57%	78,385,941	105,368,014
100167 HCA FLORIDA MERCY HOSPITAL	3,892,350,977	388,123,857	3,892,350,977	3,892,350,977	388,123,857	519,967,723	1,971,070,549	1,103,711,113	297,601,592	3,892,350,977	64%	36%	248,392,652	139,731,205
100168 BOCA RATON REGIONAL HOSPITAL	3,418,007,448	609,450,382	3,417,692,988	3,417,289,693	609,322,402	276,717,584	905,299,102	2,021,780,000	213,493,007	3,417,289,693	35%	65%	210,760,372	398,562,030
100173 ADVENTHEALTH TAMPA	4,039,193,413	699,159,245	4,092,647,385	4,039,193,413	699,159,245	524,536,934	1,723,498,630	1,455,376,502	335,781,347	4,039,193,413	56%	44%	389,120,967	310,338,278
100175 DESOTO MEMORIAL HOSPITAL	165,188,937	38,462,685	160,750,200	163,260,737	38,013,702	15,780,976	13,334,536	104,279,596	29,865,629	163,260,737	18%	82%	6,779,269	31,234,433
100176 PALM BEACH GARDENS	2,393,811,781	235,567,698	2,386,839,928	2,393,811,781	235,567,698	331,824,255	1,167,528,751	723,443,107	171,015,668	2,393,811,781	37%	63%	147,546,745	88,020,953
100177 CAPE CANAVERAL HOSPITAL INC	781,437,964	171,664,502	781,437,989	768,382,095	168,796,419	115,239,241	232,215,197	308,886,087	112,041,570	768,382,095	45%	55%	76,327,995	92,468,424
100179 MEMORIAL HOSPITAL OF JACKSONVILLE	4,854,452,146	456,135,295	4,854,452,146	4,854,452,146	456,135,295	490,134,333	2,394,151,427	1,345,455,798	624,710,588	4,854,452,146	59%	41%	271,014,009	185,121,286
100180 ST. PETERSBURG GENERAL	1,615,018,929	102,644,406	1,615,018,322	1,615,018,322	102,644,367	68,713,530	525,738,094	644,796,607	75,770,091	1,615,018,322	37%	63%	37,781,064	64,863,303
100181 LARKIN COMMUNITY HOSPITAL	333,239,292	98,990,736	333,239,291	333,239,292	98,990,736	81,145,361	101,540,127	87,348,237	63,205,567	333,239,292	55%	45%	54,267,823	44,722,913
100183 CORAL GABLES HOSPITAL	1,134,753,237	114,510,354	1,134,753,235	1,134,753,237	114,510,354	200,516,514	261,245,498	495,027,938	174,963,287	1,134,753,237	61%	39%	46,900,120	67,610,234
100187 PALMETTO GENERAL HOSPITAL	2,835,973,826	296,794,207	2,835,973,829	2,825,251,575	295,672,087	444,077,122	1,423,839,322	681,274,799	276,060,242	2,825,251,575	66%	34%	195,483,743	100,188,344
100189 NORTHWEST MEDICAL CENTER	2,798,525,165	262,800,475	2,798,625,165	2,798,625,165	262,800,475	287,128,121	1,489,221,328	875,320,190	146,955,526	2,798,625,165	63%	37%	166,805,289	95,995,186
100191 MEDICAL CENTER OF TRINITY	3,845,021,814	307,720,847	3,844,881,423	3,845,021,814	307,720,847	260,457,990	1,619,835,674	1,640,378,788	324,349,362	3,845,021,814	49%	51%	150,481,736	157,230,511
100200 BROWARD HEALTH IMPERIAL POINT	590,717,040	117,294,489	590,713,466	590,717,040	117,294,489	70,444,734	191,266,138	242,737,504	86,268,664	590,717,040	54%	56%	51,966,229	65,328,620
100204 HCA FLORIDA NORTH FLORIDA HOSP	6,894,762,254	630,757,451	6,894,761,996	6,885,652,180	629,924,029	507,480,564	3,421,743,672	2,110,818,224	845,609,720	6,885,652,180	47%	53%	359,459,452	270,464,577
100206 MEMORIAL HOSPITAL OF TAMPA	1,850,820,733	180,594,534	1,850,820,733	1,850,820,733	180,594,534	146,907,326	586,312,163	972,161,993	145,439,251	1,850,820,733	40%	60%	71,544,169	109,050,365
100209 HCA FLORIDA KENDALL HOSPITAL	5,350,573,080	541,234,879	5,329,336,422	5,329,336,422	541,109,316	515,278,991	2,886,684,226	1,389,070,820	358,302,385	5,329,336,422	64%	36%	345,415,234	195,694,082
100211 ADVENTHEALTH DADE CITY	-	-	677,208,539	-	-	-	-	-	-	-	0%	100%	-	-
100212 HCA FLORIDA Ocala HOSPITAL	6,614,768,069	693,094,344	6,614,768,069	6,614,768,069	693,094,344	381,109,650	3,482,134,617	2,145,833,635	605,690,167	6,614,768,069	58%	42%	404,790,119	288,304,225
100213 HCA FL BLAKE HOSPITAL	2,908,042,337	301,828,669	2,908,036,337	2,908,036,337	301,828,046	345,097,935	1,523,873,272	857,316,957	181,748,173	2,908,036,337	64%	36%	193,982,421	107,845,626
100217 SEBASTIAN RIVER MEDICAL CENTER	1,141,732,593	120,543,775	1,141,732,593	1,141,732,593	120,543,775	45,823,170	396,242,812	587,853,842	101,812,669	1,141,732,593	39%	61%	46,673,201	73,870,574
100220 GULF COAST MEDICAL CENTER	3,363,584,951	664,127,078	3,365,297,806	3,354,497,655	662,332,826	402,935,115	1,669,524,016	959,690,908	331,434,912	3,363,584,951	62%	38%	408,093,665	254,238,160
100223 HCA FL FT WALTON-DESTIN HOSP	4,053,561,676	361,288,825	4,053,561,676	4,053,561,676	361,288,825	223,162,854	1,942,511,876	1,501,304,176	286,582,770	4,053,561,676	53%	47%	193,023,849	168,264,976
100224 HCA FLORIDA WOODMONT HOSPITAL	1,878,169,808	171,652,849	1,878,169,808	1,878,169,808	171,652,849	323,444,133	807,856,699	526,532,078	226,336,898	1,878,169,808	60%	40%	103,393,745	68,258,104
100226 HCA FLORIDA ORANGE PARK HOSPITAL	5,150,711,574	419,899,271	5,150,711,574	5,150,711,574	419,899,271	545,468,252	2,560,126,980	1,298,253,555	746,862,787	5,150,711,574	60%	40%	253,176,120	166,723,151
100228 HCA FLORIDA WESTSIDE HOSPITAL	3,078,913,049	317,282,923	3,078,913,049	3,078,913,049	317,282,923	322,589,023	1,665,350,488	916,650,498	174,323,040	3,078,913,049	65%	35%	204,857,769	112,425,154
100230 MEMORIAL HOSPITAL PEMBROKE	1,328,414,185	193,891,414	1,286,113,646	1,328,414,185	193,891,414	165,576,232	454,377,506	-	708,460,447	1,328,414,185	47%	53%	90,486,618	103,404,796
100231 HCA FLORIDA WEST HOSPITAL	3,869,723,474	409,497,784	3,877,959,858	3,869,723,474	409,497,784	338,178,770	1,541,635,682	1,552,656,619	437,252,403	3,869,723,474	49%	51%	198,923,736	210,574,048
100232 HCA FLORIDA PUTNAM HOSPITAL	774,162,192	80,445,629	774,162,192	774,162,192	80,445,629	53,639,290	270,593,101	274,506,288	175,423,513	774,162,192	42%	58%	33,892,008	46,753,621
100236 HCA FL FAWCETT HOSPITAL	2,723,791,982	191,962,397	2,723,481,072	2,723,481,072	191,940,485	193,174,838	1,379,104,885	821,453,169	329,748,180	2,723,481,072	58%	42%	110,808,236	81,132,249
100238 HCA FLORIDA NORTHSIDE HOSPITAL	2,072,509,117	171,007,758	2,072,509,112	2,072,509,112	171,007,758	161,842,841	1,094,704,421	640,724,817	175,237,033	2,072,509,112	61%	39%	103,680,765	67,326,993
100242 HCA FLORIDA GULF COAST HOSPITAL	3,414,008,091	317,015,617	3,460,789,726	3,414,008,058	317,015,616	263,782,035	1,342,066,820	1,394,679,240	413,479,963	3,414,008,058	47%	53%	149,114,809	167,900,805
100243 HCA FLORIDA BRANDON HOSPITAL	5,383,158,911	480,908,173	5,383,158,901	5,383,158,901	480,908,172	301,133,274	2,355,123,376	2,131,928,387	594,973,864	5,383,158,901	49%	51%	237,298,500	243,608,673
100244 CAPE CORAL HOSPITAL	1,805,711,368	382,137,517	1,742,246,740	1,805,711,368	382,137,517	217,472,567	665,538,414	900,150,019	232,550,368	1,805,711,368	49%	51%	186,859,081	196,268,436
100246 HCA FL LAWNWOOD HOSPITAL	4,403,175,233	447,593,776	4,403,175,233	4,403,175,233	447,593,776	561,364,334	2,519,483,241	937,964,789	384,362,869	4,403,175,233	70%	30%	313,175,862	134,417,914
100248 LARGO MEDICAL CENTER	3,910,574,689	386,397,224	3,910,574,689	3,910,574,689	386,397,224	317,257,071	2,199,787,194	1,010,060,674	381,469,750	3,910,574,689	64%	36%	248,704,856	137,692,368
100249 SEVEN RIVERS REGIONAL MEDICAL CENTER	1,194,512,793	124,153,209	1,191,353,622	1,194,512,793	124,153,209	81,890,957	446,149,191							

100288	ST MARYS MEDICAL CENTER	3,139,018,054	446,625,869	3,145,764,433	3,134,276,744	445,951,266	482,558,875	1,532,237,313	659,673,877	459,806,679	3,134,276,744	64%	36%	286,669,297	159,281,969
100289	CCF HOSPITAL - WESTON	1,642,035,314	465,385,208	1,642,028,635	1,642,028,635	465,383,315	215,742,808	675,481,996	656,372,013	94,431,818	1,642,028,635	54%	46%	252,590,695	212,792,620
100290	THE VILLAGES REGIONAL HOSPITAL	1,068,881,086	218,873,162	1,069,006,053	1,068,881,086	218,873,162	295,106,259	392,881,519	226,224,128	154,669,180	1,068,881,086	64%	36%	140,878,216	77,994,946
100291	MELBOURNE REGIONAL MEDICAL CENTER	1,103,097,287	120,186,455	1,103,097,290	1,103,097,287	120,186,455	36,875,999	436,610,370	553,575,088	76,035,830	1,103,097,287	43%	57%	51,588,059	68,598,396
100292	ASCENSION SACRED HEART EMERALD COAST	1,027,778,193	187,902,886	1,024,838,181	1,024,785,015	187,355,660	58,248,232	225,334,989	592,895,056	148,306,738	1,024,785,015	28%	72%	51,845,920	135,509,740
100296	DOCTORS HOSPITAL	977,561,276	250,012,103	977,530,289	928,035,814	237,345,925	109,485,079	271,323,491	458,198,458	92,028,786	928,035,814	41%	59%	97,392,106	139,953,819
100298	FLORIDA STATE HOSPITAL	1,943,633	1,943,633	3,063,266	1,458,888	1,458,888	1,943,633	-	-	-	1,943,633	100%	0%	1,458,888	-
100299	LAKEWOOD RANCH MEDICAL CENTER	1,676,558,693	171,050,610	1,676,558,694	1,676,558,693	171,050,610	143,521,320	634,184,665	744,212,260	154,640,448	1,676,558,693	46%	54%	79,345,318	91,705,292
100302	ST. CLOUD REGIONAL MEDICAL CENTER	729,188,426	97,139,859	729,188,424	729,188,426	97,139,859	118,108,019	251,000,562	226,883,320	132,196,525	729,188,426	51%	49%	49,304,534	47,835,325
100307	ASCENSION ST. VINCENTS SOUTHSIDE HO	1,540,376,055	237,573,619	1,539,129,979	1,540,224,374	237,550,225	184,270,720	402,793,869	742,107,701	211,052,084	1,540,224,374	38%	62%	90,543,513	147,006,712
100313	ASCENSION SACRED HEART GULF	93,861,090	19,498,223	93,462,360	88,579,487	18,401,050	2,788,297	5,591,133	50,529,362	29,670,695	88,579,487	91%	9%	1,740,700	16,660,350
100314	WEST KENDALL BAPTIST HOSPITAL	1,610,194,350	361,592,713	1,610,193,063	1,610,193,063	361,592,424	228,957,428	392,515,372	498,215,005	490,505,258	1,610,193,063	39%	61%	139,550,815	222,031,609
100315	VIERA HOSPITAL INC	815,988,026	162,865,584	815,988,025	815,988,026	162,865,584	99,340,874	198,620,802	399,181,171	118,845,178	815,988,026	37%	63%	59,471,096	103,394,488
100316	PALM BAY HOSPITAL	818,079,654	153,634,084	818,079,653	818,079,654	153,634,084	149,104,776	234,658,570	263,867,919	170,448,389	818,079,654	47%	53%	72,070,158	81,563,926
100319	ADVENTHEALTH WESLEY CHAPEL	1,938,852,392	360,062,073	1,938,856,589	1,938,852,392	360,062,073	120,430,299	649,035,265	963,535,915	205,850,913	1,938,852,392	40%	60%	142,896,575	217,165,498
100320	HCA FLORIDA POINCIANA HOSPITAL	1,523,085,808	108,505,703	1,523,085,811	1,523,085,808	108,505,703	47,747,864	349,657,193	651,746,514	473,934,237	1,523,085,808	26%	74%	28,311,415	80,194,288
100321	ASCENSION ST. VINCENTS CLAY COUNTY	994,390,401	152,886,272	994,029,065	994,029,061	152,830,716	110,177,019	298,823,762	453,536,906	131,491,374	994,029,061	41%	59%	62,883,355	89,947,361
100329	OVIDEO MEDICAL CENTER	984,382,074	110,941,505	984,382,074	984,382,074	110,941,505	33,110,146	343,761,168	434,716,611	172,794,149	984,382,074	38%	62%	42,474,027	68,467,487
100330	MEDICAL CENTER OF DELTONA	201,616,328	45,374,958	188,766,308	188,766,308	45,374,958	14,248,206	41,915,787	188,766,308	39,446,615	188,766,308	30%	70%	12,640,042	29,842,942
100350	UCF LAKE NONA HOSPITAL	761,361,018	80,281,364	761,361,018	761,361,018	80,281,364	27,135,878	251,825,894	368,139,117	114,260,129	761,361,018	37%	63%	29,414,996	50,866,368
100359	SARASOTA MEMORIAL HOSPITAL VENICE	778,510,841	134,635,640	769,270,207	778,510,841	134,635,640	97,416,258	329,734,628	-	351,359,954	778,510,841	55%	45%	73,871,461	60,764,179
100360	HCA FLORIDA UNIVERSITY HOSPITAL	972,187,143	114,172,282	972,187,143	972,187,143	114,172,282	129,467,169	440,560,109	310,611,835	91,548,030	972,187,143	29%	71%	66,943,197	47,228,085
101300	ADVENTHEALTH WAUCHULA	143,084,360	35,547,871	140,189,078	133,546,691	35,547,871	9,832,675	19,407,869	69,749,883	34,556,264	133,546,691	52%	78%	7,264,519	25,913,814
101303	LAKE BUTLER HOSPITAL	34,883,758	12,925,766	28,325,444	27,625,067	10,236,143	6,694,866	5,474,758	15,455,443	-	27,625,067	44%	56%	4,509,311	5,726,833
101304	CALHOUN-LIBERTY HOSPITAL ASSN	31,171,033	11,447,591	31,050,455	27,525,432	10,108,741	1,374,847	1,807,252	17,054,609	7,288,724	27,525,432	12%	88%	1,158,629	8,940,112
101305	GEORGE E. WEEEMS MEMORIAL HOSPITAL	13,166,991	6,573,623	11,457,383	11,189,983	5,586,601	163,425	261,261	10,765,297	-	11,189,983	4%	96%	212,025	5,374,577
101307	DOCTORS MEMORIAL HOSPITAL	62,377,485	20,485,244	58,188,475	56,602,297	18,588,628	2,532,940	7,760,728	36,494,770	9,813,859	56,602,297	18%	82%	3,380,519	15,208,109
101308	NORTHWEST FLORIDA COMMUNITY HOSPITAL	118,268,774	35,198,000	107,848,301	103,815,974	30,896,699	6,099,982	10,938,906	64,804,798	24,471,333	106,315,019	24%	84%	4,951,750	25,944,949
101309	HENDRY REGIONAL MEDICAL CENTER	79,454,420	41,063,904	78,498,716	72,884,341	37,668,331	9,394,740	8,183,765	5,478,213	49,827,623	72,884,341	16%	76%	9,084,983	28,583,351
101311	MADISON MEMORIAL HOSPITAL	23,355,229	11,507,121	21,595,346	23,355,229	11,507,121	2,189,667	6,703,559	11,765,775	2,696,228	23,355,229	38%	62%	4,811,692	7,125,429
101312	FISHERMENS HOSPITAL	97,935,326	43,045,241	97,933,642	97,933,642	43,045,241	853,604	992,709	73,908,260	22,179,069	97,933,642	2%	98%	811,505	42,232,996
101313	MARINERS HOSPITAL	225,127,771	74,347,273	225,108,906	225,108,907	74,347,273	9,548,142	14,126,661	166,688,402	34,745,702	225,108,907	11%	89%	7,818,480	66,522,563
102001	SSH - MIAMI	194,849,579	28,680,191	194,849,579	194,849,579	28,680,191	65,816,096	129,033,483	-	-	194,849,579	100%	0%	28,680,191	-
102003	SSH -ORLANDO	500,542,015	60,038,363	500,542,016	500,542,015	60,038,363	161,623,385	338,918,630	-	-	500,542,015	100%	0%	60,038,363	-
102009	KINDRED HOSPITAL BAY AREA	331,891,251	64,775,058	331,891,251	331,891,251	64,775,058	146,492,263	182,125,334	3,273,654	-	331,891,251	99%	1%	64,136,141	638,917
102010	KINDRED HOSPITAL SOUTH FLORIDA	479,572,411	97,335,281	479,573,191	475,878,080	96,585,470	223,643,593	254,137,446	1,791,372	-	479,572,411	100%	0%	96,224,689	360,781
102012	CURAHEALTH JACKSONVILLE LLC	53,655,336	13,096,393	53,655,337	53,655,336	13,096,393	26,411,429	29,614,930	628,977	-	53,655,336	99%	1%	12,942,870	153,523
102013	KINDRED HOSPITAL CENTRAL TAMPA	252,738,227	44,283,753	252,738,227	252,738,227	44,283,753	63,936,584	157,872,016	1,030,617	-	252,738,227	100%	0%	44,103,173	180,580
102015	KINDRED HOSPITAL NORTH FLORIDA	161,837,075	29,400,988	161,837,075	161,837,075	29,400,988	64,663,169	96,467,410	706,496	-	161,837,075	100%	0%	29,272,639	128,349
102017	SSH - PANAMA CITY INC	94,921,299	17,510,247	94,921,298	17,510,247	17,510,247	38,887,076	56,034,223	-	-	94,921,299	100%	0%	17,510,247	-
102018	PAM SPECIALTY HOSPITAL OF SARASOTA	86,925,668	25,189,078	86,925,668	86,925,668	25,189,078	35,596,139	51,158,871	170,658	-	86,925,668	100%	0%	25,139,625	49,453
102019	KINDRED HOSPITAL OCALA	27,572,558	8,158,250	27,572,558	27,572,558	8,158,250	17,330,250	10,242,308	-	-	27,572,558	100%	0%	8,158,250	-
102020	SSH -TALLAHASSEE INC.	157,794,008	24,815,289	157,794,010	157,794,008	24,815,289	59,322,772	98,471,236	-	-	157,794,008	100%	0%	24,815,289	-
102021	BAYCARE ALLIANT HOSPITAL	77,068,631	21,085,872	76,792,513	77,068,631	21,085,872	31,300,248	45,768,383	-	-	77,068,631	100%	0%	21,085,872	-
102022	SSH - GAINESVILLE INC	148,641,666	26,102,878	148,641,666	148,641,666	26,102,878	60,776,208	87,865,458	-	-	148,641,666	100%	0%	26,102,878	-
102023	SSH - PALM BEACH LLC	253,066,043	34,404,498	253,066,043	253,066,043	34,404,498	91,631,691	161,434,352	-	-	253,066,043	100%	0%	34,404,498	-
102024	SSH - PENSACOLA INC	131,076,951	18,002,340	131,076,952	131,076,951	18,002,340	47,584,700	83,492,251	-	-	131,076,951	100%	0%	18,002,340	-
102025	KINDRED HOSPITAL THE PALM BEACHES	157,780,485	32,797,398	157,780,485	157,780,485	32,797,398	75,419,276	82,276,036	85,173	-	157,780,485	100%	0%	32,779,693	17,705
102026	ADVENTHEALTH CONNERTON	218,223,877	43,659,868	218,216,540	218,223,877	43,659,868	83,709,294	134,507,247	7,336	-	218,223,877	100%	0%	43,658,400	1,468
102027	KINDRED HOSPITAL MELBOURNE	134,323,879	29,387,574	134,323,879	134,323,879	29,387,574	66,099,645	67,576,722	647,512	-	134,323,879	100%	0%	29,245,910	141,664
102028	SSH - THE VILLAGES	99,754,476	21,756,597	99,754,477	99,754,476	21,756,597	45,440,648	54,313,828	-	-	99,754,476	100%	0%	21,756,597	-
102029	SSH - FORT MYERS	125,737,640	27,387,132	125,737,640	125,737,640	27,387,132	55,958,184	69,779,456	-	-	125,737,640	100%	0%	27,387,132	-
102030	SSH - DAYTONA BEACH	141,841,431	21,232,857	141,841,432	141,841,431	21,232,857	44,564,649	97,276,782	-	-	141,841,431	100%	0%	21,232,857	-
102031	SSH - MIAMI LAKES	235,924,360	38,278,735	235,924,359	235,924,360	38,278,735	77,689,053	158,235,307	-	-	235,924,360	100%	0%	38,278,735	-
102032	LANDMARK HOSPITAL OF SOUTHWEST FLORI	70,960,795	14,908,186	70,960,795	70,960,795	14,908,186	38,406,770	18,654,681	13,899,344	-	70,960,795	20%	11%	11,988,066	2,920,120
103026	ST CATHERINES REHAB HOSPITAL	56,799,730	38,363,638	56,799,730	31,608,611	21,349,068	42,489,395	13,825,294	130,016	355,025	56,799,730	99%	1%	21,165,758	182,310
103027	ST JOHNS REHABILITATION HOSPITAL	38,561,179	24,827,734	38,561,179	17,234,341	11,096,384	28,494,502	9,472,300	124,391	469,986	38,561,179	98%			

103050 ENCOMPASS HEALTH REHABILITATION HOSP	11,684,962	7,010,760	11,684,961	11,684,962	7,010,760	5,998,335	5,686,627	-	-	11,684,962	100%	0%	7,010,760	-
103051 TAMPA GENERAL REHABILITATION HOSPITAL	15,291,504	8,000,401	15,291,504	15,291,504	8,000,401	9,413,600	5,877,904	-	-	15,291,504	100%	0%	8,000,401	-
103052 ENCOMPASS HEALTH REHABILITATION HOSP	10,454,275	6,273,793	10,454,275	10,454,275	6,273,793	5,761,536	4,692,739	-	-	10,454,275	100%	0%	6,273,793	-
103053 ENCOMPASS HEALTH REHABILITATION HOSP	12,642,192	9,075,031	12,642,193	12,642,192	9,075,031	6,829,971	5,812,221	-	-	12,642,192	100%	0%	9,075,031	-
103054 REHABILITATION HOSPITAL OF NAPLES	7,485,091	4,936,992	7,485,089	7,485,091	4,936,992	4,561,630	2,923,461	-	-	7,485,091	100%	0%	4,936,992	-
103300 JOHNS HOPKINS ALL CHILDRENS HOSPITA	1,830,121,249	584,509,905	1,830,121,249	1,830,121,249	584,509,905	572,850,132	589,497,297	565,755,546	102,218,274	1,830,121,249	64%	36%	371,170,317	213,339,588
103301 NICKLAUS CHILDRENS HOSPITAL	2,387,879,352	769,283,946	2,369,039,862	2,387,879,352	769,283,946	468,817,466	687,180,426	1,213,051,227	18,830,233	2,387,879,352	48%	52%	372,418,573	396,865,373
103304 NEMOURS CHILDRENS HOSPITAL	897,744,154	268,731,383	897,744,154	897,744,154	268,731,383	232,082,207	240,505,807	297,167,602	127,988,538	897,744,154	53%	47%	141,464,837	127,266,546
104001 SOUTH FLORIDA STATE HOSPITAL	1,772,431	1,772,431	35,440,710	359,455	359,455	1,643,297	129,134	-	-	1,772,431	100%	0%	359,455	-
104007 NORTHEAST FLORIDA STATE HOSPITAL	5,465,039	5,465,039	80,177,762	2,257,500	2,257,500	5,465,039	-	-	-	5,465,039	100%	0%	2,257,500	-
104016 RIVER POINT BEHAVIORAL HEALTH	54,438,224	20,226,668	51,456,940	51,456,940	19,118,964	45,412,600	54,650	979,000	5,010,690	51,456,940	88%	12%	16,893,479	2,225,485
104017 WINDMOOR HEALTHCARE	62,284,255	20,462,904	58,641,440	58,641,440	19,266,092	51,686,800	-	-	6,954,640	58,641,440	88%	12%	16,981,210	2,284,881
104018 #N/A	Missing	Missing	Missing	-	-	Missing	#N/A	-	#N/A	#N/A	0%	100%	-	-
104024 CIRCLES OF CARE INC.	58,822,831	26,246,223	58,822,831	58,822,831	26,246,223	41,551,605	935,933	16,335,293	-	58,822,831	72%	28%	18,957,561	7,288,662
104026 FT. LAUDERDALE HOSPITAL	110,121,117	46,308,360	106,650,219	106,650,219	44,848,771	100,687,400	648,000	1,683,000	3,631,819	106,650,219	95%	5%	42,613,772	2,234,999
104040 CENTERSTONE OF FLORIDA INC.	12,195,110	5,578,851	11,022,129	11,022,128	5,042,251	9,680,058	1,342,070	-	-	11,022,128	100%	0%	5,042,251	-
104049 SOUTHERN WINDS HOSPITAL LLC	45,079,045	17,392,102	45,079,046	45,079,045	17,392,102	38,459,165	6,619,880	-	-	45,079,045	100%	0%	17,392,102	-
104057 SPRINGBROOK HOSPITAL	41,445,483	14,663,041	36,311,059	36,311,055	12,846,526	34,188,000	-	2,123,055	-	36,311,055	94%	6%	12,095,408	751,118
104059 EASTSIDE PSYCHIATRIC HOSPITAL	11,030,568	4,339,310	9,900,464	9,900,463	3,894,739	9,285,518	614,945	-	-	9,900,463	100%	0%	3,894,739	-
104063 THE WILLOUGH AT NAPLES	24,965,349	11,215,014	24,268,086	24,268,080	10,901,785	23,203,500	-	-	1,064,580	24,268,080	96%	4%	10,423,551	478,234
104067 ASPIRE HEALTH PARTNERS INC	266,467,581	102,527,436	266,467,585	21,958,695	8,448,940	21,958,695	-	-	-	21,958,695	100%	0%	8,448,940	-
104069 WEKIVA SPRINGS CENTER LLC	64,219,799	22,895,352	60,599,000	60,599,000	21,604,481	51,686,800	-	-	8,912,200	60,599,000	85%	15%	18,427,144	3,177,337
104070 PORT ST LUCIE HOSPITAL	37,944,598	16,398,573	35,049,769	35,049,765	15,147,509	33,475,500	-	-	1,574,265	35,049,765	96%	4%	14,467,156	680,352
104071 THE VINES HOSPITAL	49,702,935	15,038,381	49,702,935	45,827,970	13,865,951	43,122,239	1	1	2,705,729	45,827,970	94%	6%	13,047,291	818,660
104072 CENTRAL FLORIDA BEHAVIORAL HEALTH	124,647,850	46,263,308	121,755,960	121,755,960	45,189,977	111,208,460	652,500	2,232,910	7,662,090	121,755,960	92%	8%	41,517,427	3,672,550
104073 EMERALD COAST BEHAVIORAL HOSPITAL	66,721,449	25,018,436	52,663,621	52,663,621	19,747,195	47,707,000	-	-	4,956,621	#N/A	0%	100%	0	19,747,195
104074 PARK ROYAL HOSPITAL	90,092,000	34,749,255	90,092,000	90,092,000	34,749,255	73,737,509	10,509,766	1,361,825	4,482,900	-	0%	100%	-	34,749,255
104075 NORTH TAMPA BEHAVIORAL HEALTH	71,101,600	24,203,909	71,101,600	71,101,600	24,203,909	62,565,395	6,807,204	1	1,729,000	-	0%	100%	-	24,203,909
104076 UNIVERSITY BEHAVIORAL CENTER	58,672,360	21,854,892	58,383,375	58,383,375	21,747,248	58,383,375	-	-	-	-	0%	100%	-	21,747,248
104078 SUNCOAST BEHAVIORAL HEALTH CENTER	22,592,318	8,726,025	21,698,745	-	-	21,388,200	-	-	310,545	-	0%	100%	-	-
104079 LARKIN COMMUNITY HOSPITAL BEHAVIORAL	41,591,591	12,418,729	41,591,591	-	-	37,562,714	4,028,877	-	-	-	0%	100%	-	-
104080 CORAL SHORES BEHAVIORAL HEALTH	42,548,850	15,586,272	39,063,000	-	-	38,005,000	-	-	1,058,000	-	0%	100%	-	-
104081 OGLETHORPE OF ORLANDO INC.	27,178,398	12,641,113	25,963,500	-	-	25,963,500	-	-	-	-	0%	100%	-	-
104082 PALM POINT BEHAVIORAL HEALTHCARE	24,788,491	10,158,235	23,695,400	-	-	23,546,600	-	-	148,800	-	0%	100%	-	-
	457,559,067,814	74,880,576,509	460,144,065,921	454,368,785,837	74,317,768,938	56,068,171,627	#N/A	#N/A	#N/A	#N/A			38,867,380,247	35,450,388,691

