



**METHODOLOGY FOR VERMONT'S  
DISPROPORTIONATE SHARE PAYMENTS  
IN FEDERAL FISCAL YEAR 2014**

**DEPARTMENT OF VERMONT HEALTH ACCESS**

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## **Section 1: Introduction**

This document sets forth the criteria by which Vermont defines disproportionate share (DSH) hospitals and the methodology through which DSH payments are calculated and distributed. The document is updated each year to reflect the data used to calculate DSH payments.

The federal government shares in the cost of Medicaid DSH expenditures based on the Federal Medical Assistance Percentage (FMAP)<sup>1</sup> for each state. However, for each fiscal year, the amount of federal funds available to states for DSH payment is fixed. As such, the total amount of DSH payments for a state plan year will not exceed the federal allotment divided by the FMAP. A provision in the Affordable Care Act (ACA) stipulates that beginning in Federal Fiscal Year (FFY) 2014, the federal DSH allotments to states will be reduced in anticipation of expansion of insurance coverage to the uninsured. The reduction in FFY 2014 is \$500 million nationally and in FFY 2015 is \$600 million nationally. A Final Rule was released on September 13, 2013 that includes a reduction methodology only for FY 2014 and FY 2015. CMS will revisit the methodology and promulgate new rules to govern DSH reductions in FYs 2016 and beyond.

The Department of Vermont Health Access (DVHA) has allocated state funding for DSH in FFY 2014 so that total DSH funding (state and federal funds combined) will not exceed \$37,448,781. In its analysis of the DSH Final Rule, the DVHA has determined that this funding will not exceed the State of Vermont's federal DSH allotment, inclusive of any reductions as per the Final Rule.

Federal law<sup>2</sup> states that aggregate DSH payments to Institutions for Mental Diseases<sup>3</sup> (IMDs) in Vermont is restricted to the *lesser* of \$9,320,580 or 23.64% of the current year total DSH allotment. DSH payments to IMDs would be reduced proportionately to the extent necessary to ensure that the aggregate IMD limit is not exceeded. In FFY 2014, this was not an issue because no IMDs in Vermont received DSH payments.

## **Section 2: Hospital Eligibility Requirements**

In order to be considered a DSH hospital in Vermont<sup>4</sup>, a hospital must:

- Be located in the state of Vermont;
- Submit the information required by Vermont to calculate DSH by the specified due date;
- Satisfy one of the conditions in Column A in the table on the next page;

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<sup>1</sup> 42 CFR 433.10 – Rates of FFP for program services.

<sup>2</sup> 42 CFR 447.297 – Limitation on aggregate payment for disproportionate share hospitals beginning October 1, 1992.

<sup>3</sup> “Institutions for Mental Diseases” includes hospitals that are primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. The IMD designation is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such.

<sup>4</sup> Hospital eligibility requirements are in accordance with Vermont Medicaid State Plan Amendment 4.19-A pg. 1d and Section 1923(b) of the Social Security Act.

- Satisfy one of the conditions in Column B; and
- Satisfy the conditions in Column C.

COLUMN A	COLUMN B	COLUMN C
1. The hospital has a Medicaid Inpatient Utilization Rate (MIUR) which is at least one standard deviation above the mean MIUR for all hospitals receiving a Medicaid payment in the state (“Group 1”).  2. The hospital has a Low Income Utilization Rate (LIUR) that exceeds 25% (“Group 2”).  3. The hospital operates a post-graduate training program in the State of Vermont (“Group 3”).  4. The hospital’s status is that of a privately-owned or privately-operated acute care general hospital or psychiatric facility with a MIUR of at least 1% that does not meet the criteria for Groups 1, 2 or 3 (“Group 4”).	1. The hospital has at least two obstetricians who have staff privileges at the hospital and who have agreed to provide obstetric services to Medicaid patients.  2. If the hospital is outside the Burlington-South Burlington Core Based Statistical Area (CBSA), item #1 above must be met but the term “obstetrician” includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures  3. The patients of the hospital are predominantly under 18 years of age.  4. The hospital was in existence on December 22, 1987 but did not offer non-emergency obstetric services as of that date.	1. The hospital has a MIUR of at least 1 percent.  2. The hospital meets the requirements for participation as a hospital in Medicare (except in the case of medical supervision of nurse-midwife services). Therefore, for purposes of DSH, the facility must be Medicare-certified during the base year from which the DSH payment was derived.  If a hospital is only Medicare-certified for part of the base year from which the DSH payment was derived, the eligibility and the payment will be calculated based on the period for which the hospital was Medicare-certified.

In Column A, Groups 1 and 2 contain those hospitals that are deemed to be hospitals eligible to participate in DSH under federal Medicaid law. Groups 3 and 4 contain additional hospitals that the State has deemed to be hospitals eligible to participate in DSH within its federal authority to do so. The criteria listed in Columns B and C are federal eligibility requirements which apply regardless of whether or not the hospital is deemed or designated as a DSH hospital.

Using data available to DVHA prior to the release of the DSH Survey, the eligibility determination calculations shown above are performed annually for all hospitals located in the State of Vermont that are registered as providers with the DVHA. A hospital deemed eligible to participate does not mean that the hospital will receive a DSH payment. Additional federally-required tests must be conducted to determine if a DSH participating hospital is eligible for a payment. For hospitals deemed eligible to participate in DSH, the DSH payment calculations and tests are performed only for hospitals that agree to participate and have completed the DSH

Survey<sup>5</sup> sent to them by the DVHA as well as other information that may be requested by the DVHA. In order to be considered “completed”, the signed and attested DSH Survey must be received by DVHA by the due date specified in a request for information communicated to the Chief Financial Officer of the hospital each year. The deadline for submission of the DSH Survey was April 9, 2013.

From the data reported and attested to on the DSH Survey, the DVHA verifies whether or not each hospital has satisfied the conditions under Columns B and C in the previous table. For hospitals that meet these criteria, the DVHA then assesses each hospital’s eligibility for one or more of the Groups 1 through 4 in Column A.

The DVHA may redetermine any hospital’s eligibility for any DSH payment should the agency become aware of any information that may prove that

- The hospital was not eligible for a DSH payment, or
- The hospital was eligible for another Group than was originally determined.

### **Section 3: Definitions of State Plan Payment Year and Base Year**

DSH eligibility tests and payment calculations are made based on the State Plan Payment Year (SPY). The SPY is equivalent to the Federal Fiscal Year and runs from October 1 to September 30 of each year. The calculations to determine eligibility for, and the amount of, DSH payments are made on the basis of the Base Year. The Base Year is also equivalent to the Federal Fiscal Year but a look-back period is utilized. For DSH payments made in SPY 2014, the Base Year used was FFY 2011 (October 1, 2010 – September 30, 2011). This also corresponds to each Vermont hospitals’ fiscal year with the exception of Retreat Health Care.<sup>6</sup>

### **Section 4: Definitions of Inpatient and Outpatient Services**

The definitions for inpatient and outpatient hospital services used in the calculations for DSH are from Department of Vermont Health Access Medicaid Covered Services Rules 7201 and 7203 reprinted below.

#### 7201 Inpatient Services — Medical and Psychiatric (07/26/2012, 12-01)

Coverage for inpatient services is limited to hospitals included in the Green Mountain Care Network. These hospitals are:

A Vermont hospital approved for participation in Medicare; or

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<sup>5</sup> A template of the DSH Survey utilized for DSH FFY 2014 appears in Appendix 10.

<sup>6</sup> Retreat Health Care utilizes the calendar year as its fiscal year. As such, cost report data was prorated across two of Retreat Health Care’s hospital years in the DSH FFY 2014 eligibility tests—three months from the hospital’s year ending 12/31/10 and nine months from the hospital’s year ending 12/31/11. Claims data was used in the Base Year only.

Out-of-state hospitals that are included in the Green Mountain Care Network due to their close proximity to Vermont and that it is the general practice of residents of Vermont to secure care and services at these hospitals.

Coverage for hospitals outside of the Green Mountain Care Network is only available if an out-of-network hospital is approved either for Medicare participation or for Medical Assistance (Title XIX) participation by the single state agency administering the Title XIX program within the state where it is located and the admission receives prior authorization. For emergent and urgent inpatient care, notification to DVHA is required within 24 hours of admission or the next business day. For all other inpatient care, an authorization must be obtained prior to the provision of services. Emergent and urgent care is defined in Medicaid Rule 7101.3.

The current list of hospitals included in the Green Mountain Care Network is located on the DVHA web site (<http://dvha.vermont.gov/for-providers/green-mountain-care-network>).

Coverage for inpatient hospital services is limited to those instances in which the admission and continued stay of the beneficiary are determined medically necessary by the appropriate utilization review authority.

Coverage may also be extended for inpatients who are determined no longer in need of hospital care but have been certified for care in a Nursing Facility. (Medicaid Rule 7606).

#### 7201.1 Inpatient Services (07/26/2012, 12-01)

Covered services include:

- A. Care in a semi-private (2-4 beds) room;
- B. Private room if certified medically necessary by a physician to avoid jeopardizing the health of the patient or to protect the health and safety of other patients. (No payment will be made for any portion of the room charge when the recipient requests and is provided with a private room for his or her personal comfort; i.e., when the private room is not medically necessary;
- C. Use of intensive care unit;
- D. Nursing and related services (except private duty nurses);
- E. Use of hospital facilities, such as operating and recovery room, X-ray, laboratory, etc;
- F. Use of supplies, appliances and equipment, such as splints, casts, wheelchairs, crutches, etc.;
- G. Blood transfusions;
- H. Therapeutic services, such as X-ray or radium treatment;
- I. Drugs furnished by the hospital as part of inpatient care and treatment, including drugs furnished in limited supply to permit or facilitate discharge from a hospital to meet the patient's requirements until a continuing supply can be obtained;
- J. Rehabilitation services, such as physical therapy, occupational therapy, and speech therapy services;

- K. Diagnosis services, such as blood tests, electrocardiograms, etc., but only when these services are specifically ordered by the patient's physician and they are reasonable and necessary for the diagnosis or treatment of the patient's illness or injury.

#### 7201.2 Excluded Services (07/26/2012, 12-01)

The following inpatient services are excluded:

- Private room at patient's request for his personal comfort;
- Personal comfort items such as telephone, radio or television in hospital room;
- Private duty nurses; and
- Experimental treatment and other non-covered procedures.

#### 7201.3 Dental Procedures (07/26/2012, 12-01)

Coverage of inpatient hospital services for dental procedures is only in the following situations:

For beneficiaries age 21 and over:

When a covered surgical procedure is performed (see rule 7312); or

When prior authorization has been granted by the Department of Vermont Health Access in a case where hospitalization was required to assure proper medical management or control of non-dental impairment during performance of a non-covered dental procedure (e.g., a beneficiary with a history of repeated heart attacks must have all their other teeth extracted) and need for such hospitalization is certified by the physician responsible for the treatment of the non-dental impairment. Should the beneficiary already be hospitalized for the treatment of a medical condition and a non-covered dental procedure is performed during the hospital stay, prior authorization is not required. In these instances hospital and anesthesia charges are covered, but the services of the dentist performing the dental services are not.

For beneficiaries under the age of 21:

When prior authorization has been granted by the Department of Vermont Health Access and the DVHA dental consultant certified that the beneficiary required hospitalization either for management of other medical conditions or to undergo dental treatment.

#### 7201.4 Psychiatric Care (07/26/2012, 12-01)

Inpatient psychiatric services provided in a hospital are covered to the same extent as inpatient services related to any other type of care or treatment. Authorization requirements are defined in Rule 7201.

#### 7201.5 Care of Newborn Child (07/26/2012, 12-01)

For the period after the initial seven days or until the mother is discharged, whichever is earlier,

coverage for continuing inpatient care of a newborn child requires application for and determination of the newborn child's eligibility, a separate Medicaid identification number and separate billing.

### 7203 Outpatient Services (02/26/2011, 10-13)

"Outpatient hospital services" are defined as those covered items and services indicated below when furnished in an institution meeting the hospital services provider criteria (rule 7201), by or under the direction of a physician, to an eligible beneficiary who is not expected to occupy a bed overnight in the institution furnishing the service.

Covered items and services include:

- Use of facilities in connection with accidental injury or minor surgery. Treatment of accidental injury must be provided within 72 hours of the accident.
- Diagnostic tests given to determine the nature and severity of an illness; e.g., x-rays, pulmonary function tests, electrocardiograms, blood tests, urinalysis and kidney function tests. Laboratory and radiologic services may be subject to limitations and/or prior authorizations as specified in Rule 7405.
- Diabetic counseling or education services; one diabetic education course per beneficiary per lifetime provided by a hospital-sponsored outpatient program, in addition to 12 diabetic counseling sessions per calendar year provided by a certified diabetic educator. Additional counseling sessions with a diabetic educator may be covered with prior authorization. Medicaid also covers one membership in the American Diabetes Association (ADA) per lifetime.
- Rehabilitative therapies (physical, occupational, and speech) as specified in Rules 7317–7317.2
- Inhalation therapy
- Emergency room care. Use of the emergency room at any time is limited to instances of emergency medical conditions, as defined in rule 7101.3 (a)(13).

### **Section 5: Medicaid Inpatient Utilization Rate (MIUR) Calculation**

A hospital's MIUR determines the hospital's overall eligibility for DSH as well as the hospital's eligibility for Group 1. A hospital's MIUR is calculated using the following equation:

$$MIUR = \frac{\text{Total Medicaid Inpatient Days}}{\text{Total Number of Inpatient Days}}$$

The calculation is performed using data from the base year. If a hospital has a MIUR which is at least one standard deviation above the mean MIUR, it will meet the eligibility for Group 1. Otherwise, if the hospital does not meet the criteria for placement in Groups 2 or 3 and the hospital has an MIUR of at least 1%, then the hospital is placed in Group 4.

In performing the calculations:

1. “Medicaid Inpatient Days” includes all paid covered inpatient days for Title XIX clients including:
  - a. Days for individuals dually eligible for Medicare and Medicaid;
  - b. Days when the client is in a specialized ward; and
  - c. Days when the individual remains in the hospital for lack of suitable placement elsewhere).

It does not include inpatient days in which a Title XIX client was in an IMD and the client was between 22 and 64 years of age or when a Title XIX client was in a hospital skilled nursing facility unit.

Data Source Used:

1. Report MRMN503S, compiled by the DVHA’s fiscal agent, which enumerates paid covered Title XIX days for each hospital during the DSH Base Year when DVHA is the primary payer.
2. DVHA claims for Medicare/Medicaid dual eligibles or a detailed report from the hospital.

These figures are attested to by the hospital in the DSH Survey Sheet or updated, with supporting documentation, when necessary.

