and now v. Gross charges								
	r au		0	G	ross Charges			
9	Patient Services Gross Charges							
10	Hospital Based Physician Revenue Professional Component Gross Charges	(if ir	ncluded in line 9)					
11	Nursing Facility and Swing Bed Gross Charges	(if ir	ncluded in line 9)					
12	All other charges for non-hospital services	(if ir	ncluded in line 9)					
13	Patient Services Adjusted Gross Charges	]			\$0.			
SECTION 4: Billed Charges and Payments								
	Primary Payer	-	Inpatient		Outpatient		Total	
	Charges							
14	WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a		b		С		\$I
15	Out-of-state Medicaid Fee For Service (Title XIX)	a		b		С		\$
16	WA State Medicaid Managed Care (Title XIX)	a		b		С		\$
17	Out-of-state Medicaid Managed Care (Title XIX)	a		b		С		\$
18	Charges for Uninsured - Self Pay (No Third Party or Insurance)	a		b		С		\$
								-
19	Other Charges not included in lines 14-18	а		b		C		5

Example #1: Line 20 should be equal to Line 13

SECTION 2: Inpatient	Day	s and Dischar	ge	s		
		Inpatient Days		Number of patients		
1 Washington State Medicaid (Title XIX)	a		b			
2 Out-of-state Medicaid (Title XIX)	a		b			
3 WA State Medicaid Managed Care (Title XIX)	a		b		-	
4 Out-of-state Medicaid Managed Care (Title XIX)	a		b			
5 All Other (Except SNFs and NFs)	a		b			
6 Sub Total of Inpatient Days (Lines 1-5)	a	0	b	0		
7 Labor and Delivery Days not included in lines 1-5 above	a		b			
8 Total Inpatient Days (Lines 6+7)	а	0	b	0		
SECTION 3: Gr	oss	Charges	1			
Гас			(	Fross Charges		
9 Patient Services Gross Charges						
10 Hospital Based Physician Revenue Professional Component Gross Charges	(if i	ncluded in line 9)				
11 Nursing Facility and Swing Bed Gross Charges	(if i	ncluded in line 9)				
12 All other charges for non-hospital services	(if i	ncluded in line 9)				
13 Patient Services Adjusted Gross Charges				\$0		
SECTION 4: Billed Ch	arge	es and Paymer	nts	;		
Primary Payer		Inpatient		Outpatient		<u>Total</u>
Charges			_			
14 WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a		b		с	\$0
15 Out-of-state Medicaid Fee For Service (Title XIX)	a		b		с	\$0
16 WA State Medicaid Managed Care (Title XIX)	a		b		С	\$0
17 Out-of-state Medicaid Managed Care (Title XIX)	a		b		с	\$0
18 Charges for Uninsured - Self Pay (No Third Party or Insurance)	а		b		с	\$0
19 Other Charges not included in lines 14-18	а		b		с	\$0
20 Total of Billed Patient Service Charges	a	\$0	b	\$0	С	\$0
Payments	]_				_,	
21 WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a		b	1	с	\$0
22 Out-of-state Medicaid Fee For Service (Title XIX)	а		b		с	\$0
23 WA State Medicaid Managed Care (Title XIX)	a	│	b		e	<del>\$0</del>

(in accordance with field definitions and requirements on instruction sheet)

\$0 \$0 \$0 a a a þ, 25 Payments for Uninsured Charges - Self Pay (No Third Party or Insurance) 26 Other Payments for Charges that are not included in lines 21-25 b 27 Total of Payments for Billed Patient Service Charges а \$0 b \$0 \$0 Example #2: If there are no days noted in Line 3, then there should be no amounts listed in line 16 or 23. If there are days listed on line 3, make sure the payments are in <u>proportion</u> to the Medicaid Managed