[illegible]

100246 HCAFL LAKWOOD HOSPITAL	9/30/2021	9/30/2021	4403172343	407593776	561364384	251488244	937664776	141403777	242959062	284623869	28969116	39812838	1140882071	4403172343
100248 LAMOD MEDICAL CENTER	10/1/2021	10/1/2021	210120489	38830131	210120489	210120489	210120489	210120489	210120489	210120489	210120489	210120489	210120489	210120489
100249 SEVEN RIVERS REGIONAL MEDICAL CENTER	9/30/2021	9/30/2021	1194512793	121513209	8180967	446140251	473811665	44845467	147110453	131660600			61958785	1194512793
100250 PALMDALE HOSPITAL	5/1/2022	4/30/2021	72122117	92429129	52040781	215077121	902684240	13709274	5491644	18229215			43187903	72122117
100251 LUTHER MEDICAL CENTER	9/30/2021	9/30/2021	1411051947	611080015	1411051947	611080015	1411051947	611080015	1411051947	611080015			81811671	1411051947
100252 HCA FLORIDA CAPITAL HOSPITAL	5/2/2022	4/30/2021	290084246	134100285	204602086	121451851	140211289	738128523	176120555	448665676		5016361	29042426	290084246
100253 HCA FLORIDA BAYVIEW HOSPITAL	10/1/2021	9/30/2021	4216801034	1166091136	4216801034	1166091136	4216801034	1166091136	4216801034	1166091136			401340924	4216801034
100254 OULAY MEDICAL CENTER	11/1/2021	10/31/2021	4534073445	453407344	453407344	453407344	453407344	453407344	453407344	453407344	5914643	43747587	453407344	453407344
100255 HCA FLORIDA SOUTH SHORE HOSPITAL	9/1/2021	8/31/2021	1146024123	89312080	99312080	516711209	139005187	38003400	78123736	1146024123			1146024123	1146024123
100256 HCA FLORIDA ST. LUCE HOSPITAL	9/30/2021	9/30/2021	1007114028	1007114028	1007114028	1007114028	1007114028	1007114028	1007114028	1007114028			901787404	1007114028
100257 DANA H HOSPITAL	3/3/2022	2/28/2021	4515613440	359853970	511062120	240811044	211462781	15114926	222201550	370384987			1437601752	4515613440
100258 LAKESHORE HOSPITAL	11/1/2021	10/31/2021	1776621023	411088436	176407101	155514028	156481012						794484105	1776621023
100259 GULF BREEZE HOSPITAL	10/1/2021	9/30/2021	771728582	114660879	114660879	114660879	114660879	114660879	114660879	114660879			800293511	771728582
100260 FAIRWOOD COMMUNITY HOSPITAL	11/1/2021	10/31/2021	112156874	70120562	14480300	31835020	41138450	10327023	148138640	112156874			57634335	112156874
100261 WEST BOKA MEDICAL CENTER	10/1/2021	9/30/2021	177782181	216218664	288052058	614242175	131600015	214717817	108900855	841619862			177782181	177782181
100262 HCA FLORIDA PALMS WEST HOSPITAL	4/1/2021	3/31/2021	236145015	23138915	30466796	307621762	83526742			236145015			236145015	236145015
100263 LACROFT CANCER CENTER	7/1/2021	6/30/2021	648510040	51032562	117402538	111926400		558015100	558015100				558015100	648510040
100264 WELLINGTON REG MEDICAL CENTER	11/1/2021	10/31/2021	264601399	244129029	327731461	1113801153	68224889	6683949	238862548				238862548	264601399
100265 BROWARD HEALTH CORP SPRING	7/1/2021	6/30/2021	117256846	2172214248	15201080	46384878		40740007	10262754	117256846			117256846	117256846
100267 AARON LEVINE HEALTH SYSTEMS INC.	7/1/2021	6/30/2021	47617410	36778613	36778613	36778613	36778613	36778613	36778613	36778613			36778613	47617410
100268 MEMORIAL HOSPITAL WEST	5/1/2021	4/30/2021	512362104	74139387	69458083	1947120136		49945562	248770005	248770005			248770005	512362104
100269 DEWEETER CENTER HOSPITAL	11/1/2021	10/31/2021	156203019	31947805	15580119	45021783			17412505	25134777			70270077	156203019
100270 HCA FLORIDA PALM BEACH HOSPITAL	5/1/2021	4/30/2021	1584882617	247931550	247931550	481045207		84923862	84923862		6032300		1584882617	1584882617
100271 HCA FLORIDA PALM BEACH HOSPITAL	9/30/2021	9/30/2021	1584882617	247931550	247931550	481045207		84923862	84923862		6032300		1584882617	1584882617
100272 GOSHAWK HOSPITAL	6/1/2022	5/31/2021	2648428150	240712259	301225638	1042018227	844732502	101686006	548842032	613710338			138914053	2648428150
100273 DE WYCK HOSPITAL	10/1/2021	9/30/2021	313901804	446620889	462158875	1512371313	139387787	234987748	436966907		12893240		313901804	313901804
100274 HCA FLORIDA WESTON HOSPITAL	11/1/2021	10/31/2021	164203314	46103208	211742808	46103208	46103208	46103208	46103208	46103208			46103208	164203314
100275 THE VILLAGES REGIONAL HOSPITAL	7/1/2021	6/30/2021	1008881006	218871342	291105259	332815139	128214128	72360470	82277170	154669130		9000000	72360470	1008881006
100276 MEDICARE REGIONAL MEDICAL CENTER	11/1/2021	10/31/2021	110391287	12014045	38378999	418615375	513705708	12710136	1822594	91159668			110391287	110391287
100277 ASCENSION SAINT HEART EXTERNAL CARE	7/1/2021	6/30/2021	1027778191	18780886	54282132	215330808	390850658	23841816	173648912	188506718			1027778191	1027778191
100278 DOCKERY HOSPITAL	10/1/2021	9/30/2021	97756127	210012103	379485079	271321401	45114805	20924459	74348127	9207876			97756127	97756127
100279 FLORIDA STATE HOSPITAL	6/30/2021	6/30/2021	1694341								1481888		1694341	1694341
100280 LAMOD RANCH MEDICAL CENTER	11/1/2021	10/31/2021	1676818694	111050410	148312100	634188665	744213260	316883007	11831141	116584048			1676818694	1676818694
100281 ST. CLOUD HOSPITAL	9/30/2021	9/30/2021	171918861	128883320	128883320	128883320	128883320	128883320	128883320	128883320			171918861	171918861
100282 ASCENSION ST. VINCENTS SOUTHSHORE HO	7/1/2021	6/30/2021	1540316055	29757819	184707120	40293880	29837121	13849496	211032084		14484580		1540316055	1540316055
100283 ASCENSION SACRED HEART GULF	7/1/2021	6/30/2021	53861025	39486223	728857	5051237	50125932	541120	2611035				53861025	53861025
100284 WEST MEDICAL BAYVIEW HOSPITAL	9/30/2021	9/30/2021	1611014947	228014128	1611014947	228014128	1611014947	228014128	1611014947	228014128			1611014947	1611014947
100285 VEEVA HOSPITAL INC.	10/1/2021	9/30/2021	815988026	164810384	99340874	68462062	899121171	21226480	20166689	118485119			815988026	815988026
100286 PALM BEACH HOSPITAL	10/1/2021	9/30/2021	1611014947	228014128	1611014947	228014128	1611014947	228014128	1611014947	228014128			1611014947	1611014947
100287 ADVENTHEALTH WESLEY CHAPEL	10/1/2021	9/30/2021	198081292	390620719	129432099	96351935	154017807	20581093					198081292	198081292
100288 HCA FLORIDA HIGHLAND HOSPITAL	7/1/2021	6/30/2021	152363608	108802703	4747848	349657103	61116314	54461038	42147139	47938127			152363608	152363608
100289 ASCENSION ST. VINCENTS CLAY COUNTY	10/1/2021	9/30/2021	984120461	135713832	135713832	135713832	135713832	135713832	135713832	135713832			984120461	984120461
100290 CLEVELAND MEDICAL CENTER	11/1/2021	10/31/2021	1584882617	247931550	247931550	481045207		84923862	84923862		6032300		1584882617	1584882617
100291 MEDICAL CENTER OF FLORIDA	6/30/2021	6/30/2021	201640320	15110146	34781168	40411661	3151816	11696333	12794149	41709055			201640320	201640320
100292 ST. LUKA NOK HOSPITAL	2/1/2022	1/31/2021	76136201	27138748	12525484	36129132	86129132	9653972	114201219	356662124			76136201	76136201
100293 SAKAGAWA MEDICAL HOSPITAL VENICE	11/1/2021	10/31/2021	778510841	11841040	91416208	329734248				778510841			778510841	778510841
100294 HCA FLORIDA UNIVERSITY HOSPITAL	12/1/2021	11/30/2021	192141741	127172382	127172382	127172382	127172382	127172382	127172382	127172382			192141741	192141741
100295 ASCENSION ST. VINCENTS ST. JOHNS COU	6/30/2021	6/30/2021	212128056	13934919	11539615	51497405	102889161	623046	35589192	41823885			212128056	212128056
100296 ADVENTHEALTH HIGHLAND	10/1/2021	9/30/2021	1611014947	228014128	1611014947	228014128	1611014947	228014128	1611014947	228014128			1611014947	1611014947
100297 LAKESHORE HOSPITAL	11/1/2021	10/31/2021	3483758	12915786	684666	5474758	15455483				9458128	6403718	3483758	3483758
100298 CALHOUN LIBERTY HOSPITAL ASC	11/1/2021	10/31/2021	31171031	11474391	174847	3877523	17054609						31171031	31171031
100299 GEORGE E. WATERS MEMORIAL HOSPITAL	9/30/2021	9/30/2021	67162745	1314999	6178423	1814925	4178139	7133858	7288714				67162745	67162745
100300 HOSPITAL OF MEMPHIS	9/30/2021	9/30/2021	62317485	20542844	2523480	7761028	36484770	9811059			365980		62317485	62317485
100301 HCA FLORIDA LORNA COMBET HOSPITAL	11/1/2021	10/31/2021	11814674	11814674	11814674	11814674	11814674	11814674	11814674	11814674			11814674	11814674
100302 HCA FLORIDA REGIONAL MEDICAL CENTER	10/1/2021	9/30/2021	79434420	4106804	918040	813361	5478213	4862763					79434420	79434420
100303 ADVENTHEALTH HOSPITAL	9/30/2021	9/30/2021	23552129	11571221	210967	11571221	11571221	11571221	11571221	11571221			23552129	23552129
100304 FLORIDA HOSPITAL	10/1/2021	9/30/2021	8791341	4028048	991700	835064	7717060	177708					8791341	8791341
100305 ST. MARKEN HOSPITAL	10/1/2021	9/30/2021	25512771	17412723	648142	1412463	16688402	33270363	34745702				25512771	25512771
100306 SH - HAMB	6/1/2022	5/31/2021	1584882617	247931550	247931550	481045207		84923862	84923862				1584882617	1584882617
100307 HCA FLORIDA ST. ANDREW	10/1/2021	9/30/2021	60281883	31891360	31891360	31891360	31891360	31891360	31891360	31891360			60281883	60281883
100308 SHREVE HOSPITAL DAY AREA	9/1/2021	8/31/2021	31812121	24452253	24452253	24452253	24452253	24452253	24452253	24452253			31812121	31812121
100309 SHREVE HOSPITAL SOUTH FLORIDA	9/1/2021	8/31/2021	47957281	221494938	221494938	221494938	221494938	221494938	221494938	221494938			47957281	47957281
100310 CORALHEALTH ACKNOWLEDGE LLC	9/1/2021	8/31/2021	3565336	1106393	2641529	2661493	624977						3565336	3565336
100311 UNITED HOSPITAL CENTRAL FLORIDA	6/1/2022	5/31/2021	1584882617	247931550	247931550	481045207		84923862	84923862				1584882617	1584882617
100312 UNITED HOSPITAL NORTH FLORIDA	9/1/2021	8/31/2021	11813705	2940088	646612									

[illegible]

AHCA Medicaid ID	Medicaid ID in Programming	Medicaid ID	Provider Name	County	Medicare Cost Report CCN
10074900	10074900	10074900	Baptist Hosp	Escambia	100093
10074900	10074903		Baptist Hospital Behavioral Medicine Cen	Escambia	0
11132500	11132500	11132500	Fort Walton Beach Med Ctr	Okaloosa	100223
10188500	10188500	10188500	Healthmark Regional Med Ctr	Walton	100081
10173700	10173700	10173700	Jay Hosp	Santa Rosa	100048
10126500	10126500	10126500	North Okaloosa Med Ctr	Okaloosa	100122
10076500	10076500	10076500	Sacred Heart Hosp	Escambia	100025
10323300	10323300	10323300	Sacred Heart Emerald Coast	Walton	100292
10174500	10174500	10174500	Santa Rosa Med Ctr	Santa Rosa	100124
10125700	10125700	10125700	Twin Cities Hosp	Okaloosa	100054
11321200	11321200	11321200	West Florida Hosp	Escambia	100231
10006400	10006400	10006400	Bay Med Ctr Sacred Heart Hlth Sys	Bay	100026
10026900	10026900	10026900	Calhoun Liberty Hosp	Calhoun	101304
10026900	5955000		Calhoun Liberty Hospital	Calhoun	101304
11980600	11980600	11980600	Capital Regional Med Ctr	Leon	100254
10103600	10103600	10103600	Doctors Memorial Hosp - Public	Holmes	101307
10103600	10103603		Doctors Memorial Hospital	Holmes	
10180000	10180000	10180000	Doctors Memorial Hosp	Taylor	100106
10080300	10080300	10080300	George E. Weems Memorial Hosp	Franklin	101305
11761700	11761700	11761700	Gulf Coast Regional Med Ctr	Bay	100242
10275000	10275000	10275000	Encompass Emerald Coast Rehab Hosp	Bay	103040
12033200	12033200	12033200	Encompass Rehab Hosp Tallahassee	Leon	103033
10106100	10106100	10106100	Jackson Hosp	Jackson	100142
10115000	10115000	10115000	Madison County Memorial Hosp	Madison	101311
10190700	10190700	10190700	Northwest Florida Community Hosp	Washington	101308
2012700	2012700	2012700	Sacred Heart on the Gulf	Gulf	100313
10113300	10113300	10113300	Tallahassee Memorial Hosp	Leon	100135
10113300	16912300		Tallahassee Memorial Hosp	Leon	100135
10113300	11397100		Tallahassee Memorial Hosp	Leon	100135
10087100	10087100	10087100	Bayfront Health Brooksville	Hernando	100071
10219900	10219900	10219900	Citrus Memorial Hosp	Citrus	100023
10219900	350894		Citrus Memorial Hosp	Citrus	100023
10109500	10109500	10109500	AdventHealth Waterman	Lake	100057
10353500	10353500	10353500	Kindred Hosp - Ocala	Marion	102019
10822700	10822700	10822700	Lake Butler Hosp	Union	101303
11976800	11976800	11976800	Lake City Med Ctr	Columbia	100156
10107900	10107900	10107900	Leesburg Regional Med Ctr	Lake	100084
10117600	10117600	10117600	AdventHealth Ocala	Marion	100062
10862600	10862600	10862600	North Florida Regional Med Ctr	Alachua	100204
12007300	12007300	12007300	Oak Hill Hosp	Hernando	100264
10988600	10988600	10988600	Ocala Regional Med Ctr	Marion	100212
11351400	11351400	11351400	Putnam Community Med Ctr	Putnam	100232
11351400	16892900		Putnam Community Hosp	Alachua	100232
10114100	10114100	10114100	Regional General Hosp Williston	Levy	100322
11998900	11998900	11998900	Seven Rivers Regional Med Ctr	Citrus	100249
10033100	10033100	10033100	Shands Lake Shore Regional Med Ctr	Columbia	100102
11976800	10179600	10179600	Shands Live Oak Regional Med Ctr	Suwannee	101301
10862600	10007200	10007200	Shands Starke Regional Med Ctr	Bradford	101310
10108700	10108700	10108700	South Lake Hosp	Lake	100051
10317900	10317900	10317900	The Villages Regional Hosp	Sumter	100290
10003000	10003000	10003000	UF Health Shands Hosp	Alachua	100113
10003000	10003002		UF Health Shands Hosp	Alachua	100113
10003000	10003003		UF Health Shands Hosp	Alachua	100113

10003000	10003004		UF Health Shands Hosp	Alachua	100113
10232600	10232600	10232600	Baptist Med Ctr - Beaches	Duval	100117
10064100	10064105	10064105	Baptist North	Duval	100088
10064106	10064106	10064106	Wolfson Childrens Hospital	Duval	
10123100	10123100	10123100	Baptist Med Ctr - Nassau	Nassau	100140
10064100	10064100	10064100	Baptist Med Ctr Jacksonville	Duval	100088
10183400	10183400	10183400	AdventHealth New Smyrna	Volusia	100014
10183400	24571100		AdventHealth New Smyrna	Volusia	100014
10004800	10004800	10004800	Ed Fraser Memorial Hosp	Baker	100134
10171100	10171100	10171100	Flagler Hosp	St. Johns	100090
10187700	10187700	10187700	AdventHealth Deland	Volusia	100045
10187700	6351900		Memorial Hospital-West Volusia Inc. Florida Hospital Deland	Volusia	100045
10182600	10182600	10182600	AdventHealth Fish Memorial	Volusia	100072
10189300	10189300	10189300	AdventHealth Palm Coast	Flagler	100118
10186900	10186900	10186900	AdventHealth Daytona Beach	Volusia	100068
10184200	10184200	10184200	Halifax Health Med Ctr	Volusia	100017
10072200	10072200	10072200	Mayo Clinic	Duval	100151
10193100	10193100	10193100	Memorial Hosp Jacksonville	Duval	100179
10193100	17391700		Memorial Hospital Jacksonville Inc.	Duval	
26002900	26002900	26002900	Northeast Florida State Hosp	Baker	104007
11174100	11174100	11174100	Orange Park Med Ctr	Clay	100226
11174100	17395300		Orange Park Medical Center	Clay	
10647000	10647000	10647000	Specialty Hosp Jacksonville	Duval	102012
9701300	9701300	9701300	St. Vent's Med Ctr - Clay County	Clay	100321
10073100	10073100	10073100	St. Vent's Med Ctr Riverside	Duval	100040
10073100	10073102		Ascension St. Vincen'ts Riverside	Duval	100040
10373000	10373000	10373000	St. Vent's Med Ctr Southside	Duval	100307
10067600	10067600	10067600	UF Health Jacksonville	Duval	100001
10067600	16916800		Shands Jacksonville Med Ctr	Duval	
10151600	10151600	10151600	All Children's Hosp	Pinellas	103300
10151600	10151603		Johns Hopkins All Childrens Hospital	Pinellas	
10372100	10372100	10372100	Baycare Alliant Hosp	Pinellas	102021
10959200	10959200	10959200	AdventHealth Dade City	Pasco	100211
10156700	10156700	10156700	Bayfront Health - St Petersburg	Pinellas	100032
10156700	1774300		Bayfront Health St. Petersburg	Pinellas	
949600	949600	949600	AdventHealth Connerton	Pasco	102026
10161300	10161300	10161300	AdventHealth North Pinellas	Pinellas	100055
10161300	10163100		AdventHealth North Pinellas	Pinellas	100055
5456800	5456800	5456800	AdventHealth Wesley Chapel	Pasco	100319
10149400	10149400	10149400	AdventHealth Zephyrhills	Pasco	100046
10175300	10175300	10175300	Encompass Rehab Hosp of Largo	Pinellas	103037
10276800	10276800	10276800	Kindred Hosp - Bay Area - St Petersburg	Pinellas	0
11974100	11974100	11974100	Largo Med Ctr	Pinellas	100248
11974100	10299300		Largo Medical Center - Indian Rocks	Pinellas	100248
12008100	12008100	12008100	Mease Countryside Hosp	Pinellas	100043
10154100	10154100	10154100	Mease Dunedin Hosp	Pinellas	100265
10552000	10552000	10552000	Med Ctr of Trinity	Pasco	100191
10158300	10158300	10158300	Morton Plant Hosp	Pinellas	100127
10150800	10150800	10150800	Morton Plant North Bay Hosp	Pasco	100063
10150800	10150801		Morton Plant North Bay Hosp	Pasco	
10552000	13923800		Medical Center of Trinity West Pasco Campus	Pasco	
3300300	21249200		The Harbor	Pasco	
3300300	3300300		The Harbor	Pasco	
11669400	11669400	11669400	North Tampa Behav Hlth	Pasco	104075
5456800	10693100		North Tampa Behav Hlth	Pasco	104075

11519300	11519300	11519300	Northside Hosp	Pinellas	100238
12011100	12011100	12011100	Palms of Pasadena Hosp	Pinellas	100126
11988100	11988100	11988100	Regional Med Ctr Bayonet Point	Pasco	100256
12022700	12022700	12022700	St Anthony's Hosp	Pinellas	100067
12010300	12010300	12010300	St. Petersburg Gen Hosp	Pinellas	100180
10260100	10260100	10260100	AdventHealth Wauchula	Hardee	101300
10090100	10090100	10090100	AdventHealth Sebring	Highlands	100109
10089700	10089700	10089700	Highlands Regional Med Ctr	Highlands	100049
11807900	11807900	11807900	Brandon Regional Hosp	Hillsborough	100243
10094300	10094300	10094300	AdventHealth Carrollwood	Hillsborough	100069
10102800	10102800	10102800	AdventHealth Tampa	Hillsborough	100173
10102800	10102809		AdventHealth Tampa	Hillsborough	100173
12032400	12032400	12032400	H. Lee Moffitt Cancer Hosp	Hillsborough	100271
12032400	12032402		H. Lee Moffitt Cancer Hosp	Hillsborough	100271
10234200	10234200	10234200	Kindred Hosp - Bay Area - Tampa	Hillsborough	102009
10230000	10230000	10230000	Kindred Hosp - Central Tampa	Hillsborough	102013
11279800	11279800	11279800	Memorial Hosp Tampa	Hillsborough	100206
2576600	2576600	2576600	Shriner's Hosp for Children	Hillsborough	103303
11994600	11994600	11994600	South Bay Hosp	Hillsborough	100259
10098600	10098600	10098600	South Florida Baptist Hosp	Hillsborough	100132
10064100	10064102		Southern Baptist Hospital of FL	Duval	
10098600	950358		South Florida Baptist Hosp	Hillsborough	100132
10097802	10097800	10097800	St. Josephs Hosp	Hillsborough	100075
11984900	11984900	11984900	Tampa Community Hosp	Hillsborough	100255
10099400	10099400	10099400	Tampa General Hosp	Hillsborough	100128
10099400	10099415		Tampa General Hospital	Hillsborough	
11021300	11021300	11021300	Blake Med Ctr	Manatee	100213
10342000	10342000	10342000	Lakewood Ranch Med Ctr	Manatee	100299
10116800	10116800	10116800	Manatee Memorial Hosp	Manatee	100035
10116800	5048700		Manatee Memorial Hosp	Manatee	
12041300	12041300	12041300	Bartow Regional Med Ctr	Polk	100121
10228800	10228800	10228800	Advent Health Heart of Florida	Polk	100137
10166400	10166400	10166400	AdventHealth Lake Wales Med Ctr	Polk	100099
10164800	10164800	10164800	Lakeland Regional Med Ctr	Polk	100157
10169900	10169900	10169900	Winter Haven Hosp	Polk	100052
10169900	10169903		Winter Haven Hosp	Polk	
10009900	10009900	10009900	Cape Canaveral Hosp	Brevard	100177
10178800	10178800	10178800	Central Florida Regional Hosp	Seminole	100161
10129000	10129000	10129000	AdventHealth Orlando	Orange	100007
10129000	10129001		Florida Hospital Medical Center	Orange	
10129000	10129004		Adventist Health System Sunbelt, Inc.	Orange	
10135400	10135400	10135400	Health Central	Orange	100030
12042100	12042100	12042100	Encompass Sea Pines Rehab Hosp	Brevard	103034
10008100	10008100	10008100	Holmes Regional Med Ctr	Brevard	100019
1681500	1681500	1681500	Kindred Hosp - Melbourne	Brevard	102027
4087600	4087600	4087600	Nemours Children's Hosp	Orange	103304
10133800	10133800	10133800	Orlando Health	Orange	100006
10138900	10138900	10138900	Osceola Regional Med Ctr	Osceola	100110
109707000	109707000	109707000	HCA UCF Lake Nona	Orange	
3297500	3297500	3297500	Palm Bay Hosp	Brevard	100316
10010200	10010200	10010200	Parrish Med Ctr	Brevard	100028
9268300	9268300	9268300	Poinciana Med Ctr	Osceola	100320
10346200	10346200	10346200	St. Cloud Regional Med Ctr	Osceola	100302
3158800	3158800	3158800	Viera Hosp	Brevard	100315
10320900	10320900	10320900	Wuesthoff Med Ctr - Melbourne	Brevard	100291

10011100	10011100	10011100	Wuesthoff Med Ctr - Rockledge	Brevard	100092
10011100	21469200		Steward Rockledge Hospital	Brevard	
10028500		10028500	Bayfront Health Port Charlotte	Charlotte	100077
10027700	10027700	10027700	Bayfront Health Punta Gorda	Charlotte	100047
10027700	10027702		Riverside Behavior Cntr	Charlotte	
11971700	11971700	11971700	Cape Coral Hosp	Lee	100244
10192300	10192300	10192300	Desoto Memorial Hosp	Desoto	100175
11995400	11995400	11995400	Doctors Hosp of Sarasota	Sarasota	100166
10253900	10253900	10253900	Eglewood Community Hosp	Sarasota	100267
11746300	11746300	11746300	Fawcett Memorial Hosp	Charlotte	100236
11134100	11134100	11134100	Gulf Coast Med Ctr Lee Memorial Hlth Sys	Lee	100220
12038300	12038300	12038300	Encompass Rehab Hosp of Sarasota	Sarasota	103031
10086200	10086200	10086200	Hendry Regional Med Ctr	Hendry	101309
10086200	253668401		Hendry Regional Medical Center	Hendry	101309
10110900		10110900	Lee Memorial Hosp	Lee	100012
10110900	16917000		LMHS Rehab Hospital	Lee	100012
10111700	10111700	10111700	Lehigh Regional Med Ctr	Lee	100107
10031500	10031500	10031500	Naples Community Hosp	Collier	100018
10031500	1291384		Naples Community Hospital *Vtnf*	Collier	100018
104063	104063	104063	The Willough at Naples	Collier	104063
16551100	10457100	10457100	Park Royal Hosp	Lee	104074
10314400	10314400	10314400	Physicians Regional Med Ctr - Pine Ridge	Collier	100286
10314400	10314401		Physicians Regional Med Ctr - Pine Ridge	Collier	100286
10176100	10176100	10176100	Sarasota Memorial Hosp	Sarasota	100087
11973300	11973300	11973300	Venice Regional Med Ctr	Sarasota	100070
10140100	10140100	10140100	Bethesda Hosp East	Palm Beach	100002
10140100	10140107		Bethesda Hosp East	Palm Beach	
10141900	10141900	10141900	Boca Raton Regional Hosp	Palm Beach	100168
12009000	12009000	12009000	Delray Med Ctr	Palm Beach	100258
10152400	10152400	10152400	Good Samaritan Med Ctr	Palm Beach	100287
12034100	12034100	12034100	Encompass Treasure Coast Rehab Hosp	Indian River	103032
10104400	10104400	10104400	Indian River Med Ctr	Indian River	100105
10146000	10146000	10146000	JFK Med Ctr	Palm Beach	100080
10146000	12030800		JFK Medical Center North Campus	Palm Beach	
10146000	1666086		JFK Med Ctr	Palm Beach	
10146000	2266939		JFK Medical Center North Campus	Palm Beach	
12029400	12029400	12029400	Jupiter Med Ctr	Palm Beach	100253
417000	417000	417000	Kindred Hosp - The Palm Beaches	Palm Beach	102025
417000	107352700	107352700	Kindred Hosp - The Palm Beaches	Palm Beach	
10144300	10144300	10144300	Lakeside Med Ctr	Palm Beach	100130
11969500	11969500	11969500	Lawnwood Regional Med Ctr & Heart Inst	St. Lucie	100246
11997100	17371000		HCA Health Services of Florida, Inc.	St. Lucie	
10118400	10118400	10118400	Martin Med Ctr	Martin	100044
10118400	259307600		Martin Memorial Medical Center	Martin	100044
10210500	10210500	10210500	Palm Beach Gardens Med Ctr	Palm Beach	100176
12026000	12026000	12026000	Palms West Hosp	Palm Beach	100289
12026000	1555302		Palms West Hosp	Palm Beach	
11975000	11975000	11975000	Raulerson Hosp	Okeechobee	100252
12001400	12001400	12001400	Sebastian Med Ctr	Indian River	100217
10148600	10148600	10148600	St Mary's Med Ctr	Palm Beach	100288
10148600	10148601		St Mary's Med Ctr	Palm Beach	
11997100	11997100	11997100	St.Lucie Med Ctr	St. Lucie	100260
10213000	10213000	10213000	Wellington Regional Med Ctr	Palm Beach	100275
12024300	12024300	12024300	West Boca Med Ctr	Palm Beach	100268
12024300	1068657		West Boca Medical Center	Palm Beach	100268