2. “Total Number of Inpatient Days” includes:
  - a. Fee-for-service and managed care days, and
  - b. Each day in which an individual (including a newborn) is an inpatient in the hospital, whether or not the individual is in a specialized ward, and whether or not the individual remains in the hospital for lack of suitable placement elsewhere.

Data Source Used: The total Inpatient Days reported on a hospital’s most recently filed Medicare Cost Report (MCR) from the Base Year, whether it was audited or not audited. The specific figures to be used are found on Worksheet S-3, Column 6 (Line 12 plus Line 14 minus Lines 3 and 4).

*Calculation of the Mean MIUR and the Standard Deviation*

The Mean MIUR is calculated as the average of the individual hospitals’ MIURs, weighted by Medicaid days. All hospitals with a MIUR in the base year that was greater than zero are in the calculation, including the MIURs from hospitals with a MIUR that is less than 1%. The Mean MIUR calculated for DSH SPY 2014 was 28.55%. The standard deviation is calculated utilizing the same individual hospital MIURs that were used in the calculation of the mean. The standard deviation for DSH SPY 2014 was 10.35%. Therefore, the threshold for hospitals to meet Group 1 eligibility in DSH SPY 2014 was 38.90%.

Refer to Appendix 3 for details on the MIUR calculations for DSH SPY 2014.

## Section 6: Low Income Utilization Rate (LIUR) Calculation

A hospital's LIUR determines the hospital's eligibility for Group 2. A hospital's LIUR is calculated by summing the following two equations:

*Equation 1 is the ratio of*

$$\frac{\text{Total Medicaid Patient Revenues} + \text{Total State \& Local Cash Subsidies for Patient Services}}{\text{Total Revenues for Patient Services}}$$

*Equation 2 is the ratio of*

$$\frac{\text{Total Inpatient Charges Attributable to Charity Care} - \text{Cash Subsidies Portion Attributable to Inpatient}}{\text{Total Inpatient Charges}}$$

The calculation is performed using hospital data from the base year. If a hospital has a LIUR that exceeds 25%, it will meet the eligibility for Group 2.

In performing the calculations:

1. "Total Medicaid Patient Revenues" includes Title XIX revenues for inpatient and outpatient services. It does not include DSH payments, payments made for Graduate Medical Education (GME), any other Title XIX supplemental payments that may be authorized by the Legislature, physician revenue or revenue from hospital-based skilled nursing facility (SNF) units.

Data Source Used: The DVHA confirmed with hospitals that for the Base Year, no DSH eligible hospitals reported this value separately on their audited financial statements. Thus, the DVHA defaulted to figures reported to the State of Vermont's Banking, Insurance, Securities and Health Care Administration (BISHCA) on its Report #5 "Net Patient Care Revenue by Payer". For DSH SPY 2014, the values in the column labeled "Actual 2011" were used. The hospitals attested to the accuracy of these figures on the DSH Survey and/or through supplemental correspondence.

2. "Total State and Local Cash Subsidies for Patient Services" includes payments made with state-only or local-only funds.

Data Source Used: Attestation from the hospitals of data populated by the hospitals on the DSH Survey.

3. "Total Revenues for Patient Services" includes total patient revenue for hospital services (including hospital subprovider charges). It does not include DSH payments, payments made for Graduate Medical Education (GME), any other Title XIX supplemental payments that may be authorized by the Legislature, physician revenue or revenue from hospital-based skilled nursing facility (SNF) units.

Data Source Used: DVHA defaulted to figures reported to the State of Vermont's Banking, Insurance, Securities and Health Care Administration (BISHCA) on its Report

#5 “Net Patient Care Revenue by Payer”. For DSH SPY 2014, the values in the column labeled “Actual 2011” were used. The hospitals attested to the accuracy of these figures on the DSH Survey and/or through supplemental correspondence.

4. “Total Inpatient Charges Attributable to Charity Care” includes the amount of inpatient services – stated as charges – that is provided free to individuals who cannot afford health care due to inadequate resources as determined by the hospital’s charity care policy and do not otherwise qualify for government subsidized insurance. It does not include bad debt expense or contractual allowances and discounts offered to third party payers or self-pay patients that do not qualify for charity care pursuant to the hospital’s charity care policy.

Data Source Used: Claim-level detail data was submitted by each hospital as an addendum to their DSH Survey. The DVHA verified that the totals on the addenda were properly carried forward to the DSH Survey.

5. “Cash Subsidies Portion Attributable to Inpatient” means that portion of “Total State and Local Cash Subsidies for Patient Services” that is attributable to inpatient services.

Data Source Used: Attestation from the hospitals of data populated by the hospitals on the DSH Survey.

6. “Total Inpatient Charges” includes total inpatient and hospital subprovider charges without any deductions for contractual allowances or discounts offered to third party payers or self pay patients.

Data Source Used: DVHA defaulted to figures reported to the State of Vermont’s Banking, Insurance, Securities and Health Care Administration (BISHCA) on its Report #5 “Net Patient Care Revenue by Payer”. For DSH SPY 2014, the values in the column labeled “Actual 2011” were used. The hospitals attested to the accuracy of these figures on the DSH Survey and/or through supplemental correspondence.

Refer to Appendix 4 for details on the LIUR calculations for DSH SPY 2014.

## **Section 7: State-designed Group Eligibility Determinations**

### *Group 3 Eligibility Determination – Teaching Facilities*

A privately-owned or privately-operated general acute care hospital with its headquarters in the State of Vermont that operates a post-graduate training program is deemed eligible for Group 3.

### *Group 4 Eligibility Determination – All Other Eligible Hospitals*

By definition, if a hospital meets the federal requirement<sup>7</sup> of having an MIUR of at least 1% in the base year and has not met the criteria for placement in Groups 1, 2 or 3, then the hospital is automatically eligible for Group 4.

### **Section 8: Satisfying the Obstetrical Requirement for Eligibility**

In order to ensure that hospitals receiving DSH payments meet requirements related to obstetricians<sup>8</sup>, all hospitals that are determined to have a MIUR of at least 1% must make the obstetrical selection on the DSH Survey and sign the attestation below it certifying that the selection is true. Any hospital that fails to return the certification by the date specified by DVHA, or any hospital that cannot attest to one of the obstetrical conditions for DSH eligibility, will not be eligible to receive DSH payments for the DSH SPY.

For the determination of a hospital's compliance with the obstetrician requirement, the certification will be based on the start of the base year for DSH through to actual date of certification.

The DSH Survey Sheet allows for the following selections:

- I certify that the hospital has at least two obstetricians with staff privileges who have agreed to provide obstetric services (emergency and non-emergency) to individuals eligible for Medicaid. OR
- I certify that the hospital is located in a rural area and has at least two qualified physicians with staff privileges who have agreed to provide non-emergency obstetric services to individuals eligible for Medicaid. OR
- I certify that the hospital did not offer non-emergency obstetric services to the general population as of December 22, 1987, or that the inpatients of the hospital are predominantly individuals under 18 years of age.

### **Section 9: Hospital-specific Limit Calculations**

The hospital-specific limit is calculated using the following equation:

$$\begin{array}{l} \text{Costs Incurred Serving Medicaid Recipients} \\ \text{Less Payments Received for Costs Incurred Serving Medicaid Recipients} \\ \text{[the "Medicaid Shortfall"]} \\ \text{Plus Costs Incurred Serving Individuals with No Third Party Coverage} \\ \text{Less Payments Received for Costs Incurred Serving Individuals with No Third Party} \\ \text{Coverage} \end{array}$$

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<sup>7</sup> Requirements in accordance with Section 1923(d) of the Social Security Act.

<sup>8</sup> Requirements in accordance with Vermont Medicaid State Plan Attachment 4.19A pg. 1d and Section 1923(d).

Pursuant to the above equation:

*Costs Incurred Serving Medicaid Recipients =*

[VT Medicaid Inpatient Days] \* [Medicaid Hospital-specific Accommodation Cost Per Day] +  
[VT Medicaid Inpatient Ancillary Charges] \* [Medicaid Inpatient Ancillary Cost-to-Charge Ratio (CCR)]  
+ [VT Medicaid Outpatient Charges] \* [Medicaid Outpatient CCR] +  
[VT Medicare/Medicaid dual eligible Inpatient Days + Other State Medicaid eligible Inpatient Days] \* [Medicaid Hospital-specific Accommodation Cost Per Day] +  
[VT Medicare/Medicaid dual eligible Inpatient Ancillary Charges + Other State Medicaid eligible Inpatient Ancillary Charges] \* [Medicaid Inpatient Ancillary CCR] +  
[VT Medicare/Medicaid dual eligible Outpatient Charges + Other State Medicaid eligible Outpatient Charges] \* [Medicaid Outpatient CCR] +  
[Medicaid Allocated Portion of Graduate Medical Education Costs Not Paid by Medicare]

*Payments Received for Costs Incurred Serving Medicaid Recipients =*

[Medicaid Inpatient Payments + Medicaid Outpatient Payments + Payments for Graduate Med. Ed.]

*Costs Incurred Serving Individuals with No Third Party Coverage=*

[Inpatient Days for Individuals with No Third Party Coverage] \* [Medicaid Hospital-specific Accommodation Cost Per Day] +  
[Inpatient Ancillary Charges for Individuals with No Third Party Coverage] \* [Medicaid Inpatient Ancillary CCR] +  
[Outpatient Charges for Individuals with No Third Party Coverage] \* [Medicaid Outpatient CCR]

*Payments Received for Costs Incurred Serving Individuals with no Third Party Coverage =*

[Payments from Individuals] + [State/Local Subsidies for Patient Services] + [Section 1011 payments] during the Base Year for services delivered during the Base Year or any prior year

The hospital-specific limit used to compare against a DSH payment in a SPY is based on information from the Base Year utilized for the DSH SPY. For DSH SPY 2014, this Base Year was for the period 10/1/10 – 9/30/11 for all participating hospitals.

#### Data Sources for Hospital-specific Limit Calculations

Refer to Appendix 5 for the calculation. Refer to Appendices 6, 7 and 8 for schedules of the data elements used to support the calculation.

##### 1. For Costs Incurred Serving Medicaid Recipients

- a. Vermont Medicaid Inpatient Days: The MMIS Report MRMN503S was used, subject to attestation by the hospital. Inpatient Days were segmented using revenue codes to separately identify Adults & Peds, Nursery, ICU, NICU, Surgical ICU, Subprovider and step-down days (awaiting placement in a SNF).

- b. Medicaid Hospital-specific Accommodation Cost Per Day: Accommodation revenue codes were mapped to a hospital cost center. The cost per day value assigned to each revenue code was based on the cost center that the revenue code was assigned to. The cost per day values used were from among the following sources:

Worksheet D-1, Part II, Line 38:	Adults & Peds
Worksheet D-1, Part II, Line 42:	Nursery
Worksheet D-1, Part II, Line 43:	ICU
Worksheet D-1, Part II, Line 45.01:	NICU (only reported by Fletcher Allen)
Worksheet D-1, Part II, Line 46:	Surgical ICU (only reported by Fletcher Allen)
Worksheet D-1, Part II, Line 38 (Subprovider schedule):	Subprovider days

- c. Vermont Medicaid Inpatient Ancillary Charges: State Audit Report MRMN503S.
- d. Vermont Medicaid Outpatient Charges: State Audit Report MRMN503S.
- e. Medicaid Inpatient Ancillary CCR: The most recent filed MCR from the hospital's Base Year is used. The specific calculation is shown below.

The *Medicaid Inpatient Ancillary CCR* is calculated by dividing:

The sum of the amounts on the Title XIX schedules of Worksheet D-3 (Hospital), Column 3, Line 202 and Worksheet D-3 (Subprovider), Column 3, Line 202	
By	
The sum of the amounts on the Title XIX schedules of Worksheet D-3 (Hospital), Column 2, Line 200 and Worksheet D-3 (Subprovider), Column 2, Line 200	

- f. Medicaid Outpatient CCR: The most recent filed MCR from the hospital's Base Year is used. The specific calculation is shown below.

The *Medicaid Outpatient CCR* is calculated by dividing:

The value on the Title XIX schedule of Worksheet D Part V, Column 6, Line 202	
By	
The value on the Title XIX schedule of Worksheet D Part V, Column 3, Line 202	

- g. Medicare/Medicaid Dual Eligible Inpatient Days, Medicare/Medicaid Dual Eligible Inpatient Ancillary Charges, and Medicare/Medicaid Dual Eligible Outpatient Charges: Hospitals were instructed to either verify and attest to information provided by the DVHA's MMIS in the DSH Survey Supplemental Schedules 5 and 9 or to provide replacement Schedules 5 and 9 which can be supported by claim-level documentation. The Schedules 5 and 9 provided by the DVHA were an itemized claim-level detail of inpatient days, inpatient ancillary charges and outpatient charges for Medicare/Medicaid dual eligibles.

- h. Other State Medicaid Eligible Inpatient Days, Other State Medicaid Eligible Inpatient Ancillary Charges, and Other State Medicaid Eligible Outpatient Charges: Hospitals were instructed to complete Supplemental Schedules 6, 7, 10 and 11 in the DSH survey which can be supported by claim-level documentation. The Schedules 6, 7, 10 and 11 provided to the DVHA an itemized claim-level detail of inpatient days, inpatient ancillary charges and outpatient charges for other state Medicaid eligibles, both fee-for-service and HMO days/services.
  - i. Medicaid Allocated Portion of Graduate Medical Education Costs: The most recent filed MCR from the hospital's Base Year is used. The specific cell is on Worksheet E-3, Part IV, Title XIX schedule, Line 23.01.
2. For Payments Received for Costs Incurred Serving Medicaid Recipients
- a. Vermont Medicaid Inpatient Payments: State Audit Report MRMN503S.
  - b. Vermont Medicaid Outpatient Payments: State Audit Report MRMN503S.
  - c. Medicare/Medicaid Dual Eligible Inpatient Payments: Reported by each hospital on Schedule 5 of the DSH Survey.
  - d. Medicare/Medicaid Dual Eligible Outpatient Payments: Reported by each hospital on Schedule 9 of the DSH Survey.
  - e. Other State Medicaid Eligible Inpatient Payments: Reported by each hospital on Schedules 6 and 7 of the DSH Survey.
  - f. Other State Medicaid Eligible Outpatient Payments: Reported by each hospital on Schedules 10 and 11 of the DSH Survey.
  - g. Payments for Graduate Medical Education: DVHA Finance Office (none were paid out in the Base Year).
3. For Costs Incurred Serving Individuals with no Third Party Coverage
- a. Inpatient Days and Inpatient Ancillary Charges: Hospitals were instructed to complete Supplemental Schedule 8 in the DSH Survey which can be supported by claim-level documentation. The Schedule 8 provided to the DVHA is an itemized claim-level detail of inpatient days and inpatient ancillary charges for all cases where the individual had no third party coverage.
  - b. Outpatient Charges: Hospitals were instructed to complete Supplemental Schedule 12 in the DSH Survey which can be supported by claim-level documentation. The Schedule 12 provided to the DVHA is an itemized claim-level detail of outpatient charges for all cases where the individual had no third party coverage.

