RUN DATE: 03/22/22 TIME:10:03

CLAY COUNTY MEMORIAL HOSPITAL

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RUN DATE:03/22/22 TIME:10:03 CLAY COUNTY MEMORIAL HOSPITAL

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Application Data	County Accounting for Recounting	
Application Data App	190	- MRSA West Clay
Application Data	Freezings (Cime)	CLAY COUNTY MEMORIAL HOSPITAL
If Hospital is in the 2. State Hospitals tab, the value is Yes, otherwise it is blank Application Data	included in State Hospital Tab?	

Subject: BKD: UC DY10 Withheld Payment for Rural Hospitals - CONSULTANTS From; "Toliver, Heather" < htoliver@BKD.com> To: "Skinner, Travis" <tskinner@bkd.com> Date: Monday, 03/21/2022 12:18 PM 2 2021 DY 10 UC Final Payment Calculation Rural.xlsx 649 KB, DY10 Rural UC.SDA Allocation Form.xlsx 26 attachments: KB Good afternoon. As we have been waiting, here is the schedule for the final DY10 UC Payment. The amount that needs to be submitted into TexNet for all entities is in Column BN of the 2021 DY10 UC Final Payment Calculation Rural file under the UC Calculations by Hospital tab, while the corresponding payment amount is in column BM. Please enter your IGT by 4/7/22 with a settlement date of 4/8/22. 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 PFD_UC_Payments@hhs.texas.gov. An IGT allocation form designating what SDA the IGT is being submitted for must also be submitted with the Trace Sheet. Please submit the trace sheet and IGT allocation as two separate documents. Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received. 48,346.07 Am:17 Please let us know if you have any questions, whatsoever.

Thanks,

Heather Toliver

Managing Consultant | BKD

510 N. Valley Mills Drive, Suite 200

Waco, TX 76710

254.776.8244 Ext. 43910

254.756.8643 Direct



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From: HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>

Sent: Monday, March 21, 2022 10:45 AM

To:

Subject: UC DY10 Withheld Payment for Rural Hospitals - CONSULTANTS

CAUTION External email from (pfd_uc_payments@hhs.texas.gov). Do not open attachments or click links from sources you do not know and trust.

Providers, Government Entities and Anchors,

HHSC is providing notice to IGT for the DY10 Withheld UC Payment for Rural Hospitals.

HHSC had previously delayed this payment because TAC 355.8212 was revised to update the definition of a rural hospital within the Uncompensated Care program for the State of Texas.

Dates pertinent to this payment:

4/07/2022 Last day to submit your IGT into TexNet

4/08/2022 IGT Settlement date

4/28/2022 UC Providers paid

Attached to this email are the following documents:

- 2021 DY10 UC Final Payment Calculation Rural spreadsheet
- DY10 UC SDA Allocation Form

Beginning with the DY9 UC Advance Payment, IGT received will be allocated at the Service Delivery Area (SDA) level. While providers are required to have an affiliation to be eligible to participate in the UC Program, IGT received is no longer allocated at the affiliation level. In the event of an IGT shortage in a SDA, a pro-rata reduction will be imposed for all participants in that SDA for the advance payment, with no additional funding opportunities. Should this occur in a final payment, the underfunded SDA will be allotted an additional opportunity to submit the additional IGT. If additional IGT is not submitted for the underfunded SDA, HHSC will proportionally reduce the payments to all providers in the SDA based on the IGT received. HHSC will then reallocate the funds from the underfunded SDA to all SDAs who have additional IGT based on IGT commitments. The timeline for the September payment is published on the Provider Finance Website.

The amount that needs to be submitted into TexNet for all entities is in Column BN of the 2021 DY10 UC Final Payment Calculation Rural file under the UC Calculations by Hospital tab, while the corresponding payment amount is in column BM. The total IGT amount needed to fully fund each SDA is summarized in column C of the "Payment and IGT Summary by SDA" tab. 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 PFD_UC_Payments@hhs.texas.gov. An IGT allocation form designating what SDA the IGT is being submitted for must also be submitted with the Trace Sheet. Please submit the trace sheet and IGT allocation as two separate documents. Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Government Entities funding in multiple SDA's should submit a separate TexNet and UC/SDA Allocation form, for each SDA for which they are providing funding.

In the instance of an IGT overage within an SDA, 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 PFD_UC_Payments@hhs.texas.gov.

If you have questions regarding the payment calculation file, please send an email to uctools@hhsc.state.tx.us

HHSC Provider Finance Payments

Texas Health and Human Services Commission

North Austin Complex

P.O. Box 149030, Mail Code H-400

4601 Guadalupe St Austin, TX 78751



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These discussions and conclusions are based on the facts as stated and existing authorities as of the date of this email. Our advice could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this information if such changes occur. Our advice is based on your unique facts and circumstances as you communicated them to us and should not be used or relied on by anyone else.