12040500	12040500	12040500	Broward Health Coral Springs	Broward	100276
10821900	10821900	10821900	Broward Health Imperial Point	Broward	100200
10821900	10821905		Broward General Hospital	Broward	100200
10012900	10012900	10012900	Broward Health Med Ctr	Broward	100039
10021800	10021800	10021800	Broward Health North	Broward	100086
10021800	10021803		Broward Health North	Broward	100086
10012900	582949		Broward Health Medical Center	Broward	100086
10012900	10012905		Broward General Medical Center - Phych	Broward	100086
10220200	10220200	10220200	Cleveland Clinic Hosp	Broward	100289
12027800	12027800	12027800	Encompass Sunrise Rehab Hosp	Broward	103028
10018800	10018800	10018800	Holy Cross Hosp	Broward	100073
10019600	10019600	10019600	Kindred Hosp - So FL - Ft. Lauderdale	Broward	102010
10191500	10191500	10191500	Kindred Hosp - So FL - Hollywood	Broward	0
10191500	19596400		Kindred Hospital Hollywood Sau	Broward	0
29582516	29582516		Florida Palms Academy	Broward	0
10345400	10345400	10345400	Memorial Hosp Miramar	Broward	100285
10222900	10222900	10222900	Memorial Hosp Pembroke	Broward	100230
10252100	10252100	10252100	Memorial Hosp West	Broward	100281
10020000	10020000	10020000	Memorial Regional Hosp	Broward	100038
10459100	10459100	10459100	Northwest Med Ctr	Broward	100189
12000600	12000600	12000600	Plantation General Hosp	Broward	100167
26004500	26004500	26004500	South Florida State Hosp	Broward	
10240700	10240700	10240700	St. Anthony's Rehab Hosp	Broward	0
11280100	11280100	11280100	University Hosp And Med Ctr	Broward	100224
11230500	11230500	11230500	Westside Regional Med Ctr	Broward	100228
12037500	12037500	12037500	Aventura Hosp And Med Ctr	Miami-Dade	100131
12037500	15433800		East Florida Division Inc. (HCA BH Facilities)	Miami-Dade	
10035800	10035800	10035800	Baptist Hosp of Miami	Miami-Dade	100008
10058700	17172200		Baptist Health Medical Plaza at Brickell	Miami-Dade	
10960600	10960600	10960600	Coral Gables Hosp	Miami-Dade	100183
10120600	10120600	10120600	Fishermen's Hosp	Monroe	101312
10270900	10270900	10270900	Encompass Rehab Hosp of Miami	Miami-Dade	103038
10041200	10041200	10041200	Hialeah Hosp	Miami-Dade	100053
10226100	10226100	10226100	Homestead Hosp	Miami-Dade	100125
10042100	10042100	10042100	Jackson Memorial Hosp	Miami-Dade	100022
12013800	12013800	12013800	Kendall Regional Med Ctr	Miami-Dade	100209
12013800	12813800		Kendall Regional Medical Center	Miami-Dade	
11993800	11993800	11993800	Kindred Hosp - So FL - Coral Gables	Miami-Dade	0
12005700	12005700	12005700	Larkin Community Hosp	Miami-Dade	100181
10053600	10053600	10053600	Larkin Community Hosp Palm Springs	Miami-Dade	100050
10119200	10119200	10119200	Lower Keys Med Ctr	Monroe	100150
10119200	10119201		Lower Keys Med Ctr	Monroe	100150
10121400	10121400	10121400	Mariners Hosp	Monroe	101313
10046300	10046300	10046300	Mount Sinai Med Ctr	Miami-Dade	100034
10046300	7175900		Mount Sinai Med Ctr	Miami-Dade	100034
10046300	17168800		Mount Sinai Med Ctr	Miami-Dade	100034
10060900	10060900	10060900	Nicklaus Children's Hosp	Miami-Dade	103301
10049800	10049800	10049800	North Shore Med Ctr	Miami-Dade	100029
10049800	10049807		Florida Medical Center A Campus of North Shore	Miami-Dade	
10049800	618548		Florida Medical Center A Campus Of North	Miami-Dade	
10460400	10460400	10460400	Palmetto General Hosp	Miami-Dade	100187
10460400	1927444		Palmetto General Hosp	Miami-Dade	100187
10058700	10058700	10058700	South Miami Hosp	Miami-Dade	100154
12002200	12002200	12002200	St Catherine's Rehab Hosp	Miami-Dade	103026
10047100	10047100	10047100	University of Miami Hosp And Clinics	Miami-Dade	100079

3226500	3226500	3226500	West Kendall Baptist Hosp	Miami-Dade	100314
10170200	10170200	10170200	West Gables Rehab Hosp	Miami-Dade	103036
10271700	10271700	10271700	Brooks Rehabilitation Hospital	Duval	103039
17079000	17079000	17079000	Central Florida Behavioral Hospital	Orange	104072
17079000	105087900		Central Florida Behavioral Hospital	Orange	0
17079000	1049900		Central Florida Behavioral Hospital	Orange	0
17079000	17138100		Central Florida Behavioral Hospital	Orange	0
17707300	17707300	17707300	Community Health of South Florida Inc	Miami-Dade	0
17738500	17738500	17738500	David Lawrence Center	Collier	0
10354300	10354300	10354300	Doctors Hospital	Miami-Dade	100296
10277600	10277600	10277600	Douglas Gardens Hospital	Miami-Dade	100277
10357800	10357800	10357800	Fort Lauderdale Hospital	Broward	104026
10357800	7648100		Fort Lauderdale Hospital	Broward	0
10042100	10042102	17400900	Jackson North Medical Center	Miami-Dade	100022
10042100	10042136		Jackson South Medical Center	Miami-Dade	0
10042100	4821000		PHT JMH Inpatient Psych Unit	Miami-Dade	0
10042100	14818200		PHT Jackson Memorial Hospital	Miami-Dade	0
10042146	10042146		Phrosie Lee Wesley	Miami-Dade	0
10042100	10042127		Jefferson Reaves Health Center	Miami-Dade	0
10042100	10042134		PHT Rafaela Penalver Clinic	Miami-Dade	0
10042139	10042139		PHT JMH Inpatient Psych Unit	Miami-Dade	0
10042100	16205800		PHT JMH Inpatient Rehab Unit	Miami-Dade	0
10042100	10042149		UHEALTH at Jackson Urgent Care Arch Creek	Miami-Dade	0
10042100	10042150		Public Health Trust of Miami-Dade County Florida DBA UHEALTH	Miami-Dade	0
10042100	10042154		Public Health Trust of Miami-Dade County Florida DBA UHEALTH	Miami-Dade	0
10042100	14042200		PHT North Dade Health Center	Miami-Dade	0
10042100	10042142		Prevention Education Treatment Pet Center	Miami-Dade	0
16431100	16431100	16431100	Landmark Hospital of Southwest Florida	Collier	102032
17634500	17634500	17634500	Mental Health Care, Inc.	Hillsborough	0
12000601	12000601	9728200	Mercy Hospital	Miami-Dade	100061
13968500	13968500	13968500	Miami Gardens Dialysis	Miami-Dade	102839
10012900	10012901	18288800	North Broward Hospital District	Broward	100039
21094100	21094100	21094100	Oviedo Medical Center	Seminole	100329
16551100	16551100	16551100	Park Royal Hospital	Lee	104074
17662800	17662800	17662800	Peace River Center	Polk	0
10074900	10074902	10074902	Gulf Breeze Hospital	Santa Rosa	100266
4805200	4805200	4805200	Port St. Lucie Hospital	St. Lucie	104070
4805200	110565400		Port St. Lucie Hospital	St. Lucie	0
24058800	24058800	24058800	River Point Behavioral Health	Duval	104016
24058800	23766500		River Point Behavioral Health	Duval	0
24058800	160001000		River Point Behavioral Health	Duval	0
24058800	107799900		River Point Behavioral Health	Duval	0
17706400	17706400	17706400	Sma Behavioral Health Services	Volusia	0
16552600	16552600	16552600	Springbrook Hospital	Hernando	104057
16552600	110544900		Springbrook Hospital *Hospital*	Hernando	0
16552600	4819100		Springbrook Hospital	Hernando	0
16972100	16972100	16972100	St John's Rehabilitation Hospital	Broward	103027
10097802	10097802	10097802	St. Joseph's Hospital	Hillsborough	100075
10097802	10097806		St. Joseph's Hospital	Hillsborough	0
10097802	1219956		St. Joseph's Hospital	Hillsborough	0
104784700	13556900	16924000	Suncoast Behavioral Health Center	Manatee	104078
104784700	110265500		Suncoast Behavioral Health Center	Manatee	0

16924000	104784700		Premier Behavioral Solutions of Florida, Inc. dba Palm Shores Behavioral Health Center	Manatee	0
70565916	70565916		Palm Shores Behavioral Health Center	Manatee	0
16684400	16684400	16684400	The Jerome Golden Center For Behavioral Health	Palm Beach	104008
8589300	8589300	8589300	Wekiva Springs Center	Duval	104069
8589300	8138200		Wekiva Springs Center	Duval	0
8589300	15006700		Wekiva Springs Center	Duval	0
10062500	10062500	10062500	Westchester General Hospital	Miami-Dade	100284
10823300	10823300	10823300	Windmoor Healthcare of Clearwater	Pinellas	104017
10823300	7649500		Windmoor Healthcare of Clearwater	Pinellas	0
10823300	889400		Windmoor Healthcare Inc	Pinellas	0
10064100	10064107	10064106	Baptist Emergency Center Oakleaf	Duval	100088
9587500	9587500	9587500	Encompass Health Rehab Hospital an Affiliate of Martin Health	Martin	103044
14235500	14235500	14235500	Encompass Health Rehabilitation Hospital of Altamonte Springs	Seminole	103045
8369200	8369200	8369200	Encompass Health Rehabilitation Hospital of Ocala	Marion	103043
10355100	10355100	10355100	Encompass Health Rehabilitation Hospital of Spring Hill	Hernando	103042
10267900	10267900	10267900	Kindred Hospital-North Florida	Clay	102015
10356000	10356000	10356000	PAM Specialty Hospital of Sarasota	Sarasota	102018
16486300	16486300	16486300	Select Specialty Hospital - Daytona Beach	Volusia	102030
13854800	13854800	13854800	Select Specialty Hospital - Fort Myers	Lee	102029
10377200	10377200	10377200	Select Specialty Hospital - Gainesville	Alachua	102022
10337300	10337300	10337300	Select Specialty Hospital - Miami	Miami-Dade	102001
19556500	19556500	19556500	Select Specialty Hospital - Miami Lakes	Miami-Dade	102031
10339000	10339000	10339000	Select Specialty Hospital - Orlando (North Campus)	Orange	102003
10376400	10376400	10376400	Select Specialty Hospital - Palm Beach	Palm Beach	102023
10368300	10368300	10368300	Select Specialty Hospital - Pensacola	Escambia	102024
10374800	10374800	10374800	Select Specialty Hospital - Tallahassee	Leon	102020
13800200	13800200	13800200	Select Specialty Hospital -The Villages Inc	Sumter	102028
105750000	8135300	8135300	Emerald Coast Behav Hosp	Bay	104073
10060900	10060930		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	4824700		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	10060924		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	10060925		Hialeah Outpatient Center	Miami-Dade	103301
10060900	10060926		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	10060928		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	10060934		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	10060931		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	10060933		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	10060935		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	10060929		Nicklaus Children's Hosp	Miami-Dade	103301
10060900	10060932		Nicklaus Children's Hosp	Miami-Dade	103301
10087100	10087101	10087101	Bayfront Health Spring Hill	Hernando	100071
10343800	10343800	10343800	SSH - Panama City	Bay	102017
16911900	16911900	16911900	Eastside Psych Hosp	Leon	104059
16949600	16949600	16949600	Southern Winds Health	Miami-Dade	104049
10170200	3387400	3387400	West Gables Rehab Hosp	Miami-Dade	103036
16552300	16552300	16552300	Circles of Care	Brevard	104024
101334000	101334000	101334000	Palm Point Behavioral Health	Brevard	104082
101334000	110284400		Palm Point Behavioral Health LLC	Brevard	
22041500	22041500	22041500	Coral Shores Behavioral Health	Martin	104080
70694917	70694917	70694917	Sandy Pines	Martin	104064
17078300	17078300	17078300	Aspire Health Partners	Orange	104067
17078300	108981200		Aspire Health Partners	Orange	
360086617	8135900	8135900	University Behav Ctr	Orange	104076

360086617	360086617	360086617	University Behav Ctr	Orange	104076
160000100	160000100	160000100	Ocala Behavioral Health LLC dba The Vines Hospital	Marion	104071
160000100	7648700	7648700	Vines Hospital	Marion	104071
160000100	17009100	17009100	Vines Hospital	Marion	104071
10064100	10064104		Baptist Emergency Town Center	Duval	0
15775700	15775700	15775700	Larkin Community Hosp Behav	Broward	104079
105531100	105531100	105531100	HH UF Health Medical Ctr Of Deltona	Volusia	100330
104018	104018	104018	LifeStream Hospital	Lake	104018
10357800	114037400	114037400	*Yctv* Fort Lauderdale Behavioral He	Broward	104026
10959200	109592	109592	ADVENTHEALTH DADE CITY	Pasco	100211
10186900	216403	216403	ADVENTHEALTH DAYTONA BEACH	Volusia	100068
10228800	8648	8648	ADVENTHEALTH HEART OF FLORIDA	Polk	100137
10129000	17273000	17273000	ADVENTHEALTH KISSIMMEE	Orange	100007
10117600	00Q020415	00Q020415	ADVENTHEALTH OCALA	Marion	100062
10129000	101290	101290	ADVENTHEALTH ORLANDO	Orange	100007
10102800	101028	101028	ADVENTHEALTH TAMPA	Hillsborough	100173
10260100	2954700	2954700	ADVENTHEALTH WAUCHULA	Hardee	101300
10149400	101494	101494	ADVENTHEALTH ZEPHYRHILLS	Pasco	100046
10151600	958462	958462	ALL CHILDRENS HOSPITAL INC	Pinellas	103300
16911900	4821900	4821900	Apalachee Center, Inc.	Leon	104059
10133800	722066	722066	ARNOLD PALMER HOSPITAL FOR CHILDREN INC	Orange	100006
10076500	910356	910356	ASCENSION SACRED HEART PENSACOLA	Escambia	100025
10076500	420023300	420023300	Ascension Sacred Heart Pensacola*Yse	Escambia	100025
10073100	59720506	59720506	ASCENSION ST VINCENTS RIVERSIDE	Duval	100040
17078300	11030400	11030400	ASPIRE HEALTH PARTNERS INC	Orange	104067
17078300	60379101	60379101	ASPIRE HEALTH PARTNERS INC HOSP	Orange	104067
11280100	4781601	4781601	Atrium Health Lincoln	Broward	100224
10064100	10064103	10064103	BAPTIST CLAY	Duval	100088
10035800	2886377	2886377	BAPTIST HOSPITAL OF MIAMI	Miami-Dade	100008
10232600	102326	102326	BAPTIST MEDICAL CENTER - BEACHES INC	Duval	100117
10064100	16701600	16701600	BAPTIST MEDICAL CENTER INC	Duval	100088
10123100	101231	101231	BAPTIST MEDICAL CENTER NASSAU	Nassau	100140
10140100	101140100	101140100	BETHESDA HOSPITAL WEST	Palm Beach	100002
10141900	75233380	75233380	BOCA RATON REGIONAL HOSPITAL	Palm Beach	100168
10012900	5030500	5030500	BROWARD GENERAL MEDICAL CENTER INC	Broward	100039
10012900	60624736	60624736	BROWARD GENERAL MEDICAL CENTER INC	Broward	100039
10009900	1907212	1907212	CAPE CANAVERAL HOSPITAL INC	Brevard	100177
10027700	11002770	11002770	CHARLOTTE REGIONAL MED CTR INC	Charlotte	100047
16552300	60291400	60291400	Circles of Care	Brevard	104024
16552300	60291408	60291408	CIRCLES OF CARE	Brevard	104024
16552300	113484600	113484600	Circles Of Care*Hospital*	Brevard	104024
10220200	768616	768616	CLEVELAND CLINIC FLORIDA HEALTH SYSTEM	Broward	100289
11280100	112602200	112602200	DAVIE MEDICAL CENTER, LLC	Broward	100224
12009000	15555100	15555100	Delray Medical Center Inc	Palm Beach	100258
10192300	193000360	193000360	DESOTO MEMORIAL HOSPITAL	Desoto	100175
10354300	79206590	79206590	DOCTORS HOSPITAL	Miami-Dade	100296
16911900	110718500	110718500	Eastside Psychiatric Hospital*Sscz*	Leon	104059
105750000	113585200	113585200	Emerald Coast Behavioral Hospital LI	Bay	104073
105750000	105750000	105750000	Emerald Coast Behavioral Hospital LI	Bay	104073
10171100	273892900	273892900	FLAGLER HOSPITAL INC	St. Johns	100090
10049800	9657800	9657800	FLORIDA HOSP MED CENTER	Miami-Dade	100029
5456800	218632	218632	FLORIDA HOSP WESLEY CHAPEL	Pasco	100319
10171100	5337662	5337662	FLORIDA HOSPITAL FLAGLER	St. Johns	100090
10357800	10822800	10822800	FORT LAUDERDALE HOSPITAL	Broward	104026
10357800	112756500	112756500	FORT LAUDERDALE HOSPITAL, INC	Broward	104026

10080300	5482800	5482800	George E Weems Memorial Hospital	Franklin	101305
10184200	0101842-0	0101842-0	HALIFAX HEALTH	Volusia	100017
3300300	24442600	24442600	HARBOR	Pasco	0
11988100	30951	30951	HCA FLORIDA BAYONET POINT HOSPITAL	Pasco	100256
11021300	16932900	16932900	HCA FLORIDA BLAKE HOSPITAL	Manatee	100213
11132500	10703460	10703460	HCA FLORIDA DESTIN-FORT WALTON HOSPITAL	Okaloosa	100223
10089700	96940160	96940160	HCA FLORIDA HIGHLANDS HOSPITAL	Highlands	100049
10146000	3305144	3305144	HCA FLORIDA JFK HOSPITAL	Palm Beach	100080
10146000	90571827	90571827	HCA FLORIDA JFK NORTH HOSPITAL	Palm Beach	100080
12000601	16488200	16488200	HCA FLORIDA MERCY HOSPITAL	Miami-Dade	100061
10146000	84176601	84176601	HCA FLORIDA NORTH FLORIDA HOSPITAL	Palm Beach	100080
11280100	4835900	4835900	HCA FLORIDA WOODMONT HOSPITAL	Broward	100224
10188500	38030000	38030000	Healthmark Regional Medical Center *	Walton	100081
10008100	4418162	4418162	HOLMES REGIONAL MEDICAL CENTER	Brevard	100019
10821900	4812600	4812600	IMPERIAL POINT MED CTR INC	Broward	100200
10106100	660233900	660233900	Jackson Hospital "Ryfu"	Jackson	100142
10042100	10042101	10042101	Jackson Memorial Hospital *Par Ho	Miami-Dade	100022
10042100	109041400	109041400	JACKSON WEST MEDICAL CENTER	Miami-Dade	100022
10146000	17392000	17392000	Jfk Medical Center	Palm Beach	100080
12029400	3040607	3040607	JUPITER MEDICAL CENTER INC	Palm Beach	100253
12013800	17391400	17391400	Kendall Medical Center-Psychiatric U	Miami-Dade	100209
12013800	920004	920004	KENDALL REGIONAL MEDICAL CENTER	Miami-Dade	100209
10019600	112989700	112989700	Kindred Hospital - Ft Lauderdale	Broward	102010
10191500	113005800	113005800	Kindred Hospital - Hollywood	Broward	0
10822700	10822701	10822701	Lake Butler Hospital "Hospital Wkht"	Union	101303
10822700	131662160	131662160	LAKE BUTLER HOSPITAL HAND SURGERY CTR	Union	101303
17078300	11030401	11030401	LAKESIDE BEHAVIORAL HLTHCR	Orange	104067
17078300	60379100	60379100	LAKESIDE BEHAVIORAL HLTHCR	Orange	104067
12005700	3802000	3802000	Larkin Community Hospital	Miami-Dade	100181
15775700	129449160	129449160	LCH PALM SPRINGS CAMPUS	Broward	104079
11134100	5850500	5850500	LEE MEMORIAL HOSPITAL	Lee	100220
10107900	10038100	10038100	LEESBURG REGIONAL MEDICAL CTR	Lake	100084
10111700	24570900	24570900	LEHIGH REGIONAL MEDICAL CENTER	Lee	100107
104018	4814700	4814700	LIFESTREAM BEHAVIORAL CENTER	Lake	104018
104018	11792500	11792500	LIFESTREAM BEHAVIORAL CENTER	Lake	104018
104018	17150700	17150700	LIFESTREAM BEHAVIORAL CENTER	Lake	104018
104018	60334108	60334108	LIFESTREAM BEHAVIORAL CENTER	Lake	104018
104018	60334100	60334100	LIFESTREAM BEHAVIORAL CENTER INC	Lake	104018
104018	112815000	112815000	Lifestream Behavioral Center, Inc *H	Lake	104018
10118400	961425	961425	MARTIN MEDICAL CENTER	Martin	100044
12008100	693558	693558	MEASE COUNTRYSIDE HOSPITAL INC	Pinellas	100043
10154100	1766316	1766316	MEASE DUNEDIN HOSPITAL	Pinellas	100265
10222900	53054960	53054960	MEMORIAL HOSPITAL PEMBROKE	Broward	100230
10222900	38184569	38184569	Memorial Hospital Pembroke "Ho 10634	Broward	100230
10252100	911039	911039	MEMORIAL HOSPITAL WEST	Broward	100281
10252100	38184566	38184566	Memorial Hospital West "Ho*Eqrr"	Broward	100281
10020000	9173580	9173580	Memorial Regional Hospital	Broward	100038
10020000	73151009	73151009	MEMORIAL REGIONAL HOSPITAL	Broward	100038
12000601	17070100	17070100	MERCY HOSPITAL CAMPUS OF PGH	Miami-Dade	100061
10150800	80665100	80665100	MORTON PLANT HOSPITAL INC	Pasco	100063
10046300	5138161	5138161	MOUNT SINAI MED CTR/MIAMI HEART INC	Miami-Dade	100034
10046300	10046322	10046322	MT SINAI MEDICAL CENTER HOSPITAL	Miami-Dade	100034
10060900	4596700	4596700	NICKLAUS CHILDRENS HOSPITAL	Miami-Dade	103301
10060900	4597200	4597200	NICKLAUS CHILDRENS HOSPITAL	Miami-Dade	103301
10060900	4597600	4597600	NICKLAUS CHILDRENS HOSPITAL	Miami-Dade	103301

10060900	19423700	19423700	NICKLAUS CHILDRENS HOSPITAL	Miami-Dade	103301
10060900	371604009	371604009	NICKLAUS CHILDRENS HOSPITAL	Miami-Dade	103301
10862600	17420100	17420100	North Florida Regional Medical Cente	Alachua	100204
10190700	20282700	20282700	NORTHWEST FLORIDA CMMNTY HSP	Washington	101308
160000100	21894300	21894300	OCALA BEHAVIORAL HEALTH, LLC	Marion	104071
10108700	101087	101087	ORLANDO HEALTH CANCER INSTITUTE	Lake	100051
10133800	400100100	400100100	ORLANDO HEALTH DR P PHILLIPS HOSP	Orange	100006
10133800	53482506	53482506	ORLANDO HEALTH SOUTH LAKE HOSPITAL	Orange	100006
10138900	111111111	111111111	OSCEOLA REGIONAL HOSPITAL INC	Osceola	100110

10210500	600212	600212	PALM BEACH GARDENS MED CENTER	Palm Beach	100176
16551100	111987900	111987900	PARK ROYAL HOSPITAL	Lee	104074
10010200	7835300	7835300	PARRISH MEDICAL CENTER	Brevard	100028
17662800	60310416	60310416	PEACE RIVER CENTER	Polk	0
17662800	103255300	103255300	PEACE RIVER CENTER	Polk	0
17662800	60310422	60310422	Peace River Center *Clinic 182109776	Polk	0
4805200	2283100	2283100	PORT ST LUCIE HOSPITAL	St. Lucie	104070
16924000	16924000	16924000	PREMIER BEHAVIORAL HEALTH OF FLORIDA	Manatee	0
16924000	113073700	113073700	PREMIER BEHAVIORAL SOLUTIONS OF FL	Manatee	0
10042100	8684600	8684600	PUBLIC HEALTH TRUST OF MIAMI DADE COUNTY FLORIDA	Miami-Dade	100022
24058800	75144816	75144816	RIVER POINT BEHAVIORAL HEALTH LLC	Duval	104016
10042146	10042119	10042119	ROSIE LEE WESLEY HEALTH CENTER	Miami-Dade	0
70694917	697493	697493	SANDY PINES	Martin	104064
11995400	16125900	16125900	SARASOTA DOCTORS HOSPITAL	Sarasota	100166
10176100	112556100	112556100	SARASOTA MEMORIAL HOSPI TAL - VENICE	Sarasota	100087
10003000	25834	25834	SHANDS AT THE UNIVERSITY OF FL INC	Alachua	100113
10067600	427198	427198	SHANDS JACKSONVILLE MED CTR	Duval	100001
10067600	779100	779100	SHANDS JACKSONVILLE MED CTR	Duval	100001
10067600	10067608	10067608	Shands Jacksonville Medical Center I	Duval	100001
10003000	87951700	87951700	Shands Teaching Hospital And Clinics	Alachua	100113
17706400	60311200	60311200	SMA Behavioral Health Services Inc*C	Volusia	0
17706400	4804000	4804000	SMA HEALTHCARE INC	Volusia	0
17706400	111751400	111751400	SMA HEALTHCARE INC	Volusia	0
10087100	324214101	324214101	SPRING HILL REGIONAL HOSPITAL LLC	Hernando	100071
16552600	2461600	2461600	SPRINGBROOK HOSPITAL	Hernando	104057
10097802	1555348	1555348	ST JOSEPHS HOSPITAL	Hillsborough	100075
10097802	3022548	3022548	ST JOSEPHS WOMENS HOSPITAL	Hillsborough	100075
10148600	16552700	16552700	ST. MARY'S MEDICAL CENTER, INC	Palm Beach	100288
10960600	13420161	13420161	STEWART CORAL GABLES HOSPITAL	Miami-Dade	100183
10049800	714159	714159	STEWART FLORIDA MEDICAL CENTER	Miami-Dade	100029
10460400	8686300	8686300	STEWART PALMETTO GENERAL HOSPITAL	Miami-Dade	100187
10460400	46558560	46558560	STEWART PALMETTO GENERAL HOSPITAL	Miami-Dade	100187
10113300	375270417	375270417	TALLAHASSEE MEMORIAL BEHAVIORAL HLT	Leon	100135
10113300	1736686	1736686	TALLAHASSEE MEMORIAL HEALTHCARE	Leon	100135
10099400	10099431	10099431	Tampa General Hospital *FI Par Hospi	Hillsborough	100128
10099400	10099414	10099414	Tampa General Medical Group Fcc Heal	Hillsborough	100128
10161300	10161303	10161303	TARPON SPRINGS HOSPITAL	Pinellas	100055
11669400	112097000	112097000	TEN BROECK TAMPA LLC	Pasco	104075
10151600	90521600	90521600	The Johns Hopkins Hospital	Pinellas	103300
10552000	108868400	108868400	Trinity Hospitals 1	Pasco	100191
10042100	10042151	10042151	UHEALTH AT JACKSON URGENT CARE NORTH DADE	Miami-Dade	100022
360086617	360086600	360086600	UNIVERSITY BEHAVIORAL	Orange	104076

360086617	360086616	360086616 UNIVERSITY BEHAVIORAL	Orange	104076	
160000100	5117900	5117900 VINES HOSPITAL	Marion	104071	
160000100	15006400	15006400 VINES HOSPITAL	Marion	104071	
8589300	1086700	1086700 WEKIVA SPRINGS CENTER	Duval	104069	
8589300	111018200	111018200 WEKIVA SPRINGS CENTER	Duval	104069	
3226500	62806961	62806961 WEST KENDALL BAPTIST HOSPITAL	Miami-Dade	100314	
10062500	16901300	16901300 WESTCHESTER GENERAL HOSPITAL	Miami-Dade	100284	
104063	558190	558190 WILLOUGH AT NAPLES	Collier	104063	
104063	109365100	109365100 Willough Healthcare, Inc	Collier	104063	
10823300	15006800	15006800 WINDMOOR HEALTHCARE OF CLEARWATER	Pinellas	104017	
10169900	17395500	17395500 WINTER HAVEN HOSPITAL INC	Polk	100052	
10169900	60611100	60611100 WINTER HAVEN HOSPITAL INC	Polk	100052	
10169900	91226589	91226589 WINTER HAVEN HOSPITAL INC	Polk	100052	
10064106	100641	100641 WOLFSON CHILDRENS HOSPITAL	Duval	0	
104081	104081	104081 The Blackberry Center	Osceola	104081	
103449400	103449400	103449400 UF Health Rehab Hospital	Alachua		103046

RE: RE: (Review by 1pm 4/8) Hold Harmless CIB

From: "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
To: "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>
Cc: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>, "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>
Date: Fri, 05 Apr 2024 19:39:01 +0000

Thanks, Henry. Have a great weekend, all.

From: Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>
Sent: Friday, April 5, 2024 3:31 PM
To: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Subject: (Review by 1pm 4/8) Hold Harmless CIB

Hi Rory-

The team has addressed OGC and OL comments on the Non-Enforcement CIB, Q+As, and the reactive. Clean versions are due to OCD by Monday 4/8. **Please review by 1pm Monday 4/8** and let us know if you have any questions or would like to discuss.

Please note the reactive includes two comments where we're seeking your feedback. In both instances, we highlight 'defer to Rory' in our comment.