4. For Payments Received for Costs Incurred Serving Individuals with no Third Party Coverage
  - a. Inpatient Payments: Payments to the hospitals from individuals with no third party coverage were reported by each hospital on Schedule 8 of the DSH Survey.
  - b. Outpatient Payments: Payments to the hospitals from individuals with no third party coverage were reported by each hospital on Schedule 12 of the DSH Survey.
  - c. State & Local Subsidies for Patient Services: As reported and attested to by hospitals in their DSH Survey.
  - d. Section 1011 payments: As attested to by hospitals in correspondence to the DVHA.

### **Section 10: Determining Funding for Each DSH Eligibility Group**

Each year of the program, the DVHA determines the DSH Eligibility Group that each hospital is eligible for before calculating payments. If a hospital is eligible for more than one DSH Eligibility Group, for the purposes of computing the funding for each DSH Group, the hospital will be placed in only one DSH Eligibility Group based upon the DSH Group that will maximize their DSH payment in the SPY.

Before the calculation of funding by DSH Group occurs, the calculation of each Hospital Specific Limit is completed as specified in Section 8. Funding for each Group is then completed as follows.

1. Funding for DSH Group #3 is done first. The amount funded for Group #3 is the lesser of 50% of the Total DSH Funding for the DSH SPY or 50% of the combined Hospital Specific Limit for all hospitals in the Group.
2. Subtract the amount funded for DSH Group #3 from the Total Available DSH Funding for the SPY to derive the remaining amount to be allocated between DSH Groups #1, #2 and #4.
3. Calculate for each hospital its percentage of Title XIX statewide days in the Base Year. (Refer to Appendix 3, Column 7)
  - a. The total statewide days value used in the calculation excludes the Title XIX days for any hospitals in DSH Group #3.
  - b. The total statewide days value used in the calculation excludes any hospital that has a Hospital Limit that is less than \$0 as computed in Step 8 above.
4. Sum the percentage of statewide days in the DSH Group.

- a. If a hospital was paid for Title XIX days in the Base Year but was not eligible for DSH because it did not meet the minimum MIUR requirement, the percentage of its statewide days is excluded from all calculations.
- b. If a hospital was paid for Title XIX days in the Base Year but was not eligible for DSH because it did not meet the obstetrical requirement, the percentage of its statewide days is excluded from all calculations.
- c. If a hospital was paid for Title XIX days in the Base Year but was not eligible for DSH because its Hospital Specific Limit was less than \$0, the percentage of its statewide days is excluded from all calculations.

5. Calculate the DSH Allotment by DSH Eligibility Group using the following formula:

$$\frac{\text{Total Remaining DSH Funding Available (computed in Step 2) *}}{\text{Total Percentage of Statewide Days in the DSH Group (computed in Step 4)}}$$

For DSH SPY 2014, the allocation to each DSH Eligibility Group was as follows: Group 1: \$0; Group 2: \$0; Group 3: \$16,190,092; Group 4: \$21,258,689.

A summary of this allocation methodology is shown in Appendix 2.

### **Section 11: Calculation of Hospital-Specific Disproportionate Share Payments**

Funding for hospitals in DSH Group #3 was described in Step 9. The DSH payments to each hospital in DSH Groups #1, #2 and #4 are made using the following methodology:

1. For each of the DSH Groups #1, #2 and #4, compute an Aggregate Hospital Limit that is the sum of the individual Hospital Specific Limits within the DSH Group for hospitals that are eligible for a DSH payment.
2. Determine each hospital's limit as a percentage of the DSH Group's Aggregate Hospital Limit.
3. Multiply the percentage computed in Step 2 by the DSH Group Allotment.

A summary of these calculations is shown in Appendix 2.

The DVHA ensures that the amount funded to each hospital does not exceed the Hospital Specific Limit<sup>9</sup>. If a hospital is found to have exceeded its OBRA limit, the amount of payment to the hospital in excess of its OBRA limit is recouped. The recouped amount is distributed proportionally based on the DSH payments to the eligible hospitals remaining in the DSH Group in which the hospital was placed. If no hospitals remain in the DSH Group, the recouped dollars are distributed proportionally to the remaining DSH Groups.

### **Section 12: State Plan Changes for DSH FFY 2014**

The only change to the state plan this year was on pages 1f and 1g to make changes to date references to account for the new DSH SPY.

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<sup>9</sup> In accordance with Section 1923(g) of the Social Security Act.

**Section 13: Other Provisions**

A DSH payment will only be issued to the entity which is currently registered with the DVHA as a participating hospital provider. Therefore, it is expected that facilities will consider this information when negotiating ownership changes.

**APPENDIX 1**  
**Disproportionate Share Payments by Hospital in FFYs 2010 through 2014**

	<b>DSH FFY 2010 Payments</b>	<b>DSH FFY 2011 Payments</b>	<b>DSH FFY 2012 Payments</b>	<b>DSH FFY 2013 Payments</b>	<b>DSH FFY 2014 Payments</b>	<b>DSH FFY 2014 compared to DSH FFY 2013 Payments</b>	<b>Pct Diff 2014 to 2013</b>
Brattleboro Memorial Hospital	\$ 1,393,697	\$ 1,368,678	\$ 1,176,989	\$ 1,236,502	\$ 884,338	\$ (352,165)	-28%
Central Vermont Medical Center	\$ 2,891,730	\$ 2,365,220	\$ 1,893,868	\$ 2,057,789	\$ 2,129,828	\$ 72,039	4%
Copley Hospital	\$ 1,486,958	\$ 719,895	\$ 677,478	\$ 667,459	\$ 822,000	\$ 154,541	23%
Fletcher Allen Health Care	\$ 16,903,464	\$ 16,738,071	\$ 18,724,391	\$ 18,115,526	\$ 16,190,092	\$ (1,925,434)	-11%
Gifford Medical Center	\$ 975,804	\$ 560,302	\$ 875,394	\$ 807,107	\$ 808,803	\$ 1,696	0%
Grace Cottage Hospital	\$ -	\$ -	\$ 153,081	\$ 216,999	\$ -	\$ (216,999)	-100%
Mt. Ascutney Hospital	\$ 500,038	\$ 686,822	\$ 302,698	\$ 283,346	\$ 535,070	\$ 251,724	89%
North Country Hospital	\$ 1,773,107	\$ 1,956,360	\$ 2,092,289	\$ 1,848,818	\$ 2,746,073	\$ 897,255	49%
Northeastern Vermont Hospital	\$ 1,770,076	\$ 1,250,574	\$ 1,033,166	\$ 1,293,715	\$ 1,764,181	\$ 470,466	36%
Northwestern Medical Center	\$ 1,626,840	\$ 2,011,716	\$ 2,109,676	\$ 2,128,462	\$ 1,548,010	\$ (580,451)	-27%
Porter Medical Center	\$ 1,016,911	\$ 1,292,983	\$ 753,493	\$ 827,357	\$ 602,094	\$ (225,263)	-27%
Retreat Health Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Rutland Regional Medical Center	\$ 3,151,984	\$ 3,929,839	\$ 3,821,595	\$ 4,251,425	\$ 5,410,102	\$ 1,158,677	27%
Southwestern Vermont Hospital	\$ 1,760,973	\$ 2,568,646	\$ 2,437,759	\$ 2,073,221	\$ 2,571,092	\$ 497,871	24%
Springfield Hospital	\$ 1,297,199	\$ 1,999,676	\$ 1,396,906	\$ 1,641,055	\$ 1,437,099	\$ (203,957)	-12%
<b>Totals</b>	<b>\$ 36,548,781</b>	<b>\$ 37,448,781</b>	<b>\$ 37,448,781</b>	<b>\$ 37,448,781</b>	<b>\$ 37,448,781</b>	<b>\$ (0)</b>	<b>0%</b>

**APPENDIX 2**  
**Calculations for Determining Disproportionate Share Payments Made in Federal Fiscal Year 2014**

<b>Total DSH Allotment:</b>	<b>37,448,781</b>
Less Allocation to DSH Group #3:	16,190,092
Allocation to Other Groups:	21,258,689

Calculate Hospital Specific Limit	Calculate Pct of TXIX Days (excl. DSH Group #3)	Calculate DSH Allotment by Group	Compute Aggregate Limits by DSH Group	Determine Each Hospital's Limit as Pct of Group's Limit	Allocate DSH to Each Hospital	Effective Percent of Hospital Specific Limit Paid
		(Total Available DSH) * (Group's Pct Statewide Title XIX Days)			(Group DSH Allotment) * (Pct of Group Limit)	

**DSH Group #1: MIUR**

**DSH Group #2: LIUR**                      no hospitals eligible

<b>DSH Group #3: Teaching Hospitals</b>			<b>16,190,092</b>	<b>32,380,184</b>			
Fletcher Allen Health Care	32,380,184				<b>100.00%</b>	16,190,092	
						<b>16,190,092</b>	50.00%

<b>DSH Group #4: State-Designed Group</b>			<b>21,258,689</b>	<b>60,999,952</b>			
Brattleboro Memorial Hospital	2,537,530	5.2%			4.16%	884,338	34.85%
Central Vermont Medical Center	6,111,357	15.7%			10.02%	2,129,828	34.85%
Copley Hospital	2,358,658	3.7%			3.87%	822,000	34.85%
Gifford Medical Center	2,320,789	5.2%			3.80%	808,803	34.85%
Grace Cottage Hospital	not eligible						
Mt Ascutney Hospital	1,535,336	1.7%			2.52%	535,070	34.85%
North Country Hospital	7,879,616	7.2%			12.92%	2,746,073	34.85%
Northeastern Vermont Hospital	5,062,163	4.6%			8.30%	1,764,181	34.85%
Northwestern Medical Center	4,441,881	7.0%			7.28%	1,548,010	34.85%
Porter Medical Center	1,727,657	3.6%			2.83%	602,094	34.85%
Retreat Health Care*	not considered						
Rutland Regional Medical Center	15,523,814	25.6%			25.45%	5,410,102	34.85%
Southwestern Vermont Hospital	7,377,523	10.1%			12.09%	2,571,092	34.85%
Springfield Hospital	4,123,629	10.2%			6.76%	1,437,099	34.85%
		<b>100.0%</b>			<b>100.00%</b>	<b>21,258,689</b>	
			<b>37,448,781</b>			<b>37,448,781</b>	

\* Retreat's hospital limit was determined to be (\$952,024) in this DSH SPY.



**APPENDIX 4**  
**Supporting Schedule for Determining DSH Eligibility for DSH Group #2 (LIUR) in Federal Fiscal Year 2014**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Variable for Calculation	Net Medicaid Patient Revenue (IP+OP)	State & Local Cash Subsidies for Patient Services	Net All Payer Patient Revenue (IP+OP)	Ratio 1 of LIUR	Inpatient Charges Attributable to Individuals with No Third Party Coverage	State & Local Cash Subsidies for Inpatient Services	Total Gross Inpatient Charges	Ratio 2 of LIUR	Low Income Utilization Percentage	Group 2 Eligible?
Data Source	DSH Survey Schedule 4, III.A.9	DSH Survey Schedule 4, III.B.1+III.B.2	DSH Survey Schedule 4, III.C.14	calculated as [(1)+(2)] / (3)	DSH Survey Schedule 4, III.D.1	DSH Survey Schedule 4, III.B.1	DSH Survey Schedule 4, III.C.1	calculated as [(5)-(6)] / (7)	calculated as (4) + (8)	If (9) > 25%, then Yes
Brattleboro Memorial Hospital	5,067,403	0	57,729,992	8.78%	468,743	0	25,795,465	1.82%	10.59%	No
Central Vermont Medical Center	12,616,424	0	113,134,042	11.15%	508,263	0	57,443,458	0.88%	12.04%	No
Copley Hospital	5,241,199	0	45,984,105	11.40%	524,541	0	21,331,459	2.46%	13.86%	No
Fletcher Allen Health Care	60,999,264	0	677,572,894	9.00%	9,201,768	0	521,970,055	1.76%	10.77%	No
Gifford Medical Center	5,554,677	0	45,666,312	12.16%	292,501	0	20,144,467	1.45%	13.62%	No
Grace Cottage Hospital	221,044	0	7,516,513	2.94%	32,768	0	1,306,466	2.51%	5.45%	No
Mt. Ascutney Hospital	389,178	0	21,863,485	1.78%	103,950	0	6,172,278	1.68%	3.46%	No
North Country Hospital	7,586,469	0	60,810,185	12.48%	548,847	0	23,336,624	2.35%	14.83%	No
Northeastern Vermont Hospital	4,891,511	0	46,346,717	10.55%	523,555	0	24,103,791	2.17%	12.73%	No
Northwestern Medical Center	10,910,045	0	72,734,564	15.00%	331,661	0	31,477,657	1.05%	16.05%	No
Porter Medical Center	2,345,050	0	49,035,680	4.78%	296,087	0	22,921,904	1.29%	6.07%	No
Retreat Health Care	18,592,003	0	39,437,948	47.14%	-	0	68,642,096	0.00%	47.14%	Yes
Rutland Regional Medical Center	18,268,262	0	171,777,418	10.63%	5,837,697	0	138,895,469	4.20%	14.84%	No
Southwestern Vermont	13,475,137	0	123,719,744	10.89%	917,180	0	69,486,049	1.32%	12.21%	No
Springfield Hospital	8,054,353	0	45,841,620	17.57%	896,412	0	22,796,562	3.93%	21.50%	No
								Threshold	<b>25.00%</b>	

Net Medicaid Patient Revenue excludes physician revenue and revenue from hospital-based SNF units.  
Net All Payer Patient Revenue excludes physician revenue and revenue from hospital-based SNF units.

