

May 7, 2021

VIA EMAIL

John Curless Department of Health Division of Medicaid and Health Financing Bureau of Financial Services 288 North 1460 West Salt Lake City, Utah 84116

Subject: Disproportionate Share Hospital (DSH) Examination – Addendum #1 DSH Year: 2017

Dear Mr. Curless:

Attached is a copy of the Medicaid Uncompensated Care Cost Calculations Addendum #1 and the Schedule of Annual Reporting Requirements Addendum #1 for DSH state plan year 2017. The attached document incorporates the following request:

• Presentation of the redistribution of overpayments identified in the 2017 Final DSH Examination Report dated October 9, 2020, and a revised data elements spreadsheet reflecting DSH payments after redistribution.

If you have any questions concerning the item listed above or any part of the attached schedules, please feel free to contact me either by telephone at 800.336.7721 or by email at drobinson@mslc.com.

Sincerely,

Dan Robinson, CPA, CFE, PMP Myers and Stauffer LC

Enclosures