

## Gina Blevins

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**From:** dhaehn@ccmhospital.com  
**Sent:** Thursday, September 5, 2019 10:26 AM  
**To:** Mike Campbell; Gina Blevins; Danja Bloodworth; Dannielle Moore; Jeff Huskey  
**Subject:** Fwd: FW: DY8 Final UC IGT Notification - Providers 12 of 18  
**Attachments:** Copy of DY8 Final UC Allocation Form.xlsx

Danja,

Here is are the final numbers from Durbin and Co. for the IGT.

The total IGT will be \$2,042,922.17.

Settlement date is Sept 10.

*Debra Haehn*

*CEO*

*Clay County Memorial Hospital*

*940 235 1202*

--- Original message ---

**Subject:** FW: DY8 Final UC IGT Notification - Providers 12 of 18  
**From:** Mark Havins <markh@dhcg.com>  
**To:** Debra Haehn (dhaehn@ccmhospital.com) <dhaehn@ccmhospital.com>  
**Date:** Thursday, 09/05/2019 10:20 AM



Mark Havins

**Discovery HealthCare  
Consulting Group**

p: [\(806\) 776-0605](tel:(806)776-0605) f: [\(806\) 791-3974](tel:(806)791-3974)

w: [dhcg.com](http://dhcg.com) e: [markh@dhcg.com](mailto:markh@dhcg.com)

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272,922.17 Approved Sept 3, 19

1,769,936.61

**From:** Mark Havins  
**Sent:** Monday, September 2, 2019 10:10 AM  
**To:** Debra Blodgett (dblodgett@oghtx.com) <dblodgett@oghtx.com>; Jeff Huskey (jhuskey@ccmhospital.com) <jhuskey@ccmhospital.com>  
**Subject:** FW: DY8 Final UC IGT Notification - Providers 12 of 18

Below are the DY8 UC Final payment IGT amounts. Please complete the attached allocation form that needs to be submitted along with your confirmation sheet. Please let me know if you need any assistance.

- Please have your IGTs completed no later than Friday, Sept 6<sup>th</sup> at noon. You can enter your IGT earlier and the funds will not be drawn down until the settlement date.
- Please ensure you select "UC Hospital Amount" in TexNet when you enter your IGT. If you are submitting for more than one facility, you may combine the amounts into one submission.
- Enter the settlement date as 9/10/19.
- It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet.
- Complete the attached Allocation form.
- Submit the completed "IGT Allocation form" with the trace sheet to RAD\_UC\_Payments@hhsc.state.tx.us
- cc: me on the above submission.
- Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.
- Government Entities that are submitting an IGT for multiple providers may submit one lump sum IGT for their affiliates.

Affiliation Number	Provider	TPI	RHP	
100-13-0000-00114	Clay County Memorial Hospital	094138703	Clay County Hospital District	19
529-08-0236-00146	United Regional Health Care System	135237906	Clay County Hospital District	19
				1,770,000.00



Mark Havins

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**From:** HHSC RAD UC Payments <[RAD\\_UC\\_Payments@hhsc.state.tx.us](mailto:RAD_UC_Payments@hhsc.state.tx.us)>

**Sent:** Wednesday, August 28, 2019 2:23:30 PM

**Subject:** DY8 Final UC IGT Notification - Providers 12 of 18

Providers, Government Entities, and Anchors:

**Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.**

HHSC is providing notice to IGT for the DY8 Final UC Payment.

Dates pertinent to this payment:

**9/09/19** Last day to submit your IGT into TexNet

**9/10/19** IGT Settlement date

**9/18/19** Pay Transferring Hospitals, i.e. Large public hospitals, as defined in 1 Tex. Admin. Code §355.8201(b)(14)

**9/16/19** State Owned Entities submit Journal Entry

**9/30/19** All UC Providers paid

Attached to this email are the following documents:

- 2019 DY8 UC Payment Calculation spreadsheet
- Master Affiliation as of 08\_21\_19 for Publication spreadsheet
- DY8 UC Allocation Form

The amount that needs to be submitted into TexNet for all entities is in the tab labeled 3. UC Calculations by Hospital, **Column BQ** while the corresponding payment amount is in **Column BP**. State Owned entities that have Schedule 1 and 2 costs and are located in this tab, will need to submit a TexNet according to the TexNet schedule noted above. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to [RAD\\_UC\\_Payments@hhsc.state.tx.us](mailto:RAD_UC_Payments@hhsc.state.tx.us). Additionally, you must submit the IGT allocation form. Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

State Owned entities, located in the tab labeled State IMD HSL Payments, will need to submit a journal entry for the amount located in **Column P**. The Journal Entry should be submitted no later than September 16, 2019.

Government Entities that are IGT'ing for multiple providers may submit one lump sum IGT for their affiliates. All IGTs, even for entities submitting IGT for themselves, must complete and submit the attached allocation form. If a Trace Sheet is received without an IGT allocation form HHSC will allocate the IGT received in accordance with 1 Tex. Admin. Code §355.8201(h)(ii). In the absence of the notification described in 1 Tex. Admin. Code §355.8201(h)(i), each hospital owned by or affiliated with the governmental entity will receive a portion of its payment amount for that period, based on the hospital's percentage of the total payment amounts for all hospitals owned by or affiliated with that governmental entity. HHSC will not confirm receipt of emails. Please set your email settings to request a delivery receipt, if a confirmation is needed.

Providers in a recoupment status will receive a letter from HHSC with instructions pertinent to the recoupment.

In accordance with 1 Tex. Admin. Code §355.8201(h)(ii)(C), if a government entity transfers more than the maximum IGT amount that can be provided for that hospital, and that hospital is affiliated with multiple governmental entities, then HHSC will calculate the amount of IGT funds necessary to fund the hospital's payment and HHSC will issue a pro-rata refund to the governmental entity/entities identified by HHSC. HHSC will determine the pro-rata refund, not the government entity/entities or their representative(s).

If you have questions regarding the UC payment process, please send an email to [RAD\\_UC\\_Payments@hhsc.state.tx.us](mailto:RAD_UC_Payments@hhsc.state.tx.us).

If you have questions regarding the payment calculation file, please send an email to [uctools@hhsc.state.tx.us](mailto:uctools@hhsc.state.tx.us)

**HHSC Rate Analysis Department-Payments**  
Texas Health and Human Services Commission

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P.O. Box 149030, Mail Code H-400  
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4900 N. Lamar Blvd.  
Austin, TX 78714-9030

