



**METHODOLOGY FOR VERMONT'S  
DISPROPORTIONATE SHARE PAYMENTS  
IN FEDERAL FISCAL YEAR 2013**

**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. The Centers for Medicare and Medicaid (CMS) publish preliminary allotments of the federal participation limit in advance of each new Federal Fiscal Year (FFY). The most recent allotment prescribed for by CMS for Vermont was for FFY 2012 at \$23,041,882<sup>2</sup>. The FMAP rate for FFY 2013 is 56.04%. Therefore, using the FFY 2012 amount as a preliminary figure for FFY 2013, total DSH expenditures (state and federal funds combined) cannot exceed \$41,116,849. The Department of Vermont Health Access (DVHA) has allocated state funding for DSH in FFY 2013 so that total DSH funding (state and federal funds combined) will not exceed \$37,448,781.

Federal law<sup>3</sup> states that aggregate DSH payments to Institutions for Mental Diseases<sup>4</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 2013, 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>5</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;
- Satisfy one of the conditions in Column B; and
- Satisfy the conditions in Column C.

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

<sup>2</sup> Federal Register Vol. 77, No. 142, July 24, 2012.

<sup>3</sup> 42 CFR 447.297 – Limitation on aggregate payment for disproportionate share hospitals beginning October 1, 1992.

<sup>4</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>5</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.

COLUMN A	COLUMN B	COLUMN C
<ol style="list-style-type: none"> <li>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”).</li> <li>2. The hospital has a Low Income Utilization Rate (LIUR) that exceeds 25% (“Group 2”).</li> <li>3. The hospital operates a post-graduate training program in the State of Vermont (“Group 3”).</li> <li>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”).</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>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</li> <li>3. The patients of the hospital are predominantly under 18 years of age.</li> <li>4. The hospital was in existence on December 22, 1987 but did not offer non-emergency obstetric services as of that date.</li> </ol>	<ol style="list-style-type: none"> <li>1. The hospital has a MIUR of at least 1 percent.</li> <li>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.</li> </ol>

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>6</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

<sup>6</sup> A template of the DSH Survey utilized for DSH FFY 2013 appears in Appendix 10.

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 March 30, 2012.

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 2013, the Base Year used was FFY 2010 (October 1, 2009 – September 30, 2010). This also corresponds to each Vermont hospitals' fiscal year with the exception of Retreat Health Care.<sup>7</sup>

### **Section 4: 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;

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<sup>7</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 2013 eligibility tests—three months from the hospital's year ending 12/31/09 and nine months from the hospital's year ending 12/31/10. Claims data was used in the Base Year only.

- 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 2013 was 28.85%. 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 2013 was 10.34%. Therefore, the threshold for hospitals to meet Group 1 eligibility in DSH SPY 2013 was 39.19%.

Refer to Appendix 3 for details on the MIUR calculations for DSH SPY 2013.

**Section 5: 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 2013, the values in the column labeled “Actual 2010” 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 2013, the values in the column labeled “Actual 2010” 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 2013, the values in the column labeled "Actual 2010" 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 2013.

## **Section 6: 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>8</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 7: Satisfying the Obstetrical Requirement for Eligibility**

In order to ensure that hospitals receiving DSH payments meet requirements related to obstetricians<sup>9</sup>, all hospitals that are determined to have a MIUR of at least 1% must make the

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<sup>8</sup> Requirements in accordance with Section 1923(d) of the Social Security Act.

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 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.

One of the selections must be attested to in order for the hospital to be eligible for DSH.

### **Section 8: Hospital-specific Limit Calculations**

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

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

Pursuant to the above equation:

$$\begin{aligned} & \text{Costs Incurred Serving Medicaid Recipients} = \\ & \text{[VT Medicaid Inpatient Days]} * \text{[Medicaid Hospital-specific Accommodation Cost Per Day]} + \\ & \text{[VT Medicaid Inpatient Ancillary Charges]} * \text{[Medicaid Inpatient Ancillary Cost-to-Charge Ratio} \\ & \text{(CCR)]} \end{aligned}$$

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<sup>9</sup> Requirements in accordance with Vermont Medicaid State Plan Attachment 4.19A pg. 1d and Section 1923(d).

+ [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 2013, this Base Year was for the period 10/1/09 – 9/30/10 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-4 (Hospital),  
 Column 3, Line 101 and Worksheet D-4 (Subprovider), Column 3, Line 101  
 By  
 The sum of the amounts on the Title XIX schedules of Worksheet D-4 (Hospital),  
 Column 2, Line 101 and Worksheet D-4 (Subprovider), Column 2, Line 101

- 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 sum of the amounts on the Title XIX schedules of Worksheet D Part V, Column  
 9.01, Line 104 and Worksheet D Part V, Column 9.02, Line 104  
 By  
 The sum of the amounts on the Title XIX schedules of Worksheet D Part V, Column  
 5.01, Line 104 and Worksheet D Part V, Column 5.02, Line 104

- 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 9: 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 2013, the allocation to each DSH Eligibility Group was as follows: Group 1: \$0; Group 2: \$0; Group 3: \$18,115,526; Group 4: \$19,333,255.

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

### **Section 10: 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>10</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 11: State Plan Changes for DSH FFY 2013**

The state plan was changed this year in the following manner:

- On pages 1f and 1g, date references were changed to account for the new DSH SPY

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<sup>10</sup> In accordance with Section 1923(g) of the Social Security Act.

- On page 1g, a change was also made to reference the logic described in Section 9 above that states that if a hospital is eligible in more than one 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.

## **Section 12: 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 2009 through 2013**

	<b>DSH FFY 2009 Payments</b>	<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 2013 compared to DSH FFY 2012 Payments</b>	<b>Pct Diff 2013 to 2012</b>
Brattleboro Memorial Hospital	\$883,724	\$1,393,697	\$1,368,678	\$1,176,989	\$1,236,502	\$59,514	5%
Central Vermont Medical Center	\$3,444,487	\$2,891,730	\$2,365,220	\$1,893,868	\$2,057,789	\$163,921	9%
Copley Hospital	\$931,518	\$1,486,958	\$719,895	\$677,478	\$667,459	(\$10,018)	-1%
Fletcher Allen Health Care	\$17,131,743	\$16,903,464	\$16,738,071	\$18,724,391	\$18,115,526	(\$608,865)	-3%
Gifford Medical Center	\$294,586	\$975,804	\$560,302	\$875,394	\$807,107	(\$68,287)	-8%
Grace Cottage Hospital	\$102,525	\$0	\$0	\$153,081	\$216,999	\$63,918	42%
Mt. Ascutney Hospital	\$102,525	\$500,038	\$686,822	\$302,698	\$283,346	(\$19,351)	-6%
North Country Hospital	\$1,681,813	\$1,773,107	\$1,956,360	\$2,092,289	\$1,848,818	(\$243,471)	<b>-12%</b>
Northeastern Vermont Hospital	\$2,156,674	\$1,770,076	\$1,250,574	\$1,033,166	\$1,293,715	\$260,549	25%
Northwestern Medical Center	\$1,783,308	\$1,626,840	\$2,011,716	\$2,109,676	\$2,128,462	\$18,786	1%
Porter Medical Center	\$496,697	\$1,016,911	\$1,292,983	\$753,493	\$827,357	\$73,865	10%
Retreat Health Care	\$0	\$0	\$0	\$0	\$0	\$0	
Rutland Regional Medical Center	\$3,954,499	\$3,151,984	\$3,929,839	\$3,821,595	\$4,251,425	\$429,829	11%
Southwestern Vermont Hospital	\$979,308	\$1,760,973	\$2,568,646	\$2,437,759	\$2,073,221	(\$364,538)	-15%
Springfield Hospital	\$2,605,376	\$1,297,199	\$1,999,676	\$1,396,906	\$1,641,055	\$244,150	17%
<b>Totals</b>	<b>\$ 36,548,782</b>	<b>\$ 36,548,781</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 2013**

<b>Total DSH Allotment:</b>	<b>37,448,781</b>
Less Allocation to DSH Group #3:	18,115,526
Allocation to Other Groups:	19,333,255

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** North Country Hospital was eligible for DSH Group #1, but the total computed DSH payment is higher in DSH Group #4.