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2014**

VT Medicaid Eligible													
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider I Days	Subprovider II Days	Adult & Peds Cost Per Diem	Nursery Per Diem	ICU Per Diem	NICU Per Diem	Surgical ICU Per Diem
	Data Source →	Appendix 7, Column C	Appendix 7, Column D	Appendix 7, Column E	Appendix 7, Column F	Appendix 7, Column G	Appendix 7, Column H	Appendix 7, Column I	Appendix 6, Column J	Appendix 6, Column K	Appendix 6, Column L	Appendix 6, Column M	Appendix 6, Column N
Brattleboro Memorial Hospital		738	373	130	0	0	0	0	1,434.28	1,434.28	1,990.05	0.00	0.00
Central Vermont Med Center		1,493	392	237	0	0	1,767	0	1,149.13	867.79	3,068.21	3,068.21	0.00
Copley Hospital		565	295	27	0	0	0	0	1,409.35	1,391.17	2,872.94	0.00	0.00
Fletcher Allen Health Care		12,835	1,773	951	2,529	543	0	2,103	1,103.58	593.98	2,237.59	1,535.66	1,635.52
Gifford Medical Center		830	257	21	0	0	0	0	1,047.80	1,534.56	1,562.23	1,562.23	0.00
Grace Cottage Hospital		31	0	0	0	0	0	0	1,314.39	0.00	0.00	0.00	0.00
Mt. Ascutney Hospital		75	0	0	0	0	0	381	1,239.93	0.00	0.00	0.00	0.00
North Country Hospital		903	408	65	0	0	0	0	1,171.47	737.24	3,871.58	0.00	0.00
Northeastern Vermont Hospital		800	286	51	0	0	0	0	1,840.53	697.84	3,461.48	0.00	0.00
Northwestern Medical Center		1,058	476	196	0	0	0	0	1,025.13	755.98	1,368.45	0.00	0.00
Porter Medical Center		562	245	19	0	0	0	0	1,381.06	744.54	2,793.86	0.00	0.00
Retreat Health Care		4,001	0	0	0	0	0	0	765.76	0.00	0.00	0.00	0.00
Rutland Regional Med Center		5,694	514	190	0	0	0	0	1,215.05	1,107.20	1,928.62	0.00	0.00
Southwestern Vermont		1,436	456	138	0	0	0	0	1,097.62	758.03	2,184.91	0.00	0.00
Springfield Hospital		780	227	16	0	0	1,509	0	986.43	822.74	1,530.34	0.00	0.00

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2014**

		(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	Variable for Calculation →	Subprovider I Per Diem	Subprovider II Per Diem	Total Medicaid Routine Costs	VT Medicaid Inpatient Ancillary Charges	Inpatient Ancillary CCR	VT Medicaid Outpatient Charges	Outpatient CCR	Total Medicaid Ancillary Costs
	Data Source →	Appendix 6, Column O	Appendix 6, Column P	calculated as [(1)*(8) + (2)*(9) + (3)*(10) + (4)*(11) + (5)*(12) + (6)*(13) + (7)*(14)]	Appendix 7, Column J	Appendix 6, Column W	Appendix 7, Column K	Appendix 6, Column L	calculated as [(16)*(17) + (18)*(19)]
Brattleboro Memorial Hospital		0.00	0.00	1,852,192	2,166,675	0.4763	10,059,371	0.3394	4,445,923
Central Vermont Med Center		947.19	0.00	4,456,675	6,240,565	0.4610	22,094,163	0.3944	11,589,835
Copley Hospital		0.00	0.00	1,284,247	1,996,572	0.4755	9,540,115	0.4521	5,262,288
Fletcher Allen Health Care		1,032.60	1,032.60	24,288,853	53,112,169	0.3918	80,058,783	0.3152	46,039,980
Gifford Medical Center		0.00	0.00	1,296,863	2,979,708	0.3418	10,023,736	0.4325	5,353,387
Grace Cottage Hospital		0.00	0.00	40,746	38,826	0.5819	1,319,746	0.5328	725,806
Mt. Ascutney Hospital		0.00	1,293.93	585,982	646,912	0.4207	3,285,876	0.4562	1,771,063
North Country Hospital		0.00	0.00	1,610,284	3,226,977	0.4039	18,205,152	0.4931	10,280,820
Northeastern Vermont Hospital		0.00	0.00	1,848,542	3,408,555	0.3307	12,228,577	0.4642	6,803,592
Northwestern Medical Center		0.00	0.00	1,712,650	4,404,181	0.5517	18,284,084	0.4758	11,128,988
Porter Medical Center		0.00	0.00	1,011,651	2,037,617	0.5010	8,741,334	0.3987	4,505,666
Retreat Health Care		0.00	0.00	3,063,796	898,357	0.4487	0	0.3410	403,050
Rutland Regional Med Center		0.00	1,448.92	7,854,033	11,209,240	0.4536	27,315,288	0.4819	18,246,857
Southwestern Vermont		0.00	0.00	2,223,362	4,417,993	0.4068	19,124,629	0.4855	11,081,861
Springfield Hospital		868.20	0.00	2,290,777	2,178,765	0.4512	10,362,598	0.4948	6,110,482

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2014**

		VT Medicare/Medicaid Dual Eligibles							Other State Medicaid Eligible				
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider I Days	Subprovider II Days	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days
	Data Source →	Appendix 8, Column C	Appendix 8, Column D	Appendix 8, Column E	Appendix 8, Column F	Appendix 8, Column G	Appendix 8, Column H	Appendix 8, Column I	Appendix 8, Column J	Appendix 8, Column K	Appendix 8, Column L	Appendix 8, Column M	Appendix 8, Column N
Brattleboro Memorial Hospital		402	0	93	0	0	0	0	70	57	10	0	0
Central Vermont Med Center		749	0	143	0	0	795	0	1	0	0	0	0
Copley Hospital		373	0	48	0	0	0	0	0	0	0	0	0
Fletcher Allen Health Care		8,049	0	645	0	611	659	1,529	2,285	60	159	1,474	392
Gifford Medical Center		715	0	46	0	0	0	0	0	0	0	0	0
Grace Cottage Hospital		82	0	0	0	0	0	0	0	0	0	0	0
Mt. Ascutney Hospital		152	0	0	0	0	0	0	5	0	0	0	0
North Country Hospital		1,098	0	87	0	0	0	0	3	0	0	0	0
Northeastern Vermont Hospital		409	0	91	0	0	0	0	11	4	0	0	0
Northwestern Medical Center		576	0	200	0	0	0	0	0	0	0	0	0
Porter Medical Center		370	0	20	0	0	0	0	46	37	0	0	0
Retreat Health Care		89	0	0	0	0	0	0	1,329	0	0	0	0
Rutland Regional Med Center		2,505	2	167	0	0	0	0	46	8	0	0	0
Southwestern Vermont		948	0	148	0	0	0	0	333	129	26	0	0
Springfield Hospital		655	0	25	0	0	310	0	67	0	6	0	0

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2014**

		Individuals with No Third Party Insurance									
		(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)
Variable for Calculation	→	Subprovider I Days	Subprovider II Days	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider I Days	Subprovider II Days	VT Medicare/ Medicaid Eligibles Routine Costs
Data Source	→	Appendix 8, Column O	Appendix 8, Column P	Appendix 8, Column Q	Appendix 8, Column R	Appendix 8, Column S	Appendix 8, Column T	Appendix 8, Column U	Appendix 8, Column V	Appendix 8, Column W	calculated as [(21)*(8) + (22)*(9) + (23)*(10) + (24)*(11) + (25)*(12) + (26)*(13) + (27)*(14)]
Brattleboro Memorial Hospital		0	0	118	18	13	0	0	0	0	761,655
Central Vermont Med Center		35	0	65	4	12	0	0	120	0	2,052,468
Copley Hospital		0	0	113	4	5	0	0	0	0	663,589
Fletcher Allen Health Care		303	50	1,037	57	139	0	128	41	261	13,584,592
Gifford Medical Center		0	0	64	0	4	0	0	0	0	821,040
Grace Cottage Hospital		0	0	12	0	0	0	0	0	0	107,780
Mt. Ascutney Hospital		0	0	31	0	0	0	0	0	0	188,469
North Country Hospital		0	0	90	14	8	0	0	0	0	1,623,102
Northeastern Vermont Hospital		0	0	95	5	8	0	0	0	0	1,067,771
Northwestern Medical Center		0	0	31	6	8	0	0	0	0	864,165
Porter Medical Center		0	0	65	11	0	0	0	0	0	566,869
Retreat Health Care		0	0	0	0	0	0	0	0	0	68,152
Rutland Regional Med Center		0	0	1,581	15	88	0	0	0	55	3,367,994
Southwestern Vermont		0	0	158	28	21	0	0	0	0	1,363,910
Springfield Hospital		60	0	143	7	6	0	0	161	0	953,512

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2014**

	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
Variable for Calculation →	Other State Medicaid Beneficiaries Routine Costs	Individuals with No Third Party Coverage Routine Costs	VT Medicare/Medicaid Eligibles Inpatient Ancillary Charges	Other State Medicaid Beneficiaries Inpatient Ancillary Charges	Individuals with No Third Party Coverage Inpatient Ancillary Charges	VT Medicare/Medicaid Eligibles Inpatient Ancillary Costs	Other State Medicaid Beneficiaries Inpatient Ancillary Costs	Individuals with No Third Party Coverage Inpatient Ancillary Costs
Data Source →	calculated as $[(28)*(8) + (29)*(9) + (30)*(10) + (31)*(11) + (32)*(12) + (33)*(13) + (34)*(14)]$	calculated as $[(35)*(8) + (36)*(9) + (37)*(10) + (38)*(11) + (39)*(12) + (40)*(13) + (41)*(14)]$	Appendix 8, Column F	Appendix 8, Column G	Appendix 8, Column H	calculated as $(45)*(17)$	calculated as $(46)*(17)$	calculated as $(47)*(17)$
Brattleboro Memorial Hospital	202,054	220,933	1,142,111	194,384	300,143	544,033	92,593	142,970
Central Vermont Med Center	34,301	228,646	4,373,463	23,444	302,251	2,016,127	10,807	139,335
Copley Hospital	0	179,186	700,619	0	393,162	333,123	0	186,936
Fletcher Allen Health Care	6,182,290	2,010,486	39,023,292	13,680,965	7,565,513	15,288,352	5,359,861	2,963,979
Gifford Medical Center	0	73,308	1,680,104	0	212,481	574,208	0	72,620
Grace Cottage Hospital	0	15,773	72,379	0	21,092	42,119	0	12,274
Mt. Ascutney Hospital	6,200	38,438	243,375	14,938	71,524	102,391	6,285	30,091
North Country Hospital	3,514	146,726	2,670,938	9,176	385,825	1,078,837	3,706	155,841
Northeastern Vermont Hospital	23,037	206,031	1,733,405	30,089	368,633	573,164	9,949	121,891
Northwestern Medical Center	0	47,263	2,495,207	0	288,079	1,376,559	0	158,928
Porter Medical Center	91,077	97,959	831,628	156,949	213,168	416,661	78,634	106,801
Retreat Health Care	1,017,692	0	24,166	649,937	0	10,842	291,596	0
Rutland Regional Med Center	64,750	2,187,011	6,435,726	95,673	3,421,689	2,919,295	43,398	1,552,104
Southwestern Vermont	520,101	240,532	3,426,947	924,324	681,631	1,394,153	376,034	277,302
Springfield Hospital	127,365	295,781	1,490,497	149,944	582,847	672,534	67,657	262,989

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2014**

	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)
Variable for Calculation →	VT Medicare/Medicaid Eligibles Outpatient Charges	Other State Medicaid Beneficiaries Outpatient Charges	Individuals with No Third Party Coverage Outpatient Charges	VT Medicare/Medicaid Eligibles Outpatient Costs	Other State Medicaid Beneficiaries Outpatient Costs	Individuals with No Third Party Coverage Outpatient Costs	Medicaid Portion of Graduate Medical Education Costs	Total Cost of Care
Data Source →	Appendix 8, Column I	Appendix 8, Column J	Appendix 8, Column K	calculated as (51)*(19)	calculated as (52)*(19)	calculated as (53)*(19)	Appendix 6, Column X	calculated as (15)+(20)+(42)+(43)+(44)+(48)+(49)+(50)+(54)+(55)+(56)+(57)
Brattleboro Memorial Hospital	3,614,647	586,326	1,647,197	1,226,703	198,982	559,009	0	<b>10,247,046</b>
Central Vermont Med Center	8,890,924	96,951	3,507,248	3,506,199	38,233	1,383,108	0	<b>25,455,736</b>
Copley Hospital	2,969,774	24,767	1,592,171	1,342,602	11,197	719,803	0	<b>9,982,970</b>
Fletcher Allen Health Care	55,762,242	7,251,802	13,396,252	17,574,468	2,285,535	4,222,068	4,505,890	<b>144,306,355</b>
Gifford Medical Center	2,647,419	6,239	1,333,251	1,144,942	2,698	576,597	0	<b>9,915,662</b>
Grace Cottage Hospital	603,983	10,275	278,562	321,826	5,475	148,429	0	<b>1,420,228</b>
Mt. Ascutney Hospital	1,367,451	797,093	1,310,072	623,783	363,606	597,608	0	<b>4,313,915</b>
North Country Hospital	10,218,029	123,198	2,142,713	5,038,751	60,752	1,056,622	0	<b>21,058,955</b>
Northeastern Vermont Hospital	4,000,206	165,979	2,149,715	1,856,902	77,048	997,901	0	<b>13,585,830</b>
Northwestern Medical Center	5,942,264	0	3,142,562	2,827,237	0	1,495,182	0	<b>19,610,972</b>
Porter Medical Center	3,663,828	146,618	2,126,179	1,460,605	58,450	847,613	0	<b>9,241,988</b>
Retreat Health Care	22,320	330	0	7,611	113	0	0	<b>4,862,852</b>
Rutland Regional Med Center	7,760,537	467,335	6,176,310	3,739,525	225,192	2,976,143	0	<b>43,176,302</b>
Southwestern Vermont	7,233,758	2,463,001	4,104,721	3,511,809	1,195,725	1,992,739	0	<b>24,177,529</b>
Springfield Hospital	4,278,133	392,308	3,218,469	2,116,811	194,113	1,592,492	0	<b>14,684,513</b>

