

Kentucky Department for Medicaid Services

SFY 2007 DSH Survey Tips

General Information, Section A & B

1. Be sure the following have been completed prior to submitting your survey:
 - a. Complete questions 4-6 in General Information Section.
 - b. Report any cash subsidies or charity charges in Section A. **Do not** include the DSH payment as a cash subsidy.
 - c. List any Out of State Medicaid provider agreements during the DSH year in Section B.

Section D & E, In & Out of State Medicaid/Uninsured

1. Note the following items when completing section D & E of the survey:
 - a. Cost to charge ratios and per diem rates should be taken from the special title XIX version of worksheets C part I and D-1 part II, not title XVIII.
 - b. Use W/S C part I title XIX that have cost to charge ratios to list the cost centers on section D. Don't 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, 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:
 - a. Occupational Therapy, Ambulance, Professional fees, Patient Convenience items, Rural Health, Home Health, Hospice, etc.
 - e. Copay/Spenddown and Lab Paid from paid claims listing 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 D (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 F & G, In & Out of State Transplants

1. Be sure to include transplant payments on section D 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)

Section H & Certification

1. Note the following items when completing section H & Certification.

- d. Section H indicates if the hospital received any Section 1011 payments related to illegal aliens and Out of state DSH payments.
- e. On the certification section make sure to indicate whether or not 100% of your DSH payment was retained for the DSH year.
- f. On the certification section make sure to include an original signature when submitting the DSH survey.

New Survey Changes

- 1. The cost reporting periods for sections D, E, F, and G are now reported on separate excel tabs.
- 2. Section D calculates the cost below the total charges reported above for each category FFS Primary, FFS Crossover, MCO Non-Crossover, MCO Crossover, and Uninsured.
- 3. Section D calculates the Shortfall/(Longfall) for each category above such as FFS Primary, FFS Crossover, MCO Non-Crossover, MCO Crossover, and Uninsured.
- 4. Section D has a section that asks for days from the Medicare S-3 to be included.

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 audited 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/Audit</u> |
|---|--|
| 2005/2006 | 2009 |
| 2007 | 2010 |
| 2008 | 2011 |
| 2009 | 2012 |
| 2010 | 2013 |
| 2011* (SFY 7/1/10 – 6/30/11) | 2014 |

*Potential recoupments are based on this year of data