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

<b>DSH Group #3: Teaching Hospitals</b>		<b>18,115,526</b>	<b>36,231,052</b>			
Fletcher Allen Health Care	36,231,052			<b>100.00%</b>	18,115,526	
					<b>18,115,526</b>	50.00%
<b>DSH Group #4: State-Designed Group</b>		<b>19,333,255</b>	<b>66,186,395</b>			
Brattleboro Memorial Hospital	4,233,102	5.8%		6.40%	1,236,502	29.21%
Central Vermont Medical Center	7,044,735	15.4%		10.64%	2,057,789	29.21%
Copley Hospital	2,285,012	4.0%		3.45%	667,459	29.21%
Gifford Medical Center	2,763,087	4.4%		4.17%	807,107	29.21%
Grace Cottage Hospital	742,886	0.3%		1.12%	216,999	29.21%
Mt Ascutney Hospital	970,021	1.9%		1.47%	283,346	29.21%
North Country Hospital	6,329,332	7.0%		9.56%	1,848,818	29.21%
Northeastern Vermont Hospital	4,428,966	4.9%		6.69%	1,293,715	29.21%
Northwestern Medical Center	7,286,678	5.6%		11.01%	2,128,462	29.21%
Porter Medical Center	2,832,414	4.0%		4.28%	827,357	29.21%
Retreat Health Care*	not considered					
Rutland Regional Medical Center	14,554,532	26.9%		21.99%	4,251,425	29.21%
Southwestern Vermont Hospital	7,097,564	9.5%		10.72%	2,073,221	29.21%
Springfield Hospital	5,618,067	10.4%		8.49%	1,641,055	29.21%
		<b>100.0%</b>		<b>100.00%</b>	<b>19,333,255</b>	
			<b>37,448,781</b>		<b>37,448,781</b>	

\* Retreat's hospital limit was determined to be (\$698,486) in this DSH SPY.

**APPENDIX 3**

**Supporting Schedule for Determining Eligibility for DSH Group #1 (MIUR) and for Assignment of Dollars to DSH Eligibility Groups in Federal Fiscal Year 2013**

		(1)	(2)	(3)	(4)	(5)	(6)	(7)
Variable for Calculation →		Medicaid Inpatient Days	All Payer Days	Medicaid Inpatient Utilization Rate (MIUR) Percentage	Eligible for DSH at all?	Group 1 (MIUR) Eligible?	Percent of Statewide Title XIX Inpatient Days	Percent of Statewide Title XIX Inpatient Days
Data Source →	Hospital's MCR Filing Status	DSH Survey Schedule 3, II.A.3	Hospital Year End 2010 MCR Worksheet S-3, Part I, Column 6	calculated as (1) / (2)	If (3) >= 1%, then Yes	If (3) > std dev threshold, then Yes	calculated as value in (1) / sum of column (1)	Same formula as Column 6 but excludes Fletcher Allen Health Care and Retreat
Brattleboro Memorial Hospital	As Submitted	2,107	7,505	28.07%	Yes	No	2.7%	5.8%
Central Vermont Medical Center	As Submitted	5,629	15,546	36.21%	Yes	No	7.2%	15.4%
Copley Hospital	As Submitted	1,449	4,837	29.96%	Yes	No	1.9%	4.0%
Fletcher Allen Health Care	As Submitted	34,312	114,879	29.87%	Yes	No	44.1%	
Gifford Medical Center	As Submitted	1,604	5,730	27.99%	Yes	No	2.1%	4.4%
Grace Cottage Hospital	As Submitted	105	3,837	2.74%	Yes	No	0.1%	0.3%
Mt. Ascutney Hospital	As Submitted	685	9,524	7.19%	Yes	No	0.9%	1.9%
North Country Hospital	As Submitted	2,561	6,179	41.45%	Yes	Yes	3.3%	7.0%
Northeastern Vermont Hospital	As Submitted	1,775	5,641	31.47%	Yes	No	2.3%	4.9%
Northwestern Medical Center	As Submitted	2,028	6,277	32.31%	Yes	No	2.6%	5.6%
Porter Medical Center	As Submitted	1,449	5,208	27.82%	Yes	No	1.9%	4.0%
Retreat Health Care	As Submitted	7,108	26,573	26.75%	Yes	No	9.1%	
Rutland Regional Medical Center	As Submitted	9,799	33,248	29.47%	Yes	No	12.6%	26.9%
Southwestern Vermont	As Submitted	3,475	15,167	22.91%	Yes	No	4.5%	9.5%
Springfield Hospital	As Submitted	3,795	9,811	38.68%	Yes	No	4.9%	10.4%
<b>TOTAL</b>		<b>77,881</b>	<b>269,962</b>	<b>28.85%</b>	<b>weighted average</b>		<b>100.0%</b>	<b>100.0%</b>
<b>Total Excluding Fletcher Allen and Retreat</b>		<b>36,461</b>						
					10.34% = 1 standard deviation			
					<b>39.19%</b> = 1 std dev above mean			

**APPENDIX 4**  
**Supporting Schedule for Determining Eligibility for DSH Group #2 (LIUR) in Federal Fiscal Year 2013**

	(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	4,296,539	0	54,623,664	7.87%	427,050	0	25,458,284	1.68%	9.54%	No
Central Vermont Medical Center	14,367,058	0	111,972,815	12.83%	740,127	0	57,851,551	1.28%	14.11%	No
Copley Hospital	4,596,009	0	42,590,011	10.79%	116,504	0	17,613,484	0.66%	11.45%	No
Fletcher Allen Health Care	49,791,448	0	650,163,192	7.66%	3,998,343	0	513,791,891	0.78%	8.44%	No
Gifford Medical Center	5,823,782	0	44,255,518	13.16%	507,434	0	18,469,620	2.75%	15.91%	No
Grace Cottage Hospital	332,217	0	8,164,894	4.07%	32,894	0	1,272,112	2.59%	6.65%	No
Mt. Ascutney Hospital	2,065,531	0	28,229,034	7.32%	147,017	0	5,704,138	2.58%	9.89%	No
North Country Hospital	7,174,443	0	57,322,878	12.52%	404,680	0	23,386,661	1.73%	14.25%	No
Northeastern Vermont Hospital	3,881,249	0	43,642,385	8.89%	782,214	0	24,007,336	3.26%	12.15%	No
Northwestern Medical Center	9,340,318	0	69,825,926	13.38%	29,260	0	27,163,814	0.11%	13.48%	No
Porter Medical Center	4,033,019	0	45,995,182	8.77%	437,602	0	19,467,554	2.25%	11.02%	No
Retreat Health Care	10,892,429	0	36,528,930	29.82%	42,927	0	59,714,002	0.07%	29.89%	Yes
Rutland Regional Medical Center	13,627,417	0	157,002,866	8.68%	3,701,619	0	127,107,238	2.91%	11.59%	No
Southwestern Vermont	11,699,018	40,875	120,718,129	9.73%	1,089,059	0	66,613,642	1.63%	11.36%	No
Springfield Hospital	6,171,235	0	45,612,020	13.53%	643,211	0	23,688,545	2.72%	16.25%	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 2013**

