

## Agenda Item 4a

### Hospital Provider Reimbursement vs Calculated Medicaid Costs Based on July 2006 Rates

**All Hospital Providers that are Exempt from Ceilings/Targets**

Summary Using July 1, 2006 Reimbursement Rates	
Total Medicaid Days (including Non-Concurrent Nursery)	1,063,048
Total Medicaid Inpatient Variable Cost, Inflated	1,722,580,524
Total Medicaid Outpatient Variable Cost, Inflated	341,495,203
Total Medicaid Variable Cost, Inflated	<u>2,064,075,726</u>
Total Medicaid Inpatient Reimbursement	1,639,180,990
Total Medicaid Outpatient Reimbursement	326,892,724
Total Medicaid Reimbursement	<u>1,966,073,715</u>
Percent of Medicaid Reimbursement to Medicaid Variable Cost, Inflated	95.25%
Total Providers	88

**All Hospital Providers that are NOT Exempt from Ceilings/Targets**

Summary Using July 1, 2006 Reimbursement Rates	
Total Medicaid Days (including Non-Concurrent Nursery)	497,870
Total Medicaid Inpatient Variable Cost, Inflated	1,098,848,984
Total Medicaid Outpatient Variable Cost, Inflated	169,234,570
Total Medicaid Variable Cost, Inflated	<u>1,268,083,554</u>
Total Medicaid Inpatient Reimbursement	654,724,136.22
Total Medicaid Outpatient Reimbursement	123,786,486.00
Total Medicaid Reimbursement	<u>778,510,622.21</u>
Percent of Medicaid Reimbursement to Medicaid Variable Cost, Inflated	61.39%
Total Providers	150

**Combined Total**

Summary Using July 1, 2006 Reimbursement Rates	
Total Medicaid Days (including Non-Concurrent Nursery)	1,560,918
Total Medicaid Inpatient Variable Cost, Inflated	2,821,429,507
Total Medicaid Outpatient Variable Cost, Inflated	510,729,773
Total Medicaid Variable Cost, Inflated	<u>3,332,159,280</u>
Total Medicaid Inpatient Reimbursement	2,293,905,127
Total Medicaid Outpatient Reimbursement	450,679,210
Total Medicaid Reimbursement	<u>2,744,584,337</u>
Percent of Medicaid Reimbursement to Medicaid Variable Cost, Inflated	82.37%
Total Providers	238