Links for review:

[Working version of the CIB:](#)
[Reactive](#)
[Q+As](#)

Canceled: Canceled: Ohio Postpartum Benefits

Where: <https://cms.zoomgov.com/j> (b)(6)
When: Tue Jun 25 20:30:00 2024 +00:00
Until: Tue Jun 25 21:00:00 2024 +00:00
Organisers "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
Required Attendees: "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
patrick.beatty@medicaid.ohio.gov
"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
"Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>
"Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>
"Jensen, Kirsten (CMS/CMCS)" <kirsten.jensen@cms.hhs.gov>
"Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>
"Tisdale, Ryan (CMS/CMCS)" <ryan.tisdale@cms.hhs.gov>
"Gaskins, Sheri (CMS/CMCS)" <sheri.gaskins@cms.hhs.gov>
"Cantwell, Kenya (CMS/CMCS)" <kenya.cantwell@cms.hhs.gov>
"Covello, Jan (CMS/CMCS)" <jan.covello@cms.hhs.gov>
"Patrick.Beatty@medicaid.ohio.gov" <patrick.beatty@medicaid.ohio.gov>
Attachments: Ohio's Postpartum Proxy Methodology (1.39 MB)

Ohio's Postpartum Proxy Methodology

From: "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
To: maureen.corcoran@medicaid.ohio.gov
Cc: patrick.beatty@medicaid.ohio.gov, "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Jensen, Kirsten (CMS/CMCS)" <kirsten.jensen@cms.hhs.gov>, "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>
Date: Wed, 08 May 2024 17:08:59 +0000
Attachments: OH 22 0021 Postpartum FMAP Approval Package OFFICIAL.pdf (1.24 MB)

Dear Ms. Corcoran,

I am reaching out regarding Ohio's postpartum proxy methodology SPA which was approved on 9/21/22, which allows Ohio to claim adult group Federal Medical Assistance Percentage for a portion of the individuals receiving 12-month postpartum coverage.

As you may be aware, there are certain benefits requirements that individuals must receive in order to claim adult group match. In our SHO# 21-007 RE: *Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP)*, we stated, "Under current law, states can claim the newly eligible FMAP for individuals if (1) the individual is eligible for the adult group under 42 C.F.R. § 435.119; (2) the individual is newly eligible, as defined in 42 C.F.R. § 433.204(a)(1); and (3) the individual is receiving benefits that meet the Alternative Benefit Plan requirements in section 1937 of the Act." <https://www.medicaid.gov/sites/default/files/2024-01/postpartum-ext-faqs.pdf>

Moreover, on January 29, CMS released a set of frequently asked questions (FAQs) to supplement the 2021 State Health Official (SHO) letter "Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP)". The FAQs can be found here: <https://www.medicaid.gov/sites/default/files/2024-01/postpartum-ext-faqs.pdf>. The FAQs include the following question and answer:

Q5. What benefits must a state cover during the extended postpartum period if the state implements a Centers for Medicare & Medicaid Services (CMS)-approved proxy methodology to claim the increased Federal Medical Assistance Percentage (FMAP) for the proportion of claims which, but for the postpartum extension, would be claimed at the newly eligible FMAP for the adult group (described at 42 C.F.R. § 435.119)?

A5. A state may choose to claim FMAP through a CMS-approved proxy methodology for the proportion of individuals who would become eligible for, and transition to, the adult group at the end of the mandatory 60-day postpartum period if the state conducted a redetermination. If electing this choice, a state must assure to CMS, by including an attestation in the FMAP SPA described in SHO #21-007, that the benefit package provided for all individuals through the postpartum extension complies with section 1937 of the Act, including the provision of essential health benefits (EHBs), compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), and the absence of cost sharing for preventive services meeting the definition of an EHB. CMS is available for technical assistance to states in determining compliance with section 1937 requirements.

As we do not believe we discussed these ABP benefit requirements with you when we were processing Ohio's postpartum proxy SPA, we would like to set up a call with you and your team to discuss further.

Please let us know your availability for a call to discuss the requirements and Ohio's current practices.

Thanks very much.

Stephanie Kaminsky

Stephanie Kaminsky | Senior Policy Advisor, Financial Management Group | CENTERS FOR MEDICARE & MEDICAID SERVICES |
desk 410.786.4653 | cell (b)(6) | email: stephanie.kaminsky@cms.hhs.gov

TABLE OF CONTENTS

State/Territory Name: **Ohio**

State Plan Amendment (SPA) #: **OH-22-0021**

- 1) Approval Letter
- 2) Approved Postpartum FMAP SPA pages
- 3) CMS 179 with pen/ink changes



Financial Management Group *Division*
of Financial Policy & Oversight

September 21, 2022

Maureen M. Corcoran
Medicaid Director
Ohio Department of Medicaid
50 W. Town Street, Suite 400
Columbus, Ohio 43215

Dear Ms. Corcoran:

Enclosed for your records is an approved copy of the following state plan amendment (SPA).

Transmittal OH-22-0021:

- This SPA authorizes increased federal financial participation (FFP) for newly-eligible individuals receiving postpartum coverage and further includes the addition of Attachment D, which describes the special circumstances and other proxy adjustments that are applied to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible FFP under section 1905(y) of the Social Security Act;
- This SPA is effective April 1, 2022

The state will be responsible for tracking and aggregating the extended postpartum population claims, which should be based on the population used to derive the proxy percentage. The extended postpartum claims will be a portion of the claims (“affected expenditures”) reported across many Categories of Service (COS) lines and integrated with claims from other populations. The state will need to apply the proxy percentage to the affected expenditures by COS line outside the Form CMS-64. Ultimately, the state will claim the portion of the expenditures at the newly eligible FMAP, as determined under the proxy methodology, on the Form CMS-64.9VIII series by COS line, and the non-VIII Group portion on the Form CMS-64.9 series by COS line. The state should make available all documentation to support expenditures calculated based on the proxy methodology at the time it files the Form CMS-64.

If you would like to discuss further, please contact either financial analyst, Yvette Moore at (667) 290-9825 or Medicaid financial branch chief, Stuart Goldstein at (410) 786-0694.

Sincerely,

Charlie L. Arnold -S
Digitally signed by
Charlie L. Arnold -S
Date: 2022.09.21
10:29:29 -04'00'

Charlie Arnold
Director
Division of Financial Policy & Oversight

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 2 1

2. STATE

O H3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

04/01/2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 433.204(a)(1), 42 CFR 433.206(g)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 16,550,000b. FFY 2023 \$ 33,100,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 18 to Attachment 2.6-A Pages 4 and 6

Supplement 18 to Attachment 2.6-A, Attachment D (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supplement 18 to Attachment 2.6-A , Pages 4 and 6 (TN
13-031)

9. SUBJECT OF AMENDMENT

Increased FMAP for Newly-Eligible Individuals Receiving Extended Postpartum Coverage

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

The State Medicaid Director is the Governor's designee

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME **MAUREEN M. CORCORAN**13. TITLE **STATE MEDICAID DIRECTOR**14. DATE SUBMITTED
June 30, 2022

15. RETURN TO

Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**FOR CMS USE ONLY**16. DATE RECEIVED
June 30, 202217. DATE APPROVED
September 21, 2022**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
September 21, 202219. SIGNATURE OF APPROVING OFFICIAL
Charlie L. Arnold -S Digitally signed by Charlie L. Arnold -S
Date: 2022.09.21 10:28:24 -04'00'20. TYPED NAME OF APPROVING OFFICIAL
Charlie Arnold21. TITLE OF APPROVING OFFICIAL
Director of Financial Policy

22. REMARKS

Pen & Ink Authorizations:Correction to Block 6

Block 6a - FFY 2022 \$0

Block 6b - FFY 2023 \$0

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
☐ Yes. The combined enrollment cap adjustment is described in Attachment C
☐ No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
☒ Applies a special circumstances adjustment(s).
☐ Does not apply a special circumstances adjustment.
2. The state:
☒ Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
☐ Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- ☒ Attachment A – Conversion Plan Standards Referenced in Table 1
- ☐ Attachment B – Resource Criteria Proxy Methodology
- ☐ Attachment C – Enrollment Cap Methodology
- ☒ Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- ☒ Attachment E – Transition Methodologies

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Attachment D to
Supplement 18 to Attachment 2.6A**

Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

Effective April 1, 2022, Ohio has elected the extended postpartum option, which extends postpartum coverage from 60 days to 12 months, under Sections 9812 and 9822 of the American Rescue Plan Act of 2021. The new extended postpartum coverage provides ongoing care that will reduce pregnancy-related deaths and severe maternal morbidity, and will improve continuity of care for chronic health conditions.

Ohio requests continuous enhanced federal financial participation (FFP) for individuals who remain on a Medicaid category under the new extended postpartum coverage for 12 months, who would have otherwise moved to the adult coverage group and been determined newly eligible, as described in 42 CFR 435.119, after the original 60-day period. This proxy methodology accounts for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible federal medical assistance percentage (FMAP) under section 1905(y) of the Social Security Act.

Prior to April 1, 2022, postpartum individuals with income at or below 133% but above 90% of the Federal Poverty Level (FPL), who were at least nineteen years old but less than sixty-five years old, no longer pregnant, not disabled, and not enrolled in Medicare Part A or Part B, would have been determined newly eligible and moved to the adult coverage group after receiving 60 days of postpartum coverage. Once moved to the adult coverage group, Ohio would have received enhanced FMAP for these individuals.

Based on 2018 data, 78,548 individuals in Ohio received postpartum coverage. Out of those individuals, 10,628 moved to the adult coverage group at some point within the ten months after 60 days postpartum. That count includes individuals who moved from any other category (not exclusive to the MAGI Pregnant Category) into the adult category at any time in the twelve months post-partum. For the individuals who moved to the adult coverage group after the 60-day postpartum period in 2018, they remained on that category for an average of 6.2 months. Ohio estimates that $(10,628/78,564) * (6.2/10) = 0.135278 * 0.62 = 0.083873$, or 8.4%, of postpartum individuals would be otherwise eligible for coverage in the adult group and for the newly eligible FMAP after the 60-day postpartum period, but for the state's election of the extended postpartum coverage option.

Out of the 78,548 individuals who received postpartum coverage in 2018, approximately 21,919 were discontinued from all coverage categories within the first 12 months following delivery, though under the postpartum extension coverage, they will now have coverage.

RE: RE: For OGD Review: Due 05/15 SWIFT Brian Kemp

From: "adams, lia (CMS/CMCS)" <lia.adams@cms.hhs.gov>
To: "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>
Cc: "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
Date: Fri, 10 May 2024 13:16:18 +0000
Attachments: New SWIFT control: Kemp SWIFT ID SPS00524376 (1.6 MB)

Hi Amber – I typically put an earlier deadline for divisions when drafting a response to give OGD time to review. Confirming that the deadline is 05/15/2024. I put the 05/10 for divisions given the FMG All Staff.

Sorry for any confusion!

~ lia

From: Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>
Sent: Friday, May 10, 2024 9:14 AM
To: adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>
Cc: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>
Subject: FW: For OGD Review: Due 05/15 SWIFT Brian Kemp

Hi Lia –

Quick question – yesterday we thought this was going to be due to OSORA today (5/10) but your email below indicates that it's not due until 5/15. Did we get an extension?

Thanks, Amber

From: Maccarroll, Amber (CMS/CMCS)
Sent: Friday, May 10, 2024 8:17 AM
To: adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>; Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>
Subject: RE: For OGD Review: Due 05/15 SWIFT Brian Kemp

Thanks Lia. I made a few relatively minor edits. Rory will definitely need to review. When this goes back through swift, please be sure to flag that OGC needs to review as well.

Thanks, Amber

From: adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>
Sent: Friday, May 10, 2024 7:41 AM
To: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>
Subject: For OGD Review: Due 05/15 SWIFT Brian Kemp

Good morning,

DFP and Abby drafted a response to the incoming letter from several Governors on the recent tax CIB. Can you please review and let me know when it is approved to move forward **NLT Wednesday, May 15th**.

Draft Kemp Response
Kemp Incoming

Thanks,
Lia

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Sent: Thursday, May 9, 2024 4:04 PM
To: adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>
Cc: Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>
Subject: RE: Due Friday, May 10 : SWIFT Brian Kemp

Good afternoon Lia,

Attached please find a response I prepared with DFP. There are two flags in the document for awareness. Please let me know if you or R/A/J have questions!

~Abby

Abigail Walker, J.D. (she/her)
Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>
Sent: Wednesday, May 8, 2024 11:42 AM
To: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>
Cc: Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: Due Friday, May 10 : SWIFT Brian Kemp

Hi All,

We received an incoming letter from multiple Governors regarding the recent CIB and Managed Care rule regarding hold harmless arrangements. Can you please draft a response prepped for the Administrator's signature by Friday, May 10th COB. Apologies for the quick turn around requested and please let me know if you have any timing concerns. Please note that this control was created by OS so there is not a ton of wiggle room here.

+ OGD for awareness given timing.

Thanks,

Lia

SWIFT Prep For Signature Task

Deadline: 5/15/2024

Response Directions:

- Please open and review the documents on the web page linked below. Contact the sender of this email if you are unable to open the linked documents. Access to linked content may not be granted to recipients outside the agency.

Attachments:

(b)(5)

New SWIFT control: Kemp SWIFT ID SPS00524376

From: "Kassel, Adeena (CMS/CMCS)" <adeena.kassel@cms.hhs.gov>
To: "adams, lia (CMS/CMCS)" <lia.adams@cms.hhs.gov>, "Boston, Beverly (CMS/CMCS)" <beverly.boston@cms.hhs.gov>
Cc: "Randle, Ronetta (CMS/CMCS)" <ronetta.randle@cms.hhs.gov>, "Vuu, Allen (CMS/CMCS)" <allen.vuu@cms.hhs.gov>, "Smith, Toya (CMS/CMCS)" <toya.smith@cms.hhs.gov>, "Taylor, Kenneth (CMS/CMCS)" <kenneth.taylor@cms.hhs.gov>, CMS CMSO-Correspondence <cmso_correspondence@cms.hhs.gov>
Date: Wed, 08 May 2024 14:43:01 +0000
Attachments: PR-039533 - Multiple Governors - Apr 11 24.pdf (1.47 MB)

Good morning:

The attached has been assigned to **FMG** for Administrator signature. Response due **5/15/2024**.

When submitting the response to OSG for processing, please include the names of the author and the clearing official. This information is required for clearance.

Please note: This control was created by the Office of the Secretary, therefore, timetables are non-negotiable and a response is required.

Thank you.
Adeena



April 11, 2024

President Joseph R. Biden, Jr.
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Subject: Joint Governors' Response to CMCS Informational Bulletin entitled Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments & Document ID 2023-08961 - Proposed CMS Rule on Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality (CMS-2439-P)

Dear Mr. President,

We urge you to reconsider and immediately disavow policies included in a final Informational Bulletin and a proposed rule issued by the Centers for Medicare & Medicaid Services (CMS) that would devastate the Medicaid safety net for elderly and disabled adults, pregnant women, and millions of children in our states and across the country.

On February 17, 2023, CMS issued an Informational Bulletin entitled "Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments" (the "Bulletin"). Two months later, CMS issued a proposed rule for Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality. Both the Bulletin and rule set forth policies that change long-standing practices for how states fund the non-federal share of Medicaid payments.

The changes are overly prescriptive, administratively burdensome, and contrary to the interests of the Medicaid beneficiaries who receive services in our states and nation. The policies expand CMS's review authority beyond the express and limited prohibition of section 1903(w) of the Social Security Act. Moreover, the policies contradict prior CMS-approved program structures and impose on states heightened oversight burdens not supported by law. The Bulletin is currently the subject of ongoing litigation. Already, a federal court in Texas ruled that the Bulletin runs counter to decades of agency conduct, and to the statements of two agency employees who—more than 10 years apart—affirmed that the policies in the Bulletin were not the law. CMS should not attempt to subvert the judicial process by imposing controversial and poorly reasoned restrictions.

If CMS nevertheless forges ahead and implements these policies, Medicaid funding could be reduced by \$48 billion each year, impacting 49 states that rely on provider taxes to bolster their Medicaid programs. Suffering most would be states like Louisiana, Missouri, Texas, and Florida.

April 11, 2024

Page 2 of 2

Texas and Florida alone rely on provider taxes to support more than \$8 billion and \$2.6 billion, respectively, in critical Medicaid funding each year. Such reductions would harm critical healthcare systems serving our most vulnerable citizens, exacerbating disparities in care.

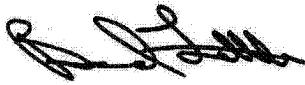
As Governors, we remain committed to protecting state flexibility in Medicaid financing, which assures our ability to continue offering high quality health care. Unfortunately, your administration's actions constitute an immediate threat to Medicaid funding and to our most vulnerable citizens.

We urge you to immediately abandon these misguided policies.

Sincerely,



Governor Brian Kemp
State of Georgia



Governor Brad Little
State of Idaho



Governor Kim Reynolds
State of Iowa



Governor Jeff Landry
State of Louisiana



Governor Mike Parson
State of Missouri



Governor Kevin Stitt
State of Oklahoma

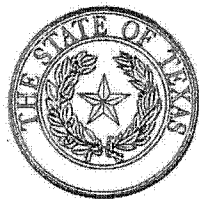


Governor Greg Abbott
State of Texas



Governor Mark Gordon
State of Wyoming

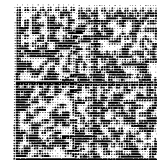
12



STATE OF TEXAS
OFFICE OF THE GOVERNOR
AUSTIN, TEXAS 78711

OFFICIAL BUSINESS
STATE OF TEXAS
PENALTY FOR
PRIVATE USE

PRESORTED
FIRST CLASS



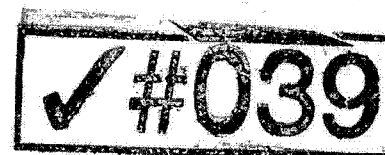
US POSTAGE and FITNEY BOWES



ZIP 78701 \$ 000.54⁷
02 4W
0000376979 APR 15 2024

President Joseph R. Biden, Jr.
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

021 CBM3AAB 20500



485
APR 25 2024

Call to discuss DRR procedures for non enforcement CIB (redistribution arrangements)

Where: <https://cms.zoomgov.com/j> (b)(6)

When: Thu Sep 12 15:30:00 2024 +00:00

Until: Thu Sep 12 16:00:00 2024 +00:00

Organisers CMS FMG Scheduler <fmg_scheduling@cms.hhs.gov>

Required Attendees: CMS FMG Scheduler <fmg_scheduling@cms.hhs.gov>
"bennett, jerica (CMS/CMCS)" <jerica.bennett@cms.hhs.gov>
"Benson, Deborah (CMS/CMCS)" <deborah.benson@cms.hhs.gov>
"Bromwell, Robert (CMS/CMCS)" <robert.bromwell@cms.hhs.gov>
"Caughey, Tom (CMS/CMCS)" <tom.caughey@cms.hhs.gov>
"Dinh, Diana (CMS/CMCS)" <diana.dinh@cms.hhs.gov>
"Francis, James (CMS/CMCS)" <james.francis@cms.hhs.gov>
"Gavino, Ysabel (CMS/CMCS)" <maria.gavino@cms.hhs.gov>
"Harrison, Wendy (CMS/CMCS)" <wendy.harrison@cms.hhs.gov>
"Holt, Blake (CMS/CMCS)" <blake.holt@cms.hhs.gov>
"James-Hailey, Novena (CMS/CMCS)" <novena.jameshailey@cms.hhs.gov>
"Klein, matthew (CMS/CMCS)" <matthew.klein@cms.hhs.gov>
"Knight, Gary (CMS/CMCS)" <gary.knight@cms.hhs.gov>
"Mack, Kristina (CMS/CMCS)" <kristina.mack-webb@cms.hhs.gov>
"McGuire, Frankeena (CMS/CMCS)" <frankeena.mcguire@cms.hhs.gov>
"McMillion, Todd (CMS/CMCS)" <todd.mcmillion@cms.hhs.gov>
"Michael, Lindsay (CMS/CMCS)" <lindsay.michael@cms.hhs.gov>
"Moreth, James (CMS/CMCS)" <james.moreth@cms.hhs.gov>
"Neiman, Monica (CMS/CMCS)" <monica.neiman@cms.hhs.gov>
"Raymundo, Joe (CMS/CMCS)" <joseph.raymundo@cms.hhs.gov>
"Sampson, Tamara (CMS/CMCS)" <tamara.sampson@cms.hhs.gov>
"Sebree, Fredrick (CMS/CMCS)" <fredrick.sebree@cms.hhs.gov>
"Smith, Josh (CMS/CMCS)" <lajoshica.smith@cms.hhs.gov>
"Spitler, Douglas (CMS/CMCS)" <douglas.spitler@cms.hhs.gov>
"Storey, Christine (CMS/CMCS)" <christine.storey@cms.hhs.gov>
"Wong, Mark (CMS/CMCS)" <mark.wong@cms.hhs.gov>
"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
"Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>
"Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>
"Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>

Optional Attendees: "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
"Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>
"Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>

Attachments: CIB-DRRprocess_cleanfinal_forDRRmeeting.docx (37.39 kB);
CIB_DRRAnalystTPs_forDRRmeeting.docx (28.54 kB)

On April 22, 2024, FMG released a CMCS Informational Bulletin ([CIB](#)) announcing that, until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. During this period of non-enforcement, we will be following additional procedures when reviewing tax-related items, included SPAs involving a tax. The workgroup has prepared process documentation (attached) that we will review during this meeting. These documents can be updated based on feedback if needed.

Abby

FMG_scheduling@cms.hhs.gov is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting
<https://cms.zoomgov.com/j/>

(b)(6)

Meeting ID: (b)(6)
Password: (b)(6)
ror

One tap mobile
+16692545252,, US (San Jose)
+16468287666,, (b)(6) US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
833 435 1820 US Toll-free
833 568 8864 US Toll-free

Meeting ID: (b)(6)
Find your local number: <https://cms.zoomgov.com/u/aeblyicjz1>

Join by SIP
Password: (b)(6)
sip: (b)(6) @sip.zoomgov.com

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

SPA Process Planning – Nonenforcement CIB work

Background:

For the last several years, FMG payment SPA reviews have included non-federal share standard funding questions (SFQs) to states, the responses to which SPA analysts review. For funding derived from provider taxes (or healthcare related taxes), depending on experience and comfort levels, analysts have historically attempted to determine if the provider tax or healthcare related tax meets the requirements to be broad-based and uniform, and if it is below the 6% effective cap. If not, SPA analysts have referred the non-federal share analysis to DFP for further analysis and guidance on approvability.

On April 22, 2024, FMG released a CIB announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and state payment proposals funded, in whole or in part, by health care-related taxes. FMG's intent is to build these CIB-related obligations and procedures into existing processes as much as possible. In general, analysts should continue to exercise their usual judgment about when to refer SPAs to the DFP tax team. Below, we outline the process and note where the process for DRR analysts will differ during the time period of this CIB.

Process overview:

1. DRR analysts screen an incoming SPA where the state identifies that the non-federal share of funding is derived from a health care-related tax. Two SFQs address financing (see Appendices below).
2. During the period that the nonenforcement CIB is in effect, DRR SPA analysts will send SPAs to the tax team,¹ and flag for the DRR Point Person, Jerica Bennett, either:
 - a. Any time DRR SPA analysts normally would base on state responses to SFQs and review of the SPA (see “Standard Funding Questions – Financing” appendix below). In general the analyst would refer in the following instances:
 - Any negative answer to standard funding question #1 affirming that any provider retains less than 100% of the Medicaid expenditure claimed for FFP.
 - Any concerns about whether the tax is broad-based and uniform, unless the state has an existing, recently approved tax waiver, based on standard funding question #2,²

¹ Tax team will track SPAs that have been referred to them, including the reason for the referral. The DRR analyst should ensure the tax team has the reasons for the referral.

² If the DRR analyst can confirm that a mandatory payment of a tax/assessment is broad-based and uniform in that the same rate of tax is assessed on all providers in a class for a permissible class of items or services, then the analyst would generally not refer the tax to DFP. For states with recently approved tax waivers, a change in the

- Regardless to the responses to these questions, analysts retain discretion with respect to whether to forward for further analysis to the tax team based on the analyst's knowledge from other sources.
- b. Any time the analyst would have planned to send the secondary set of tax-specific questions (see "Secondary Tax-specific Questions" appendix below) back to the state. The analyst should refer to DFP in this step in order to coordinate their additional investigation with the redistribution-related questions the tax team may send (see 3b).
- 3. Upon receipt of a SPA from DRR, and in conjunction with the regular work of the tax team, the nonenforcement CIB workgroup will perform the following steps. (Note: there is a more detailed process SOP for the tax team related to this work):
 - a. Make an initial determination if there is a redistribution arrangement implicated based on information received thus far, or historical/external knowledge.
 - b. Work with the tax team and DRR analyst to send the redistribution questions, as well as any applicable secondary tax-specific questions. The DRR analyst will still select which secondary tax-specific questions they would like to send as they normally would.
 - c. Upon receipt of responses,
 - If needed, make a second determination of whether there is a redistribution arrangement implicated,
 - If there is a redistribution arrangement implicated, make a determination of whether the overall arrangement is new or existing, utilizing both the responses and additional information in the SPA, from the analysts, or from the tax team (note: this step requires a standalone approval process from OGD, and may require input from OGC, and potentially OCD)
 - d. Provide a recommendation of approvability of the SPA on the basis of new/existing and consistent with prior decisions, if applicable.
 - In the documentation, include language for inclusion in approval letter.
 - e. Share tracking information with DRR point person to monitor for post-CIB.

Appendices

Standard Funding Questions – Financing

Medicaid Funding Question #1 asks if providers receive and retain the total Medicaid expenditures claimed by the State or if any portion is returned to the state, local governmental entity, or any other intermediary organization.

Any negative answer to this question affirming that any provider retains less than 100% of the Medicaid expenditure claimed for FFP would alert the DRR analyst to a potential

assessed rate of tax absent any other changes to the approved waiver is not itself a reason that DRR would refer a provider tax to DFP.

redistribution arrangement requiring the DFP tax team's review. States might not be able to affirm post-payment redistribution arrangements where the state is not a party to the arrangement/agreement, though a February 17, 2023 CIB discusses the "indirect" nature of some of these payment redistribution arrangements and puts the onus on states to "make clear to their providers that these arrangements are not permissible under federal requirements, learn the details of how health care-related taxes are collected, and take steps to curtail these practices if they exist." These seem to be the redistribution arrangements that the CIB for Enforcement Discretion...for Existing Health Care-Related Tax Programs with Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments considers.

Medicaid Funding Question #2 asks for a description of how the state share of each type of Medicaid payment is funded. For funding derived from provider taxes (or healthcare related taxes), even if that tax derived revenue becomes part of the Medicaid agency's general revenue appropriation, analysts should attempt to determine if the provider tax or healthcare related tax meets the requirements to be broad-based and uniform, and if it is below the 6% effective cap.

If the DRR analyst can confirm that a mandatory payment of a tax/assessment is broad-based and uniform in that the same rate of tax is assessed on all providers in a class for a permissible class of items or services, then the analyst would not refer the tax to DFP. Any concerns about whether the tax is broad-based and uniform are referred to the tax team, unless the state has a recent existing approved tax waiver. For states with recently approved tax waivers, a change in the assessed rate of tax absent any other changes to the approved waiver is not itself a reason that DRR would refer a provider tax to DFP.

Secondary Tax-specific Questions

Note: these are not formalized questions and may vary by analyst in terms of inclusion and phrasing.

1. Please provide the class(es) of health care items or services from those at 42 CFR § 433.56(a) to which the provider tax is applied.
2. Please provide a copy of the state's legislation that authorizes the provider tax.
3. Please clarify if the provider tax is a broad-based tax as specified by Section 1903(w)(3)(B) of the Social Security Act and implementing regulations at 42 CFR § 433.68(c).
4. Please clarify if the provider tax is a uniform tax as specified by Section 1903(w)(3)(C) of the Social Security Act and implementing regulations at 42 CFR § 433.68(d).
5. If the answer is no to either question iii. or question iv., please indicate if the state has applied for and received a waiver of the broad-based or uniformity requirements as appropriate as described at Section 1903(w)(3)(E)(i) of the Social Security Act and implementing regulations at 42 CFR § 433.72(a)(1).
6. If the state answered yes to question v., please provide CMS with a copy of the waiver.
7. Please specify the basis upon which the provider tax is assessed (i.e. net patient revenue, etc.).
8. Please indicate the year when the provider tax was first assessed or the year when the state will start assessing the provider tax.

9. For the purposes of the 6% indirect hold harmless test as described at 42 CFR § 433.68(f)(3)(i)(A), please specify the percentage of net patient revenue raised by the provider tax for the permissible class that is being taxed.

Redistribution Questions

See separate document

CIB Talking Points for DRR Analysts

Background

On April 22, 2024, FMG released a CMCS Informational Bulletin (CIB) announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and **state payment proposals funded, in whole or in part, by health care-related taxes**. We are working into the SPA process procedures for reviewing proposals in line with this CIB, and asking additional questions related to redistributions.

The CIB and CIB-related work and materials may come up on a SPA-related call, or in emails you receive regarding the SPA. Because this has been a sensitive topic, and to ensure we can provide states with the best possible support, below we share some steps and talking points for these interactions. In general, business should continue as routinely as possible - these points and procedures are just to guide when a state directly raises this topic. But when in doubt, forward to the Tax team / CIB workgroup!

Note about Texas: We are enjoined from enforcing policies related to this work in Texas. **Do not engage with Texas on this topic** (hold harmless arrangements, redistributions, etc. See trigger word list below). If you have an inquiry from Texas in this subject area, immediately flag for your supervisor, and obtain direction from OGD (and OGC if necessary).

Note about Florida: Although we are not enjoined in Florida, there is active litigation on this subject matter. Similarly do not engage, and loop in your supervisor and OGD.

Trigger words

These are terms you may hear that may indicate the state is raising this topic.

- Health care-related tax*
- Non-enforcement CIB
- Enforcement discretion
- Redistribution arrangements
- Hold harmless arrangements*
- New or existing arrangements
- Litigation (financing, redistributions, Texas, Florida, Local Provider Participation Fund (LPPF))

*Note that this list is intended to put subjects on your radar, but may need to be used in conjunction in order to be related to the CIB. You do not need to engage with the CIB team simply when a state has mentioned a health care-related tax.