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		897	448	113	0	0	0	0	1,559.95	1,559.95	1,936.40	0.00	0.00
Central Vermont Med Center		1,437	488	220	0	7	1,458	0	1,080.09	736.57	2,721.64	2,721.64	0.00
Copley Hospital		632	277	35	0	0	0	0	1,360.67	1,385.87	2,468.23	0.00	0.00
Fletcher Allen Health Care		13,699	1,714	641	2,357	576	1,355	0	1,064.54	582.78	2,106.77	1,716.50	2,324.97
Gifford Medical Center		718	230	13	0	0	0	0	1,140.67	1,241.63	1,487.76	1,487.76	0.00
Grace Cottage Hospital		49	0	0	0	0	0	0	1,375.54	0.00	0.00	0.00	0.00
Mt. Ascutney Hospital		285	0	5	0	0	0	0	1,228.63	0.00	1,228.63	0.00	0.00
North Country Hospital		809	392	81	0	0	0	0	1,099.98	572.69	3,512.09	0.00	0.00
Northeastern Vermont Hospital		787	339	61	0	0	0	0	1,604.60	631.42	3,189.55	0.00	0.00
Northwestern Medical Center		889	458	75	0	0	0	0	1,180.21	772.06	2,310.67	0.00	0.00
Porter Medical Center		588	267	27	0	0	0	0	1,452.71	1,167.45	2,770.94	0.00	0.00
Retreat Health Care		5,202	0	0	0	0	0	0	745.56	0.00	0.00	0.00	0.00
Rutland Regional Med Center		5,771	528	178	0	0	0	192	1,229.24	999.99	2,036.57	0.00	0.00
Southwestern Vermont		1,442	476	131	0	0	0	0	1,120.75	800.86	2,346.71	0.00	0.00
Springfield Hospital		870	235	78	0	0	1,462	0	990.69	666.17	1,305.71	0.00	0.00

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2013**

	(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	2,316,946	2,016,512	0.4565	9,567,799	0.4153	4,894,071
Central Vermont Med Center	977.76	0.00	3,935,870	6,123,514	0.4939	20,607,307	0.3709	10,667,957
Copley Hospital	0.00	0.00	1,330,217	1,595,955	0.5098	8,820,999	0.4730	4,985,868
Fletcher Allen Health Care	932.99	0.00	23,581,633	51,455,097	0.4147	76,908,669	0.3492	48,194,006
Gifford Medical Center	0.00	0.00	1,123,917	2,375,934	0.2667	9,884,913	0.4305	4,889,403
Grace Cottage Hospital	0.00	0.00	67,401	49,150	0.5701	1,320,902	0.5885	805,427
Mt. Ascutney Hospital	1,228.63	0.00	356,303	475,617	0.4508	2,832,247	0.4630	1,525,756
North Country Hospital	0.00	0.00	1,398,858	2,792,837	0.3614	16,477,646	0.4603	8,594,851
Northeastern Vermont Hospital	0.00	0.00	1,671,434	3,343,885	0.3299	10,372,389	0.4459	5,728,269
Northwestern Medical Center	0.00	0.00	1,576,110	3,887,848	0.6115	18,961,482	0.4703	11,295,884
Porter Medical Center	0.00	0.00	1,240,718	1,583,189	0.5411	8,049,426	0.4302	4,319,814
Retreat Health Care	0.00	0.00	3,878,377	1,306,760	0.4909	0	0.3288	641,448
Rutland Regional Med Center	1,537.44	904.57	8,158,126	12,672,549	0.4414	26,643,727	0.4181	16,732,926
Southwestern Vermont	0.00	0.00	2,304,750	4,330,857	0.4785	16,656,476	0.4643	9,806,223
Springfield Hospital	903.74	0.00	2,441,564	2,465,811	0.4531	10,150,175	0.5327	6,524,644

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2013**

VT Medicare/Medicaid Dual Eligibles								
		(21)	(22)	(23)	(24)	(25)	(26)	(27)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider I Days	Subprovider II 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
Brattleboro Memorial Hospital		442	0	37	0	0	0	0
Central Vermont Med Center		960	0	322	0	0	716	0
Copley Hospital		451	0	54	0	0	0	0
Fletcher Allen Health Care		8,541	0	658	0	621	559	0
Gifford Medical Center		611	0	32	0	0	0	0
Grace Cottage Hospital		56	0	0	0	0	0	0
Mt. Ascutney Hospital		121	0	10	0	0	106	0
North Country Hospital		1,278	0	0	0	0	0	0
Northeastern Vermont Hospital		527	0	45	0	0	0	0
Northwestern Medical Center		462	0	140	0	0	0	0
Porter Medical Center		477	0	0	0	0	0	0
Retreat Health Care		30	0	0	0	0	0	0
Rutland Regional Med Center		1,923	0	262	0	0	44	728
Southwestern Vermont		763	0	163	0	0	0	0
Springfield Hospital		617	0	78	0	0	331	0

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2013**

Other State Medicaid Eligible								
		(28)	(29)	(30)	(31)	(32)	(33)	(34)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider I Days	Subprovider II Days
	Data Source →	Appendix 8, Column J	Appendix 8, Column K	Appendix 8, Column L	Appendix 8, Column M	Appendix 8, Column N	Appendix 8, Column O	Appendix 8, Column P
Brattleboro Memorial Hospital		72	80	18	0	0	0	0
Central Vermont Med Center		8	0	0	0	0	13	0
Copley Hospital		0	0	0	0	0	0	0
Fletcher Allen Health Care		1,826	26	81	783	433	442	0
Gifford Medical Center		0	0	0	0	0	0	0
Grace Cottage Hospital		0	0	0	0	0	0	0
Mt. Ascutney Hospital		158	0	0	0	0	0	0
North Country Hospital		0	0	1	0	0	0	0
Northeastern Vermont Hospital		13	3	0	0	0	0	0
Northwestern Medical Center		2	2	0	0	0	0	0
Porter Medical Center		47	43	0	0	0	0	0
Retreat Health Care		1,876	0	0	0	0	0	0
Rutland Regional Med Center		76	1	15	0	0	0	81
Southwestern Vermont		333	141	26	0	0	0	0
Springfield Hospital		52	24	2	0	0	46	0

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2013**

Individuals with No Third Party Insurance											
		(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)
	Variable for Calculation →	Adult & Peds Days	Nursery Days	ICU Days	NICU Days	Surgical ICU Days	Subprovider I Days	Subprovider II Days	VT Medicare/Medicaid Eligibles Routine Costs	Other State Medicaid Beneficiaries Routine Costs	Individuals with No Third Party Coverage Routine Costs
	Data Source →	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)]	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)]
Brattleboro Memorial Hospital		113	14	10	0	0	0	0	761,145	271,968	217,478
Central Vermont Med Center		97	0	25	0	0	80	0	2,613,331	21,352	251,031
Copley Hospital		30	4	0	0	0	0	0	746,947	0	46,364
Fletcher Allen Health Care		539	51	71	17	34	12	0	12,443,839	4,892,764	872,515
Gifford Medical Center		168	25	9	0	0	0	0	744,558	0	236,063
Grace Cottage Hospital		17	0	0	0	0	0	0	77,030	0	23,384
Mt. Ascutney Hospital		86	0	0	0	0	6	0	291,185	194,124	113,034
North Country Hospital		58	2	10	0	0	0	0	1,405,774	3,512	100,065
Northeastern Vermont Hospital		86	4	23	0	0	0	0	989,154	22,754	213,881
Northwestern Medical Center		6	0	0	0	0	0	0	868,751	3,905	7,081
Porter Medical Center		90	10	0	0	0	0	0	692,943	118,478	142,418
Retreat Health Care		36	0	0	0	0	0	0	22,367	1,398,661	26,840
Rutland Regional Med Center		562	20	51	0	0	0	285	3,623,584	198,241	1,072,500
Southwestern Vermont		191	10	36	0	0	0	0	1,237,646	547,145	306,553
Springfield Hospital		127	10	5	0	0	129	0	1,012,239	111,687	255,590

