

Report of the Indigent Care Trust Fund (ICTF) Data Sub-Committee
to the
Hospital Advisory Committee

November 21, 2005

The ICTF Data Subcommittee met four times over the last five weeks for a total of approximately 16 clock-hours. We had full and enthusiastic participation by the subcommittee members and dozens of guests.

Subcommittee members were:

- Glenn Pearson, GHA – Chair
- Steve Holleman, Shepherd Center
- Kerry Loudermilk, Phoebe Putney Health System
- Robert McVicker, Medical College of Georgia
- Rhonda Perry, Central Georgia Health System
- Andy Smith, Flint River Hospital
- Charlotte Vestal, Crisp Regional Hospital

The subcommittee charge was as follows:

- Review current data sources and methodology basis for use in policy decisions;
- Recommend alternative data sources and methodologies;
- Provide precise definitions for each recommended data element;
- Determine each data source's reliability/accuracy/timeliness;

The subcommittee output documents are:

- DCH ICTF Data Subcommittee Data Definitions for SFY 2006.
- Medicaid DSH Reporting Requirements.
- State of Georgia Disproportionate Share Hospital Survey for SFY 2006.

We feel these documents fulfill our charge.

Additional Comments:

- One of the key decision points was which cost-to-charge ratio (CCR) to use for ICTF purposes. We discussed this at great length and voted on two separate occasions to unanimously support using the facility-wide CCR. There are several reasons for this: it is more stable than the Medicaid CCR, it can be derived entirely from audited cost reports and is therefore available more promptly than the Medicaid CCR, and it may be the best reflection of overall hospital experience since it is based on a larger sample of cases..

- The subcommittee recommends implementing a methodology that maximizes total federal dollars coming into Georgia. If, as the consultants and the Hospital Advisory Committee analyze various models, it becomes evident that total federal payments to Georgia would increase using a different CCR, the Hospital Advisory Committee should fully investigate that option.
- We included in the ICTF survey two sections that collect information on under-insured and charity care (sections C.2. and C.3.). The subcommittee believes this information should be collected in order to evaluate the quality and reliability of the data. If it proves to be reliable and consistent, the Hospital Advisory Committee should consider using this data in future ICTF formulas. At this point, however, the group does not recommend using the data collected in C.2. and C.3. for ICTF proposes.
- The ICTF survey presented as part of this report is intended for use in the current fiscal year program only. The survey will have to be adapted to reflect changing data practices in future years.
- The subcommittee appreciates having had the opportunity to participate in this process and is available to conduct additional work for this round of ICTF activity or to refine the survey instrument in the future.