SPA Calls Talking Points

- To confirm, are you asking about [topic related to] the April 22 CIB regarding enforcement discretion for redistribution arrangements?
- We do not have the relevant subject matter experts on this call to discuss that topic; however, if you want to email me your question, I can ensure they receive it. If a separate call is needed, we can schedule one once the subject matter experts have reviewed your question.
- Or, now or at any other time, for questions on this issue and health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

Email Communications

Sample reply: Thank you for your inquiry regarding the CIB that establishes CMS enforcement discretion for existing redistribution arrangements. I have shared your email with the applicable subject matter experts, and I will provide their response shortly.

For questions on health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

Again, when in doubt, forward to the Tax team / CIB workgroup!

Points of Contact

Points of contact, internal: Jonathan Endelman, Kristin Fan, Abigail Walker, Stephanie Kaminsky

DRR POC: Jerica Bennett

Points of contact, external: taxwaiver@cms.hhs.gov

Hiring Panel Form

From: "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>
To: "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>
Cc: "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
Date: Thu, 26 Sep 2024 18:41:03 +0000
Attachments: Hiring Panel - Selection Form Attestation (OHC-2023-001-B) FMG SA.pdf (1.33 MB)

Here's the completed hiring panel form that goes with the signed cert list.

Hiring Panel Selection Statement

Vacancy Details

Position Title, Series, and Grade	Special Assistant, 0301, GS-14
Component, Group, Division	CMCS/FMG
Announcement Number	CMS-CMCS-24-12501979-IMP
Selecting Official's Name	(b)(6)

Hiring Panel Members

Name	Component	Position Title, Series, and Grade
1.	CMCS/FMG	(b)(6)
2.	CMCS/FMG	
3.	CMCS/FMG	
4.	CMCS/OSG	
5.		

Panel Composition and Processes

Describe how panel composition and candidate review processes reduced bias(es).
<p>The panel is composed of members of the FMG leadership team as well as an experienced Special Assistant from a different CMCS Group serving as a panelist SME. The panel includes a diverse group of FMG and CMCS experts who have many years of experience with hiring actions. The panel senior management, with years of training in federal hiring practices, DEI initiatives and selection bias, and subject matter experts who have served in special assistant positions currently and in the past. The experience and specialized knowledge of the hiring panel will ensure the best candidate is selected for the position.</p>

Selection Details

Selectee's Name	Justification (3-4 sentences)
(b)(6)	(b)(6) experience as an analyst in the Division of Financial Policy and the FMG front office as well as her detail as the FMG Special Assistance make her uniquely qualified for the position. She demonstrates excellent organization

Alternate Selection Details *(if applicable)*

Alternate Selectee's Name	Justification (3-4 sentences)

Attestation

As Selecting Official, I hereby attest that the above selectee was chosen based upon meritorious factors, after establishing and utilizing an objective, job-related, documented, and quantifiable rating and ranking process. I also attest that this decision has been made taking into consideration all Merit Systems Principles and Prohibited Personnel Practices, have been made in good faith and comply with CMS's Hiring Panel HRM.

Signature and Date

Call to discuss DRR procedures for non enforcement CIB (redistribution arrangements)

Where: <https://cms.zoomgov.com/j> (b)(6)
When: Thu Sep 12 15:30:00 2024 +00:00
Until: Thu Sep 12 16:00:00 2024 +00:00
Organisers CMS FMG Scheduler (b)(6)
Required Attendees: CMS FMG Scheduler <fmg_scheduling@cms.hhs.gov>
"bennett, jerica (CMS/CMCS)" <jerica.bennett@cms.hhs.gov>
"Benson, Deborah (CMS/CMCS)" <deborah.benson@cms.hhs.gov>
"Bromwell, Robert (CMS/CMCS)" <robert.bromwell@cms.hhs.gov>
"Caughey, Tom (CMS/CMCS)" <tom.caughey@cms.hhs.gov>
"Dinh, Diana (CMS/CMCS)" <diana.dinh@cms.hhs.gov>
"Francis, James (CMS/CMCS)" <james.francis@cms.hhs.gov>
"Gavino, Ysabel (CMS/CMCS)" <maria.gavino@cms.hhs.gov>
"Harrison, Wendy (CMS/CMCS)" <wendy.harrison@cms.hhs.gov>
"Holt, Blake (CMS/CMCS)" <blake.holt@cms.hhs.gov>
"James-Hailey, Novena (CMS/CMCS)" <novena.jameshailey@cms.hhs.gov>
"klein, matthew (CMS/CMCS)" <matthew.klein@cms.hhs.gov>
"Knight, Gary (CMS/CMCS)" <gary.knight@cms.hhs.gov>
"Mack, Kristina (CMS/CMCS)" <kristina.mack-webb@cms.hhs.gov>
"McGuire, Frankeena (CMS/CMCS)" <frankeena.mcguire@cms.hhs.gov>
"Mcmillion, Todd (CMS/CMCS)" <todd.mcmillion@cms.hhs.gov>
"Michael, Lindsay (CMS/CMCS)" <lindsay.michael@cms.hhs.gov>
"Moreth, James (CMS/CMCS)" <james.moreth@cms.hhs.gov>
"Neiman, Monica (CMS/CMCS)" <monica.neiman@cms.hhs.gov>
"Raymundo, Joe (CMS/CMCS)" <joseph.raymundo@cms.hhs.gov>
"Sampson, Tamara (CMS/CMCS)" <tamara.sampson@cms.hhs.gov>
"Sebree, Fredrick (CMS/CMCS)" <fredrick.sebree@cms.hhs.gov>
"Smith, Josh (CMS/CMCS)" <lajoshica.smith@cms.hhs.gov>
"Spitler, Douglas (CMS/CMCS)" <douglas.spitler@cms.hhs.gov>
"Storey, Christine (CMS/CMCS)" <christine.storey@cms.hhs.gov>
"Wong, Mark (CMS/CMCS)" <mark.wong@cms.hhs.gov>
"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
"Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>
"Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>
"Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>
Optional Attendees: "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
"Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>
"Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>
Attachments: CIB-DRRprocess_cleanfinal_forDRRmeeting.docx (37.39 kB);
CIB_DRRanalystTPs_forDRRmeeting.docx (28.54 kB)

On April 22, 2024, FMG released a CMCS Informational Bulletin ([CIB](#)) announcing that, until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. During this period of non-enforcement, we will be following additional procedures when reviewing tax-related items, included SPAs involving a tax. The workgroup has prepared process documentation (attached) that we will review during this meeting. These documents can be updated based on feedback if needed.

Abby

FMG_scheduling@cms.hhs.gov is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting
<https://cms.zoomgov.com/j/>

(b)(6)

Meeting ID:
Password: (b)(6)
ror

One tap mobile
+16692545252,, US (San Jose)
+16468287666,, (b)(6) US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
833 435 1820 US Toll-free
833 568 8864 US Toll-free

Meeting ID: (b)(6)
Find your local number: <https://cms.zoomgov.com/u/aeblyicjz1>

Join by SIP
Password: (b)(6)
sip: (b)(6) @sip.zoomgov.com

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

SPA Process Planning – Nonenforcement CIB work

Background:

For the last several years, FMG payment SPA reviews have included non-federal share standard funding questions (SFQs) to states, the responses to which SPA analysts review. For funding derived from provider taxes (or healthcare related taxes), depending on experience and comfort levels, analysts have historically attempted to determine if the provider tax or healthcare related tax meets the requirements to be broad-based and uniform, and if it is below the 6% effective cap. If not, SPA analysts have referred the non-federal share analysis to DFP for further analysis and guidance on approvability.

On April 22, 2024, FMG released a CIB announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and state payment proposals funded, in whole or in part, by health care-related taxes. FMG's intent is to build these CIB-related obligations and procedures into existing processes as much as possible. In general, analysts should continue to exercise their usual judgment about when to refer SPAs to the DFP tax team. Below, we outline the process and note where the process for DRR analysts will differ during the time period of this CIB.

Process overview:

1. DRR analysts screen an incoming SPA where the state identifies that the non-federal share of funding is derived from a health care-related tax. Two SFQs address financing (see Appendices below).
2. During the period that the nonenforcement CIB is in effect, DRR SPA analysts will send SPAs to the tax team,¹ and flag for the DRR Point Person, Jerica Bennett, either:
 - a. Any time DRR SPA analysts normally would base on state responses to SFQs and review of the SPA (see “Standard Funding Questions – Financing” appendix below). In general the analyst would refer in the following instances:
 - Any negative answer to standard funding question #1 affirming that any provider retains less than 100% of the Medicaid expenditure claimed for FFP.
 - Any concerns about whether the tax is broad-based and uniform, unless the state has an existing, recently approved tax waiver, based on standard funding question #2,²

¹ Tax team will track SPAs that have been referred to them, including the reason for the referral. The DRR analyst should ensure the tax team has the reasons for the referral.

² If the DRR analyst can confirm that a mandatory payment of a tax/assessment is broad-based and uniform in that the same rate of tax is assessed on all providers in a class for a permissible class of items or services, then the analyst would generally not refer the tax to DFP. For states with recently approved tax waivers, a change in the

- Regardless to the responses to these questions, analysts retain discretion with respect to whether to forward for further analysis to the tax team based on the analyst's knowledge from other sources.
- b. Any time the analyst would have planned to send the secondary set of tax-specific questions (see "Secondary Tax-specific Questions" appendix below) back to the state. The analyst should refer to DFP in this step in order to coordinate their additional investigation with the redistribution-related questions the tax team may send (see 3b).
- 3. Upon receipt of a SPA from DRR, and in conjunction with the regular work of the tax team, the nonenforcement CIB workgroup will perform the following steps. (Note: there is a more detailed process SOP for the tax team related to this work):
 - a. Make an initial determination if there is a redistribution arrangement implicated based on information received thus far, or historical/external knowledge.
 - b. Work with the tax team and DRR analyst to send the redistribution questions, as well as any applicable secondary tax-specific questions. The DRR analyst will still select which secondary tax-specific questions they would like to send as they normally would.
 - c. Upon receipt of responses,
 - If needed, make a second determination of whether there is a redistribution arrangement implicated,
 - If there is a redistribution arrangement implicated, make a determination of whether the overall arrangement is new or existing, utilizing both the responses and additional information in the SPA, from the analysts, or from the tax team (note: this step requires a standalone approval process from OGD, and may require input from OGC, and potentially OCD)
 - d. Provide a recommendation of approvability of the SPA on the basis of new/existing and consistent with prior decisions, if applicable.
 - In the documentation, include language for inclusion in approval letter.
 - e. Share tracking information with DRR point person to monitor for post-CIB.

Appendices

Standard Funding Questions – Financing

Medicaid Funding Question #1 asks if providers receive and retain the total Medicaid expenditures claimed by the State or if any portion is returned to the state, local governmental entity, or any other intermediary organization.

Any negative answer to this question affirming that any provider retains less than 100% of the Medicaid expenditure claimed for FFP would alert the DRR analyst to a potential

assessed rate of tax absent any other changes to the approved waiver is not itself a reason that DRR would refer a provider tax to DFP.

redistribution arrangement requiring the DFP tax team's review. States might not be able to affirm post-payment redistribution arrangements where the state is not a party to the arrangement/agreement, though a February 17, 2023 CIB discusses the "indirect" nature of some of these payment redistribution arrangements and puts the onus on states to "make clear to their providers that these arrangements are not permissible under federal requirements, learn the details of how health care-related taxes are collected, and take steps to curtail these practices if they exist." These seem to be the redistribution arrangements that the CIB for Enforcement Discretion...for Existing Health Care-Related Tax Programs with Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments considers.

Medicaid Funding Question #2 asks for a description of how the state share of each type of Medicaid payment is funded. For funding derived from provider taxes (or healthcare related taxes), even if that tax derived revenue becomes part of the Medicaid agency's general revenue appropriation, analysts should attempt to determine if the provider tax or healthcare related tax meets the requirements to be broad-based and uniform, and if it is below the 6% effective cap.

If the DRR analyst can confirm that a mandatory payment of a tax/assessment is broad-based and uniform in that the same rate of tax is assessed on all providers in a class for a permissible class of items or services, then the analyst would not refer the tax to DFP. Any concerns about whether the tax is broad-based and uniform are referred to the tax team, unless the state has a recent existing approved tax waiver. For states with recently approved tax waivers, a change in the assessed rate of tax absent any other changes to the approved waiver is not itself a reason that DRR would refer a provider tax to DFP.

Secondary Tax-specific Questions

Note: these are not formalized questions and may vary by analyst in terms of inclusion and phrasing.

1. Please provide the class(es) of health care items or services from those at 42 CFR § 433.56(a) to which the provider tax is applied.
2. Please provide a copy of the state's legislation that authorizes the provider tax.
3. Please clarify if the provider tax is a broad-based tax as specified by Section 1903(w)(3)(B) of the Social Security Act and implementing regulations at 42 CFR § 433.68(c).
4. Please clarify if the provider tax is a uniform tax as specified by Section 1903(w)(3)(C) of the Social Security Act and implementing regulations at 42 CFR § 433.68(d).
5. If the answer is no to either question iii. or question iv., please indicate if the state has applied for and received a waiver of the broad-based or uniformity requirements as appropriate as described at Section 1903(w)(3)(E)(i) of the Social Security Act and implementing regulations at 42 CFR § 433.72(a)(1).
6. If the state answered yes to question v., please provide CMS with a copy of the waiver.
7. Please specify the basis upon which the provider tax is assessed (i.e. net patient revenue, etc.).
8. Please indicate the year when the provider tax was first assessed or the year when the state will start assessing the provider tax.

9. For the purposes of the 6% indirect hold harmless test as described at 42 CFR § 433.68(f)(3)(i)(A), please specify the percentage of net patient revenue raised by the provider tax for the permissible class that is being taxed.

Redistribution Questions

See separate document

CIB Talking Points for DRR Analysts

Background

On April 22, 2024, FMG released a CMCS Informational Bulletin (CIB) announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and **state payment proposals funded, in whole or in part, by health care-related taxes**. We are working into the SPA process procedures for reviewing proposals in line with this CIB, and asking additional questions related to redistributions.

The CIB and CIB-related work and materials may come up on a SPA-related call, or in emails you receive regarding the SPA. Because this has been a sensitive topic, and to ensure we can provide states with the best possible support, below we share some steps and talking points for these interactions. In general, business should continue as routinely as possible - these points and procedures are just to guide when a state directly raises this topic. But when in doubt, forward to the Tax team / CIB workgroup!

Note about Texas: We are enjoined from enforcing policies related to this work in Texas. **Do not engage with Texas on this topic** (hold harmless arrangements, redistributions, etc. See trigger word list below). If you have an inquiry from Texas in this subject area, immediately flag for your supervisor, and obtain direction from OGD (and OGC if necessary).

Note about Florida: Although we are not enjoined in Florida, there is active litigation on this subject matter. Similarly do not engage, and loop in your supervisor and OGD.

Trigger words

These are terms you may hear that may indicate the state is raising this topic.

- Health care-related tax*
- Non-enforcement CIB
- Enforcement discretion
- Redistribution arrangements
- Hold harmless arrangements*
- New or existing arrangements
- Litigation (financing, redistributions, Texas, Florida, Local Provider Participation Fund (LPPF))

*Note that this list is intended to put subjects on your radar, but may need to be used in conjunction in order to be related to the CIB. You do not need to engage with the CIB team simply when a state has mentioned a health care-related tax.

SPA Calls Talking Points

- To confirm, are you asking about [topic related to] the April 22 CIB regarding enforcement discretion for redistribution arrangements?
- We do not have the relevant subject matter experts on this call to discuss that topic; however, if you want to email me your question, I can ensure they receive it. If a separate call is needed, we can schedule one once the subject matter experts have reviewed your question.
- Or, now or at any other time, for questions on this issue and health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

Email Communications

Sample reply: Thank you for your inquiry regarding the CIB that establishes CMS enforcement discretion for existing redistribution arrangements. I have shared your email with the applicable subject matter experts, and I will provide their response shortly.

For questions on health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

Again, when in doubt, forward to the Tax team / CIB workgroup!

Points of Contact

Points of contact, internal: Jonathan Endelman, Kristin Fan, Abigail Walker, Stephanie Kaminsky

DRR POC: Jerica Bennett

Points of contact, external: taxwaiver@cms.hhs.gov

Hold: FMG / OGC discussion, WA attestation

Where: <https://cms.zoomgov.com/j/> (b)(6)
When: Mon Jun 10 15:00:00 2024 +00:00
Until: Mon Jun 10 15:30:00 2024 +00:00
Organisers "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>
Required Attendees: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>
"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
"Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>
"Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>
"Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
"Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>
"Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>
"Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>
"Kosin, Donald (HHS/OGC)" <donald.kosin@hhs.gov>
"Lin, Jeffrey (HHS/OGC)" <jeffrey.lin@hhs.gov>
"Vogel, Jeremy (HHS/OGC)" <jeremy.vogel@hhs.gov>
"Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>
"Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>
"Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>
"Mosley, Elle (CMS/CMCS)" <larrica.mosley@cms.hhs.gov>
"Schoonover, Matthew (CMS/CMCS)" <matthew.schoonover@cms.hhs.gov>
"Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>
Attachments: RE: Washington Hospital Tax Attestation (206.85 kB); RE: Washington Hospital Tax Attestation (216.06 kB)

Holding this time if folks can accommodate prior to some absences for NAMD.

Abigail Walker is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting
<https://cms.zoomgov.com/j/>

(b)(6)

Meeting ID: (b)(6)
Password: (b)(6)

One tap mobile
+16692545252,, (b)(6) US (San Jose)
+16468287666,, (b)(6) US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
833 568 8864 US Toll-free
833 435 1820 US Toll-free

Meeting ID: (b)(6)
Password: (b)(6)
Find your local number: <https://cms.zoomgov.com/u/aBEfbBokT>

Join by SIP
Password: (b)(6)
sip: (b)(6) @sip.zoomgov.com

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

**ATTESTATION OF HOSPITAL EXECUTIVE
IN CONNECTION WITH THE
HOSPITAL SAFETY NET ASSESSMENT PROGRAM**

Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan.” See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax.” See Section 1903(w)(4)(C) of the Act; *see also* 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State’s amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State’s medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22, 2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

Attestation

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive signature: _____

Hospital executive name: _____

Hospital executive title: _____ Date: _____

Name(s) of hospitals for which this attestation is being submitted:

Technical Assistance

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at abby.cole@hca.wa.gov for assistance.

**ATTESTATION OF HOSPITAL EXECUTIVE
IN CONNECTION WITH THE
HOSPITAL SAFETY NET ASSESSMENT PROGRAM**

Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan.” See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax.” See Section 1903(w)(4)(C) of the Act; *see also* 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State’s amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State’s medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22, 2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

Attestation

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive signature: _____

Hospital executive name: _____

Hospital executive title: _____ Date: _____

Name(s) of hospitals for which this attestation is being submitted:

Technical Assistance

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at abby.cole@hca.wa.gov for assistance.

Louisiana postpartum benefits

Where: <https://cms.zoomgov.com/j> (b)(6)
When: Tue Jun 25 17:00:00 2024 +00:00
Until: Tue Jun 25 17:30:00 2024 +00:00
Organisers "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
Required Attendees: "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
"Jensen, Kirsten (CMS/CMCS)" <kirsten.jensen@cms.hhs.gov>
"Covello, Jan (CMS/CMCS)" <jan.covello@cms.hhs.gov>
"Cantwell, Kenya (CMS/CMCS)" <kenya.cantwell@cms.hhs.gov>
"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
"Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>
Brian Bennett <brian.bennett@la.gov>
Kimberly Sullivan <kimberly.sullivan@la.gov>
Optional Attendees: Haley Williams <haley.williams2@la.gov>
Mikayla Miller <mikayla.miller@la.gov>
Kelly Zimmerman <kelly.zimmerman@la.gov>
Attachments: Louisiana's Postpartum Proxy Methodology (872.96 kB)

STEPHANIE KAMINSKY is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting
<https://cms.zoomgov.com/j>

(b)(6)

Meeting ID: (b)(6)
Password: (b)(6)

One tap mobile
+16692545252, (b)(6) US (San Jose)
+16468287666, (b)(6) US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
833 435 1820 US Toll-free
833 568 8864 US Toll-free

Meeting ID: (b)(6)
Password: (b)(6)
Find your local number: <https://cms.zoomgov.com/u/aoOqDeJef>

Join by SIP
Password: (b)(6)
sip: (b)(6) @sip.zoomgov.com

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

Louisiana's Postpartum Proxy Methodology

From: "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>
To: kimberly.sullivan@la.gov
Cc: tangela.womack@la.gov, "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Jensen, Kirsten (CMS/CMCS)" <kirsten.jensen@cms.hhs.gov>, "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>
Date: Wed, 08 May 2024 17:03:14 +0000
Attachments: LA 22-0020 Approval Package.pdf (729.12 kB)

Dear Ms. Sullivan,

I am reaching out regarding Louisiana's postpartum proxy methodology SPA which was approved on 9/23/22, which allows Louisiana to claim adult group Federal Medical Assistance Percentage for a portion of the individuals receiving 12-month postpartum coverage.

As you may be aware, there are certain benefits requirements that individuals must receive in order to claim adult group match. In our *SHO# 21-007 RE: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP)*, we stated, "Under current law, states can claim the newly eligible FMAP for individuals if (1) the individual is eligible for the adult group under 42 C.F.R. § 435.119; (2) the individual is newly eligible, as defined in 42 C.F.R. § 433.204(a)(1); and (3) the individual is receiving benefits that meet the Alternative Benefit Plan requirements in section 1937 of the Act." <https://www.medicaid.gov/sites/default/files/2024-01/postpartum-ext-faqs.pdf>.

Moreover, on January 29, CMS released a set of frequently asked questions (FAQs) to supplement the 2021 State Health Official (SHO) letter "Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP)". The FAQs can be found here: <https://www.medicaid.gov/sites/default/files/2024-01/postpartum-ext-faqs.pdf>. The FAQs include the following question and answer:

Q5. What benefits must a state cover during the extended postpartum period if the state implements a Centers for Medicare & Medicaid Services (CMS)-approved proxy methodology to claim the increased Federal Medical Assistance Percentage (FMAP) for the proportion of claims which, but for the postpartum extension, would be claimed at the newly eligible FMAP for the adult group (described at 42 C.F.R. § 435.119)?

A5. A state may choose to claim FMAP through a CMS-approved proxy methodology for the proportion of individuals who would become eligible for, and transition to, the adult group at the end of the mandatory 60-day postpartum period if the state conducted a redetermination. If electing this choice, a state must assure to CMS, by including an attestation in the FMAP SPA described in SHO #21-007, that the benefit package provided for all individuals through the postpartum extension complies with section 1937 of the Act, including the provision of essential health benefits (EHBs), compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), and the absence of cost sharing for preventive services meeting the definition of an EHB. CMS is available for technical assistance to states in determining compliance with section 1937 requirements.

As we do not believe we discussed these ABP benefits requirements with you when we were processing Louisiana's postpartum proxy SPA last summer, we would like to set up a call with you and your team to discuss further.

Please let us know your availability for a call to discuss the requirements and Louisiana's current practices.

Thanks very much.

Stephanie Kaminsky

Stephanie Kaminsky | Senior Policy Advisor, Financial Management Group | CENTERS FOR MEDICARE & MEDICAID SERVICES |
desk 410.786.4653 | cell (b)(6) | email: stephanie.kaminsky@cms.hhs.gov

TABLE OF CONTENTS

State/Territory Name: **Louisiana**

State Plan Amendment (SPA) #: **LA-22-0020**

- 1) Approval Letter
- 2) Approved Postpartum FMAP SPA pages
- 3) CMS 179 with pen/ink changes



Financial Management Group
Division of Financial Policy

September 23, 2022

Tara A. LeBlanc
Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, Louisiana 70821-9030

Dear Ms. LeBlanc:

Enclosed for your records is an approved copy of the following state plan amendment (SPA).

Transmittal LA 22-0020:

- This SPA authorizes increased federal financial participation (FFP) for newly-eligible individuals receiving postpartum coverage and further includes the addition of Attachment D, which describes the special circumstances and other proxy adjustments that are applied to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible FFP under section 1905(y) of the Social Security Act;
- This SPA is effective April 1, 2022

The state will be responsible for tracking and aggregating the extended postpartum population claims, which should be based on the population used to derive the proxy percentage. The extended postpartum claims will be a portion of the claims (“affected expenditures”) reported across many Categories of Service (COS) lines and integrated with claims from other populations. The state will need to apply the proxy percentage to the affected expenditures by COS line outside the Form CMS-64. Ultimately, the state will claim the portion of the expenditures at the newly eligible FMAP, as determined under the proxy methodology, on the Form CMS-64.9VIII series by COS line, and the non-VIII Group portion on the Form CMS-64.9 series by COS line. The state should make available all documentation to support expenditures calculated based on the proxy methodology at the time it files the Form CMS-64.


Ms. LeBlanc, Page 2

If you would like to discuss further, please contact either financial analyst, Yvette Moore at (667) 290-9825 or Medicaid financial branch chief, Stuart Goldstein at (410) 786-0694.

Sincerely,

Charlie L. Arnold -S
Digitally signed by
Charlie L. Arnold -S
Date: 2022.09.23
07:20:32 -04'00'

Charlie Arnold
Director
Division of Financial Policy

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 22-0020	2. STATE LA
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.119 42 CFR 433.204(a)(1)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>268,117.55</u> b. FFY <u>2023</u> \$ <u>1,040,366.24</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 18 to Attachment 2.6-A Pages 1-6		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing the federal medical assistance percentage (FMAP) to establish a proxy methodology to account for the proportion of medical assistance expenditures for beneficiaries receiving extended postpartum coverage.			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material. </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips			
13. TITLE Secretary			
14. DATE SUBMITTED June 30, 2022			
FOR CMS USE ONLY			
16. DATE RECEIVED June 30, 2022		17. DATE APPROVED September 23, 2022	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2022		19. SIGNATURE OF APPROVING OFFICIAL Charlie L. Arnold - S <small>Digitally signed by Charlie L. Arnold - S Date: 2022.09.23 07:21:04 -04'00'</small>	
20. TYPED NAME OF APPROVING OFFICIAL Charlie Arnold		21. TITLE OF APPROVING OFFICIAL Director of Financial Policy	
22. REMARKS <div style="font-size: small;"> PEN & INK AUTHORIZATIONS: REMOVE: Block 6a - FFY 2022 \$268,117.55; Block 6b - FFY 2023 is \$0 (ZERO); ADD: Block 6a - FFY 2022 \$0 (ZERO); Block 6b - FFY 2023 \$0 (ZERO); REMOVE: Block 7 - Supplement 18 to Attachment 2.6-A Pages 1-6; ADD: Block 7 - Supplement 18 to Attachment 2.6A, Page 4 and Page 6; ADD: Block 7 Attachment D to Supplement 18 to Attachment 2.6A (new); ADD: Block 8 - Supplement 18 to Attachment 2.6A, Page 4 and Page 6; </div>			

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
☐ Yes. The combined enrollment cap adjustment is described in Attachment C
☒ No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
☒ Applies a special circumstances adjustment(s).
☐ Does not apply a special circumstances adjustment.
2. The state:
☒ Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
☐ Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- ☒ Attachment A – Conversion Plan Standards Referenced in Table 1
- ☐ Attachment B – Resource Criteria Proxy Methodology
- ☐ Attachment C – Enrollment Cap Methodology
- ☒ Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- ☐ Attachment E – Transition Methodologies

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Attachment D to
Supplement 18 to Attachment 2.6A**

Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

Attachment D

Louisiana proposes to use proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be newly eligible for coverage in the Adult Expansion Group (435.119) and for the newly eligible FMAP under section 1905(y) of the Act, if the State completed a redetermination.

Based upon Calendar Years 2018 and 2019, LDH will document the total number of members closed in the Pregnancy/Post-Partum group (435.116) and the number of members who transitioned to the Adult Group within 10 months of the expiration of their pregnancy coverage (60 day post-partum). We will also review the duration of those members who transitioned to the Adult Group, identifying the average number of months the individual maintained eligibility through the extended 10-month period.

The proxy percentage will be determined as follows:

# of Members in Pregnancy/Post-Partum Group (435.116) who Transitioned to Adult Group as newly eligible (435.119) Within 10 months of the Expiration of Pregnancy/Post-Partum Group Eligibility During Calendar Years 2018 and 2019	Divided By (÷)	Total # of Members whose coverage ended in Pregnancy/Post-Partum Group During Calendar Years 2018 and 2019	Multiplied by (X)	Percent of time members of the Pregnancy/Post-Partum Group remained in Adult Group in the 10 month post-partum period	Equals (=)	Proxy Percentage for Claiming
23,755	Divided By (÷)	42,629	Multiplied by (X)	.77	Equals (=)	43%

1. On a monthly basis, identify the individuals in day 61 – 365 of postpartum coverage and the per member per month (PMPM) payments paid to the managed care organizations for this identified population.
2. Apply the derived proxy percentage to the actual PMPM spend for the identified population.
3. On quarterly basis, reclass the proxy cost for the identified population from the regular FMAP reporting line to the expansion FMAP reporting line.

**ATTESTATION OF HOSPITAL EXECUTIVE
IN CONNECTION WITH THE
HOSPITAL SAFETY NET ASSESSMENT PROGRAM**

Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan.” See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax.” See Section 1903(w)(4)(C) of the Act; *see also* 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State’s amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State’s medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22, 2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

Attestation

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive signature: _____

Hospital executive name: _____

Hospital executive title: _____ Date: _____

Name(s) of hospitals for which this attestation is being submitted:

Technical Assistance

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at abby.cole@hca.wa.gov for assistance.