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2013**

	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	
	Variable for Calculation →	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	VT Medicare/Medicaid Eligibles Outpatient Charges	Other State Medicaid Beneficiaries Outpatient Charges
	Data Source →	Appendix 8, Column F	Appendix 8, Column G	Appendix 8, Column H	calculated as (45)*(17)	calculated as (46)*(17)	calculated as (47)*(17)	Appendix 8, Column I	Appendix 8, Column J
Brattleboro Memorial Hospital		1,147,376	210,506	283,550	523,749	96,091	129,434	2,816,024	585,755
Central Vermont Med Center		4,875,978	21,363	531,541	2,408,282	10,551	262,532	9,093,401	79,087
Copley Hospital		970,729	0	83,424	494,844	0	42,527	2,753,842	35,526
Fletcher Allen Health Care		31,944,029	10,768,816	3,273,359	13,245,641	4,465,306	1,357,303	52,036,214	5,770,020
Gifford Medical Center		1,290,161	0	350,694	344,142	0	93,545	2,812,963	44,486
Grace Cottage Hospital		61,179	0	17,220	34,881	0	9,818	434,639	8,145
Mt. Ascutney Hospital		362,371	152,605	89,450	163,352	68,792	40,323	1,423,637	977,661
North Country Hospital		3,101,124	7,266	297,386	1,120,841	2,626	107,484	10,043,210	98,922
Northeastern Vermont Hospital		1,611,259	35,162	611,902	531,573	11,600	201,873	3,364,621	69,204
Northwestern Medical Center		2,234,973	3,596	26,620	1,366,791	2,199	16,280	5,953,951	59,090
Porter Medical Center		1,145,435	128,508	325,648	619,744	69,530	176,194	3,080,304	215,430
Retreat Health Care		3,391	741,392	7,207	1,665	363,926	3,538	8,296	6,418
Rutland Regional Med Center		6,978,515	288,819	2,499,752	3,080,071	127,475	1,103,303	13,161,713	221,788
Southwestern Vermont		2,835,127	840,205	824,977	1,356,551	402,021	394,735	6,041,427	2,180,995
Springfield Hospital		1,502,039	158,535	387,286	680,534	71,828	175,469	4,205,745	606,769

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2013**

	(53)	(54)	(55)	(56)	(57)	(58)
Variable for Calculation →	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 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	1,385,020	1,169,517	243,269	575,210	0	11,198,876
Central Vermont Med Center	3,039,625	3,372,856	29,334	1,127,435	0	24,700,531
Copley Hospital	1,324,733	1,302,559	16,804	626,595	0	9,592,724
Fletcher Allen Health Care	10,311,464	18,172,104	2,015,008	3,600,973	2,796,940	135,638,032
Gifford Medical Center	2,050,584	1,211,032	19,152	882,814	0	9,544,627
Grace Cottage Hospital	278,074	255,803	4,794	163,658	0	1,442,196
Mt. Ascutney Hospital	269,888	659,156	452,665	124,960	0	3,989,650
North Country Hospital	2,430,004	4,623,361	45,538	1,118,645	0	18,521,556
Northeastern Vermont Hospital	1,820,648	1,500,296	30,858	811,833	0	11,713,526
Northwestern Medical Center	3,690,252	2,800,362	27,792	1,735,661	0	19,700,816
Porter Medical Center	1,892,778	1,325,284	92,688	814,357	0	9,612,167
Retreat Health Care	29,192	2,728	2,111	9,600	0	6,351,260
Rutland Regional Med Center	5,059,133	5,502,895	92,729	2,115,217	0	41,807,067
Southwestern Vermont	3,678,423	2,805,177	1,012,687	1,707,979	0	21,881,468
Springfield Hospital	2,631,522	2,240,587	323,253	1,401,929	0	15,239,324

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2013**

	(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	2,016,643	2,687,882	938,823	872,681	99,250	183,036	23,539	143,920	0	0	6,965,774
Central Vermont Med Center	4,954,121	5,453,410	4,067,942	2,594,405	25,948	17,919	71,633	470,418	0	0	17,655,796
Copley Hospital	1,568,477	2,738,448	1,279,104	1,537,059	0	7,810	4,509	172,305	0	0	7,307,712
Fletcher Allen Health Care	33,444,492	18,593,260	22,845,403	16,791,016	5,395,054	931,946	233,026	1,172,783	0	0	99,406,980
Gifford Medical Center	1,530,343	2,587,091	1,197,998	1,313,542	0	11,320	4,220	137,025	0	0	6,781,539
Grace Cottage Hospital	71,316	309,844	90,678	187,617	0	1,321	0	38,534	0	0	699,310
Mt. Ascutney Hospital	496,569	632,222	474,879	778,366	232,921	271,255	24,036	109,381	0	0	3,019,629
North Country Hospital	2,453,574	3,245,687	2,637,468	3,520,160	0	19,884	15,205	300,246	0	0	12,192,224
Northeastern Vermont Hospital	2,110,809	2,310,387	1,346,031	1,355,026	13,803	17,286	6,320	124,898	0	0	7,284,560
Northwestern Medical Center	3,380,987	4,947,088	1,834,870	1,833,952	2,926	5,658	12,541	396,116	0	0	12,414,138
Porter Medical Center	1,417,821	2,230,397	1,072,772	1,490,195	61,109	29,365	32,468	445,626	0	0	6,779,753
Retreat Health Care	5,705,047	0	28,025	13,679	1,257,095	1,240	26,710	17,950	0	0	7,049,746
Rutland Regional Med Center	9,104,817	7,278,415	5,876,597	4,245,789	108,469	36,065	93,560	508,823	0	0	27,252,535
Southwestern Vermont	3,612,922	4,964,587	2,165,523	2,098,758	601,347	730,759	52,380	517,014	0	40,614	14,783,904
Springfield Hospital	3,314,928	2,362,774	1,608,887	1,744,408	69,005	131,269	44,195	345,791	0	0	9,621,257

**APPENDIX 5**  
**Calculations for Determining Hospital-specific Limits to be Applied in**  
**Disproportionate Share Payments Made in FFY 2013**

(70)

	Variable for Calculation →	<b>Hospital Specific Limit FFY 2013</b>
	Data Source →	<b>calculated as (58) - (69)</b>
Brattleboro Memorial Hospital		<b>4,233,102</b>
Central Vermont Med Center		<b>7,044,735</b>
Copley Hospital		<b>2,285,012</b>
Fletcher Allen Health Care		<b>36,231,052</b>
Gifford Medical Center		<b>2,763,087</b>
Grace Cottage Hospital		<b>742,886</b>
Mt. Ascutney Hospital		<b>970,021</b>
North Country Hospital		<b>6,329,332</b>
Northeastern Vermont Hospital		<b>4,428,966</b>
Northwestern Medical Center		<b>7,286,678</b>
Porter Medical Center		<b>2,832,414</b>
Retreat Health Care		<b>-698,486</b>
Rutland Regional Med Center		<b>14,554,532</b>
Southwestern Vermont		<b>7,097,564</b>
Springfield Hospital		<b>5,618,067</b>

**APPENDIX 6**

**Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2013**

Data Source: Latest Medicare Cost Reports for the hospital year ending 9/30/10  
(Retreat Health Care 12/31/10) from Medicare fiscal intermediary on 1/16/12.

Hospital	Hospital's MCR Filing Status	Wksht S-3 All Patient Days (compiled on DSH Survey)	Worksheet D, Part V, Col 5, Line 104	Worksheet D, Part V, Col 5.01 <sup>4</sup> , Line 105	Worksheet D, Part V, Col 9, Line 104	Worksheet D, Part V, Col 9.01 <sup>5</sup> , Line 105	Outpatient CCR	
		DSH Survey II.A.21	DSH Survey I.C.6 + I.C.10	DSH Survey I.C.7 + I.C.11	DSH Survey I.C.8 + I.C.12	DSH Survey I.C.9 + I.C.13		
470011	Brattleboro Memorial Hospital	As Submitted	7,505	7,512,175	0	3,119,865	0	0.4153
470001	Central Vermont Hospital	As Submitted	15,546	7,117,762	0	2,640,067	0	0.3709
471305	Copley Hospital	As Submitted	4,371	8,810,280	0	4,167,236	0	0.4730
470003	Fletcher Allen Health Care	As Submitted	114,879	30,854,475	0	10,775,010	0	0.3492
471301	Gifford Hospital	As Submitted	4,168	5,015,706	0	2,159,354	0	0.4305
471300	Grace Cottage Hospital	As Submitted	617	794,618	0	467,665	0	0.5885
471302	Mt. Ascutney Hospital	As Submitted	4,518	1,983,161	0	918,220	0	0.4630
471304	North Country Hospital	As Submitted	5,331	4,677,674	0	2,153,353	0	0.4603
471303	Northeastern Vermont Hospital	As Submitted	5,120	10,372,389	0	4,625,084	0	0.4459
470024	Northwestern Medical Center	As Submitted	6,099	10,708,274	0	5,036,495	0	0.4703
471307	Porter Hospital	As Submitted	5,143	6,080,042	0	2,615,905	0	0.4302
474001	Retreat Health Care	see below	26,573	1,181,455	0	388,521	0	0.3288
470005	Rutland Regional Medical Center	As Submitted	31,564	27,022,315	0	11,297,995	0	0.4181
470012	Southwestern Vermont Hospital	As Submitted	15,167	7,945,039	0	3,689,069	0	0.4643
471306	Springfield Hospital	As Submitted	9,670	4,974,094	0	2,649,921	0	0.5327

