

Kentucky Department for Medicaid Services

SFY 2009 DSH Survey Tips

DSH Survey Part I

General Information, Section A through C

1. Be sure the following have been completed prior to submitting your survey:
 - a. Complete questions 1-3 in OB Qualifying Information Section B.
 - b. On the certification section make sure to indicate whether or not 100% of your DSH payment was retained for the DSH year.
 - c. On the certification section make sure to include an original signature when submitting the DSH survey.

DSH Survey Part II

Section D, General Cost Report Year Information

1. Be sure the following have been completed prior to submitting your survey:
 - a. List any Out of State Medicaid provider agreements during the DSH year.

Section E, Medicaid/Uninsured Payments Received

1. Note the following items when completing section E of the survey:
 - a. Section E indicates if the hospital received any Section 1011 payments related to illegal aliens and Out of state DSH payments.

Section F, MIUR/LIUR Qualifying Data

1. Be sure the following have been completed prior to submitting your survey:
 - a. Report any cash subsidies or charity charges. **Do not** include the DSH payment as a cash subsidy.

Section G, Cost Report – Cost/Days/Charges

1. Be sure the following have been verified prior to submitting your survey:
 - a. Section G indicates the hospital per diems and the cost to charge ratios from the HCRIS (Healthcare Cost Report Information System) data. **Please verify this data agrees to your most recent cost report relating to the 2009 DSH Survey.** If there are discrepancies, please update the survey to reflect your most recent cost report relating to the 2009 DSH Survey.
 - b. Report the cost, charges, and days in the appropriate columns to reflect your most recent cost report relating to the 2009 DSH Survey.

Section H & I, In & Out of State Medicaid/Uninsured

1. Note the following items when completing section H & I of the survey:
 - a. Cost to charge ratios and per diem rates are now reported from the HCRIS data. **Please verify this data agrees to your most recent cost report relating to the 2009 DSH Survey.** If there are

- discrepancies, please update the survey to reflect your most recent cost report relating to the 2009 DSH Survey.
- b. Do not include cost centers that your hospital does not have a cost to charge ratio for.
 - c. Use your crosswalk to group charges into cost centers, and use it consistently among all columns. If no crosswalk is available, please be sure to group revenue codes and charges consistently within cost centers between FFS & MCO categories and cost reporting years.
 - d. Please remember to exclude the following non-allowable items from the survey, such as:
 - a. Occupational Therapy, Ambulance, Professional fees, Patient Convenience items, Rural Health, Home Health, Hospice, etc.
 - e. Copay/Spenddown and Lab Paid from paid claims listings should be included in total payments for FFS Medicaid Primary.
 - f. Crossover and Non-crossover Managed care days need to be submitted on the survey based on provider data or calculated.
2. Uninsured Section H (Exhibit B)
 - a. Exhibit B should be completed on **cash basis**, not accrual basis.
 - b. Cash Basis meaning that the payments listed in the exhibit should have been received during the cost reporting year, no matter what service dates correspond to those payments. The services dates will retrospectively go back in prior years.
 - c. Please submit **insured** cash payments received along with the **uninsured** payments for the cost reporting periods.

Section J & K, In & Out of State Transplants

1. Be sure to include transplant payments on section H in the payments section at the bottom of the page based on the cost reporting period. (Include these payments with the other payments reported on section D)
2. Please include all transplant revenue codes (excluding Organ acquisition) with **only** your FFS Primary and FFS Crossover data.

New Survey Changes

1. If your hospital needs to report multiple cost reporting periods, please submit an additional DSH Survey Part II for each cost report year.
2. Please complete the reconciliation of Exhibit B (self-pay payments) on lines 9 and 10 of Section E.
3. Please complete the additional columns added “Total Third Party Payments for Services Provided” and “Claim Status (Exhausted or Non-Covered Service, if applicable)” to Section H (Exhibit A).
 - a. Based on the “Uninsured Definition”, as defined in the proposed rule Federal Register/Vol. 77, No.11/Wednesday, January 18 2012/Proposed Rule, you may now include those charges, days, and payments for patients who have either exhausted their benefits or received Medicaid services not covered by the insurance provider as an uninsured claim.

Please note the above changes relating to the “Uninsured Definition” is based on the proposed ruling. The information is subject to change pending the final ruling from CMS.

DSH Reporting Timeline

The table below indicates the reporting years for the DSH survey. **You should note that the data needed for the SFY 2011 (7/1/10-6/30/11) survey will not be examined until 2014, however the SFY 2011 survey will be used to determine potential DSH payment recoupments as mandated by CMS.**

<u>DSH Year</u>	<u>DSH Reporting Year/Examination</u>
2009	2012
2010	2013
2011* (SFY 7/1/10 – 6/30/11)	2014
2012	2015
2013	2016

*Potential recoupments are based on this year of data