**ATTESTATION OF HOSPITAL EXECUTIVE
IN CONNECTION WITH THE
HOSPITAL SAFETY NET ASSESSMENT PROGRAM**

Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan.” See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax.” See Section 1903(w)(4)(C) of the Act; *see also* 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State’s amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State’s medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22, 2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

Attestation

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive signature: _____

Hospital executive name: _____

Hospital executive title: _____ Date: _____

Name(s) of hospitals for which this attestation is being submitted:

Technical Assistance

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at abby.cole@hca.wa.gov for assistance.

Call to schedule with R/A/J on 9/12

From: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>
To: "Wiley, Evelyn (CMS/CMCS)" <evelyn.wiley@cms.hhs.gov>
Cc: "Mcmillion, Todd (CMS/CMCS)" <todd.mcmillion@cms.hhs.gov>, "Sampson, Tamara (CMS/CMCS)" <tamara.sampson@cms.hhs.gov>
Date: Tue, 10 Sep 2024 20:24:20 +0000
Attachments: CIB-DRRprocess_cleanfinal_forDRRmeeting.docx (37.39 kB); CIB_DRRAnalystTPs_forDRRmeeting.docx (28.54 kB)

Good afternoon Evelyn!

Can you please schedule a call with R/A/J, me, and the list I am pasting at the bottom, for 1130am Eastern on 9/12? I will forward to some additional folks. Materials to include are attached.

Subject: Call to discuss DRR procedures for non enforcement CIB (redistribution arrangements)

Appointment:

On April 22, 2024, FMG released a CMCS Informational Bulletin ([CIB](#)) announcing that, until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. During this period of non-enforcement, we will be following additional procedures when reviewing tax-related items, included SPAs involving a tax. The workgroup has prepared process documentation (attached) that we will review during this meeting. These documents can be updated based on feedback if needed.

Additional invitees:

bennett, jerica (CMS/CMCS) Jerica.Bennett@cms.hhs.gov; Benson, Deborah (CMS/CMCS) Deborah.Benson@cms.hhs.gov; Bromwell, Robert (CMS/CMCS) Robert.Bromwell@cms.hhs.gov; Caughey, Tom (CMS/CMCS) Tom.Caughey@cms.hhs.gov; Dinh, Diana (CMS/CMCS) diana.dinh@cms.hhs.gov; Francis, James (CMS/CMCS) James.Francis@cms.hhs.gov; Gavino, Ysabel (CMS/CMCS) maria.gavino@cms.hhs.gov; Harrison, Wendy (CMS/CMCS) Wendy.Harrison@cms.hhs.gov; Holt, Blake (CMS/CMCS) Blake.Holt@cms.hhs.gov; James-Hailey, Novena (CMS/CMCS) novena.jameshailey@cms.hhs.gov; Klein, matthew (CMS/CMCS) Matthew.Klein@cms.hhs.gov; Knight, Gary (CMS/CMCS) Gary.Knight@cms.hhs.gov; Mack, Kristina (CMS/CMCS) Kristina.Mack-Webb@cms.hhs.gov; McGuire, Frankeena (CMS/CMCS) Frankeena.McGuire@cms.hhs.gov; Mcmillion, Todd (CMS/CMCS) TODD.MCMILLION@cms.hhs.gov; Michael, Lindsay (CMS/CMCS) Lindsay.Michael@cms.hhs.gov; Moreth, James (CMS/CMCS) James.Moreth@cms.hhs.gov; Neiman, Monica (CMS/CMCS) Monica.Neiman@cms.hhs.gov; Raymundo, Joe (CMS/CMCS) Joseph.Raymundo@cms.hhs.gov; Sampson, Tamara (CMS/CMCS) Tamara.Sampson@cms.hhs.gov; Sebree, Fredrick (CMS/CMCS) Fredrick.Sebree@cms.hhs.gov; Smith, Josh (CMS/CMCS) LaJoshica.Smith@cms.hhs.gov; Spitler, Douglas (CMS/CMCS) Douglas.Spitler@cms.hhs.gov; Storey, Christine (CMS/CMCS) Christine.Storey@cms.hhs.gov; Wong, Mark (CMS/CMCS) Mark.Wong@cms.hhs.gov

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor

Financial Management Group, Office of the Group Director

Center for Medicaid and CHIP Services

410-786-1725

abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

SPA Process Planning – Nonenforcement CIB work

Background:

For the last several years, FMG payment SPA reviews have included non-federal share standard funding questions (SFQs) to states, the responses to which SPA analysts review. For funding derived from provider taxes (or healthcare related taxes), depending on experience and comfort levels, analysts have historically attempted to determine if the provider tax or healthcare related tax meets the requirements to be broad-based and uniform, and if it is below the 6% effective cap. If not, SPA analysts have referred the non-federal share analysis to DFP for further analysis and guidance on approvability.

On April 22, 2024, FMG released a CIB announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and state payment proposals funded, in whole or in part, by health care-related taxes. FMG's intent is to build these CIB-related obligations and procedures into existing processes as much as possible. In general, analysts should continue to exercise their usual judgment about when to refer SPAs to the DFP tax team. Below, we outline the process and note where the process for DRR analysts will differ during the time period of this CIB.

Process overview:

1. DRR analysts screen an incoming SPA where the state identifies that the non-federal share of funding is derived from a health care-related tax. Two SFQs address financing (see Appendices below).
2. During the period that the nonenforcement CIB is in effect, DRR SPA analysts will send SPAs to the tax team,¹ and flag for the DRR Point Person, Jerica Bennett, either:
 - a. Any time DRR SPA analysts normally would base on state responses to SFQs and review of the SPA (see “Standard Funding Questions – Financing” appendix below). In general the analyst would refer in the following instances:
 - Any negative answer to standard funding question #1 affirming that any provider retains less than 100% of the Medicaid expenditure claimed for FFP.
 - Any concerns about whether the tax is broad-based and uniform, unless the state has an existing, recently approved tax waiver, based on standard funding question #2,²

¹ Tax team will track SPAs that have been referred to them, including the reason for the referral. The DRR analyst should ensure the tax team has the reasons for the referral.

² If the DRR analyst can confirm that a mandatory payment of a tax/assessment is broad-based and uniform in that the same rate of tax is assessed on all providers in a class for a permissible class of items or services, then the analyst would generally not refer the tax to DFP. For states with recently approved tax waivers, a change in the

- Regardless to the responses to these questions, analysts retain discretion with respect to whether to forward for further analysis to the tax team based on the analyst's knowledge from other sources.
- b. Any time the analyst would have planned to send the secondary set of tax-specific questions (see "Secondary Tax-specific Questions" appendix below) back to the state. The analyst should refer to DFP in this step in order to coordinate their additional investigation with the redistribution-related questions the tax team may send (see 3b).
- 3. Upon receipt of a SPA from DRR, and in conjunction with the regular work of the tax team, the nonenforcement CIB workgroup will perform the following steps. (Note: there is a more detailed process SOP for the tax team related to this work):
 - a. Make an initial determination if there is a redistribution arrangement implicated based on information received thus far, or historical/external knowledge.
 - b. Work with the tax team and DRR analyst to send the redistribution questions, as well as any applicable secondary tax-specific questions. The DRR analyst will still select which secondary tax-specific questions they would like to send as they normally would.
 - c. Upon receipt of responses,
 - If needed, make a second determination of whether there is a redistribution arrangement implicated,
 - If there is a redistribution arrangement implicated, make a determination of whether the overall arrangement is new or existing, utilizing both the responses and additional information in the SPA, from the analysts, or from the tax team (note: this step requires a standalone approval process from OGD, and may require input from OGC, and potentially OCD)
 - d. Provide a recommendation of approvability of the SPA on the basis of new/existing and consistent with prior decisions, if applicable.
 - In the documentation, include language for inclusion in approval letter.
 - e. Share tracking information with DRR point person to monitor for post-CIB.

Appendices

Standard Funding Questions – Financing

Medicaid Funding Question #1 asks if providers receive and retain the total Medicaid expenditures claimed by the State or if any portion is returned to the state, local governmental entity, or any other intermediary organization.

Any negative answer to this question affirming that any provider retains less than 100% of the Medicaid expenditure claimed for FFP would alert the DRR analyst to a potential

assessed rate of tax absent any other changes to the approved waiver is not itself a reason that DRR would refer a provider tax to DFP.

redistribution arrangement requiring the DFP tax team's review. States might not be able to affirm post-payment redistribution arrangements where the state is not a party to the arrangement/agreement, though a February 17, 2023 CIB discusses the "indirect" nature of some of these payment redistribution arrangements and puts the onus on states to "make clear to their providers that these arrangements are not permissible under federal requirements, learn the details of how health care-related taxes are collected, and take steps to curtail these practices if they exist." These seem to be the redistribution arrangements that the CIB for Enforcement Discretion...for Existing Health Care-Related Tax Programs with Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments considers.

Medicaid Funding Question #2 asks for a description of how the state share of each type of Medicaid payment is funded. For funding derived from provider taxes (or healthcare related taxes), even if that tax derived revenue becomes part of the Medicaid agency's general revenue appropriation, analysts should attempt to determine if the provider tax or healthcare related tax meets the requirements to be broad-based and uniform, and if it is below the 6% effective cap.

If the DRR analyst can confirm that a mandatory payment of a tax/assessment is broad-based and uniform in that the same rate of tax is assessed on all providers in a class for a permissible class of items or services, then the analyst would not refer the tax to DFP. Any concerns about whether the tax is broad-based and uniform are referred to the tax team, unless the state has a recent existing approved tax waiver. For states with recently approved tax waivers, a change in the assessed rate of tax absent any other changes to the approved waiver is not itself a reason that DRR would refer a provider tax to DFP.

Secondary Tax-specific Questions

Note: these are not formalized questions and may vary by analyst in terms of inclusion and phrasing.

1. Please provide the class(es) of health care items or services from those at 42 CFR § 433.56(a) to which the provider tax is applied.
2. Please provide a copy of the state's legislation that authorizes the provider tax.
3. Please clarify if the provider tax is a broad-based tax as specified by Section 1903(w)(3)(B) of the Social Security Act and implementing regulations at 42 CFR § 433.68(c).
4. Please clarify if the provider tax is a uniform tax as specified by Section 1903(w)(3)(C) of the Social Security Act and implementing regulations at 42 CFR § 433.68(d).
5. If the answer is no to either question iii. or question iv., please indicate if the state has applied for and received a waiver of the broad-based or uniformity requirements as appropriate as described at Section 1903(w)(3)(E)(i) of the Social Security Act and implementing regulations at 42 CFR § 433.72(a)(1).
6. If the state answered yes to question v., please provide CMS with a copy of the waiver.
7. Please specify the basis upon which the provider tax is assessed (i.e. net patient revenue, etc.).
8. Please indicate the year when the provider tax was first assessed or the year when the state will start assessing the provider tax.

9. For the purposes of the 6% indirect hold harmless test as described at 42 CFR § 433.68(f)(3)(i)(A), please specify the percentage of net patient revenue raised by the provider tax for the permissible class that is being taxed.

Redistribution Questions

See separate document

CIB Talking Points for DRR Analysts

Background

On April 22, 2024, FMG released a CMCS Informational Bulletin (CIB) announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and **state payment proposals funded, in whole or in part, by health care-related taxes**. We are working into the SPA process procedures for reviewing proposals in line with this CIB, and asking additional questions related to redistributions.

The CIB and CIB-related work and materials may come up on a SPA-related call, or in emails you receive regarding the SPA. Because this has been a sensitive topic, and to ensure we can provide states with the best possible support, below we share some steps and talking points for these interactions. In general, business should continue as routinely as possible - these points and procedures are just to guide when a state directly raises this topic. But when in doubt, forward to the Tax team / CIB workgroup!

Note about Texas: We are enjoined from enforcing policies related to this work in Texas. **Do not engage with Texas on this topic** (hold harmless arrangements, redistributions, etc. See trigger word list below). If you have an inquiry from Texas in this subject area, immediately flag for your supervisor, and obtain direction from OGD (and OGC if necessary).

Note about Florida: Although we are not enjoined in Florida, there is active litigation on this subject matter. Similarly do not engage, and loop in your supervisor and OGD.

Trigger words

These are terms you may hear that may indicate the state is raising this topic.

- Health care-related tax*
- Non-enforcement CIB
- Enforcement discretion
- Redistribution arrangements
- Hold harmless arrangements*
- New or existing arrangements
- Litigation (financing, redistributions, Texas, Florida, Local Provider Participation Fund (LPPF))

*Note that this list is intended to put subjects on your radar, but may need to be used in conjunction in order to be related to the CIB. You do not need to engage with the CIB team simply when a state has mentioned a health care-related tax.

SPA Calls Talking Points

- To confirm, are you asking about [topic related to] the April 22 CIB regarding enforcement discretion for redistribution arrangements?
- We do not have the relevant subject matter experts on this call to discuss that topic; however, if you want to email me your question, I can ensure they receive it. If a separate call is needed, we can schedule one once the subject matter experts have reviewed your question.
- Or, now or at any other time, for questions on this issue and health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

Email Communications

Sample reply: Thank you for your inquiry regarding the CIB that establishes CMS enforcement discretion for existing redistribution arrangements. I have shared your email with the applicable subject matter experts, and I will provide their response shortly.

For questions on health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

Again, when in doubt, forward to the Tax team / CIB workgroup!

Points of Contact

Points of contact, internal: Jonathan Endelman, Kristin Fan, Abigail Walker, Stephanie Kaminsky

DRR POC: Jerica Bennett

Points of contact, external: taxwaiver@cms.hhs.gov

FW: FW: Discuss Managed Care Rule & Tax Non-Enforcement CIB

From: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>
To: "adams, lia (CMS/CMCS)" <lia.adams@cms.hhs.gov>
Date: Tue, 09 Jul 2024 15:51:33 +0000
Attachments: RE: RE: CMS approach to review of proposals associated with redistribution non enforcement CIB (184.83 kB); RE: RE: CMS approach to review of proposals associated with redistribution non enforcement CIB (275.97 kB); FW: FW: 7/16 all state call - QAs (84.99 kB)

Today's agenda

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Walker, Abigail (CMS/CMCS)
Sent: Tuesday, July 9, 2024 11:26 AM
To: Wiley, Evelyn (CMS/CMCS) <Evelyn.Wiley@cms.hhs.gov>; Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>; Sampson, Tamara (CMS/CMCS) <Tamara.Sampson@cms.hhs.gov>; Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Cc: Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Knight, Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov>
Subject: RE: Discuss Managed Care Rule & Tax Non-Enforcement CIB

Good afternoon!

Below please see an agenda for today's meeting, which is just from the CIB workgroup so please feel free to raise other pressing items or concerns.

- Initial / walk on items from Rory (or others)
- OGC:
 - [New-existing feedback](#) (see also email from Jeffrey 7/3 404p, attached)
 - Communication strategy (related to email from Jeffrey 7/3 404p)
 - Redistribution questions went to OGC (email from Abby 7/3 826a)
- DRR planning – state calls
- SOP work (awareness)
- Revisit [brainstorming document](#)
- Flag: all state call q/a sent to Rory (email from Abby 7/3 121p)

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

-----Original Appointment-----

From: Wiley, Evelyn (CMS/CMCS) <Evelyn.Wiley@cms.hhs.gov>

Sent: Thursday, May 2, 2024 10:56 PM

To: Wiley, Evelyn (CMS/CMCS); Howe, Rory (CMS/CMCS); Maccarroll, Amber (CMS/CMCS); Silanskis, Jeremy (CMS/CMCS); Arnold, Charlie (CMS/CMCS); Goldstein, Stuart (CMS/CMCS); Endelman [he/him], Jonathan (CMS/CMCS); Mcmillion, Todd (CMS/CMCS); Sampson, Tamara (CMS/CMCS); Boston, Beverly (CMS/CMCS); Wolgast, Henry (CMS/CMCS); Walker, Abigail (CMS/CMCS); Kaminsky, Stephanie (CMS/CMCS); Fan, Kristin (CMS/CMCS)

Cc: Cuno, Richard (CMS/CMCS); Knight, Gary (CMS/CMCS)

Subject: Discuss Managed Care Rule & Tax Non-Enforcement CIB

When: Tuesday, July 9, 2024 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: <https://cms.zoomgov.com/j>

(b)(6)

The CIB implementation subcommittee has prepared a document to examine the new vs existing distinction:

(b)(5)

Evelyn Wiley is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting

<https://cms.zoomgov.com/j>

(b)(6)

Meeting ID:

Password: (b)(6) (b)(6)

One tap mobile

+16692545252,

+16468287666,

(b)(6)

US (San Jose)

US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

833 435 1820 US Toll-free

833 568 8864 US Toll-free

Meeting ID:

(b)(6)

Password: (b)(6)

Find your local number: <https://cms.zoomgov.com/u/aexX93gwx4>

Join by SIP

Password:

[sip: \(b\)\(6\)](mailto:sip:(b)(6)@sip.zoomgov.com)

(b)(6)

[@sip.zoomgov.com](mailto:sip:(b)(6)@sip.zoomgov.com)

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

Redistribution-Related SPA Questions

The hold harmless requirements related to health care-related taxes are described in statute at section 1903(w)(4) of the Social Security Act (the Act) and federal regulation at 42 CFR § 433.68 (f). These hold harmless arrangements would include situations involving the redistribution of Medicaid payments among providers. In our Center for Medicaid and CHIP Services (CMCS) Informational Bulletin (CIB) released on February 17, 2023, entitled “Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments” reiterated that we consider any redistributions among providers of Medicaid payments to ensure that no provider is harmed financially for the cost of the tax to be an impermissible hold harmless arrangement contemplated by the statute and regulations.

On April 22, 2024, we released a CIB announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and state payment proposals funded, in whole or in part, by health care-related taxes. Therefore, we have the following questions related to the state’s proposal:

1. Is the state aware of any agreements or arrangements among providers or other entities that involve the redistribution of Medicaid payments (or other provider funds that are replenished by Medicaid payments) financed by the tax or taxes that are related to or that fund this proposal, as applicable? These redistribution payments may be made directly from one taxpaying provider to another, or the funds may be contributed first to an intermediary redistribution pool.
 - a. If so, please provide a detailed description of such agreements and/or arrangements, including how the state became aware of them, how long the arrangement(s) has been in place, the parties to the arrangement, and how the arrangement works.
2. Has the state asked providers or provider associations whether there are Medicaid payment redistributions among providers?
 - a. If so, what did the state learn from communications with providers or provider associations that is not described in the answer to question 1?
3. If such arrangements described in questions 1 and/or 2 exist, please provide any available information and documentation on the subject, in particular the text of any written materials or spreadsheets detailing the transfers. Examples of written materials/documentation include signed agreements, spreadsheets, PowerPoints, PDFs, legislative hearing records, contracts, hospital association resolutions or guidance documents, instructional videos, etc.
4. Please describe what monitoring, oversight, and enforcement programs in place to ensure permissibility of the state’s/locality’s/localities’ health care-related tax program. What

oversight systems does the state have to identify any impermissible hold harmless arrangements and prevent them? Please describe any reporting requirements from providers to the state that relate to the state's hold harmless oversight efforts.

5. Please confirm that the state is reporting its health care-related tax collections accurately on a quarterly basis, in accordance with 42 CFR 433.74. Under that regulation, CMS has the authority to request any additional information related to any donations made by, or any taxes imposed on, health care providers. As such, please also confirm the state is maintaining supporting documentation that is readily available upon request by CMS.
 - a. As a reminder, on the quarterly CMS-64, along with the reporting described, the state is certifying that its sources of non-federal share comply with federal requirements. If the state needs technical assistance to support the accurate reporting of health care related taxes on the CMS-64, please let us know.

Follow-up questions for identified arrangements:

1. Is this a new arrangement? In this context, the word "new" could refer to the tax, the redistribution arrangements, the payment vehicle (i.e. SDP or SPA), or any combination of the aforementioned. Even if a confirmed redistribution arrangement is pre-existing, there may be changes to certain aspects of the health care-related tax program which make it tantamount to a new arrangement, and therefore we would not exercise our enforcement discretion.
2. When was this arrangement first created?
3. When did you first become aware of this arrangement?
4. How many providers are involved?
5. What are the amounts of the transfers?
6. Which providers are transferring, and which are receiving transfers?
7. Please provide the tax amounts for each provider.
8. Please provide the amount paid to each provider financed by the provider tax.

Operational Approaches for Non-enforcement CIB

Background: On April 22, 2024, CMS issued a CMCS Informational Bulletin (CIB)¹ stating that CMS will not enforce sections 1903(w)(1)(A)(iii) and (w)(4) of the Social Security Act (the Act) and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that **exist as of the date of the CIB** until January 1, 2028. The CIB made clear that CMS would enforce these provisions with respect to new hold harmless arrangements.² The overarching goal of the non-enforcement policy is to provide a practical path to nationwide compliance on hold harmless requirements, while avoiding potentially disruptive programmatic impact associated with immediate compliance enforcement and collecting additional information from states. This paper outlines FMG's recommended operational approaches during the non-enforcement period, including for determining whether an arrangement is new or existing, the scope of activities in which FMG request information about possible redistributions, and where to focus FMG resources on state proposals.

New v. Existing Qualitative Assessment: To determine whether an arrangement with a confirmed redistribution is new or existed prior to April 22, 2024, we will perform standard qualitative assessments on state taxes when they are under FMG review through our existing standard processes (e.g., tax waiver requests, payment SPAs, proposed SDPs, etc.). Aiming to ensure consistency across all states, we will examine factors, detailed through framework below, such as historical trends, the magnitude of the change, and the impetus for the state action. While we describe some of those actions and factors below, we also note that every arrangement is unique and will require a focused review to take into account the varying circumstances for that state and the particular tax program.

Targeted Scope of Review: The CIB specifies that CMS will work to obtain additional information from states regarding possible redistribution arrangements. In doing so, we intend to rely as much as possible on existing process for reviewing non-federal share financing. Specifically, FMG's tax team will review the following types of activities for approvability or enforcement actions related to new redistribution arrangements under the basis of the CIB, to the extent the proposals have been provided to the FMG's tax team for review by the MCG, DRR, or SDG analysts, as applicable, and for proposals pending approval of April 22, 2024, to the extent the financing has not yet been cleared.* Given FMG's limited resources, these reviews will be targeted to actions that are funded with taxes that pose risk of new arrangements, aligned with our current approach to reviewing non-federal share for SPAs. In addition, we will continue our ongoing environmental scanning to identify problematic arrangements. Such environmental scanning may include Google searches, local news reports, state budget hearings, in addition to reviewing concerns raised by interested parties regarding hold harmless arrangements that may

¹ Exercise of Enforcement Discretion until Calendar Year 2028 for Existing Health Care-Related Tax Programs with Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments, <https://www.medicaid.gov/federal-policy-guidance/downloads/cib042224.pdf>

² In this context, the word "new" could refer to the tax, the redistribution arrangements, the payment vehicle (i.e. SDP or SPA), or any combination of the aforementioned. Even if a confirmed redistribution arrangement is pre-existing, there may be changes to certain aspects of the health care related tax program which make it tantamount to a new arrangement, and therefore we would not exercise our enforcement discretion.

have been created and/or operated by hospital associations, nursing home associations, consultants, and others.

- SDPs
- SPAs
- Tax waiver requests
- 1115 demonstration proposals/renewal requests (such as safety net care pools, quality incentive payments, low income pools, distressed hospital payments)
- CMS-64 reviews (to identify that a state implemented a new redistribution arrangement without our knowledge or inconsistent with payment proposal information.)
- FMRs
- OIG/Single State Auditor audits
- Environmental scanning

***Pending Proposals:** The CIB policies will be applied to all proposals approved by CMS after April 22, 2024. This includes proposals still pending CMS approval as of April 22, 2024, to the extent CMS has not already examined and cleared the financing aspect.

Redistribution Reviews. During the period from April 22, 2024, until January 1, 2028, and in line with policies outlined in the CIB, we will take into account a number of factors when determining whether there is a confirmed redistribution arrangement, as the subsequent application of the nonenforcement aspect of the CIB operates under the threshold assumption that there is a confirmed redistribution.

- 1) We are developing a set of standard questions for SDPs, SPAs, etc., selected to obtain additional information from states regarding possible redistributions.
- 2) We are also developing example attestations to provide states upon request (note: this is in advance of the attestation requirement established by the Medicaid managed care final rule (89 FR 41002), is optional for states, and is not an enforceable standard until 2028).
- 3) Based upon prior experience of certain arrangements, we will further investigate those proposals.

New vs. Existing determinations for scenarios CMS may encounter. Note, multiple scenarios or assessments may be possible in any one proposal, and CMS will consider all relevant factors. This is not an exhaustive list of factors and categories CMS will consider. The agency may need to update its process and standards as it learns more about redistribution arrangements and the impact of the Medicaid managed care final rule (89 FR 41002).		
Scenario Categories	We would likely regard as new , and therefore may be subject to disapproval, deferral, or disallowance action:	We would likely regard as existing , which therefore benefit from non-enforcement:
New v. Existing Redistribution New action (SPA, SDP, etc)	<ul style="list-style-type: none">• The confirmed redistribution is tied to a new action.	<ul style="list-style-type: none">• The confirmed redistribution is existing and not tied to the new action.

Commented [LJ(1): (b)(5)

(b)(5)

Commented [LJ(2):

(b)(5)

(b)(5)

Commented [LJ(3):

(b)(5)

(b)(5)

	<ul style="list-style-type: none"> The SPA, SDP, or tax includes a new payment or new tax. 	<ul style="list-style-type: none"> In line with historical activity and trends. In line with inflationary (or similar) adjustments.
Magnitude of SDP or Rate Payment change	<ul style="list-style-type: none"> SDP or payment is increased in a manner not aligned with historic practices, etc, when compared to other or prior SDPs or provider payments. For example, if the payment vehicle, the SDP or SPA, results in a significant increase, e.g. from \$200 million dollars to \$700 million dollars. 	<ul style="list-style-type: none"> Payment change is a nominal increase. For example, if last year the total tax amount collected was \$100 million, and this year the total tax amount collected is \$110 million.
Magnitude of Tax Increase	<ul style="list-style-type: none"> A significant tax increase (in either amount or proportion). For example, tax collections that jump from 3 percent to 6 percent of net patient revenue, that does not align with historical practice. 	<ul style="list-style-type: none"> Tax change is routine business. For example, if a state submits a tax waiver once a quarter with only slight changes (i.e., one quarter the tax amount is \$110 million, the next \$107 million, the next \$112 million). Tax changes are aligned with historic practices (e.g., a state that starts with 1 percent net patient revenue and has been increasing at a rate of .5 percent year over year, up to 6 percent). Inflationary adjustments (i.e. the tax increases by the Consumer Price Index for Urban Consumers).
Tax Structures, Generally	<ul style="list-style-type: none"> If structure of tax changes in an unanticipated manner. Note: We will not know in advance all the ways a state might be able to manipulate the tax structure, so we will scrutinize these changes closely. For example, a state exempts different providers to maximize taxation of providers with high Medicaid participation. 	<ul style="list-style-type: none"> A change or shift in tax structure is either minor, the result of circumstances beyond the state's control, or otherwise not indicative of state exploiting nonenforcement. For example, because of changes in case mix, the current structure they have approved results in Medicaid being taxed slightly higher than it was before. The rates are the same, exempt providers are the same, but due to

Commented [LJ(4):

(b)(5)

(b)(5)

Commented [LJ(5):

(b)(5)

(b)(5)

Commented [LJ(6):

(b)(5)

(b)(5)

		increase in Medicaid patients for a time period, there is a higher burden on Medicaid (as long as B1/B2 is still above 1).
Part/Whole	<ul style="list-style-type: none"> In the case of a small arrangement or payment change that can be separated from the larger framework, the severable part would be regarded as new. 	<ul style="list-style-type: none"> The new arrangement or payment is incidental to a program-wide framework, and is fundamental to that larger framework. For example, one program in a larger section 1115 demonstration is funded by an impermissible health care-related tax containing hold harmless arrangements.
Part/Whole Example: Delivery System	<ul style="list-style-type: none"> If the payment shift is not part of an overall, larger shift by the state, and instead a selective incorporation, between delivery systems, then the payment change may be regarded as new. 	<ul style="list-style-type: none"> If the shift in payment between delivery models is part of a larger shift by the state between delivery systems, the change could be regarded as existing.
Legislative Tax Change	<ul style="list-style-type: none"> State legislature action. Through news articles/environmental scanning/self reporting, we identify a new state law passed or under consideration that indicates a significant departure from historical practice, etc. 	<ul style="list-style-type: none"> Legislation to renew a tax due to expiration of prior. Legislative requirement creates a standard ongoing update (i.e. a state's laws do not change at all and the structure of the tax does not change at all and state law requires an annual update). For example, the state is rebasing its data: the data used to be based on FY 2020, but the state is updating the data to be based on FY 2023. The total tax amount changes as a result of the base data year update.

Commented [LJ(7): Editorial suggestion to clarify that CMS is discussing an example here.

Commented [LJ(8):

(b)(5)

(b)(5)

FW: FW: 7/16 all state call - QAs

From: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>
To: "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
Cc: "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>
Date: Wed, 03 Jul 2024 17:21:11 +0000

Hi Rory,

MCG asked us to have one question for the 7/16 call (see fwd). I drafted the following. This is non urgent and I'll re-up when you're back in, just getting it done now while yesterday's convo is in my brain. Let me know if you want me to add anything.

Q: In the managed care final rule, CMS finalized a couple policies related to non-federal share financing, then simultaneously released a CIB about CMS's exercise of enforcement discretion for certain redistribution arrangements. How is CMS implementing its review of tax proposals and waivers under the final rule and CIB?

A: In the managed care final rule, we finalized regulations that more clearly codified existing standards for non-federal share financing, which is now effective, as well as an attestation requirement, which will be effective the first rating period after January 1, 2028. The managed care final rule policies apply broadly to state financing. However, the CIB pertains only to health care-related tax programs with hold harmless arrangements involving the redistribution of Medicaid payments, and the exercise of enforcement discretion, which is currently in effect now through January 1, 2028, is only with regards to *existing* arrangements. To determine whether an arrangement, which here refer to any or all of an overall tax arrangement that includes redistributions, is new or existing, CMS will perform standard qualitative assessments on state taxes when they are under FMG review through our existing standard processes. We will examine factors such as historical trends, the magnitude of the change, and the impetus for the state action. We also want to point out that in the CIB, we explained we intend to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and state payment proposals funded, in whole or in part, by health care-related taxes. States submitting proposals should expect to receive questions specific to the issue of hold harmless and redistribution arrangements. If you do, it is not an indicator that we know or suspect there is an impermissible arrangement, or that your proposal or waiver would be regarded as new or existing under the CIB. Rather, we are gathering data as indicated in the CIB to ensure states are aware of arrangements, and to identify any programs or sectors at risk once we resume enforcement so we can address and mitigate that risk.