<sup>1</sup> Neonatal ICU

<sup>4</sup> For some hospitals, this is Column 5.03

<sup>2</sup> Surgical ICU

<sup>5</sup> For some hospitals, this is Column 9.03

<sup>3</sup> Subprovider II

Apportion 25% of 12/31/09 MCR and 75% of 12/31/10 MCR to data used in calculations.

474001	Retreat Health Care	12/31/09 As Sub	22,849				0	
474001	Retreat Health Care	12/31/10 As Sub	27,814				0	
474001	Retreat Health Care	Blend	26,573				0	

**APPENDIX 6**

**Supporting Schedule of Medicare Cost Report Data Elements Used to Calculate Hospital-specific Limits & the MIUR in Federal Fiscal Year 2013**

		Adult & Peds Per Diem	Nursery Per Diem	ICU Per Diem	NICU Per Diem	Surgical ICU Per Diem	Subprovider I Per Diem	Subprovider II Per Diem
Hospital		Worksheet D-1, Part II, Line 38	Worksheet D-1, Part II, Line 42	Worksheet D-1, Part II, Line 43	Worksheet D-1, Part II, Line 45.01	Worksheet D-1, Part II, Line 46	Worksheet D-1, Part II, Line 38 (Subprovider)	Worksheet D-1, Part II, Line 38 (Subprovider)
		DSH Survey I.A.39	DSH Survey I.A.40	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
470011	Brattleboro Memorial Hospital	1,559.95	1,559.95	1,936.40	0.00	0.00	0.00	0.00
470001	Central Vermont Hospital	1,080.09	736.57	2,721.64	0.00	0.00	977.76	0.00
471305	Copley Hospital	1,360.67	1,385.87	2,468.23	0.00	0.00	0.00	0.00
470003	Fletcher Allen Health Care	1,064.54	582.78	2,106.77	1,716.50	2,324.97	932.99	0.00
471301	Gifford Hospital	1,140.67	1,241.63	1,487.76	0.00	0.00	0.00	0.00
471300	Grace Cottage Hospital	1,375.54	0.00	0.00	0.00	0.00	0.00	0.00
471302	Mt. Ascutney Hospital	1,228.63	0.00	1,228.63	0.00	0.00	1,228.63	0.00
471304	North Country Hospital	1,099.98	572.69	3,512.09	0.00	0.00	0.00	0.00
471303	Northeastern Vermont Hospital	1,604.60	631.42	3,189.55	0.00	0.00	0.00	0.00
470024	Northwestern Medical Center	1,180.21	772.06	2,310.67	0.00	0.00	0.00	0.00
471307	Porter Hospital	1,452.71	1,167.45	2,770.94	0.00	0.00	0.00	0.00
474001	Retreat Health Care	745.56	0.00	0.00	0.00	0.00	0.00	0.00
470005	Rutland Regional Medical Center	1,229.24	999.99	2,036.57	0.00	0.00	1,537.44	904.57
470012	Southwestern Vermont Hospital	1,120.75	800.86	2,346.71	0.00	0.00	0.00	0.00
471306	Springfield Hospital	990.69	666.17	1,305.71	0.00	0.00	903.74	0.00

Apportion 25% of 12/31/09 MCR and 75% of 12/31/10 MCR to data used in calculations.

474001	Retreat Health Care	813.13	0.00	0.00	0.00	0.00	0.00	0.00
474001	Retreat Health Care	723.03	0.00	0.00	0.00	0.00	0.00	0.00
474001	Retreat Health Care	745.56	0.00	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 2013**

							Medicaid Portion of GME
Hospital	Worksheet D-4 (Hospital), Col 2, Line 101	Worksheet D-4 (Hospital), Col 3, Line 101	Worksheet D-4 (Subprovider <sup>6</sup> ), Col 2, Line 101	Worksheet D-4 (Subprovider <sup>6</sup> ), Col 3, Line 101	Inpatient Ancillary CCR	Worksheet E-3 Part IV (Title XIX), Line 23.01	
	DSH Survey I.B.6	DSH Survey I.B.7	DSH Survey I.B.8	DSH Survey I.B.9		DSH Survey I.D.1	
470011	Brattleboro Memorial Hospital	2,014,832	919,722	0	0	0.4565	0
470001	Central Vermont Hospital	4,051,241	2,027,268	621,748	280,756	0.4939	0
471305	Copley Hospital	1,577,964	804,391	0	0	0.5098	0
470003	Fletcher Allen Health Care	48,088,973	19,940,167	0	0	0.4147	2,796,940
471301	Gifford Hospital	2,358,183	629,030	0	0	0.2667	0
471300	Grace Cottage Hospital	46,848	26,710	0	0	0.5701	0
471302	Mt. Ascutney Hospital	468,093	211,010	0	0	0.4508	0
471304	North Country Hospital	2,746,605	992,707	0	0	0.3614	0
471303	Northeastern Vermont Hospital	3,309,347	1,091,791	0	0	0.3299	0
470024	Northwestern Medical Center	3,463,053	2,117,820	0	0	0.6115	0
471307	Porter Hospital	1,553,287	840,414	0	0	0.5411	0
474001	Retreat Health Care	1,053,963	517,358	0	0	0.4909	0
470005	Rutland Regional Medical Center	12,392,330	5,469,539	0	0	0.4414	0
470012	Southwestern Vermont Hospital	4,087,246	1,955,665	0	0	0.4785	0
471306	Springfield Hospital	2,110,144	933,839	156,907	93,302	0.4531	0

<sup>6</sup> For Rutland Regional, this includes Subprovider I and Subprovider II data

Apportion 25% of 12/31/09 MCR and 75% of 12/31/10 MCR to data used in calculations.

474001	Retreat Health Care	1,004,589	503,629	0	0	0.5013	0
474001	Retreat Health Care	1,070,421	521,934	0	0	0.4876	0
474001	Retreat Health Care	1,053,963	517,358	0	0	0.4909	0

**APPENDIX 7**

**Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2013**

Data Source: Reports produced by HP, DVHA's fiscal agent  
for services rendered for the 12-month period ending 9/30/10

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider I	Subprovider II	
	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.7	
470011	Brattleboro Memorial Hospital	897	448	113	0	0	0	0
470001	Central Vermont Hospital	1,437	488	220	0	7	1,458	0
471305	Copley Hospital	632	277	35	0	0	0	0
470003	Fletcher Allen Health Care	13,699	1,714	641	2,357	576	1,355	0
471301	Gifford Hospital	718	230	13	0	0	0	0
471300	Grace Cottage Hospital	49	0	0	0	0	0	0
471302	Mt. Ascutney Hospital	285	0	5	0	0	0	0
471304	North Country Hospital	809	392	81	0	0	0	0
471303	Northeastern Vermont Hospital	787	339	61	0	0	0	0
470024	Northwestern Medical Center	889	458	75	0	0	0	0
471307	Porter Hospital	588	267	27	0	0	0	0
474001	Retreat Health Care	5,202	0	0	0	0	0	0
470005	Rutland Regional Medical Center	5,771	528	178	0	0	0	192
470012	Southwestern Vermont Hospital	1,442	476	131	0	0	0	0
471306	Springfield Hospital	870	235	78	0	0	1,462	0