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2014**

	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)
Variable for Calculation →	VT Medicaid Inpatient Payments	VT Medicaid Outpatient Payments	VT Medicare/Medicaid Eligibles-Inpatient Payments	VT Medicare/Medicaid Eligibles-Outpatient Payments	Other State Medicaid Beneficiaries-Inpatient Payments	Other State Medicaid Beneficiaries-Outpatient Payments	Individuals with No Third Party Coverage-Inpatient Payments	Individuals with No Third Party Coverage-Outpatient Payments	Other State DSH Payments	Section 1011 Payments	Total Payments
Data Source →	Appendix 7, Column L	Appendix 7, Column M	Appendix 8, Column L	Appendix 8, Column M	Appendix 8, Column N	Appendix 8, Column O	Appendix 8, Column P	Appendix 8, Column Q	Appendix 8, Column R	Appendix 8, Column S	calculated as (59)+(60)+(61)+(62)+(63)+(64)+(65)+(66)+(67)+(68)
Brattleboro Memorial Hospital	2,307,709	2,770,253	1,184,134	1,038,544	80,285	173,743	15,170	139,678	0	0	7,709,516
Central Vermont Med Center	6,135,180	5,753,677	3,163,051	3,835,811	6,986	18,153	10,709	420,812	0	0	19,344,379
Copley Hospital	1,970,240	3,019,796	940,995	1,509,032	0	3,549	29,564	151,136	0	0	7,624,312
Fletcher Allen Health Care	39,963,464	19,040,933	26,262,859	15,886,431	8,293,404	884,631	308,058	1,286,391	0	0	111,926,171
Gifford Medical Center	2,102,030	2,428,310	1,531,480	1,253,627	0	1,587	46,009	231,830	0	0	7,594,873
Grace Cottage Hospital	76,595	336,358	162,085	240,536	0	5,922	0	38,183	0	0	859,679
Mt. Ascutney Hospital	703,823	762,892	283,474	691,953	7,630	201,375	400	127,032	0	0	2,778,579
North Country Hospital	2,999,767	3,907,291	2,543,045	3,247,061	0	30,069	16,786	435,320	0	0	13,179,339
Northeastern Vermont Hospital	2,371,757	2,859,692	1,358,475	1,640,237	12,263	40,164	32,115	208,964	0	0	8,523,667
Northwestern Medical Center	4,284,567	5,851,445	2,917,028	1,720,495	0	0	7,512	388,044	0	0	15,169,091
Porter Medical Center	1,869,837	2,472,702	965,303	1,765,584	89,098	35,767	8,491	307,549	0	0	7,514,331
Retreat Health Care	4,828,966	0	82,065	22,042	874,664	52	0	7,205	0	0	5,814,994
Rutland Regional Med Center	10,006,450	7,621,219	5,299,172	2,780,207	59,865	82,319	814,331	988,925	0	0	27,652,488
Southwestern Vermont	4,136,163	5,867,980	2,171,165	2,301,979	678,630	928,648	71,434	603,132	0	40,875	16,800,006
Springfield Hospital	3,784,601	2,684,141	1,579,189	1,806,115	193,125	159,702	12,954	341,057	0	0	10,560,884

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2014**

**(70)**

	Variable for Calculation →	Hospital Specific Limit FFY 2014
	Data Source →	calculated as (58) - (69)
Brattleboro Memorial Hospital		<b>2,537,530</b>
Central Vermont Med Center		<b>6,111,357</b>
Copley Hospital		<b>2,358,658</b>
Fletcher Allen Health Care		<b>32,380,184</b>
Gifford Medical Center		<b>2,320,789</b>
Grace Cottage Hospital		<b>560,549</b>
Mt. Ascutney Hospital		<b>1,535,336</b>
North Country Hospital		<b>7,879,616</b>
Northeastern Vermont Hospital		<b>5,062,163</b>
Northwestern Medical Center		<b>4,441,881</b>
Porter Medical Center		<b>1,727,657</b>
Retreat Health Care		<b>-952,142</b>
Rutland Regional Med Center		<b>15,523,814</b>
Southwestern Vermont		<b>7,377,523</b>
Springfield Hospital		<b>4,123,629</b>

**APPENDIX 6**

**Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2014**

Data Source: Latest Medicare Cost Reports for the hospital year ending 9/30/11  
(Retreat Health Care 12/31/11) from Medicare fiscal intermediary in December 2012.

Hospital	Hospital's MCR Filing Status	Adult & Peds Per Diem	Nursery Per Diem	ICU Per Diem	NICU Per Diem	Surgical ICU Per Diem	Subprovider IPF Per Diem	Subprovider IRF Per Diem
		Wksheet D-1, Part II, Line 38	Wksheet D-1, Part II, Line 42	Wksheet D-1, Part II, Line 43	Wksheet D-1, Part II, Line 45.01	Wksheet D-1, Part II, Line 46	Wksheet D-1, Part II, Line 38 (Subprovider)	Wksheet D-1, Part II, Line 38 (Subprovider)
		DSH Survey I.A.41	DSH Survey I.A.42	DSH Survey I.A.43	DSH Survey I.A.44	DSH Survey I.A.45	DSH Survey I.A.46	DSH Survey I.A.47
470011	Brattleboro Memorial Hospital	As Submitted	1,434.28	1,434.28	1,990.05	0.00	0.00	0.00
470001	Central Vermont Hospital	As Submitted	1,149.13	867.79	3,068.21	0.00	0.00	947.19
471305	Copley Hospital	As Submitted	1,409.35	1,391.17	2,872.94	0.00	0.00	0.00
470003	Fletcher Allen Health Care	As Submitted	1,103.58	593.98	2,237.59	1,535.66	1,635.52	1,032.60
471301	Gifford Hospital	As Submitted	1,047.80	1,534.56	1,562.23	0.00	0.00	0.00
471300	Grace Cottage Hospital	As Submitted	1,314.39	0.00	0.00	0.00	0.00	0.00
471302	Mt. Ascutney Hospital	As Submitted	1,239.93	0.00	0.00	0.00	0.00	1,293.93
471304	North Country Hospital	As Submitted	1,171.47	737.24	3,871.58	0.00	0.00	0.00
471303	Northeastern Vermont Hospital	As Submitted	1,840.53	697.84	3,461.48	0.00	0.00	0.00
470024	Northwestern Medical Center	As Submitted	1,025.13	755.98	1,368.45	0.00	0.00	0.00
471307	Porter Hospital	As Submitted	1,381.06	744.54	2,793.86	0.00	0.00	0.00
474001	Retreat Health Care	see below	765.76	0.00	0.00	0.00	0.00	0.00
470005	Rutland Regional Medical Center	As Submitted	1,215.05	1,107.20	1,928.62	0.00	0.00	1,448.92
470012	Southwestern Vermont Hospital	As Submitted	1,097.62	758.03	2,184.91	0.00	0.00	0.00
471306	Springfield Hospital	As Submitted	986.43	822.74	1,530.34	0.00	0.00	868.20

Apportion 25% of 12/31/10 MCR and 75% of 12/31/11 MCR to data used in calculations.

474001	Retreat Health Care	12/31/10 As Sub	723.03	0.00	0.00	0.00	0.00	0.00
474001	Retreat Health Care	12/31/11 As Sub	780.00	0.00	0.00	0.00	0.00	0.00
474001	Retreat Health Care	Blend	765.76	0.00	0.00	0.00	0.00	0.00

**APPENDIX 6**

**Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2014**

Hospital	Wksheet D-3 (Hospital), Col 2, Line 202	Wksheet D-3 (Hospital), Col 3, Line 202	Wksheet D-3 (Subprovider), Col 2, Line 200	Wksheet D-3 (Subprovider), Col 3, Line 200	Inpatient Ancillary CCR	Wksheet D, Part V, Col 3 <sup>1</sup> , Line 202	Wksheet D, Part V, Col 6 <sup>2</sup> , Line 202	Outpatient CCR	
	DSH Survey I.B.6	DSH Survey I.B.7	DSH Survey I.B.8	DSH Survey I.B.9		DSH Survey I.C.6	DSH Survey I.C.7		
470011	Brattleboro Memorial Hospital	2,154,302	1,026,179	0	0	0.4763	8,055,394	2,733,760	0.3394
470001	Central Vermont Hospital	4,351,690	2,026,393	696,285	300,678	0.4610	8,562,802	3,376,802	0.3944
471305	Copley Hospital	1,981,390	942,090	0	0	0.4755	9,498,824	4,294,312	0.4521
470003	Fletcher Allen Health Care	52,048,317	20,391,232	0	0	0.3918	37,416,281	11,792,410	0.3152
471301	Gifford Hospital	1,631,579	557,624	0	0	0.3418	5,312,386	2,297,473	0.4325
471300	Grace Cottage Hospital	38,826	22,594	0	0	0.5819	849,872	452,845	0.5328
471302	Mt. Ascutney Hospital	646,912	272,163	0	0	0.4207	2,421,558	1,104,629	0.4562
471304	North Country Hospital	3,174,096	1,282,071	0	0	0.4039	6,365,121	3,138,791	0.4931
471303	Northeastern Vermont Hospital	3,346,627	1,106,589	0	0	0.3307	12,176,462	5,652,334	0.4642
470024	Northwestern Medical Center	3,855,051	2,126,760	0	0	0.5517	10,318,746	4,909,499	0.4758
471307	Porter Hospital	1,802,379	903,026	0	0	0.5010	6,475,964	2,581,679	0.3987
474001	Retreat Health Care	1,321,277	592,794	0	0	0.4487	1,130,583	385,540	0.3410
470005	Rutland Regional Medical Center	11,035,137	5,005,623	0	0	0.4536	25,529,714	12,301,855	0.4819
470012	Southwestern Vermont Hospital	4,259,745	1,732,953	0	0	0.4068	9,717,213	4,717,464	0.4855
471306	Springfield Hospital	1,964,150	874,428	203,826	103,794	0.4512	5,033,772	2,490,700	0.4948

For Central Vermont and Springfield,  
this includes data on their IPF Subprov wksht.

Apportion 25% of 12/31/10 MCR and 75% of 12/31/11 MCR to data used in calculations.

474001	Retreat Health Care	1,070,421	521,934	0	0	0.4876	1,181,455	385,521	0.3263
474001	Retreat Health Care	1,404,895	616,414	0	0	0.4388	1,113,625	385,546	0.3462
474001	Retreat Health Care	1,321,277	592,794	0	0	0.4487	1,130,583	385,540	0.3410

APPENDIX 6

Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2014

		Medicaid Portion of GME	
Hospital		Wksheet E-4 Part IV (Title XIX), Line 31	Wksheet S-3 All Patient Days (compiled on DSH Survey)
		DSH Survey I.D.1	DSH Survey II.A.25
470011	Brattleboro Memorial Hospital	0	7,503
470001	Central Vermont Hospital	0	15,873
471305	Copley Hospital	0	5,303
470003	Fletcher Allen Health Care	4,505,890	115,077
471301	Gifford Hospital	0	6,585
471300	Grace Cottage Hospital	0	4,086
471302	Mt. Ascutney Hospital	0	6,560
471304	North Country Hospital	0	5,904
471303	Northeastern Vermont Hospital	0	5,379
470024	Northwestern Medical Center	0	7,597
471307	Porter Hospital	0	5,457
474001	Retreat Health Care	0	28,674
470005	Rutland Regional Medical Center	0	34,452
470012	Southwestern Vermont Hospital	0	15,358
471306	Springfield Hospital	0	9,967

474001	Retreat Health Care	0	27,814
474001	Retreat Health Care	0	28,961
474001	Retreat Health Care	0	28,674

**APPENDIX 7**

**Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014**

Data Source: Reports produced by HP, DVHA's fiscal agent  
for services rendered for the 12-month period ending 9/30/11

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF
	Inpatient Days Billed to Revenue Codes 110-119,120-150, 190	Inpatient Days Billed to Revenue Codes 170-171	Inpatient Days Billed to Revenue Codes 200-206	Inpatient Days Billed to Revenue Codes 173-179	Inpatient Days Billed to Revenue Codes 210-214	Inpatient Days Billed to Revenue Codes 110-119,120-150	Inpatient Days Billed to Revenue Codes 110-119,120-150
	DSH Survey I.A.1 + I.A.3	DSH Survey I.A.2	DSH Survey I.A.4	DSH Survey I.A.5	DSH Survey I.A.6	DSH Survey I.A.7	DSH Survey I.A.8
470011	Brattleboro Memorial Hospital	738	373	130	0	0	0
470001	Central Vermont Hospital	1,493	392	237	0	0	1,767
471305	Copley Hospital	565	295	27	0	0	0
470003	Fletcher Allen Health Care	12,835	1,773	951	2,529	543	0
471301	Gifford Hospital	830	257	21	0	0	0
471300	Grace Cottage Hospital	31	0	0	0	0	0
471302	Mt. Ascutney Hospital	75	0	0	0	0	0
471304	North Country Hospital	903	408	65	0	0	0
471303	Northeastern Vermont Hospital	800	286	51	0	0	0
470024	Northwestern Medical Center	1,058	476	196	0	0	0
471307	Porter Hospital	562	245	19	0	0	0
474001	Retreat Health Care	4,001	0	0	0	0	0
470005	Rutland Regional Medical Center	5,694	514	190	0	0	0
470012	Southwestern Vermont Hospital	1,436	456	138	0	0	0
471306	Springfield Hospital	780	227	16	0	0	1,509

**APPENDIX 7**

**Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014**

	Hospital	VT Medicaid Inpatient Ancillary Charges	VT Medicaid Outpatient Charges	VT Medicaid Inpatient Payments	VT Medicaid Outpatient Payments
		DSH Survey I.B.1	DSH Survey I.C.1	DSH Survey I.E.1	DSH Survey I.E.6
470011	Brattleboro Memorial Hospital	2,166,675	10,059,371	2,307,709	2,770,253
470001	Central Vermont Hospital	6,240,565	22,094,163	6,135,180	5,753,677
471305	Copley Hospital	1,996,572	9,540,115	1,970,240	3,019,796
470003	Fletcher Allen Health Care	53,112,169	80,058,783	39,963,464	19,040,933
471301	Gifford Hospital	2,979,708	10,023,736	2,102,030	2,428,310
471300	Grace Cottage Hospital	38,826	1,319,746	76,595	336,358
471302	Mt. Ascutney Hospital	646,912	3,285,876	703,823	762,892
471304	North Country Hospital	3,226,977	18,205,152	2,999,767	3,907,291
471303	Northeastern Vermont Hospital	3,408,555	12,228,577	2,371,757	2,859,692
470024	Northwestern Medical Center	4,404,181	18,284,084	4,284,567	5,851,445
471307	Porter Hospital	2,037,617	8,741,334	1,869,837	2,472,702
474001	Retreat Health Care	898,357	0	4,828,966	0
470005	Rutland Regional Medical Center	11,209,240	27,315,288	10,006,450	7,621,219
470012	Southwestern Vermont Hospital	4,417,993	19,124,629	4,136,163	5,867,980
471306	Springfield Hospital	2,178,765	10,362,598	3,784,601	2,684,141

**APPENDIX 8**

**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014**

VT Medicare/Medicaid Eligibles

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF	
	Inpatient Days Billed to Revenue Codes 110-119,120-150, 190	Inpatient Days Billed to Revenue Codes 170-171	Inpatient Days Billed to Revenue Codes 200-206	Inpatient Days Billed to Revenue Codes 173-179	Inpatient Days Billed to Revenue Codes 210-214	Inpatient Days Billed to Revenue Codes 110-119,120-150	Inpatient Days Billed to Revenue Codes 110-119,120-150	
	DSH Survey I.A.9 + I.A.11	DSH Survey I.A.10	DSH Survey I.A.12	DSH Survey I.A.13	DSH Survey I.A.14	DSH Survey I.A.15	DSH Survey I.A.16	
470011	Brattleboro Memorial Hospital	402	0	93	0	0	0	0
470001	Central Vermont Hospital	749	0	143	0	0	795	0
471305	Copley Hospital	373	0	48	0	0	0	0
470003	Fletcher Allen Health Care	8,049	0	645	0	611	659	1,529
471301	Gifford Hospital	715	0	46	0	0	0	0
471300	Grace Cottage Hospital	82	0	0	0	0	0	0
471302	Mt. Ascutney Hospital	152	0	0	0	0	0	0
471304	North Country Hospital	1,098	0	87	0	0	0	0
471303	Northeastern Vermont Hospital	409	0	91	0	0	0	0
470024	Northwestern Medical Center	576	0	200	0	0	0	0
470006	Porter Hospital	370	0	20	0	0	0	0
474001	Retreat Health Care	89	0	0	0	0	0	0
470005	Rutland Regional Medical Center	2,505	2	167	0	0	0	0
470012	Southwestern Vermont Hospital	948	0	148	0	0	0	0
471306	Springfield Hospital	655	0	25	0	0	310	0