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Gentile, Amy (CMS/CMCS) <Amy.Gentile@cms.hhs.gov>
Sent: Wednesday, July 3, 2024 12:54 PM
To: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Regmi, Pooja (CMS/CMCS) <Pooja.Regmi@cms.hhs.gov>; Burch Mack, Rebecca (CMS/CMCS) <Rebecca.BurchMack@cms.hhs.gov>
Subject: RE: 7/16 all state call - QAs

After discussing with John today, he would like FMG to have one question ready. We'll draft 2 questions and we'll have DQ draft one. That will give us 4 total.

Thank you!

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Sent: Tuesday, July 2, 2024 3:45 PM
To: Gentile, Amy (CMS/CMCS) <Amy.Gentile@cms.hhs.gov>; Regmi, Pooja (CMS/CMCS) <Pooja.Regmi@cms.hhs.gov>; Burch Mack,

Rebecca (CMS/CMCS) <Rebecca.BurchMack@cms.hhs.gov>

Subject: 7/16 all state call - QAs

Good afternoon!

Earlier today Rory had flagged the 7/16 all state call which would have a QA on the three rules. He noted a request for 3 pre loaded questions per rule. I assume since FMG's portion of the MC rule is so small it prob wouldn't warrant one of the 3 pre loaded questions, but I just wanted to reach out as you plan for what you'd want to highlight and see if you'd like us to draft one. Please let me know!

(Also if you don't know what I'm talking about yet, sorry, I think it came through a slack convo so the "request" might still be working around.)

Thanks!

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor

Financial Management Group, Office of the Group Director

Center for Medicaid and CHIP Services

410-786-1725

abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

RE: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

From: "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>
To: "Colucci, Eva (CMS/CMCS)" <eva.colucci@cms.hhs.gov>; "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>
Cc: "Annan, Judi (CMS/CMCS)" <judith.annan@cms.hhs.gov>; "Tyler, Alecia (CMS/CMCS)" <alecia.tyler@cms.hhs.gov>; "Alarcon, Valentina (CMS/CMCS)" <valentina.alarcon@cms.hhs.gov>; "McNeill, Deborah (CMS/CMCS)" <deborah.mcneill@cms.hhs.gov>
Date: Thu, 26 Sep 2024 19:18:08 +0000
Attachments: IMP Woodlawn Cert FMG_Front Office_SA GS-0301-14.pdf (65.07 kB); Hiring Panel - Selection Form Attestation (OHC-2023-001-B) FMG SA.pdf (1.35 MB)

Hi – attached are the signed forms. Thanks!

From: Colucci, Eva (CMS/CMCS) <Eva.Colucci@cms.hhs.gov>
Sent: Thursday, September 26, 2024 3:08 PM
To: Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>
Cc: Annan, Judi (CMS/CMCS) <judith.annan@cms.hhs.gov>; Tyler, Alecia (CMS/CMCS) <Alecia.Tyler@cms.hhs.gov>; Alarcon, Valentina (CMS/CMCS) <Valentina.Alarcon@cms.hhs.gov>; McNeill, Deborah (CMS/CMCS) <Deborah.McNeill@cms.hhs.gov>
Subject: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

Hi Jeremy,

The Woodlawn Cert is attached and ready for your selections. When you're ready, please send it back to me with the Selection Form & Attestation. I will also need the Non-Disclosure Statement Form(s), if applicable. Please let me know if you need anything else.

Eva Colucci

Human Capital Analyst/HR Liaison
Division of Human Capital (DHC)/Operations Service Group (OSG)
Center for Medicaid and CHIP Services (CMCS)
Phone: 720.853.2613 Email: eva.colucci@cms.hhs.gov

From: Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Sent: Thursday, September 26, 2024 12:21 PM
To: Colucci, Eva (CMS/CMCS) <Eva.Colucci@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>
Cc: Annan, Judi (CMS/CMCS) <judith.annan@cms.hhs.gov>; Tyler, Alecia (CMS/CMCS) <Alecia.Tyler@cms.hhs.gov>; Alarcon, Valentina (CMS/CMCS) <Valentina.Alarcon@cms.hhs.gov>; McNeill, Deborah (CMS/CMCS) <Deborah.McNeill@cms.hhs.gov>
Subject: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

I probably should have mentioned that we plan to use the Woodlawn cert. Thanks!

From: Colucci, Eva (CMS/CMCS) <Eva.Colucci@cms.hhs.gov>
Sent: Thursday, September 26, 2024 12:42 PM
To: Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>
Cc: Annan, Judi (CMS/CMCS) <judith.annan@cms.hhs.gov>; Tyler, Alecia (CMS/CMCS) <Alecia.Tyler@cms.hhs.gov>; Alarcon, Valentina (CMS/CMCS) <Valentina.Alarcon@cms.hhs.gov>; McNeill, Deborah (CMS/CMCS) <Deborah.McNeill@cms.hhs.gov>
Subject: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

Hi Jeremy,

Yes, you will need to sign the specific cert, where the individual applied. I will send you the prepared Cert PDFs so you can enter your selection and sign. Please indicate S next to your selection and enter NS on those who were not selected on the certs. Once completed, please send the certs to me and I can complete the USAStaffing portion for you.

As part of the selection request to OHC, I will need to include the attached, Selection Form & Attestation as well as the Non-Disclosure Statement for BU employees, if you had any Bargaining Unit employees on the panel. Once those are ready, kindly send them to me.

Please let me know if you have any other questions or need clarification.

Eva Colucci

Human Capital Analyst/HR Liaison
Division of Human Capital (DHC)/Operations Service Group (OSG)
Center for Medicaid and CHIP Services (CMCS)
Phone: 720.853.2613 Email: eva.colucci@cms.hhs.gov

From: Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Sent: Thursday, September 26, 2024 9:47 AM
To: Colucci, Eva (CMS/CMCS) <Eva.Colucci@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>
Cc: Annan, Judi (CMS/CMCS) <judith.annan@cms.hhs.gov>; Tyler, Alecia (CMS/CMCS) <Alecia.Tyler@cms.hhs.gov>; Alarcon, Valentina (CMS/CMCS) <Valentina.Alarcon@cms.hhs.gov>; McNeill, Deborah (CMS/CMCS) <Deborah.McNeill@cms.hhs.gov>
Subject: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

Hi – we are going to make our selection for the FMG SA today. Do we make the selection using the PDF for the location where the individual applied or should the hiring manager log into usastaffing to make the selection? (b)(6) will be the hiring manager but I just tried to sign into the system using my password/PIV and it says that I have a credentialing issue so a little worried that he may run into the same problem. Thanks!

From: Colucci, Eva (CMS/CMCS) <Eva.Colucci@cms.hhs.gov>
Sent: Tuesday, September 3, 2024 5:04 PM
To: Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: CMS CMCS HR <CMCSHR@cms.hhs.gov>; Annan, Judi (CMS/CMCS) <judith.annan@cms.hhs.gov>; Tyler, Alecia (CMS/CMCS) <Alecia.Tyler@cms.hhs.gov>; Alarcon, Valentina (CMS/CMCS) <Valentina.Alarcon@cms.hhs.gov>; McNeill, Deborah (CMS/CMCS) <Deborah.McNeill@cms.hhs.gov>
Subject: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14
Importance: High

Hello again and good afternoon,

OHC recalled the initial cert review for the Special Assistant, GS-14, and the certs are now separated by location. Rather than forwarding you 4 different review emails, I have combined the information from each email in the chart below and highlighted locations for convenience. Please use the attached certs when making your selection. I've also attached the Non-Disclosure Agreement and Hiring Panel Selection Form & Attestation, which will need to accompany the Selection Form, when submitted to OHC.

Feel free to access the documents in USAStaffing. The certificates have a current expiration date of **9/24/2024**, which provides you with 15 initial days to make a selection decision. After the 15 days, the cert may be extended in 5-day increments, but will require additional approving justifications after 20 days. The selection process details are provided at the end of this email.

<p>1. Review Type: Applicant List Review Name: IMP-20240718-0019-14-Bethesda Due Date: 9/24/2024</p> <p>Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019</p> <p>Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249959/12501979?tenant=HHS</p> <p>If you have any questions, please contact Ranisha Dixon at ranisha.dixon@cms.hhs.gov or 667-414-0668.</p>	<p>2. Review Type: Applicant List Review Name: IMP-20240718-0019-14-Chicago Due Date: 9/24/2024</p> <p>Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019</p> <p>Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249958/12501979?tenant=HHS</p> <p>If you have any questions, please contact Ranisha Dixon at ranisha.dixon@cms.hhs.gov or 667-414-0668.</p>
<p>3. Review Type: Applicant List Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024</p> <p>Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019</p> <p>Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249957/12501979?tenant=HHS</p> <p>If you have any questions, please contact Ranisha Dixon at ranisha.dixon@cms.hhs.gov or 667-414-0668.</p>	<p>4. Review Type: Applicant List Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024</p> <p>Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019</p> <p>Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249955/12501979?tenant=HHS</p> <p>If you have any questions, please contact Ranisha Dixon at ranisha.dixon@cms.hhs.gov or 667-414-0668.</p>

Selection Process:

Selecting Official Responsibilities:

- For GS 14 and 15 positions: Ensure that you adhere to the hiring panel requirements before making a selection. Each interview should include one (1) health equity question and one (1) DEI question from the Equity Questions Document. Selecting Officials may use the examples provided to tailor an equity question more specific to the position's technical area. Carefully review the HRM [Human Resource Manual](#) for full details on how you are to conduct these interviews for these grades.
- Refer to these resources and tips to conduct your [Interview Process](#) (Interview candidates remotely, sample interview questions, conducting references...etc.)
- Annotate cert with "S" for candidate you wish to select and "NS" for all others and then sign the cert. Please make sure to have back up selections (2) should the first/subsequent selection decline a job offer
- Send OSG/DHC the signed cert.

OSG/DHC Responsibilities:

- Upon receipt of the signed cert, DHC will complete internal clearances to include budget request from OFM
- Prepare and forward package to OHC (HR) for job offers.
- Keep the selecting official informed of progress
- Ensure that the applicant is on the NEO log, if applicable

OHC Responsibilities:

- HR will perform quality review of our selection
- Verify budget
- Extend official job offer
- Work with personnel security on background investigation
- Determine/confirm release and effective date
- Onboard applicant, if applicable

Subsequent Steps:

OSG/OHC will work with Group to ensure that the following are addressed:

- EUA account is setup or transferred
- ITAS account is set up or transferred
- Office space is addressed
- All other activities have been addressed

Please let me know if you have any questions.

Eva Colucci

Human Capital Analyst/HR Liaison
Division of Human Capital (DHC)/Operations Service Group (OSG)
Center for Medicaid and CHIP Services (CMCS)
Phone: 720.853.2613 Email: eva.colucci@cms.hhs.gov

Certificate of Eligibles

Criteria		Certificate Details	
Pay Plan	GS	Certificate Number	20240903-CATZ-009
Series	0301	Certificate Type	Competitive Merit Promotion
Grade	14	Issued Date	09/03/2024
Specialties	N/A	Issued By	(b)(6)
Location	Woodlawn, United States	Priority Order	None
		Rank By	Rating (exclude Veteran Points)
		Refer Method	All

Applicant List		
Agency Action	Applicant Name / Applicant Email	Eligible Series
S		
NS	(b)(6)	
NS		

Selecting Official Signature _____ (b)(6) Date _____

Selecting Official Organization CMS/CMCS/FMG

Selecting Official Telephone Number _____ (b)(6)

Appointing Official Signature _____ Date _____

Hiring Panel Selection Statement

Vacancy Details

Position Title, Series, and Grade	Special Assistant, 0301, GS-14
Component, Group, Division	CMCS/FMG
Announcement Number	CMS-CMCS-24-12501979-IMP
Selecting Official's Name	(b)(6)

Hiring Panel Members

	Name	Component	
1.		CMCS/FMG	
2.	(b)(6)	CMCS/FMG	(b)(6)
3.		CMCS/FMG	
4.		CMCS/OSG	
5.			

Panel Composition and Processes

Describe how panel composition and candidate review processes reduced bias(es).
<p>The panel is composed of members of the FMG leadership team as well as an experienced Special Assistant from a different CMCS Group serving as a panelist SME. The panel includes a diverse group of FMG and CMCS experts who have many years of experience with hiring actions. The panel senior management, with years of training in federal hiring practices, DEI initiatives and selection bias, and subject matter experts who have served in special assistant positions currently and in the past. The experience and specialized knowledge of the hiring panel will ensure the best candidate is selected for the position.</p>

Selection Details

Selectee's Name	Justification (3-4 sentences)
(b)(6)	(b)(6) experience as an analyst in the Division of Financial Policy and the FMG front office as well as (b)(6) detail as the FMG Special Assistance make (b)(6) uniquely qualified for the position. (b)(6) demonstrates excellent organization

Alternate Selection Details *(if applicable)*

Alternate Selectee's Name	Justification (3-4 sentences)

Attestation

As Selecting Official, I hereby attest that the above selectee was chosen based upon meritorious factors, after establishing and utilizing an objective, job-related, documented, and quantifiable rating and ranking process. I also attest that this decision has been made taking into consideration all Merit Systems Principles and Prohibited Personnel Practices, have been made in good faith and comply with CMS's Hiring Panel HRM.

Signature and Date

(b)(6)

HH/ Related orgs - Attestation language issue

Where: CMS S2-25-07 CMCS Conference Room (Zoom Enabled); <https://cms.zoomgov.com/j/> (b)(6)

When: Wed Jun 05 13:00:00 2024 +00:00

Until: Wed Jun 05 13:30:00 2024 +00:00

Organisers "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>

Required Attendees: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>
"Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>
"Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>
"Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>
"Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>
"Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>
"Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>
"Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>
"Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>

Attachments: FW: WA SNAP Attestation Language + Three Other States (214.02 kB); RE: WA SNAP Attestation Language + Three Other States (265.22 kB)

Abigail Walker is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting
<https://cms.zoomgov.com/j/> (b)(6)

Meeting ID:
Password: (b)(6) (b)(6)

One tap mobile
+16692545252, (b)(6) # US (San Jose)
+16468287666, (b)(6) # US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
833 435 1820 US Toll-free
833 568 8864 US Toll-free

Meeting ID: (b)(6)
Password: (b)(6)
Find your local number: <https://cms.zoomgov.com/u/abRhB9fDI6>

Join by SIP
Password:
sip: (b)(6) (b)(6) @sip.zoomgov.com

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

FW: FW: WA SNAP Attestation Language + Three Other States

From: "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
To: "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>
Cc: "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>, "Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>, "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>, "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>, "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>
Date: Tue, 04 Jun 2024 17:05:29 +0000
Attachments: Hospital Attestation 5.7.2024.docx (24.6 kB)

Hi, Stuart. Please see attached per our conversation for your review. This language looks similar, but distinguishable from NC. I know we also communicated to NC that any transfers among related entities to hold them harmless would be concerning. Let's plan to discuss once the team has had a chance to review. I will find time to set up a meeting when the team is ready. We will likely need feedback tomorrow given NAMD next week and the urgency from the state. Thanks!

Rory

From: Atkinson, Megan M. (HCA) <megan.atkinson@hca.wa.gov>
Sent: Tuesday, June 4, 2024 12:12 PM
To: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>
Cc: Cole, Abby (HCA) <abby.cole@hca.wa.gov>; Birch, Sue (HCA) <sue.birch@hca.wa.gov>; Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>
Subject: WA SNAP Attestation Language + Three Other States

Hi Rory,

Thank you for the conversation yesterday morning and thanks also for your attendance at the NAMD all-state call yesterday. The conversation during the NAMD call was really helpful to me and my team.

Regarding the proposed hospital attestation for Washington, the HCA team met with the Washington State Hospital Association (WSHA) yesterday to discuss the sentence in question (highlighted in yellow in the snippet below).

- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.

WSHA shared with us three states that have similar language in their attestations.

- * Nevada: For purposes of this attestation, the term "Separate Legal Entity" excludes business entities that are related organizations as defined at 42 C.F.R. §413.17.
- * North Carolina: This attestation does not preclude transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- * Rhode Island: The consolidation of financial transactions of subsidiary entities on a hospital system's combined financial statements under generally accepted accounting principles, or routine inter-company transfers by entities within a hospital system under common ownership or control do not constitute a Redistribution Agreement.

Based on what WSHA has shared, and HCA has not reviewed the other state attestations, the language in the North Carolina attestation appears to be very similar. Has CMS approved the North Carolina attestation and, if so, could Washington use similar language?

Thank you,

Megan

Megan M. Atkinson

Chief Financial Officer

Financial Services Division

office: 360-725-1222

cell: (b)(6)

megan.atkinson@hca.wa.gov

Washington State
Health Care Authority

www.hca.wa.gov



**ATTESTATION OF HOSPITAL EXECUTIVE
IN CONNECTION WITH THE
HOSPITAL SAFETY NET ASSESSMENT PROGRAM**

Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan.” See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax.” See Section 1903(w)(4)(C) of the Act; *see also* 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State’s amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State’s medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22, 2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

Attestation

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive signature: _____

Hospital executive name: _____

Hospital executive title: _____ Date: _____

Name(s) of hospitals for which this attestation is being submitted:

Technical Assistance

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at abby.cole@hca.wa.gov for assistance.

RE: RE: WA SNAP Attestation Language + Three Other States

From: "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>
To: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>, "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>
Cc: "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>, "Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>, "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>
Date: Tue, 04 Jun 2024 18:45:02 +0000
Attachments: DRAFT NC Hold Harmless Attestation - 7.20.23 (002) CMS.docx (25.48 kB); Hospital Attestation 5.7.2024 (002).docx (24.48 kB)

Dear all,

The Washington attestation says that the hold harmless "does not include" transfers between hospitals as part of a related organization whereas the North Carolina attestation says that the hold harmless requirement "does not preclude" hospitals within a related organization from making transfers to one another. The difference is subtle, but I think important. I don't think we want to say that the hold harmless "does not include" these transfers, but I don't think we have any problem saying that the hold harmless requirements "do not preclude" the hospitals from making transfers to one another.

Best,

Jonathan

Jonathan Endelman (he/him), PhD
Social Science Research Analyst
Centers for Medicare & Medicaid Services (CMS)
Center for Medicaid and CHIP Services (CMCS)
Financial Management Group (FMG)
Division of Financial Policy (DFP)
410.786.4738
jonathan.endelman@cms.hhs.gov
7500 Security Blvd.
Mail Stop, S3-14-28
Baltimore, MD 21244-1850

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Sent: Tuesday, June 4, 2024 2:41 PM
To: Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>
Cc: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Subject: RE: WA SNAP Attestation Language + Three Other States

Can do!

~Abby

Abigail Walker, J.D. (she/her)
Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>
Sent: Tuesday, June 4, 2024 2:39 PM
To: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Cc: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>;

Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>

Subject: RE: WA SNAP Attestation Language + Three Other States

I think we can discuss in the morning. Do you want to set something up for 9AM?

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>

Sent: Tuesday, June 4, 2024 2:15 PM

To: Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>

Cc: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>

Subject: RE: WA SNAP Attestation Language + Three Other States

Dropping OGD. DFP, does the tax team plan to discuss this item on one of those meetings (and if so can I be added), or should I set up some standalone time?

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor

Financial Management Group, Office of the Group Director

Center for Medicaid and CHIP Services

410-786-1725

abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>

Sent: Tuesday, June 4, 2024 1:05 PM

To: Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>

Cc: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>

Subject: FW: WA SNAP Attestation Language + Three Other States

Hi, Stuart. Please see attached per our conversation for your review. This language looks similar, but distinguishable from NC. I know we also communicated to NC that any transfers among related entities to hold them harmless would be concerning. Let's plan to discuss once the team has had a chance to review. I will find time to set up a meeting when the team is ready. We will likely need feedback tomorrow given NAMD next week and the urgency from the state. Thanks!

Rory

From: Atkinson, Megan M. (HCA) <megan.atkinson@hca.wa.gov>

Sent: Tuesday, June 4, 2024 12:12 PM

To: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>

Cc: Cole, Abby (HCA) <abby.cole@hca.wa.gov>; Birch, Sue (HCA) <sue.birch@hca.wa.gov>; Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>

Subject: WA SNAP Attestation Language + Three Other States

Hi Rory,

Thank you for the conversation yesterday morning and thanks also for your attendance at the NAMD all-state call yesterday. The conversation during the NAMD call was really helpful to me and my team.

Regarding the proposed hospital attestation for Washington, the HCA team met with the Washington State Hospital Association (WSHA) yesterday to discuss the sentence in question (highlighted in yellow in the snippet below).

- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.

WSHA shared with us three states that have similar language in their attestations.

- * Nevada: For purposes of this attestation, the term "Separate Legal Entity" excludes business entities that are related organizations as defined at 42 C.F.R. §413.17.
- * North Carolina: This attestation does not preclude transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- * Rhode Island: The consolidation of financial transactions of subsidiary entities on a hospital system's combined financial statements under generally accepted accounting principles, or routine inter-company transfers by entities within a hospital system under common ownership or control do not constitute a Redistribution Agreement.

Based on what WSHA has shared, and HCA has not reviewed the other state attestations, the language in the North Carolina attestation appears to be very similar. Has CMS approved the North Carolina attestation and, if so, could Washington use similar language?

Thank you,

Megan

Megan M. Atkinson
Chief Financial Officer
Financial Services Division
office: 360-725-1222
cell: 360-764-3424
megan.atkinson@hca.wa.gov

Washington State
Health Care Authority

www.hca.wa.gov



NC Hold Harmless Attestation

DRAFT – 7/12/2023

Dear _____,

The Centers for Medicare and Medicaid Services (CMS) is requesting that the North Carolina Department of Health and Human Services (NC DHHS) collect attestations from all hospitals subject to the Modernized Hospital Assessment or Health Advancement Assessment¹ affirming that the hospital is not participating in an impermissible hold harmless arrangement. Attestations must be returned to NC DHHS by TBD Date.

Ensuring Hold Harmless Arrangements are not in Place in North Carolina

Should CMS identify and impose a disallowance of FFP related to an impermissible hold harmless arrangements, NC DHHS is also requiring that providers submitting this attestation agree to repay the Department a proportionate share of federal funds subject to the disallowance.

To comply with the above requirement from CMS and ensure fiscal stability of NC Medicaid, we ask that an Officer complete and sign the below attestation on behalf of your organization by no later than TBD Date.

.....

I, NAME, as the an Officer of INSTITUTION, attest that the following statements are true: INSTITUTION has not entered into any explicit or implicit, oral or written agreements to participate in any hold harmless arrangement with respect to any health care related tax as specified in § 42 CFR 433.68(f)(3) in which the State or other unit of government imposing the tax provides for any direct or indirect payment, offset, or waiver such that the provision of the payment, offset, or waiver directly or indirectly guarantees to hold the provider harmless for all or any portion of the tax amount.

- INSTITUTION agrees that, if CMS determines that the INSTITUTION has participated in an impermissible hold harmless arrangement that results in the disallowance of FFP pursuant to Section 1903(w)(1) of the Social Security Act, the INSTITUTION will remit payment to NC DHHS equal to the INSTITUTION'S proportionate share of any federal funds subject to the disallowance as determined by the NC DHHS within thirty calendar days of receiving notification of the amount due subsequent to the conclusion of any and all appeal rights by the state.

Signature: _____

Name: _____

¹ Authorized under Article 7B of Chapter 108A of North Carolina General Statute

NC Hold Harmless Attestation

DRAFT – 7/12/2023

Title: _____

Institution: _____

Date: _____

**ATTESTATION OF HOSPITAL EXECUTIVE
IN CONNECTION WITH THE
HOSPITAL SAFETY NET ASSESSMENT PROGRAM**

Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan.” See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax.” See Section 1903(w)(4)(C) of the Act; *see also* 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State’s amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State’s medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22, 2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

Attestation

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive signature: _____

Hospital executive name: _____

Hospital executive title: _____ Date: _____

Name(s) of hospitals for which this attestation is being submitted:

Technical Assistance

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at abby.cole@hca.wa.gov for assistance.

RE: RE: WA SNAP Attestation Language + Three Other States

From: "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>
To: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>, "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>
Cc: "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>, "Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>, "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>
Date: Tue, 04 Jun 2024 18:45:02 +0000
Attachments: DRAFT NC Hold Harmless Attestation - 7.20.23 (002) CMS.docx (25.48 kB); Hospital Attestation 5.7.2024 (002).docx (24.48 kB)

Dear all,

The Washington attestation says that the hold harmless "does not include" transfers between hospitals as part of a related organization whereas the North Carolina attestation says that the hold harmless requirement "does not preclude" hospitals within a related organization from making transfers to one another. The difference is subtle, but I think important. I don't think we want to say that the hold harmless "does not include" these transfers, but I don't think we have any problem saying that the hold harmless requirements "do not preclude" the hospitals from making transfers to one another.

Best,

Jonathan

Jonathan Endelman (he/him), PhD
Social Science Research Analyst
Centers for Medicare & Medicaid Services (CMS)
Center for Medicaid and CHIP Services (CMCS)
Financial Management Group (FMG)
Division of Financial Policy (DFP)
410.786.4738
jonathan.endelman@cms.hhs.gov
7500 Security Blvd.
Mail Stop, S3-14-28
Baltimore, MD 21244-1850

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Sent: Tuesday, June 4, 2024 2:41 PM
To: Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>
Cc: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>
Subject: RE: WA SNAP Attestation Language + Three Other States

Can do!

~Abby

Abigail Walker, J.D. (she/her)
Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>
Sent: Tuesday, June 4, 2024 2:39 PM
To: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Cc: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>;

Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>

Subject: RE: WA SNAP Attestation Language + Three Other States

I think we can discuss in the morning. Do you want to set something up for 9AM?

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>

Sent: Tuesday, June 4, 2024 2:15 PM

To: Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>

Cc: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>

Subject: RE: WA SNAP Attestation Language + Three Other States

Dropping OGD. DFP, does the tax team plan to discuss this item on one of those meetings (and if so can I be added), or should I set up some standalone time?

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor

Financial Management Group, Office of the Group Director

Center for Medicaid and CHIP Services

410-786-1725

abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>

Sent: Tuesday, June 4, 2024 1:05 PM

To: Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>

Cc: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>

Subject: FW: WA SNAP Attestation Language + Three Other States

Hi, Stuart. Please see attached per our conversation for your review. This language looks similar, but distinguishable from NC. I know we also communicated to NC that any transfers among related entities to hold them harmless would be concerning. Let's plan to discuss once the team has had a chance to review. I will find time to set up a meeting when the team is ready. We will likely need feedback tomorrow given NAMD next week and the urgency from the state. Thanks!

Rory

From: Atkinson, Megan M. (HCA) <megan.atkinson@hca.wa.gov>

Sent: Tuesday, June 4, 2024 12:12 PM

To: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>

Cc: Cole, Abby (HCA) <abby.cole@hca.wa.gov>; Birch, Sue (HCA) <sue.birch@hca.wa.gov>; Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>

Subject: WA SNAP Attestation Language + Three Other States

Hi Rory,

Thank you for the conversation yesterday morning and thanks also for your attendance at the NAMD all-state call yesterday. The conversation during the NAMD call was really helpful to me and my team.

Regarding the proposed hospital attestation for Washington, the HCA team met with the Washington State Hospital Association (WSHA) yesterday to discuss the sentence in question (highlighted in yellow in the snippet below).

- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.

WSHA shared with us three states that have similar language in their attestations.

- * Nevada: For purposes of this attestation, the term "Separate Legal Entity" excludes business entities that are related organizations as defined at 42 C.F.R. §413.17.
- * North Carolina: This attestation does not preclude transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- * Rhode Island: The consolidation of financial transactions of subsidiary entities on a hospital system's combined financial statements under generally accepted accounting principles, or routine inter-company transfers by entities within a hospital system under common ownership or control do not constitute a Redistribution Agreement.

Based on what WSHA has shared, and HCA has not reviewed the other state attestations, the language in the North Carolina attestation appears to be very similar. Has CMS approved the North Carolina attestation and, if so, could Washington use similar language?

Thank you,

Megan

Megan M. Atkinson
Chief Financial Officer
Financial Services Division
office: 360-725-1222
cell: (b)(6)
megan.atkinson@hca.wa.gov

Washington State
Health Care Authority

www.hca.wa.gov



NC Hold Harmless Attestation

DRAFT – 7/12/2023

Dear _____,

The Centers for Medicare and Medicaid Services (CMS) is requesting that the North Carolina Department of Health and Human Services (NC DHHS) collect attestations from all hospitals subject to the Modernized Hospital Assessment or Health Advancement Assessment¹ affirming that the hospital is not participating in an impermissible hold harmless arrangement. Attestations must be returned to NC DHHS by TBD Date.

Ensuring Hold Harmless Arrangements are not in Place in North Carolina

Should CMS identify and impose a disallowance of FFP related to an impermissible hold harmless arrangements, NC DHHS is also requiring that providers submitting this attestation agree to repay the Department a proportionate share of federal funds subject to the disallowance.

To comply with the above requirement from CMS and ensure fiscal stability of NC Medicaid, we ask that an Officer complete and sign the below attestation on behalf of your organization by no later than TBD Date.

.....

I, NAME, as the an Officer of INSTITUTION, attest that the following statements are true: INSTITUTION has not entered into any explicit or implicit, oral or written agreements to participate in any hold harmless arrangement with respect to any health care related tax as specified in § 42 CFR 433.68(f)(3) in which the State or other unit of government imposing the tax provides for any direct or indirect payment, offset, or waiver such that the provision of the payment, offset, or waiver directly or indirectly guarantees to hold the provider harmless for all or any portion of the tax amount.