**APPENDIX 7**

**Supporting Schedule of MMIS Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2013**

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	2,016,512	9,567,799	2,016,643	2,687,882
470001	Central Vermont Hospital	6,123,514	20,607,307	4,954,121	5,453,410
471305	Copley Hospital	1,595,955	8,820,999	1,568,477	2,738,448
470003	Fletcher Allen Health Care	51,455,097	76,908,669	33,444,492	18,593,260
471301	Gifford Hospital	2,375,934	9,884,913	1,530,343	2,587,091
471300	Grace Cottage Hospital	49,150	1,320,902	71,316	309,844
471302	Mt. Ascutney Hospital	475,617	2,832,247	496,569	632,222
471304	North Country Hospital	2,792,837	16,477,646	2,453,574	3,245,687
471303	Northeastern Vermont Hospital	3,343,885	10,372,389	2,110,809	2,310,387
470024	Northwestern Medical Center	3,887,848	18,961,482	3,380,987	4,947,088
471307	Porter Hospital	1,583,189	8,049,426	1,417,821	2,230,397
474001	Retreat Health Care	1,306,760	0	5,705,047	0
470005	Rutland Regional Medical Center	12,672,549	26,643,727	9,104,817	7,278,415
470012	Southwestern Vermont Hospital	4,330,857	16,656,476	3,612,922	4,964,587
471306	Springfield Hospital	2,465,811	10,150,175	3,314,928	2,362,774

**APPENDIX 8**

**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2013**

VT Medicare/Medicaid Eligibles

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider I	Subprovider II	
	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.8 + I.A.10	DSH Survey I.A.9	DSH Survey I.A.11	DSH Survey I.A.12	DSH Survey I.A.13	DSH Survey I.A.14	DSH Survey I.A.14	
470011	Brattleboro Memorial Hospital	442	0	37	0	0	0	0
470001	Central Vermont Hospital	960	0	322	0	0	716	0
471305	Copley Hospital	451	0	54	0	0	0	0
470003	Fletcher Allen Health Care	8,541	0	658	0	621	559	0
471301	Gifford Hospital	611	0	32	0	0	0	0
471300	Grace Cottage Hospital	56	0	0	0	0	0	0
471302	Mt. Ascutney Hospital	121	0	10	0	0	106	0
471304	North Country Hospital	1,278	0	0	0	0	0	0
471303	Northeastern Vermont Hospital	527	0	45	0	0	0	0
470024	Northwestern Medical Center	462	0	140	0	0	0	0
470006	Porter Hospital	477	0	0	0	0	0	0
474001	Retreat Health Care	30	0	0	0	0	0	0
470005	Rutland Regional Medical Center	1,923	0	262	0	0	44	728
470012	Southwestern Vermont Hospital	763	0	163	0	0	0	0
471306	Springfield Hospital	617	0	78	0	0	331	0

**APPENDIX 8**

**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2013**

Other State Medicaid

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital		Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider I	Subprovider II
		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.15+17+23+25	DSH Survey I.A.16 + I.A.24	DSH Survey I.A.18 + I.A.26	DSH Survey I.A.19 + I.A.27	DSH Survey I.A.20 + I.A.28	DSH Survey I.A.21 + I.A.29	DSH Survey I.A.22 + I.A.30
470011	Brattleboro Memorial Hospital	72	80	18	0	0	0	0
470001	Central Vermont Hospital	8	0	0	0	0	13	0
471305	Copley Hospital	0	0	0	0	0	0	0
470003	Fletcher Allen Health Care	1,826	26	81	783	433	442	0
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	158	0	0	0	0	0	0
471304	North Country Hospital	0	0	1	0	0	0	0
471303	Northeastern Vermont Hospital	13	3	0	0	0	0	0
470024	Northwestern Medical Center	2	2	0	0	0	0	0
470006	Porter Hospital	47	43	0	0	0	0	0
474001	Retreat Health Care	1,876	0	0	0	0	0	0
470005	Rutland Regional Medical Center	76	1	15	0	0	0	81
470012	Southwestern Vermont Hospital	333	141	26	0	0	0	0
471306	Springfield Hospital	52	24	2	0	0	46	0

**APPENDIX 8**

**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2013**

No Third Party Coverage

Data Source: Hospital DSH Survey and Supplemental Schedules

Hospital	Adult & Peds	Nursery	ICU	NICU	Surgical ICU	Subprovider I	Subprovider II
	Inpatient Days Billed to Revenue Codes 110-119,120-150,	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.31 + I.A.33	DSH Survey I.A.32	DSH Survey I.A.34	DSH Survey I.A.35	DSH Survey I.A.36	DSH Survey I.A.37	DSH Survey I.A.38
470011	Brattleboro Memorial Hospital	113	14	10	0	0	0
470001	Central Vermont Hospital	97	0	25	0	0	80
471305	Copley Hospital	30	4	0	0	0	0
470003	Fletcher Allen Health Care	539	51	71	17	34	12
471301	Gifford Hospital	168	25	9	0	0	0
471300	Grace Cottage Hospital	17	0	0	0	0	0
471302	Mt. Ascutney Hospital	86	0	0	0	0	6
471304	North Country Hospital	58	2	10	0	0	0
471303	Northeastern Vermont Hospital	86	4	23	0	0	0
470024	Northwestern Medical Center	6	0	0	0	0	0
470006	Porter Hospital	90	10	0	0	0	0
474001	Retreat Health Care	36	0	0	0	0	0
470005	Rutland Regional Medical Center	562	20	51	0	0	0
470012	Southwestern Vermont Hospital	191	10	36	0	0	0
471306	Springfield Hospital	127	10	5	0	0	129

**APPENDIX 8**  
**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2013**

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	1,147,376	210,506	283,550	2,816,024	585,755	1,385,020
470001	Central Vermont Hospital	4,875,978	21,363	531,541	9,093,401	79,087	3,039,625
471305	Copley Hospital	970,729	0	83,424	2,753,842	35,526	1,324,733
470003	Fletcher Allen Health Care	31,944,029	10,768,816	3,273,359	52,036,214	5,770,020	10,311,464
471301	Gifford Hospital	1,290,161	0	350,694	2,812,963	44,486	2,050,584
471300	Grace Cottage Hospital	61,179	0	17,220	434,639	8,145	278,074
471302	Mt. Ascutney Hospital	362,371	152,605	89,450	1,423,637	977,661	269,888
471304	North Country Hospital	3,101,124	7,266	297,386	10,043,210	98,922	2,430,004
471303	Northeastern Vermont Hospital	1,611,259	35,162	611,902	3,364,621	69,204	1,820,648
470024	Northwestern Medical Center	2,234,973	3,596	26,620	5,953,951	59,090	3,690,252
470006	Porter Hospital	1,145,435	128,508	325,648	3,080,304	215,430	1,892,778
474001	Retreat Health Care	3,391	741,392	7,207	8,296	6,418	29,192
470005	Rutland Regional Medical Center	6,978,515	288,819	2,499,752	13,161,713	221,788	5,059,133
470012	Southwestern Vermont Hospital	2,835,127	840,205	824,977	6,041,427	2,180,995	3,678,423
471306	Springfield Hospital	1,502,039	158,535	387,286	4,205,745	606,769	2,631,522