**APPENDIX 8**

**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014**

Other State Medicaid

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF	
	Inpatient Days Billed to Revenue Codes 110-119,120-150, 190	Inpatient Days Billed to Revenue Codes 170-171	Inpatient Days Billed to Revenue Codes 200-206	Inpatient Days Billed to Revenue Codes 173-179	Inpatient Days Billed to Revenue Codes 210-214	Inpatient Days Billed to Revenue Codes 119,120-150	Inpatient Days Billed to Revenue Codes 119,120-150	
	DSH Survey I.A.17+19+21+27	DSH Survey I.A.18 + I.A.26	DSH Survey I.A.20 + I.A.28	DSH Survey I.A.21 + I.A.29	DSH Survey I.A.22 + I.A.30	DSH Survey I.A.23 + I.A.31	DSH Survey I.A.24 + I.A.32	
470011	Brattleboro Memorial Hospital	70	57	10	0	0	0	0
470001	Central Vermont Hospital	1	0	0	0	0	35	0
471305	Copley Hospital	0	0	0	0	0	0	0
470003	Fletcher Allen Health Care	2,285	60	159	1,474	392	303	50
471301	Gifford Hospital	0	0	0	0	0	0	0
471300	Grace Cottage Hospital	0	0	0	0	0	0	0
471302	Mt. Ascutney Hospital	5	0	0	0	0	0	0
471304	North Country Hospital	3	0	0	0	0	0	0
471303	Northeastern Vermont Hospital	11	4	0	0	0	0	0
470024	Northwestern Medical Center	0	0	0	0	0	0	0
470006	Porter Hospital	46	37	0	0	0	0	0
474001	Retreat Health Care	1,329	0	0	0	0	0	0
470005	Rutland Regional Medical Center	46	8	0	0	0	0	0
470012	Southwestern Vermont Hospital	333	129	26	0	0	0	0
471306	Springfield Hospital	67	0	6	0	0	60	0

**APPENDIX 8**

**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014**

No Third Party Coverage

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider IPF	Subprovider IRF	
	Inpatient Days Billed to Revenue Codes 110-119,120-150, 190	Inpatient Days Billed to Revenue Codes 170-171	Inpatient Days Billed to Revenue Codes 200-206	Inpatient Days Billed to Revenue Codes 173-179	Inpatient Days Billed to Revenue Codes 210-214	Inpatient Days Billed to Revenue Codes 119,120-150	Inpatient Days Billed to Revenue Codes 119,120-150	
	DSH Survey I.A.33 + I.A.35	DSH Survey I.A.34	DSH Survey I.A.36	DSH Survey I.A.37	DSH Survey I.A.38	DSH Survey I.A.39	DSH Survey I.A.40	
470011	Brattleboro Memorial Hospital	118	18	13	0	0	0	0
470001	Central Vermont Hospital	65	4	12	0	0	120	0
471305	Copley Hospital	113	4	5	0	0	0	0
470003	Fletcher Allen Health Care	1,037	57	139	0	128	41	261
471301	Gifford Hospital	64	0	4	0	0	0	0
471300	Grace Cottage Hospital	12	0	0	0	0	0	0
471302	Mt. Ascutney Hospital	31	0	0	0	0	0	0
471304	North Country Hospital	90	14	8	0	0	0	0
471303	Northeastern Vermont Hospital	95	5	8	0	0	0	0
470024	Northwestern Medical Center	31	6	8	0	0	0	0
470006	Porter Hospital	65	11	0	0	0	0	0
474001	Retreat Health Care	0	0	0	0	0	0	0
470005	Rutland Regional Medical Center	1,581	15	88	0	0	0	55
470012	Southwestern Vermont Hospital	158	28	21	0	0	0	0
471306	Springfield Hospital	143	7	6	0	0	161	0

**APPENDIX 8**  
**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014**

Hospital	Inpatient Ancillary Charges			Outpatient Charges			
	VT Medicare/ Medicaid Eligibles	Other State Medicaid Beneficiaries	Individuals with No Third Party Coverage	VT Medicare/ Medicaid Eligibles	Other State Medicaid Beneficiaries	Individuals with No Third Party Coverage	
	DSH Survey I.B.2	DSH Survey I.B.3 + I.B.4	DSH Survey I.B.5	DSH Survey I.C.2	DSH Survey I.C.3 + I.C.4	DSH Survey I.C.5	
470011	Brattleboro Memorial Hospital	1,142,111	194,384	300,143	3,614,647	586,326	1,647,197
470001	Central Vermont Hospital	4,373,463	23,444	302,251	8,890,924	96,951	3,507,248
471305	Copley Hospital	700,619	0	393,162	2,969,774	24,767	1,592,171
470003	Fletcher Allen Health Care	39,023,292	13,680,965	7,565,513	55,762,242	7,251,802	13,396,252
471301	Gifford Hospital	1,680,104	0	212,481	2,647,419	6,239	1,333,251
471300	Grace Cottage Hospital	72,379	0	21,092	603,983	10,275	278,562
471302	Mt. Ascutney Hospital	243,375	14,938	71,524	1,367,451	797,093	1,310,072
471304	North Country Hospital	2,670,938	9,176	385,825	10,218,029	123,198	2,142,713
471303	Northeastern Vermont Hospital	1,733,405	30,089	368,633	4,000,206	165,979	2,149,715
470024	Northwestern Medical Center	2,495,207	0	288,079	5,942,264	0	3,142,562
470006	Porter Hospital	831,628	156,949	213,168	3,663,828	146,618	2,126,179
474001	Retreat Health Care	24,166	649,937	0	22,320	330	0
470005	Rutland Regional Medical Center	6,435,726	95,673	3,421,689	7,760,537	467,335	6,176,310
470012	Southwestern Vermont Hospital	3,426,947	924,324	681,631	7,233,758	2,463,001	4,104,721
471306	Springfield Hospital	1,490,497	149,944	582,847	4,278,133	392,308	3,218,469

**APPENDIX 8**  
**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2014**

Hospital	Payments								
	VT Medicare/ Medicaid Eligibles- Inpatient	VT Medicare/ Medicaid Eligibles- Outpatient	Other State Medicaid Beneficiaries- Inpatient	Other State Medicaid Beneficiaries- Outpatient	Individuals with No Third Party Coverage- Inpatient	Individuals with No Third Party Coverage- Outpatient	Other State DSH Payments	State & Local Subsidies + Sect. 1011 Payments	
	DSH Survey I.E.2	DSH Survey I.E.7	DSH Survey I.E.3 + I.E.4	DSH Survey I.E.8 + I.E.9	DSH Survey I.E.5	DSH Survey I.E.10	DSH Survey I.E.13	DSH Survey I.E.11+12+14	
470011	Brattleboro Memorial Hospital	1,184,134	1,038,544	80,285	173,743	15,170	139,678	0	0
470001	Central Vermont Hospital	3,163,051	3,835,811	6,986	18,153	10,709	420,812	0	0
471305	Copley Hospital	940,995	1,509,032	0	3,549	29,564	151,136	0	0
470003	Fletcher Allen Health Care	26,262,859	15,886,431	8,293,404	884,631	308,058	1,286,391	0	0
471301	Gifford Hospital	1,531,480	1,253,627	0	1,587	46,009	231,830	0	0
471300	Grace Cottage Hospital	162,085	240,536	0	5,922	0	38,183	0	0
471302	Mt. Ascutney Hospital	283,474	691,953	7,630	201,375	400	127,032	0	0
471304	North Country Hospital	2,543,045	3,247,061	0	30,069	16,786	435,320	0	0
471303	Northeastern Vermont Hospital	1,358,475	1,640,237	12,263	40,164	32,115	208,964	0	0
470024	Northwestern Medical Center	2,917,028	1,720,495	0	0	7,512	388,044	0	0
470006	Porter Hospital	965,303	1,765,584	89,098	35,767	8,491	307,549	0	0
474001	Retreat Health Care	82,065	22,042	874,664	52	0	7,205	0	0
470005	Rutland Regional Medical Center	5,299,172	2,780,207	59,865	82,319	814,331	988,925	0	0
470012	Southwestern Vermont Hospital	2,171,165	2,301,979	678,630	928,648	71,434	603,132	0	40,875
471306	Springfield Hospital	1,579,189	1,806,115	193,125	159,702	12,954	341,057	0	0

## APPENDIX 9

### Formulas Used in the Calculation of the Hospital-Specific Limit in Federal Fiscal Year 2014

Inpatient Accommodation Cost Per Day- Adults & Peds = [Adults & Peds Days] \* [General Routine Cost Per Day]

Source data for Medicaid days is the state's MMIS. Source data for other cases is the DSH Survey.

Source for per diem cost is Worksheet D-1, Part II, Line 38.

Inpatient Accommodation Cost Per Day- Nursery = [Nursery Days] \* [Nursery Cost Per Day]

Source data for Medicaid days is the state's MMIS.

Source for per diem cost is Worksheet D-1, Part II, Line 42.

Inpatient Accommodation Cost Per Day- ICU = [ICU Days] \* [ICU Cost Per Day]

Source data for Medicaid days is the state's MMIS.

Source for per diem cost is Worksheet D-1, Part II, Line 43.

Fletcher Allen Health Care also separately reported NICU and Surgery ICU costs per day which are used in the calculation.

Inpatient Accommodation Cost Per Day- Subprovider = [Subprovider Days] \* [General Routine Cost Per Day]

Source data for Medicaid days is the state's MMIS.

Source for per diem cost is Worksheet D-1, Part II, Line 38 (Subprovider schedule).

Inpatient Ancillary Cost-to-Charge Ratio = [Inpatient Ancillary Costs] / [Inpatient Ancillary Charges]

Inpatient Ancillary Costs from Worksheet D-3, Column 3, Row 202; Inpatient Ancillary Charges from Worksheet D-3, Column 2, Row 200

If there is a Subprovider schedule reported, then the same data elements from the subprovider schedule are added to the main schedule in the numerator and the denominator.

Outpatient Cost-to-Charge Ratio = [Outpatient Costs] / [Outpatient Charges]

Outpatient Costs from Worksheet D, Part V, Column 6, Line 200

Outpatient Charges from Worksheet D, Part V, Column 3, Line 200

## Hospital DSH Survey Checklist for FFY 2014

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**\*\*\* This year's DSH Survey is due back to DVHA by close of business Tuesday, April 9, 2013.\*\*\***

**Before submitting your DSH Survey to DVHA, please confirm that you have done the following:**

1. Survey Cover Page Sections A+B or A+C+D are completed and it has been signed by an authorized representative of the hospital.
2. The Survey Cover Page is scanned in with the original signature and is emailed in as a separate file with the DSH Survey.
3. Every cell in yellow has been filled in by your hospital. If the value to enter is zero, please enter \$0. Do not leave the cell blank.
4. Confirm that you concur with our crosswalk of accommodation revenue codes as shown in Schedule 1, cells E13 - E18.  
If you do not concur, please enter any changes in the Open Ended Notes section below.
5. Please place an X in either Column C or D related to each schedule below.

Schedule 5 (Inpatient data for Mcare/Mcaid dual eligibles)  
Schedule 9 (Outpatient data for Mcare/Mcaid dual eligibles)

Used DVHA file	Submitting our own source file	If using own source file, enter the name of the file submitting here

6. For our own tracking purposes, state the name of the file you are submitting related to each of the schedules below.

Schedule 6 (Inpatient data for out of state FFS Medicaid)  
Schedule 7 (Inpatient data for out of state HMO Medicaid)  
Schedule 8 (Inpatient data for Individuals with No 3rd Party Coverage)  
Schedule 10 (Outpatient data for out of state FFS Medicaid)  
Schedule 11 (Outpatient data for out of state HMO Medicaid)  
Schedule 12 (Outpatient data for Individuals with No 3rd Party Coverage)


If you have no utilization for any of the categories above, in the file name field write "no utilization".

7. Related to the Inpatient detailed Schedules 6, 7 and 8:
  - a. Each schedule has the days distributed by revenue code category (Adult & Ped, Nursery, ICU, etc.)
  - b. Each type of day recorded by revenue code category has an associated cost per day reported on Section 1, lines 41 - 47.
  - c. Each schedule has accommodation charges listed separately from ancillary charges (revenue code 250 and above).
  - d. For Schedule 8, both Part A and Part B are completed.
8. Related to the Outpatient detailed Schedule 12, please ensure that both Part A and Part B are completed.
9. You have entered totals from Schedule 5 on to Schedule 1, I.A.9-16, Schedule 2, I.B.2 and I.E.2
10. You have entered totals from Schedule 6 on to Schedule 1, I.A.17-24, Schedule 2, I.B.3 and I.E.3
11. You have entered totals from Schedule 7 on to Schedule 1, I.A.25-32, Schedule 2, I.B.4 and I.E.4
12. You have entered totals from Schedule 8 on to Schedule 1, I.A.33-40, Schedule 2, I.B.5 and I.E.5, and Schedule 4, III.D.1
13. You have entered totals from Schedule 9 on to Schedule 2, I.C.2 and I.E.7
14. You have entered totals from Schedule 10 on to Schedule 2, I.C.3 and I.E.8
15. You have entered totals from Schedule 11 on to Schedule 2, I.C.4 and I.E.9
16. You have entered totals from Schedule 12 on to Schedule 2, I.C.5 and I.E.10
17. Provider-based services that are separately billed are not reported anywhere in this DSH Survey.

Enter any Open Ended notes that you would like DVHA staff to be aware of in the space below:

For questions, contact Deb Stempel at [Deborah.Stempel@state.vt.us](mailto:Deborah.Stempel@state.vt.us) or (802) 879-5926.

**Hospital DSH Survey Cover Page**

**CELLS SHADED YELLOW REQUIRE DATA ENTRY BY THE HOSPITAL.**

**A. Hospital Contact for DVHA**

Hospital Name	<input type="text"/>	Medicare ID	<input type="text"/>
Person Completing	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

**B. (Optional) Certification of Waiver from Participation in the Disproportionate Share Program for FFY 2014**

If you choose not to participate in the DSH program for FFY 2014, complete this section only and sign below. Submit this page to the Department of Vermont Health Access, Attn Deb Stempel no later than Tuesday, **April 9, 2013**.