- INSTITUTION agrees that, if CMS determines that the INSTITUTION has participated in an impermissible hold harmless arrangement that results in the disallowance of FFP pursuant to Section 1903(w)(1) of the Social Security Act, the INSTITUTION will remit payment to NC DHHS equal to the INSTITUTION'S proportionate share of any federal funds subject to the disallowance as determined by the NC DHHS within thirty calendar days of receiving notification of the amount due subsequent to the conclusion of any and all appeal rights by the state.

Signature: _____

Name: _____

¹ Authorized under Article 7B of Chapter 108A of North Carolina General Statute

NC Hold Harmless Attestation

DRAFT – 7/12/2023

Title: _____

Institution: _____

Date: _____

**ATTESTATION OF HOSPITAL EXECUTIVE
IN CONNECTION WITH THE
HOSPITAL SAFETY NET ASSESSMENT PROGRAM**

Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan.” See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax.” See Section 1903(w)(4)(C) of the Act; *see also* 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State’s amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State’s medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22, 2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

Attestation

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive signature: _____

Hospital executive name: _____

Hospital executive title: _____ Date: _____

Name(s) of hospitals for which this attestation is being submitted:

Technical Assistance

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at abby.cole@hca.wa.gov for assistance.

FW: FW: WA SNAP Attestation Language + Three Other States

From: "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>
To: "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>
Cc: "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>, "Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>, "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>, "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>, "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>
Date: Tue, 04 Jun 2024 17:05:29 +0000
Attachments: Hospital Attestation 5.7.2024.docx (24.6 kB)

Hi, Stuart. Please see attached per our conversation for your review. This language looks similar, but distinguishable from NC. I know we also communicated to NC that any transfers among related entities to hold them harmless would be concerning. Let's plan to discuss once the team has had a chance to review. I will find time to set up a meeting when the team is ready. We will likely need feedback tomorrow given NAMD next week and the urgency from the state. Thanks!

Rory

From: Atkinson, Megan M. (HCA) <megan.atkinson@hca.wa.gov>
Sent: Tuesday, June 4, 2024 12:12 PM
To: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>
Cc: Cole, Abby (HCA) <abby.cole@hca.wa.gov>; Birch, Sue (HCA) <sue.birch@hca.wa.gov>; Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>
Subject: WA SNAP Attestation Language + Three Other States

Hi Rory,

Thank you for the conversation yesterday morning and thanks also for your attendance at the NAMD all-state call yesterday. The conversation during the NAMD call was really helpful to me and my team.

Regarding the proposed hospital attestation for Washington, the HCA team met with the Washington State Hospital Association (WSHA) yesterday to discuss the sentence in question (highlighted in yellow in the snippet below).

- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.

WSHA shared with us three states that have similar language in their attestations.

- * Nevada: For purposes of this attestation, the term "Separate Legal Entity" excludes business entities that are related organizations as defined at 42 C.F.R. §413.17.
- * North Carolina: This attestation does not preclude transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- * Rhode Island: The consolidation of financial transactions of subsidiary entities on a hospital system's combined financial statements under generally accepted accounting principles, or routine inter-company transfers by entities within a hospital system under common ownership or control do not constitute a Redistribution Agreement.

Based on what WSHA has shared, and HCA has not reviewed the other state attestations, the language in the North Carolina attestation appears to be very similar. Has CMS approved the North Carolina attestation and, if so, could Washington use similar language?

Thank you,

Megan

Megan M. Atkinson

Chief Financial Officer

Financial Services Division

office: 360-725-1222

cell: (b)(6)

megan.atkinson@hca.wa.gov

Washington State
Health Care Authority

www.hca.wa.gov



**ATTESTATION OF HOSPITAL EXECUTIVE
IN CONNECTION WITH THE
HOSPITAL SAFETY NET ASSESSMENT PROGRAM**

Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan.” See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where “The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax.” See Section 1903(w)(4)(C) of the Act; *see also* 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State’s amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State’s medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22, 2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

Attestation

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive signature: _____

Hospital executive name: _____

Hospital executive title: _____ Date: _____

Name(s) of hospitals for which this attestation is being submitted:

Technical Assistance

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at abby.cole@hca.wa.gov for assistance.

Internal QAs for hold harmless non enforcement CIB

From: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>
To: "Dorsey, Jennifer (CMS/CMCS)" <jennifer.dorsey@cms.hhs.gov>, "Janu, Shanna (CMS/CMCS)" <shanna.janu@cms.hhs.gov>
Cc: "Briskin, Perrie (CMS/CMCS)" <perrie.briskin@cms.hhs.gov>, "Boston, Beverly (CMS/CMCS)" <beverly.boston@cms.hhs.gov>
Date: Thu, 28 Mar 2024 14:27:52 +0000
Attachments: HH_nonenforcementCIB_QAsdraft_toOCD.docx (29.32 kB)

Good morning!

Please find attached the FMG approved internal QAs for the CIB to get it into clearance. I'll get the reactive and night note next.

Thanks!

~Abby

Abigail Walker, J.D. (she/her)
Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

Exercise of Enforcement Discretion for Existing Hold Harmless Redistribution Arrangements– CMCS Informational Bulletin (CIB)
Internal Q/As

1. What is CMS releasing today?

- A. CMS is releasing a CMCS informational bulletin (CIB) regarding CMS' exercise of enforcement discretion until calendar year 2028 for existing health care-related tax programs with hold harmless arrangements involving the redistribution of Medicaid payments.

2. What is the purpose of the release?

- A. The CIB communicates to state Medicaid agencies a period of CMS enforcement discretion related to certain arrangements addressed in the recent Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality Final Rule (Managed Care Final Rule). Specifically, CMS will not enforce sections 1903(w)(1)(A)(iii) and (w)(4) of the Social Security Act (the Act) and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider redistributions that exist as of the date of this guidance, which arrangements were described in detail in a February 17, 2023, CMCS CIB titled *Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments*.¹ This flexibility is needed to afford States additional time to address those specific arrangements while still allowing the Managed Care Final Rule to have immediate efficacy for other arrangements.

3. What regulatory changes led to this release?

- A. On April XX, 2024, CMS released the Managed Care Final Rule. This final rule makes explicit which SDPs do not comply with federal financing requirements and makes clear CMS will disapprove noncompliant SDPs. While we believe it is important to finalize this rule in this manner at this time, we understand States may need time to find and end impermissible arrangements, and this CIB provides flexibility for addressing these arrangements while the rule can still have immediate efficacy for broader SDP and tax requirements.

4. What is the anticipated response from interested parties?

- A. We expect States will have a mixed reaction depending on their current view of the arrangements that are subject to this enforcement. We expect Congressional reaction will mirror this. Special interest groups will likely respond favorably in light of concerns expressed about the impact safety net hospitals may experience if the redistribution arrangements in question.

5. What guardrails are in place to maintain program integrity?

- A. The nonenforcement policy applies only to existing arrangements. As such we are not creating a new vulnerability, but instead giving States more time to resolve ones that already exist.

¹ See <https://www.medicaid.gov/sites/default/files/2023-02/cib021723.pdf>.

Operational Approaches for Non-enforcement CIB

Background: On April 22, 2024, CMS issued a CMCS Informational Bulletin (CIB)¹ stating that CMS will not enforce sections 1903(w)(1)(A)(iii) and (w)(4) of the Social Security Act (the Act) and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that **exist as of the date of the CIB** until January 1, 2028. The CIB made clear that CMS would enforce these provisions with respect to new hold harmless arrangements.² The overarching goal of the non-enforcement policy is to provide a practical path to nationwide compliance on hold harmless requirements, while avoiding potentially disruptive programmatic impact associated with immediate compliance enforcement and collecting additional information from states. This paper outlines FMG's recommended operational approaches during the non-enforcement period, including for determining whether an arrangement is new or existing, the scope of activities in which FMG request information about possible redistributions, and where to focus FMG resources on state proposals.

New v. Existing Qualitative Assessment: To determine whether an arrangement with a confirmed redistribution is new or existed prior to April 22, 2024, we will perform standard qualitative assessments on state taxes when they are under FMG review through our existing standard processes (e.g., tax waiver requests, payment SPAs, proposed SDPs, etc.). Aiming to ensure consistency across all states, we will examine factors, detailed through framework below, such as historical trends, the magnitude of the change, and the impetus for the state action. While we describe some of those actions and factors below, we also note that every arrangement is unique and will require a focused review to take into account the varying circumstances for that state and the particular tax program.

Targeted Scope of Review: The CIB specifies that CMS will work to obtain additional information from states regarding possible redistribution arrangements. In doing so, we intend to rely as much as possible on existing process for reviewing non-federal share financing. Specifically, FMG's tax team will review the following types of activities for approvability or enforcement actions related to new redistribution arrangements under the basis of the CIB, to the extent the proposals have been provided to the FMG's tax team for review by the MCG, DRR, or SDG analysts, as applicable, and for proposals pending approval of April 22, 2024, to the extent the financing has not yet been cleared.* Given FMG's limited resources, these reviews will be targeted to actions that are funded with taxes that pose risk of new arrangements, aligned with our current approach to reviewing non-federal share for SPAs. In addition, we will continue our ongoing environmental scanning to identify problematic arrangements. Such environmental scanning may include Google searches, local news reports, state budget hearings, in addition to reviewing concerns raised by interested parties regarding, hold harmless arrangements that may

¹ Exercise of Enforcement Discretion until Calendar Year 2028 for Existing Health Care-Related Tax Programs with Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments, <https://www.medicaid.gov/federal-policy-guidance/downloads/cib042224.pdf>

² In this context, the word "new" could refer to the tax, the redistribution arrangements, the payment vehicle (i.e. SDP or SPA), or any combination of the aforementioned. Even if a confirmed redistribution arrangement is pre-existing, there may be changes to certain aspects of the health care related tax program which make it tantamount to a new arrangement, and therefore we would not exercise our enforcement discretion.

have been created and/or operated by hospital associations, nursing home associations, consultants, and others.

- SDPs
- SPAs
- Tax waiver requests
- 1115 demonstration proposals/renewal requests (such as safety net care pools, quality incentive payments, low income pools, distressed hospital payments)
- CMS-64 reviews (to identify that a state implemented a new redistribution arrangement without our knowledge or inconsistent with payment proposal information.)
- FMRs
- OIG/Single State Auditor audits
- Environmental scanning

***Pending Proposals:** The CIB policies will be applied to all proposals approved by CMS after April 22, 2024. This includes proposals still pending CMS approval as of April 22, 2024, to the extent CMS has not already examined and cleared the financing aspect.

Redistribution Reviews. During the period from April 22, 2024, until January 1, 2028, and in line with policies outlined in the CIB, we will take into account a number of factors when determining whether there is a confirmed redistribution arrangement, as the subsequent application of the nonenforcement aspect of the CIB operates under the threshold assumption that there is a confirmed redistribution.

- 1) We are developing a set of standard questions for SDPs, SPAs, etc., selected to obtain additional information from states regarding possible redistributions.
- 2) We are also developing example attestations to provide states upon request (note: this is in advance of the attestation requirement established by the managed care final rule, is optional for states, and is not an enforceable standard until 2028).
- 3) Based upon prior experience of certain arrangements, we will further investigate those proposals.

New vs. Existing determinations for scenarios CMS may encounter. Note, multiple scenarios or assessments may be possible in any one proposal, and CMS will consider all relevant factors.		
Scenario Categories	We would likely regard as <u>new</u> , and therefore may be subject to disapproval, deferral, or disallowance action:	We would likely regard as <u>existing</u> , which therefore benefit from non-enforcement:
New v. Existing Redistribution New action (SPA, SDP, etc)	<ul style="list-style-type: none"> • The confirmed redistribution is new. • The SPA, SDP, or tax includes a new payment or new tax. 	<ul style="list-style-type: none"> • The confirmed redistribution is existing and not tied to the new action. • In line with historical activity and trends.

		<ul style="list-style-type: none"> • In line with inflationary (or similar) adjustments.
Magnitude of SDP or Rate Payment change	<ul style="list-style-type: none"> • SDP or payment is increased in a manner not aligned with historic practices, etc, when compared to other or prior SDPs or provider payments. For example, if the payment vehicle, the SDP or SPA, results in a significant increase, e.g. from \$200 million dollars to \$700 million dollars. 	<ul style="list-style-type: none"> • Payment change is a nominal increase. For example, if last year the total tax amount collected was \$100 million, and this year the total tax amount collected is \$110 million.
Magnitude of Tax Increase	<ul style="list-style-type: none"> • A significant tax increase (in either amount or proportion). For example, tax collections that jump from 3 percent to 6 percent of net patient revenue, that does not align with historical practice. 	<ul style="list-style-type: none"> • Tax change is routine business. For example, if a state submits a tax waiver once a quarter with only slight changes i.e. one quarter the tax amount is \$110 million, the next \$107 million, the next \$112 million. • Tax changes are aligned with historic practices (e.g., a state that starts with 1 percent net patient revenue and has been increasing at a rate of .5 percent year over year, up to 6 percent). • Inflationary adjustments (i.e. the tax increases by the Consumer Price Index for Urban Consumers).
Tax Structures, Generally	<ul style="list-style-type: none"> • If structure of tax changes in an unanticipated manner. Note: We will not know in advance all the ways a state might be able to manipulate the tax structure, so we will scrutinize these changes closely. • For example, a state exempts different providers to maximize taxation of providers with high Medicaid participation. 	<ul style="list-style-type: none"> • A change or shift in tax structure is either minor, the result of circumstances beyond the state's control, or otherwise not indicative of state exploiting nonenforcement. • For example, because of changes in case mix, the current structure they have approved results in Medicaid being taxed slightly higher than it was before. The rates are the same, exempt providers are the same, but due to increase in Medicaid patients for a time period, there is a higher

		burden on Medicaid (as long as B1/B2 is still above 1).
Part/Whole	<ul style="list-style-type: none"> • In the case of a small arrangement or payment change that can be separated from the larger framework, the severable part would be regarded as new. 	<ul style="list-style-type: none"> • The new arrangement or payment is incidental to a program-wide framework, and is fundamental to that larger framework. For example, one program in a larger section 1115 demonstration is funded by an impermissible health care-related tax containing hold harmless arrangements.
Delivery System example	<ul style="list-style-type: none"> • If the payment shift is not part of an overall, larger shift by the state, and instead a selective incorporation, between delivery systems, then the payment change may be regarded as new. 	<ul style="list-style-type: none"> • If the shift in payment between delivery models is part of a larger shift by the state between delivery systems, the change could be regarded as existing.
Legislative Tax Change	<ul style="list-style-type: none"> • State legislature action. Through news articles/environmental scanning/self reporting, we identify a new state law passed or under consideration that indicates a significant departure from historical practice, etc. 	<ul style="list-style-type: none"> • Legislation to renew a tax due to expiration of prior. • Legislative requirement creates a standard ongoing update. i.e. a state's laws do not change at all and the structure of the tax does not change at all and state law requires an annual update. For example, the state is rebasing its data: the data used to be based on FY 2020, but the state is updating the data to be based on FY 2023. The total tax amount changes as a result of the base data year update.

FW: FW: Questions: new PRA package for CMS-2439-F

From: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>
To: "Bonelli, Anna (CMS/CMCS)" <anna.bonelli@cms.hhs.gov>
Date: Mon, 22 Jan 2024 17:45:22 +0000
Attachments: Record of Information Clearances Sheet.docx (22.68 kB)

Hey Anna! You have your TB today, right? Can you give Rory the rundown on this? I can get the package together, although I'm going to see what Mitch can do about timing cause today isn't feasible, but then we'd need to clear it and I want to make sure Rory (1) feels like we're in a place of certainty on the attestation policy that the rush is worthwhile and (2) is ready to give it a quick OK before it goes to OCD for the official approval we need on the clearances sheet. Let me know if you want to discuss!

~Abby

Abigail Walker, J.D. (she/her)
Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>
Sent: Monday, January 22, 2024 11:20 AM
To: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Cc: Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>
Subject: RE: Questions: new PRA package for CMS-2439-F
Importance: High

Hi Abby –

Please let me know if you [are/are not] onboard with the following option. It consists of submitting a New 60-day package ASAP and with revising the COI section of CMS-2439-F.

60-day PRA Package

Prepare/submit 60-day package that addresses the attestation ASAP. To avoid confusion and unwanted comments, I suggest submitting a New package in the interim. This can be folder under the correct package after the 60-day comment period has closed.

The requirements/burden should address:

- State requirement/burden changes to develop instructions for providers/plans.
- State requirement/burden changes to contact providers/plans.
- State requirement/burden changes for recordkeeping.
- State requirement/burden changes for reporting (audits, payment methodology, other). In this case, identify the applicable audit/methodology/other package(s).
- Revised enrollment form/instruction, if applicable.
- Provider/plan requirement/burden changes.

You can use any Supporting Statement as a strawman. A Clearance Sheet is attached. Please submit a complete package ASAP (ideally, today but no later than tomorrow)

CMS-2439-F

I suggest adding language to the COI section that explains what you are doing but I also suggest holding off on that language until the 60-day comment period has closed and you know whether any comments have been received. In the meantime, you can insert "Under Development," "Under Development (Attestation requirement/burden is being addressed with a stand-alone 60-day FR notice. Comments are due INSERT DATE)," Other.

Please be sure to identify the correct package that you want OMB to review/approve. This is different from the New package identified above, under 60-day PRA Package.

Alternatively, as a placeholder you can include the attestation requirement/burden that is estimated in your stand-alone 60-day notice and note the significance and status.

Please let me know if you have any questions.

Thanks

-Mitch

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Sent: Monday, January 22, 2024 9:23 AM
To: Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>
Cc: Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>
Subject: RE: Questions: new PRA package for CMS-2439-F

Sorry for the delay, Mitch, I got caught up in some other stuff that was moving. I do agree with you, so please let us know how we proceed in these circumstances. Answers below, and **Anna** please double check me.

Thank you!

~Abby

Abigail Walker, J.D. (she/her)
Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>
Sent: Thursday, January 18, 2024 1:43 PM
To: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Cc: Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>
Subject: RE: Questions: new PRA package for CMS-2439-F

Hi Abby –

It looks like there is another attestation requirement that was accounted for regarding annual MAC QRS reports.

Regardless, I do believe that the burden for the hold harmless attestation should be accounted for. This would encompass the requirement/burden for the provider to prepare/submit the attestation. It would also be for the state to keep records and to furnish the attestations to CMS upon request.

A few questions: how would providers know what they need to attest to, where to submit their attestations to, and how frequently they need to attest? For providers, will CMCS provide instruction/guidance outside of what is in the rule? States will be responsible for giving providers instructions, or, in the case of managed care, instructing plans on how to instruct the plan's providers. The frequency will be one time (**Anna** this is where I need you to confirm I did not miss something in the rule saying it's annual or whathaveyou), but for every provider, so as new providers enroll they will need to supply attestations. In the rule we suggest it would be akin to other enrollment forms a new Medicaid provider would need to submit. Once the form is collected, the State needs merely to keep it available if CMS should request it.

The same for states: how would states know about what providers need to submit and what to do with the attestations after they receive them? For states, will CMCS provide instruction/guidance outside of what is in the rule? Once the form is collected, the State needs merely to keep it available if CMS should request it. Requests may come related to audits, or as CMS reviews a payment methodology the State is proposing. The State, from this rule, will know they need an attestation from every provider and that they need to keep them available. We aren't planning formal guidance, as states have some flexibility in how they want to achieve these requirements, but will provide assistance upon request.

If you disagree, I can ask OMB for their opinion. I can also ask Bill to weigh in. In either case, before reaching out I would need your response to the questions that I highlighted above in yellow.

If you agree, please let me know so I can provide you with guidance for moving forward.

Thanks

-Mitch

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Sent: Thursday, January 18, 2024 11:23 AM
To: Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>
Cc: Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>
Subject: RE: Questions: new PRA package for CMS-2439-F

We are not specifying a form or template for this requirement. States are merely required to ensure they have received an attestation on each/all of the points in the reg from each provider, but in the manner of their choosing, then make them available to CMS when needed.

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>
Sent: Thursday, January 18, 2024 11:14 AM
To: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Cc: Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>
Subject: RE: Questions: new PRA package for CMS-2439-F

This sounds familiar, but I could be confusing this with another rule. If it's the same, during the clearance process I asked whether there is an attestation form and if I can get a copy. Do you know?

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Sent: Thursday, January 18, 2024 10:55 AM
To: Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>
Cc: Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>
Subject: RE: Questions: new PRA package for CMS-2439-F

That would certainly help, wouldn't it.

It is the new provider attestation requirement discussed on page 28131-28132 and proposed under new paragraph 42 CFR 438.6(c)(2)(ii)(H):

(H) Ensure that each provider receiving payment under a State directed payment attests that it does not participate in any hold harmless arrangement with respect to any health care-related tax as specified in § 433.68(f)(3) of this subchapter in which the State or other unit of government imposing the tax provides for any direct or indirect payment, offset, or waiver such that the provision of the payment, offset, or waiver directly or indirectly guarantees to hold the provider harmless for all or any portion of the tax amount, and ensure that such attestations are available upon CMS request;

<https://www.govinfo.gov/content/pkg/FR-2023-05-03/pdf/2023-08961.pdf>

I believe this doesn't fall under the affidavit etc exception based on my reading of the reg (see highlight) but I am very happy to be wrong!

Affidavits, oaths, affirmations, certifications, receipts, changes of address, consents, or acknowledgments; provided that they entail no burden other than that necessary to identify the respondent, the date, the respondent's address, and the nature of the instrument (by contrast, a certification would likely involve the collection of "information" if an agency conducted or sponsored it as a substitute for a collection of information to collect evidence of, or to monitor, compliance with regulatory standards, because such a certification would generally entail burden in addition to that necessary to identify the respondent, the date, the respondent's address, and the nature of the instrument);

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>
Sent: Thursday, January 18, 2024 10:42 AM
To: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>

Cc: Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>
Subject: RE: Questions: new PRA package for CMS-2439-F

Hi Abby –

Can you identify the provision in question?

Where was it discussed in the NPRM?

Thanks

-Mitch

From: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>
Sent: Thursday, January 18, 2024 9:33 AM
To: Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>
Cc: Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>
Subject: Questions: new PRA package for CMS-2439-F

Good morning Mitch,

I am helping with some items in the managed care final rule, CMS-2439-F, and there is a policy being finalized that did not have an ICR or PRA package (new collection) prepared in the NPRM. The final rule is still forthcoming and the policy in question has a very long time before its effective date. In light of this need to catch up, what would be the best approach?

The final rule has some packages this could potentially be added to, but those will have already gone out for comment and be in a different stage than this, which makes me think it needs to be a standalone collection that is later folded into another one? For example, I see at the top of the supporting statement for 0938-1453 (CMS-10856), a PRA package in the MC NPRM/Final rule, the language *"Note: For logistical reasons, this is a temporary package that will be folded under its proper place (CMS-10108, 0938-0920) when ready."* Would that be the right way to do this as well?

Let me know if a call would be helpful to discuss the next steps. Thank you in advance!

~Abby

Abigail Walker, J.D. (she/her)
Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

CENTERS FOR MEDICARE & MEDICAID SERVICES
Office of Strategic Operations and Regulatory Affairs (OSORA)
PAPERWORK REDUCTION ACT (PRA)
RECORD OF INFORMATION COLLECTION CLEARANCES

Sections I through IV must be completed by the Center/Office before OSORA/PRA can process your PRA package.

SECTION I –GENERAL PACKAGE INFO

Center/Office:	Type: <input type="checkbox"/> New <input type="checkbox"/> Non-substantive Change*
Center/Office POC (inc. phone #):	<input type="checkbox"/> Revision <input type="checkbox"/> Discontinuation and Justification <input type="checkbox"/> Extension <input type="checkbox"/> Emergency <input type="checkbox"/> Reinstatement with change <input type="checkbox"/> Reinstatement without change (no changes needed to package)
	<i>*Will not extend an expiration date.</i>
Alternate POC (inc. phone #):	OMB Expiration Date (does not apply to New packages):
Group Director:	Deadline for OMB Approval:
CMS ID #:	OMB Control #:
Collection Title:	

SECTION II – JUSTIFICATION (FOR DISCONTINUATION ONLY)

SECTION III - SPECIAL HANDLING

1. Is this PRA package related to any rulemaking (proposed, interim final, or final)? ☐Y ☐N
If so, please identify the regulation file code and title:
2. The normal PRA process can take 5-6 months from start to finish. If you are requesting OMB approval sooner than 6 months, please explain why? What are the consequences of not obtaining approval by your requested deadline?
3. Does the package include any web-based collection instruments? ☐Y ☐N
4. Does the package revise any existing collection instruments or instructions? ☐Y ☐N
5. Is the package associated with a State Medicaid Director (SMD) or State Health Official (SHO) letter? ☐Y ☐N
6. Does the package reduce burden regarding any PRA-related requirements that are currently approved under an existing OMB control number? ☐Y ☐N

SECTION IV – CLEARANCES

Sec. 508 Compliance Officer Signature: _____ / ____ / ____
Printed: _____

Director (Deputy Director) Signature: _____ / ____ / ____
Printed: _____

Center/Office Director (or Deputy) Signature is required for all "New," "Revision," "Reinstatement," "Emergency," and "Discontinuation" collections.

A Group Director (or Deputy) may sign for collections seeking an "Extension" or "Nonsubstantive Change."

SECTION V- TO BE COMPLETED BY OSORA

	60-day & Emergency FR notices (Signature/Date)	30-day FR notices (Initials/Date)
RDG PRA Analyst:	_____/____/____	_____/____
RDG PRA Technical Advisor:	_____/____/____	_____/____
RDG Director/Deputy Director:	_____/____/____	_____/____

RE: RE: Due Friday, May 10 : SWIFT Brian Kemp

To: "adams, lia (CMS/CMCS)" <lia.adams@cms.hhs.gov>, "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>, "Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>, "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>, "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>, "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>, "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov>

Cc: "Boston, Beverly (CMS/CMCS)" <beverly.boston@cms.hhs.gov>, "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>

Date: Thu, 09 May 2024 20:01:57 +0000

Attachments: Kemp_swift_toOGD.docx (40.22 kB)

Good afternoon Lia,

Attached please find a response I prepared with DFP. There are two flags in the document for awareness. Please let me know if you have questions!

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor
Financial Management Group, Office of the Group Director
Center for Medicaid and CHIP Services
410-786-1725
abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

From: adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>
Sent: Wednesday, May 8, 2024 11:42 AM
To: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>
Cc: Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: Due Friday, May 10 : SWIFT Brian Kemp

Hi All,

We received an incoming letter from multiple Governors regarding the recent CIB and Managed Care rule regarding hold harmless arrangements. Can you please draft a response prepped for the Administrator's signature by Friday, May 10th COB. Apologies for the quick turn around requested and please let me know if you have any timing concerns. Please note that this control was created by OS so there is not a ton of wiggle room here.

+ OGD for awareness given timing.

Thanks,

Lia

SWIFT Prep For Signature Task

Deadline: 5/15/2024

Response Directions:

- Please open and review the documents on the web page linked below. Contact the sender of this email if you are unable to open the linked documents. Access to linked content may not be granted to recipients outside the agency.

Attachments:

Governor Brian Kemp, et al
C/O State of Texas
Office of the Governor
Austin, TX 78711

Commented [AW1]: Fyi Governor Kemp was the first signatory but the return envelope was from this address

Dear Governor Kemp et al:

Thank you for your letter to President Biden regarding the Centers for Medicare & Medicaid Services' (CMS) February 17, 2023, CMS Informational Bulletin (CIB) entitled "Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments," (February 2023 CIB) and the proposed rule, *Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality* (Managed Care NPRM, 88 FR 28092). I was asked to respond on his behalf. I appreciate your commitment to protecting the Medicaid safety net for elderly and disabled adults, pregnant women, and millions of children across the country, and your feedback on policy for hold harmless arrangements. I want to assure you that we are committed to improving and protecting access to care, care quality, and health outcomes for Medicaid and CHIP enrollees.

On April 22, 2024, CMS released the *Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality* final rule (Managed Care Final Rule).¹ Within this final rule, we finalized policies affirming our authority to disapprove state-directed payments (SDPs) that do not comply with federal requirements. We also finalized the requirement that states ensure each provider receiving an SDP attest that it does not participate in any arrangement that holds taxpayers harmless for the cost of a tax. Under section 1902(a)(4) of the Social Security Act "the Act," CMS is authorized to specify methods of administration that are necessary for proper and efficient administration of the Medicaid program. Part of that mandate requires us to ensure that the source of the non-Federal share of the financing for SDPs is consistent with section 1903(w) of the Act, which prohibits a State from directly or indirectly holding a taxpayer harmless. Please see the Managed Care Final Rule for additional discussion.

CMS concurrently released an informational bulletin regarding CMS' exercise of enforcement discretion until calendar year 2028 for existing health-care related tax programs with certain hold-harmless arrangements involving the redistribution of Medicaid payments (non-enforcement CIB).² We believe the CIB will afford States the time needed to amend their internal processes to end impermissible hold harmless arrangements while not devastating critical safety net providers. We believe the provisions in the final rule are critical to enhance fiscal and program integrity standards in

¹ <https://www.federalregister.gov/public-inspection/2024-08085/medicaid-program-medicare-and-childrens-health-insurance-program-managed-care-access-finance-and>

² <https://www.medicaid.gov/federal-policy-guidance/downloads/cib042224.pdf>

SDPs as these payments accounted for more than \$52 billion in Federal fiscal year 2022 and continue to grow.³

Thank you again for your interest in and support for the Medicaid program. We remain committed to continuing our work with states and interested parties on innovative solutions to increase access to care, improve health outcomes, advance health equity, and address disparities for Medicaid beneficiaries. Please share this response with the co-signers of your letter. Should you have additional questions, please contact the HHS Office of Intergovernmental and External Affairs at (202) 690-6060.

Commented [AW2]: Please confirm if this should be updated

Sincerely,

Administrator Chiquita Brooks-LaSure

³ These costs are accounted for in the Regulatory Impact Analysis in the *Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality* final rule.