**APPENDIX 8**

**Supporting Schedule of DSH Survey Elements Used to Calculate Hospital-specific Limits in Federal Fiscal Year 2013**

		Payments								
Hospital	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		
	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.14		
470011	Brattleboro Memorial Hospital	938,823	872,681	99,250	183,036	23,539	143,920	0	0	
470001	Central Vermont Hospital	4,067,942	2,594,405	25,948	17,919	71,633	470,418	0	0	
471305	Copley Hospital	1,279,104	1,537,059	0	7,810	4,509	172,305	0	0	
470003	Fletcher Allen Health Care	22,845,403	16,791,016	5,395,054	931,946	233,026	1,172,783	0	0	
471301	Gifford Hospital	1,197,998	1,313,542	0	11,320	4,220	137,025	0	0	
471300	Grace Cottage Hospital	90,678	187,617	0	1,321	0	38,534	0	0	
471302	Mt. Ascutney Hospital	474,879	778,366	232,921	271,255	24,036	109,381	0	0	
471304	North Country Hospital	2,637,468	3,520,160	0	19,884	15,205	300,246	0	0	
471303	Northeastern Vermont Hospital	1,346,031	1,355,026	13,803	17,286	6,320	124,898	0	0	
470024	Northwestern Medical Center	1,834,870	1,833,952	2,926	5,658	12,541	396,116	0	0	
470006	Porter Hospital	1,072,772	1,490,195	61,109	29,365	32,468	445,626	0	0	
474001	Retreat Health Care	28,025	13,679	1,257,095	1,240	26,710	17,950	0	0	
470005	Rutland Regional Medical Center	5,876,597	4,245,789	108,469	36,065	93,560	508,823	0	0	
470012	Southwestern Vermont Hospital	2,165,523	2,098,758	601,347	730,759	52,380	517,014	0	40,614	
471306	Springfield Hospital	1,608,887	1,744,408	69,005	131,269	44,195	345,791	0	0	

## APPENDIX 9

### Formulas Used in the Calculation of the Hospital-Specific Limit in Federal Fiscal Year 2013

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-4, Column 3, Row 101; Inpatient Ancillary Charges from Worksheet D-4, Column 2, Row 101

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 9.01, Line 104 + Column 9.02, Line 104

Outpatient Charges from Worksheet D, Part V, Column 5.01, Line 104 + Column 5.02, Line 104

Note: In some situations, only 9.01 and 5.01 are reported. In other cases, 9.03 and 5.03 are shown instead of 9.02 and 5.02.

**APPENDIX 10**

**SAMPLE DSH VERIFICATION SHEET SENT TO HOSPITALS**

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

For this year's DSH calculations, the DVHA is using the Hospital MCRs for the year ending 9/30/10. DVHA received MCR cost reports from National Government Services on 1/6/12. The status of the MCR that DVHA received is shown below. Indicate if the Hospital has an MCR more current than the one received from National Government Services.

DVHA On File		Hospital Modification	
<input checked="" type="checkbox"/> As Submitted		<input type="checkbox"/> As Submitted	
<input type="checkbox"/> Final		<input type="checkbox"/> Final	
<input type="checkbox"/> Amended Final		<input type="checkbox"/> Amended Final	

If the MCR that DVHA has on file is not the most current, the hospital must enter data in the Override fields (shaded blue) on Schedules 1, 2 or 3. Additionally, submit copies of the appropriate MCR schedules that show where the figures were derived.

**C. 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.
- 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.

**D. Certification of Participation and Accuracy of Data Submitted**

If you choose to participate in the DSH program for FFY 2013, you must complete and submit all documentation requested below to the Department of Vermont Health Access, Attn Deb Stempel no later than **Friday, March 30, 2012**. For questions, contact Deb at Deborah.Stempel@state.vt.us or (802) 879-5926.

1. Survey Cover Page (emailed with scanned original signature) and Schedules 1, 2, 3 and 4 (emailed)
2. Completion of the DVHA VT duals schedules with the payment column filled in or a replacement Schedule 5 and 9.
3. Completion of Schedule 5 with totals that tie out to Schedule 1, I.A.8-14, Schedule 2, I.B.2 and I.E.2. (emailed)
4. Completion of Schedule 6 with totals that tie out to Schedule 1, I.A.15-22, Schedule 2, I.B.3 and I.E.3. (emailed)
5. Completion of Schedule 7 with totals that tie out to Schedule 1, I.A.23-30, Schedule 2, I.B.4 and I.E.4. (emailed)
6. Completion of Schedule 8 with totals that tie out to Schedule 1, I.A.31-38, Schedule 2, I.B.5 and I.E.5. (emailed)
7. Completion of Schedule 9 with totals that tie out to Schedule 2, I.C.2 and I.E.7. (emailed)
8. Completion of Schedule 10 with totals that tie out to Schedule 2, I.C.3 and I.E.8. (emailed)
9. Completion of Schedule 11 with totals that tie out to Schedule 2, I.C.4 and I.E.9. (emailed)
10. Completion of Schedule 12 with totals that tie out to Schedule 2, I.C.5 and I.E.10. (emailed)
11. Hospital Audited Financial Statement to support the values submitted for Schedule 4, II.C.1-III.C.6 (emailed)
12. Documentation supporting your selection in Part C (Obstetrical Certification) above. (emailed)

**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.

Signature

Date

Printed or Typed Name

Title

**Hospital DSH Survey Cover Page**

**E. Certification of Waiver from Participation in the Disproportionate Share Program for FFY 2013**

If you choose not to participate in the DSH program for FFY 2013, do not complete Part D. Instead, you must complete and submit Section E to the Department of Vermont Health Access, Attn Deb Stempel no later than **Friday, March 30, 2012**. For questions, contact Deb at Deborah.Stempel@state.vt.us or (802) 879-5926.

**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 2013. 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 2013.

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 2013.

Other (please specify):

Signature

Date

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

**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**

<b>B. Inputs to Calculate Inpatient Ancillary Costs</b>		DVHA Fill In	Hospital Fill In or
<u>Data Variable</u>	<u>Source</u>		
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-4 Col 2, Ln 101		
7. Title XIX Inpatient Ancillary Costs- Hospital	MCR D-4 Col 3, Ln 101		
8. Title XIX Inpatient Ancillary Charges- Subprovider (Subprov wksht)	MCR D-4 Col 2, Ln 101		
9. Title XIX Inpatient Ancillary Costs- Subprovider (Subprov wksht)	MCR D-4 Col 3, Ln 101		

<b>C. Inputs to Calculate Outpatient Ancillary Costs</b>		DVHA Fill In	Hospital Fill In or
<u>Data Variable</u>	<u>Source</u>		
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, Col 5.01, Ln 104		
7. Title XIX Outpatient Ancillary Charges- Hospital	MCR D Pt V, Col 5.03, Ln 104		
8. Title XIX Outpatient Ancillary Costs- Hospital	MCR D Pt V, Col 9.01, Ln 104		
9. Title XIX Outpatient Ancillary Costs- Hospital	MCR D Pt V, Col 9.03, Ln 104		
10. Title XIX Outpatient Ancillary Charges- Subprovider (Subprov wksht)	MCR D Pt V, Col 5.01, Ln 104		
11. Title XIX Outpatient Ancillary Charges- Subprovider (Subprov wksht)	MCR D Pt V, Col 5.03, Ln 104		
12. Title XIX Outpatient Ancillary Costs- Subprovider (Subprov wksht)	MCR D Pt V, Col 9.01, Ln 104		
13. Title XIX Outpatient Ancillary Costs- Subprovider (Subprov wksht)	MCR D Pt V, Col 9.03, Ln 104		

<b>D. Inputs to Calculate Applicable Graduate Medical Education Costs</b>		DVHA Fill In	Hospital Fill In or
<u>Data Variable</u>	<u>Source</u>		
1. Medicaid Portion of Grad Med Ed Costs (Title XIX schedule)	MCR E-3 Pt IV, Line 23.01		

<b>E. Inputs to Calculate the Payments for Care</b>		DVHA Fill In	Hospital Fill In or
<u>Data Variable</u>	<u>Source</u>		
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		