**To be completed by hospital CEO:**

As the Chief Executive Officer of the above-named hospital, I attest to the fact that we waive our right to participate in the Department of Vermont Health Access's Disproportionate Share Program for Federal Fiscal Year 2014. We waive this right due to the fact that, based on our analysis, we have determined that (place an X in one of the boxes below):

Our Medicaid Inpatient Utilization Rate is less than 1.0% for the DSH year examined and, therefore, we will not be eligible for a DSH payment in FFY 2014.

Our Hospital-Specific Limit is less than \$0 for the DSH year examined and, therefore, we will not be eligible for a DSH payment in FFY 2014.

Other (specify):

**C. Hospital Medicare Cost Report (MCR) Status**

For this year's DSH calculations, the DVHA is using the Hospital MCRs for the year ending 9/30/11. DVHA received MCR cost reports from National Government Services in December 2012. However, the Date Prepared on each hospital's MCR in most cases is March or April 2012. The status of all MCR data that DVHA is using is As Submitted.

If the Hospital has an MCR more current than the one received from National Government Services, please place an X in the box to the right.

If you placed an X in the box, the hospital must enter data in the Override fields (shaded blue) on schedules where the MCR is the source. Additionally, submit copies of the appropriate MCR schedules that show where the figures were derived.

**D. Obstetric Certification**

Place an X in one of the boxes below:

I certify that the hospital has at least two obstetricians with staff privileges who have agreed to provide obstetric services (emergency and nonemergency) to individuals eligible for Medicaid.

I certify that the hospital is located in a rural area and has at least two (2) qualified physicians with staff privileges who have agreed to provide non-emergency obstetric services to individuals eligible for Medicaid.

If you checked either of the boxes above, complete the following:

	License Number	Practitioner Name	Credential (e.g., MD, midwife)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the hospital did not offer non-emergency obstetric services to the general population as of December 22, 1987, or that the inpatients of the hospital are predominantly individuals under 18 years of age.

**Additionally, the statement below must be signed by the hospital CEO or CFO:**

The information included in this document and the attachments is true, accurate and complete to the best of my knowledge and belief. I understand that DVHA will rely on this Certification Statement at the time DVHA certifies its expenditures to the Centers for Medicare and Medicaid Services and that the hospital is responsible for reimbursing the DVHA for any monies resulting from federal recoupment due to inaccurate information provided and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>
Printed or Typed Name	Title

Hospital DSH Survey Schedule 1

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ALL CELLS SHADED GREY DISPLAY DATA COMPILED BY DVHA FROM THE SOURCES CITED.  
 ALL CELLS SHADED BLUE ARE OPTIONAL. ONLY FILL IN IF YOU HAVE UPDATED DATA TO OVERRIDE DVHA'S FIGURES.  
 ALL CELLS SHADED YELLOW REQUIRE HOSPITAL DATA ENTRY SINCE THE SOURCE DATA IS SUPPLIED BY HOSPITALS.

I. INPUTS TO CALCULATE THE HOSPITAL SPECIFIC LIMIT

A. Inputs to Calculate Routine Costs			DVHA Fill In	Hospital Fill In or Override
Data Variable	Source	Revenue Codes		
1. Vermont Medicaid Inpatient Days for Adults & Peds	HP MRMN503S report	110-119, 120-150		
2. Vermont Medicaid Inpatient Days for Nursery	HP MRMN503S report	170-171		
3. Vermont Medicaid Inpatient Days for Waiting Placement to LTC	HP MRMN503S report	190		
4. Vermont Medicaid Inpatient Days for ICU	HP MRMN503S report	200-206		
5. Vermont Medicaid Inpatient Days for Neonatal ICU	HP MRMN503S report	173-179		
6. Vermont Medicaid Inpatient Days for Surgical ICU	HP MRMN503S report	210-214		
7. Vermont Medicaid Inpatient Days for Subprovider IPF	HP MRMN503S report	separate schedule		
8. Vermont Medicaid Inpatient Days for Subprovider IRF	HP MRMN503S report	separate schedule		
9. VT Medicaid/Medicare Eligible Inpatient Days for Adults & Peds	DVHA claims extract or Hospital data source			
10. VT Medicaid/Medicare Eligible Inpatient Days for Nursery	DVHA claims extract or Hospital data source			
11. VT Medicaid/Medicare Eligible Inpatient Days for Waiting Place.	DVHA claims extract or Hospital data source			
12. VT Medicaid/Medicare Eligible Inpatient Days for ICU	DVHA claims extract or Hospital data source			
13. VT Medicaid/Medicare Eligible Inpatient Days for Neonatal ICU	DVHA claims extract or Hospital data source			
14. VT Medicaid/Medicare Eligible Inpatient Days for Surgical ICU	DVHA claims extract or Hospital data source			
15. VT Medicaid/Medicare Eligible Inpatient Days for Subprov IPF	DVHA claims extract or Hospital data source			
16. VT Medicaid/Medicare Eligible Inpatient Days for Subprov IRF	DVHA claims extract or Hospital data source			
17. Other State FFS Medicaid Inpatient Days for Adults & Peds	Hospital data source			
18. Other State FFS Medicaid Inpatient Days for Nursery	Hospital data source			
19. Other State FFS Medicaid Inpatient Days for Waiting Place.	Hospital data source			
20. Other State FFS Medicaid Inpatient Days for ICU	Hospital data source			
21. Other State FFS Medicaid Inpatient Days for Neonatal ICU	Hospital data source			
22. Other State FFS Medicaid Inpatient Days for Surgical ICU	Hospital data source			
23. Other State FFS Medicaid Inpatient Days for Subprovider IPF	Hospital data source			
24. Other State FFS Medicaid Inpatient Days for Subprovider IRF	Hospital data source			
25. Other State HMO Medicaid Inpatient Days for Adults & Peds	Hospital data source			
26. Other State HMO Medicaid Inpatient Days for Nursery	Hospital data source			
27. Other State HMO Medicaid Inpatient Days for Waiting Place.	Hospital data source			
28. Other State HMO Medicaid Inpatient Days for ICU	Hospital data source			
29. Other State HMO Medicaid Inpatient Days for Neonatal ICU	Hospital data source			
30. Other State HMO Medicaid Inpatient Days for Surgical ICU	Hospital data source			
31. Other State HMO Medicaid Inpatient Days for Subprovider IPF	Hospital data source			
32. Other State HMO Medicaid Inpatient Days for Subprovider IRF	Hospital data source			
33. Indiv. No 3rd Party Coverage Days for Adults & Peds	Hospital data source			
34. Indiv. No 3rd Party Coverage Days for Nursery	Hospital data source			
35. Indiv. No 3rd Party Coverage Days for Waiting Placement	Hospital data source			
36. Indiv. No 3rd Party Coverage Days for ICU	Hospital data source			
37. Indiv. No 3rd Party Coverage Days for Neonatal ICU	Hospital data source			
38. Indiv. No 3rd Party Coverage Days for Surgical ICU	Hospital data source			
39. Indiv. No 3rd Party Coverage Days for Subprovider IPF	Hospital data source			
40. Indiv. No 3rd Party Coverage Days for Subprovider IRF	Hospital data source			
41. Per Diem Cost for Adults & Peds	MCR D-1, Line 38	Title XIX schedule		
42. Per Diem Cost for Nursery	MCR D-1, Line 42	Title XIX schedule		
43. Per Diem Cost for ICU	MCR D-1, Line 43	Title XIX schedule		
44. Per Diem Cost for Neonatal ICU	MCR D-1, Line 45.01	Title XIX schedule		
45. Per Diem Cost for Surgical ICU	MCR D-1, Line 46	Title XIX schedule		
46. Per Diem Cost for Subprovider IPF	MCR D-1, Subpr, Line 38	Subprov IPF schedule		
47. Per Diem Cost for Subprovider IRF	MCR D-1, Subpr, Line 38	Subprov IRF schedule		

**Hospital DSH Survey Schedule 2**

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**ALL CELLS SHADED GREY DISPLAY DATA COMPILED BY DVHA FROM THE SOURCES CITED.**  
**ALL CELLS SHADED BLUE ARE OPTIONAL. ONLY FILL IN IF YOU HAVE UPDATED DATA TO OVERRIDE DVHA'S FIGURES.**  
**ALL CELLS SHADED YELLOW REQUIRE HOSPITAL DATA ENTRY SINCE THE SOURCE DATA IS SUPPLIED BY HOSPITALS.**

**I. INPUTS TO CALCULATE THE HOSPITAL SPECIFIC LIMIT**

Data Variable	Source	Hospital Fill	
		DVHA Fill In	In or
1. Vermont Medicaid Inpatient Ancillary Charges	HP MRMN503S report		
2. VT Medicaid/Medicare Eligible Inpatient Ancillary Charges	DVHA claims extract or Hospital data source		
3. Other State FFS Medicaid Inpatient Ancillary Charges	Hospital data source		
4. Other State HMO Medicaid Inpatient Ancillary Charges	Hospital data source		
5. Indiv. No 3rd Party Coverage Inpatient Ancillary Charges	Hospital data source		
6. Title XIX Inpatient Ancillary Charges- Hospital	MCR D-3 TXIX, Col 2, Line 202		
7. Title XIX Inpatient Ancillary Costs- Hospital	MCR D-3 TXIX, Col 3, Line 200		
8. Title XIX Inpatient Ancillary Charges- Subprovider IPF	MCR D-3 TXIX IPF, Col 2, Line 202		
9. Title XIX Inpatient Ancillary Costs- Subprovider IPF	MCR D-3 TXIX IPF, Col 3, Line 200		
10. Title XIX Inpatient Ancillary Charges- Subprovider IRF	MCR D-3 TXIX IRF, Col 2, Line 202		
11. Title XIX Inpatient Ancillary Costs- Subprovider IRF	MCR D-3 TXIX IRF, Col 3, Line 200		

1. Vermont Medicaid Outpatient Ancillary Charges	HP MRMN503S report		
2. VT Medicaid/Medicare Eligible Outpatient Ancillary Charges	DVHA claims extract or Hospital data source		
3. Other State FFS Medicaid Outpatient Ancillary Charges	Hospital data source		
4. Other State HMO Medicaid Outpatient Ancillary Charges	Hospital data source		
5. Indiv. No 3rd Party Coverage Outpatient Ancillary Charges	Hospital data source		
6. Title XIX Outpatient Ancillary Charges- Hospital	MCR D Pt V, TXIX, Col 3*, Line 202		
7. Title XIX Outpatient Ancillary Costs- Hospital	MCR D Pt V, TXIX, Col 6**, Line 202		

1. Medicaid Portion of Grad Med Ed Costs (Title XIX schedule)	MCR E-4 TXIX, Col 1, Line 31		
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1. Payments for I/P Services to VT Medicaid Beneficiaries	HP MRMN502V report		
2. Payments for I/P Services to VT Medicaid/Medicare Dual Eligibles	Hospital completes DVHA schedule or supplies separate schedule		
3. Payments for I/P FFS Services to Medicaid Beneficiaries Outside VT	Hospital data source (includes duals)		
4. Payments for I/P HMO Services to Medicaid Beneficiaries Outside VT	Hospital data source (includes duals)		
5. Payments for I/P Services to Indiv. with No 3rd Party Coverage	Hospital data source		
6. Payments for O/P Services to VT Medicaid Beneficiaries	HP MRMN502V report		
7. Payments for O/P Services to VT Medicaid/Medicare Dual Eligibles	Hospital completes DVHA schedule or supplies separate schedule		
8. Payments for O/P FFS Services to Medicaid Beneficiaries Outside VT	Hospital data source (includes duals)		
9. Payments for O/P HMO Services to Medicaid Beneficiaries Outside VT	Hospital data source (includes duals)		
10. Payments for O/P Services to Indiv. with No 3rd Party Coverage	Hospital data source		
11. State and Local Subsidies- Inpatient Services	Hospital data source		
12. State and Local Subsidies- Outpatient Services	Hospital data source		
13. DSH Payments from a Medicaid agency other than Vermont	Hospital data source		
14. Section 1011 Payments	Hospital data source		

\* For some hospitals, this may be Column 2 or 4.  
 \*\* For some hospitals, this may be Column 5 or 7.

Hospital DSH Survey Schedule 3

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ALL CELLS SHADED GREY DISPLAY DATA COMPILED BY DVHA FROM THE SOURCES CITED.  
 ALL CELLS SHADED BLUE ARE OPTIONAL. ONLY FILL IN IF YOU HAVE UPDATED DATA TO OVERRIDE DVHA'S FIGURES.  
 ALL CELLS SHADED YELLOW REQUIRE HOSPITAL DATA ENTRY SINCE THE SOURCE DATA IS SUPPLIED BY HOSPITALS.

II. INPUTS TO CALCULATE THE MEDICAID INPATIENT UTILIZATION RATE

Data Variable	Source	Hospital Fill	
		DVHA Fill In	In or Override
<b>Calculation 1 for Medicaid Days: Using DVHA MMIS and Hospital Data</b>			
1. Vermont Medicaid Inpatient Days	Survey Schedule 1, I.A.1-I.A.16	0	0
2. Out of State Medicaid Inpatient Days	Survey Schedule 1, I.A.17-I.A.32	0	0
3. Total Medicaid Days per DVHA MMIS & Hospital Data	calculation	0	0
<b>Calculation 2 for Medicaid Days: Using Medicare Cost Report Data</b>			
4. Title XIX Adults & Peds Days	MCR Wksht S-3 Pt I, Col 7, Line 1		
5. Title XIX HMO days	MCR Wksht S-3 Pt I, Col 7, Line 2+3+4		
6. Title XIX Swing Bed SNF Days	MCR Wksht S-3 Pt I, Col 7, Line 5		
7. Title XIX Swing Bed NF Days	MCR Wksht S-3 Pt I, Col 7, Line 6		
8. Title XIX ICU Days	MCR Wksht S-3 Pt I, Col 7, Line 8		
9. Title XIX Neonatal ICU Days	MCR Wksht S-3 Pt I, Col 7, Line 10		
10. Title XIX Surgical ICU Days	MCR Wksht S-3 Pt I, Col 7, Line 11		
11. Title XIX Nursery Days	MCR Wksht S-3 Pt I, Col 7, Line 13		
12. Title XIX Subprovider IPF Days	MCR Wksht S-3 Pt I, Col 7, Line 16		
13. Title XIX Subprovider IRF Days	MCR Wksht S-3 Pt I, Col 7, Line 17		
14. Total Medicaid Days per Medicare Cost Report	calculation	0	0
<i>Does the sum of days from Calculation 1 = sum of days from Calculation 2?</i>		YES	
<b>Total Patient Days: Using Medicare Cost Report Data</b>			
15. All Patients Adults & Peds Days	MCR Wksht S-3 Pt I, Col 8, Line 1		
16. All Patients HMO days	MCR Wksht S-3 Pt I, Col 8, Line 2+3+4		
17. All Patients Swing Bed SNF Days	MCR Wksht S-3 Pt I, Col 8, Line 5		
18. All Patients Swing Bed NF Days	MCR Wksht S-3 Pt I, Col 8, Line 6		
19. All Patients ICU Days	MCR Wksht S-3 Pt I, Col 8, Line 8		
20. All Patients Neonatal ICU Days	MCR Wksht S-3 Pt I, Col 8, Line 10		
21. All Patients Surgical ICU Days	MCR Wksht S-3 Pt I, Col 8, Line 11		
22. All Patients Nursery Days	MCR Wksht S-3 Pt I, Col 8, Line 13		
23. All Patients Subprovider IPF Days	MCR Wksht S-3 Pt I, Col 8, Line 16		
24. All Patients Subprovider IRF Days	MCR Wksht S-3 Pt I, Col 8, Line 17		
25. Total All Patient Days per Medicare Cost Report	calculation	0	0
<b>Medicaid Inpatient Utilization Rate (II.A.3 / II.A.25)</b>		#DIV/0!	