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.14	0	0
2. Out of State Medicaid Inpatient Days	Survey Schedule 1, I.A.15-I.A.30	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, Col 5, Line 1		
5. Title XIX HMO days	MCR Wksht S-3, Col 5, Line 2		
6. Title XIX IRF PPS Subprovider Days	MCR Wksht S-3, Col 5, Line 2.01		
7. Title XIX ICU Days	MCR Wksht S-3, Col 5, Line 6		
8. Title XIX Neonatal ICU Days	MCR Wksht S-3, Col 5, Line 8		
9. Title XIX Surgical ICU Days	MCR Wksht S-3, Col 5, Line 9		
10. Title XIX Nursery Days	MCR Wksht S-3, Col 5, Line 11		
11. Title XIX Subprovider Days	MCR Wksht S-3, Col 5, Line 14		
12. 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>			
13. All Patients Adults & Peds Days	MCR Wksht S-3, Col 6, Line 1		
14. All Patients HMO days	MCR Wksht S-3, Col 6, Line 2		
15. All Patients IRF PPS Subprovider Days	MCR Wksht S-3, Col 6, Line 2.01		
16. All Patients ICU Days	MCR Wksht S-3, Col 6, Line 6		
17. All Patients Neonatal ICU Days	MCR Wksht S-3, Col 6, Line 8		
18. All Patients Surgical ICU Days	MCR Wksht S-3, Col 6, Line 9		
19. All Patients Nursery Days	MCR Wksht S-3, Col 6, Line 11		
20. All Patients Subprovider Days	MCR Wksht S-3, Col 6, Line 14		
21. Total All Patient Days per Medicare Cost Report	calculation	0	0
<b>Medicaid Inpatient Utilization Rate (II.A.12 / II.A.21)</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**

Data Variable	Source	Hospital Fill	
		DVHA Fill In	In or Override
1. Medicaid Inpatient Care Revenue	BISHCA Report 5, Actual 2010		
2. Medicaid Outpatient Care Revenue	BISHCA Report 5, Actual 2010		
3. Total Medicaid Inpatient + Outpatient Revenue	calculation A.1 + A.2	\$ -	\$ -
4. Total Medicaid Patient Services Revenue	BISHCA Report 5, Actual 2010		
5. Medicaid Outpatient Care Revenue- Physician	BISHCA Report 5, Actual 2010		
6. Total Medicaid Patient Services Net of Physician	calculation A.4 - A.5	#VALUE!	#VALUE!
7. Contractual Allowances- all but Physician	BISHCA Report 5, Actual 2010		
8. Portion of Contractual Allowances applied to IP & OP	calculation (A.3/A.6) * A.7	#VALUE!	#VALUE!
9. Net Medicaid Patient Revenue	A.3 - A.8	#VALUE!	#VALUE!

B. Inputs to Calculate State and Local Subsidies		
1. State & Local Subsidies for Inpatient Services	Survey Schedule 2, I.E.11	
2. State & Local Subsidies for Outpatient Services	Survey Schedule 2, I.E.12	

C. Inputs to Calculate Net All Payer Patient Revenue		
1. All Payer Inpatient Care Revenue	BISHCA Report 5, Actual 2010	
2. All Payer Outpatient Care Revenue	BISHCA Report 5, Actual 2010	
3. Total All Payer Inpatient + Outpatient Revenue	calculation C.1 + C.2	\$ -
4. Total All Payer Patient Services Revenue	BISHCA Report 5, Actual 2010	
5. All Payer Outpatient Care Revenue- Physician	BISHCA Report 5, Actual 2010	
6. Total All Payer Patient Services Net of Physician	calculation C.4 - C.5	#VALUE!
7. Contractual Allowances- all but Physician	BISHCA Report 5, Actual 2010	
8. Commercial Discounts	BISHCA Report 5, Actual 2010	
9. Free Care	BISHCA Report 5, Actual 2010	
10. Employee Discounts	BISHCA Report 5, Actual 2010	
11. Other Discounts	BISHCA Report 5, Actual 2010	
12. Total Allowances/Discounts	sum C.7 - C.11	\$ -
13. Portion of Contractual Allowances applied to IP & OP	calculation (C.3/C.6) * C.11	#VALUE!
14. Net All Payer Patient Revenue	C.3 - C.13	#VALUE!

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

E. Low Income Utilization Rate Formula		
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 10/1/09 - 9/30/10, regardless of when payment(s) were received.
3. Include any payments received after 9/30/10 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 Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payment Received from All Sources
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-------------------	-------------------------------------	--------------------------------------	-----------------------------------

**sample**

85962385103	2/1/2010	2/4/2010	4	3	0	0	1	0	0	0	\$6,250.00	\$2,314.82	\$3,748.96
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**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 10/1/09 - 9/30/10, regardless of when payment(s) were received.
3. Include any payments received after 9/30/10 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 Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payment Received from All Sources
<b>sample</b>													
85962385103	2/1/2010	2/4/2010	4	3	0	0	1	0	0	0	\$6,250.00	\$2,314.82	\$3,748.96

**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, Line 2.  
 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 10/1/09 - 9/30/10, regardless of when payment(s) were received.
3. Include any payments received after 9/30/10 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 Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payment Received from All Sources
<i>sample</i> 85962385103	2/1/2010	2/4/2010	4	3	0	0	1	0	0	0	\$6,250.00	\$2,314.82	\$3,748.96

**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 9/30/10 but not make any payment for the service until after 9/30/10. In other situations, the payment may have been received in the year ending 9/30/10 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 9/30/10 and payments were received against it, both data elements are used.
2. When the claim was incurred in the year ending 9/30/10 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 9/30/10 but a payments was received against it in the year ending 9/30/10, 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.

**Example of Template**

**Claims incurred when the Ending Date of Service occurred between 10/1/09 and 9/30/10**

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 Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/10
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-------------------	-------------------------------------	--------------------------------------	--

**sample**

1852369752	11/5/2009	11/10/2009	6	5	0	0	1	0	0	0	\$9,525.00	\$6,741.65	\$450.00
1852370163	9/7/2010	9/9/2010	3	3	0	0	0	0	0	0	\$4,500.00	\$798.63	\$0.00

**Claims incurred when the Ending Date of Service occurred prior to 10/1/09 but payments were received in the year ending 9/30/10**

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 Days	Billed Amount Accommodation Charges	Billed Amount for Ancillary Services	Payments Received in the Year Ending 9/30/10
---------------------------------	-----------------------	------------------------	------------	------------------	--------------	------------------------	----------	-----------	-------------------	-------------------	-------------------------------------	--------------------------------------	--

**sample**

1852369752	12/4/2008	12/6/2008	3	0	3	0	0	0	0	0	\$3,200.00	\$658.47	\$125.00
------------	-----------	-----------	---	---	---	---	---	---	---	---	------------	----------	----------

**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.

Notes 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 10/1/09 - 9/30/10, regardless of when payment(s) were received.
3. Include any payments received after 9/30/10 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	6/5/2010	6/5/2010	\$3,485.87	\$1,628.96
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**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 10/1/09 - 9/30/10, regardless of when payment(s) were received.
3. Include any payments received after 9/30/10 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	6/5/2010	6/5/2010	\$3,485.87	\$1,628.96
------------	----------	----------	------------	------------

**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 10/1/09 - 9/30/10, regardless of when payment(s) were received.
3. Include any payments received after 9/30/10 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	6/5/2010	6/5/2010	\$3,485.87	\$1,628.96
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**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 9/30/10 but not make any payment for the service until after 9/30/10. In other situations, the payment may have been received in the year ending 9/30/10 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 9/30/10 and payments were received against it, both data elements are used.
2. When the claim was incurred in the year ending 9/30/10 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 9/30/10 but a payments was received against it in the year ending 9/30/10, 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**

**Claims incurred when the Ending Date of Service occurred between 10/1/09 and 9/30/10**

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	6/5/2010	6/5/2010	\$3,485.87	\$1,628.96
1852370163	9/7/2010	9/7/2010	\$1,247.63	\$0.00

**Claims incurred when the Ending Date of Service occurred prior to 10/1/09 but payments were received in the year ending 9/30/10**

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

*sample*

1852369752	1/2/2009	1/2/2009	\$876.32	\$50.00
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