**Hospital DSH Survey Schedule 4**

0

**ALL CELLS SHADED GREY DISPLAY DATA COMPILED BY DVHA FROM THE SOURCES CITED.**  
**ALL CELLS SHADED BLUE ARE OPTIONAL. ONLY FILL IN IF YOU HAVE UPDATED DATA TO OVERRIDE DVHA'S FIGURES.**  
**ALL CELLS SHADED YELLOW REQUIRE HOSPITAL DATA ENTRY SINCE THE SOURCE DATA IS SUPPLIED BY HOSPITALS.**

**III. INPUTS TO CALCULATE THE LOW INCOME UTILIZATION RATE**

<b>A. Inputs to Calculate Net Medicaid Patient Revenue</b>			DVHA Fill In	Hospital Fill In or Override
Data Variable	Source			
1. Medicaid Inpatient Care Revenue	BISHCA Report 5, Actual 2011			
2. Medicaid Outpatient Care Revenue	BISHCA Report 5, Actual 2011			
3. Total Medicaid Inpatient + Outpatient Revenue	calculation A.1 + A.2		\$0	\$0
4. Contractual Allowances- all but Physician	BISHCA Report 5, Actual 2011			
5. Net Medicaid Patient Revenue- Hospital Services	A.3 - A.4		#VALUE!	#VALUE!

<b>B. Inputs to Calculate State and Local Subsidies</b>			
1. State & Local Subsidies for Inpatient Services	Survey Schedule 2, I.E.11		\$0
2. State & Local Subsidies for Outpatient Services	Survey Schedule 2, I.E.12		\$0

<b>C. Inputs to Calculate Net All Payer Patient Revenue</b>				
1. All Payer Inpatient Care Revenue	BISHCA Report 5, Actual 2011			
2. All Payer Outpatient Care Revenue	BISHCA Report 5, Actual 2011			
3. Total All Payer Inpatient + Outpatient Revenue	calculation C.1 + C.2		\$0	\$0
4. Contractual Allowances- all but Physician	BISHCA Report 5, Actual 2011			
5. Commercial Discounts	BISHCA Report 5, Actual 2011			
6. Free Care	BISHCA Report 5, Actual 2011			
7. Employee Discounts	BISHCA Report 5, Actual 2011			
8. Other Discounts	BISHCA Report 5, Actual 2011			
9. Total Allowances/Discounts	sum C.4 to C.9		\$0	\$0
10. Net All Payer Patient Revenue- Hospital Services	C.3 - C.9		\$0	\$0

<b>D. Inputs to Calculate Portion of LIUR Formula Related to Charges</b>			
1. Total Inpatient Charges Attributable to Individuals with no Third Party Coverage	Hospital should enter total charges that appear on their Schedule 8		

<b>E. Low Income Utilization Rate Formula</b>			
LIUR Equation 1	$(A.9 + B.1 + B.2) / C.14$		#VALUE!
LIUR Equation 2	$(D.1 - B.1) / C.1$		#VALUE!
<b>Total LIUR</b>	<b>Equation 1 + Equation 2</b>		#VALUE!

**Hospital DSH Survey Schedule 5**  
**Template for Itemizing Inpatient Services for Vermont Medicare/Medicaid Dual Eligibles**

Respondents have one of two options:

1. Use the claims report supplied by DVHA and fill in only the column for Total Payments Received.
2. Submit a complete replacement report that includes all of the information shown in the template below.

Respondents should remit information under Option 1 or Option 2 above, but not both.

Notes if Option 2 is selected:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/10 - 9/30/11, regardless of when payment(s) were received.
3. Include any payments received after 9/30/11 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

**Example of Template**

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-----------------------	-----------------------	-------------------------------------	--------------------------------------	-----------------------------------

**sample**

85962385103	2/1/2011	2/4/2011	4	3	0	0	1	0	0	0	0	\$6,250.00	\$2,314.82	\$3,748.96
-------------	----------	----------	---	---	---	---	---	---	---	---	---	------------	------------	------------

Report the totals for these columns in the survey in the following cells:				I.A.9	I.A.10	I.A.11	I.A.12	I.A.13	I.A.14	I.A.15	I.A.15		I.B.2	I.E.2
---	--	--	--	-------	--------	--------	--------	--------	--------	--------	--------	--	-------	-------

**Hospital DSH Survey Schedule 6**  
**Template for Itemizing Inpatient Services for Other State FFS Medicaid Inpatient Days**

Respondents must complete the template as shown below.  
 Include only fee-for-service days on this schedule.  
 Respondents should include other state Medicaid dual eligible days on this schedule.

The format for this schedule is the same as is shown for Schedule 5:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/10 - 9/30/11, regardless of when payment(s) were received.
3. Include any payments received after 9/30/11 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

**Example of Template**

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-----------------------	-----------------------	-------------------------------------	--------------------------------------	-----------------------------------

**sample**

85962385103	2/1/2011	2/4/2011	4	3	0	0	1	0	0	0	0	\$6,250.00	\$2,314.82	\$3,748.96
-------------	----------	----------	---	---	---	---	---	---	---	---	---	------------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.A.17	I.A.18	I.A.19	I.A.20	I.A.21	I.A.22	I.A.23	I.A.24	I.B.3	I.E.3
---	--------	--------	--------	--------	--------	--------	--------	--------	-------	-------

**Hospital DSH Survey Schedule 7**

**Template for Itemizing Inpatient Services for Other State HMO Medicaid Inpatient Days**

Respondents must complete the template as shown below if they have Medicaid HMO days.

The total number of HMO days should tie to the total shown on the hospital's Medicare Cost Report, Worksheet S-3, Part I, Column 5, Lines 2, 3 and 4.

Respondents should include other state Medicaid dual eligible days on this schedule.

The format for this schedule is the same as is shown for Schedule 5:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/10 - 9/30/11, regardless of when payment(s) were received.
3. Include any payments received after 9/30/11 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

**Example of Template**

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-----------------------	-----------------------	-------------------------------------	--------------------------------------	-----------------------------------

**sample**

85962385103	2/1/2011	2/4/2011	4	3	0	0	1	0	0	0	0	\$6,250.00	\$2,314.82	\$3,748.96
-------------	----------	----------	---	---	---	---	---	---	---	---	---	------------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.A.25	I.A.26	I.A.27	I.A.28	I.A.29	I.A.30	I.A.31	I.A.32					I.B.4	I.E.4
---	--------	--------	--------	--------	--------	--------	--------	--------	--	--	--	--	-------	-------

**Hospital DSH Survey Schedule 8  
Template for Itemizing Inpatient Services for Individuals with No Third Party Coverage**

Respondents must complete the template as shown below.

The format for this schedule is the same as is shown for Schedule 5, **with one exception:**

CMS has provided guidance that hospitals may record payments received for individuals with no third party coverage based on the date the payment was received. Therefore, there may be situations where the patient received the service in the year ending 9/30/11 but not make any payment for the service until after 9/30/11. In other situations, the payment may have been received in the year ending 9/30/11 but the service was delivered in a prior year.

For DSH calculations, the information is included in the formulas as follows:

1. When the claim was incurred in the year ending 9/30/11 and payments were received against it, both data elements are used.
2. When the claim was incurred in the year ending 9/30/11 and no payments were received against it, only the cost of the claim is used.
3. When the claim was incurred prior to the year ending 9/30/11 but a payment was received against it in the year ending 9/30/11, only the payment is used.

Therefore, please break up the inpatient stays into two categories as illustrated below.

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Ancillary Services are those billed on revenue codes 250 and higher.
3. Complete both Part A and Part B of this schedule.

**Example of Template**

**PART A: Claims incurred when the Ending Date of Service occurred between 10/1/10 and 9/30/11**

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/11
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-----------------------	-----------------------	-------------------------------------	--------------------------------------	--

**sample**

1852369752	11/5/2010	11/10/2010	6	5	0	0	1	0	0	0	0	\$9,525.00	\$6,741.65	\$450.00
1852370163	9/7/2011	9/9/2011	3	3	0	0	0	0	0	0	0	\$4,500.00	\$798.63	\$0.00

Report the totals for these columns in the survey in the following cells: I.A.33 I.A.34 I.A.35 I.A.36 I.A.37 I.A.38 I.A.39 I.A.40 I.B.5 I.E.5

Report these total charges on Schedule 4, cell III.D.1

**PART B: Claims incurred when the Ending Date of Service occurred prior to 10/1/10 but payments were received in the year ending 9/30/11**

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Total Days	Adult & Ped Days	Nursery Days	Waiting Placement Days	ICU Days	NICU Days	Surgical ICU Days	Sub-provider IPF Days	Sub-provider IRF Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/11
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-----------------------	-----------------------	-------------------------------------	--------------------------------------	--

**sample**

1852369752	12/4/2009	12/6/2009	3	0	3	0	0	0	0	0	0	\$3,200.00	\$658.47	\$125.00
------------	-----------	-----------	---	---	---	---	---	---	---	---	---	------------	----------	----------

DO NOT Report the totals for days on Schedule 1 Section I.A. DO add the total payments in this section to the total in Part A and post to: I.E.5

## Hospital DSH Survey Schedule 9

### Template for Itemizing Outpatient Services for Vermont Medicare/Medicaid Dual Eligibles

Respondents have one of two options:

1. Use the claims report supplied by DVHA and fill in only the column for Total Payments Received.
2. Submit a complete replacement report that includes all of the information shown in the template below.

Respondents should remit information under Option 1 or Option 2 above, but not both.

Note if Option 2 is selected, this schedule follows the same format as the corresponding Inpatient Schedule 5 except accommodation information is removed:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/10 - 9/30/11, regardless of when payment(s) were received.
3. Include any payments received after 9/30/11 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

#### Example of Template

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	--------------------------------------	-----------------------------------

**sample**

4563217-xx	6/5/2011	6/5/2011	\$3,485.87	\$1,628.96
------------	----------	----------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.C.2	I.E.7
---	-------	-------

**Hospital DSH Survey Schedule 10**  
**Template for Itemizing Other State FFS Outpatient Services**

Respondents must complete the template as shown below.  
 Include only fee-for-service information on this schedule.  
 Respondents should include other state Medicaid dual eligible days on this schedule.

The format for this schedule is the same as is shown for Schedule 9:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/10 - 9/30/11, regardless of when payment(s) were received.
3. Include any payments received after 9/30/11 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

**Example of Template**

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	--------------------------------------	-----------------------------------

**sample**

4563217-xx	6/5/2011	6/5/2011	\$3,485.87	\$1,628.96
------------	----------	----------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.C.3	I.E.8
---	-------	-------

**Hospital DSH Survey Schedule 11**  
**Template for Itemizing Other State HMO Outpatient Services**

Respondents must complete the template as shown below if they have Medicaid HMO outpatient services.

Include only HMO information on this schedule.

Respondents should include other state Medicaid dual eligible days on this schedule.

The format for this schedule is the same as is shown for Schedule 10:

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Include claims when the Ending Date of Service falls within the period 10/1/10 - 9/30/11, regardless of when payment(s) were received.
3. Include any payments received after 9/30/11 for the services reported on this schedule.
4. Ancillary Services are those billed on revenue codes 250 and higher.

**Example of Template**

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	--------------------------------------	-----------------------------------

**sample**

4563217-xx	6/5/2011	6/5/2011	\$3,485.87	\$1,628.96
------------	----------	----------	------------	------------

Report the totals for these columns in the survey in the following cells:	I.C.4	I.E.9
---	-------	-------

**Hospital DSH Survey Schedule 12**  
**Template for Itemizing Outpatient Services for Individuals with No Third Party Coverage**

Respondents must complete the template as shown below.

The format for this schedule follows what was shown for Schedule 8, except that the accommodation information is removed:

CMS has provided guidance that hospitals may record payments received for individuals with no third party coverage based on the date the payment was received. Therefore, there may be situations where the patient received the service in the year ending 9/30/11 but not make any payment for the service until after 9/30/11. In other situations, the payment may have been received in the year ending 9/30/11 but the service was delivered in a prior year.

For DSH calculations, the information is included in the formulas as follows:

1. When the claim was incurred in the year ending 9/30/11 and payments were received against it, both data elements are used.
2. When the claim was incurred in the year ending 9/30/11 and no payments were received against it, only the cost of the claim is used.
3. When the claim was incurred prior to the year ending 9/30/11 but a payment was received against it in the year ending 9/30/11, only the payment is used.

Therefore, please break up the outpatient stays into two categories as illustrated below.

1. The supporting schedule that you provide does not need to look exactly like this, so long as all of the data elements requested below appear on your hospital-designed report. The information you provide does not need to be entered into this Excel spreadsheet. A separate attachment is acceptable.
2. Ancillary Services are those billed on revenue codes 250 and higher.

**Example of Template**

**PART A: Claims incurred when the Ending Date of Service occurred between 10/1/10 and 9/30/11**

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/11
---------------------------------	-----------------------	------------------------	--------------------------------------	--

**sample**

4563217-xx	6/5/2011	6/5/2011	\$3,485.87	\$1,628.96
1852370163	9/7/2011	9/7/2011	\$1,247.63	\$0.00

Report the totals for these columns in the survey in the following cells: I.C.5 I.E.10

**PART B: Claims incurred when the Ending Date of Service occurred prior to 10/1/10 but payments were received in the year ending 9/30/11**

Internal Claim Reference Number	Begin Date of Service	Ending Date of Service	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/11
---------------------------------	-----------------------	------------------------	--------------------------------------	--

**sample**

1852369752	1/2/2010	1/2/2010	\$876.32	\$50.00
------------	----------	----------	----------	---------

Do not report the total ancillary charges on the survey. However, add the payments here to the total in: I.E.10