24 Out-of-state Medicaid Managed Care (Title XIX)

Care in-patient charges

b

## (in accordance with field definitions and requirements on instruction sheet)

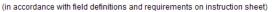
SECTION 2: Inpatient	t Day	s and Dischar	ges		
	Γ	Inpatient Days	Number of patients		
1 Washington State Medicaid (Title XIX)	a		b	1	
2 Out-of-state Medicaid (Title XIX)	a		b	1	
3 WA State Medicaid Managed Care (Title XIX)	a		b	1	
4 Out-of-state Medicaid Managed Care (Title XIX)	a		b	1	
5 All Other (Except SNFs and NFs)	a		b	1	
6 Sub Total of Inpatient Days (Lines 1-5)	a	0	b	D	
7 Labor and Delivery Days not included in lines 1-5 above	а		b		
8 Total Inpatient Days (Lines 6+7)	а	0	b/	D	
SECTION 3: G	Gross	Charges			
Гас			Gross Charges		
9 Patient Services Gross Charges				_	
10 Hospital Based Physician Revenue Professional Component Gross Charges	_	ncluded in line 9)		_	
11 Nursing Facility and Swing Bed Gross Charges		ncluded in line 9)			
12 All other charges for non-hospital services	(if i	ncluded in line 9)		_	
13 Patient Services Adjusted Gross Charges			\$	0	
SECTION 4: Billed C	harg	es and Payme	nts		
Primary Payer		Inpatient	Outpatient		Total_
Charges					
14 WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a		b	с	\$0
15 Out-of-state Medicaid Fee For Service (Title XIX)	a		b	С	\$0
16 WA State Medicaid Managed Care (Title XIX)	a		b	С	\$0
17 Out-of-state Medicaid Managed Care (Title XIX)	a		b	С	\$0
18 Charges for Uninsured - Self Pay (No Third Party or Insurance)	a		b	С	\$0
19 Other Charges not included in lines 14-18	a		b	С	\$0
20 Total of Billed Patient Service Charges	а	\$0	b \$	0 C	\$0
Payments					
21 WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a		b	С	\$0
22 Out-of-state Medicaid Fee For Service (Title XIX)	а		b	С	\$0
23 WA State Medicaid Managed Care (Title XIX)	а		b	С	\$0
24 Out-of-state Medicaid Managed Care (Title XIX)	а		b	С	\$0
25 Payments for Uninsured Charges - Self Pay (No Third Party or Insurance)	а		b	С	\$0
26 Other Payments for Charges that are not included in lines 21-25	а		b	С	\$0
27 Total of Payments for Billed Patient Service Charges		\$0	b \$		\$0

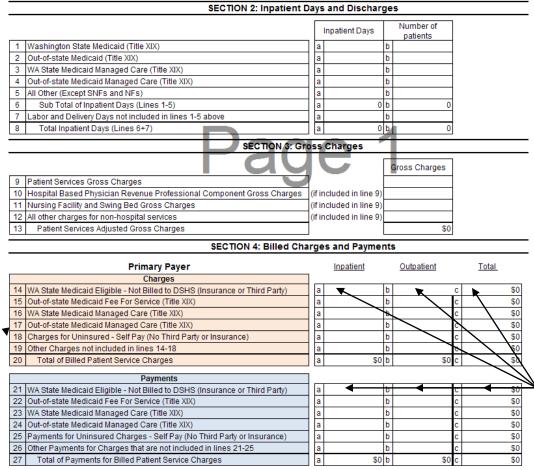
Example #3: It's very rare to have Uninsured Payments equal to Uninsured Charges. Our 2012 DSH applications show where some hospitals have listed these amounts as the same.

	SECTION 2: Inpatient Days and Discharges								
			npatient Days		Number of patients				
1	Washington State Medicaid (Title XIX)	а	-	b					
2	Out-of-state Medicaid (Title XIX)	а		b					
3	WA State Medicaid Managed Care (Title XIX)	а	•	b					
4	Out-of-state Medicaid Managed Care (Title XIX)	а		b					
5	All Other (Except SNFs and NFs)	а		b					
6	Sub Total of Inpatient Days (Lines 1-5)	а	0	b	0				
7	Labor and Delivery Days not included in lines 1-5 above	а		b					
8	Total Inpatient Days (Lines 6+7)	а	0	b	0				
_	SECTION 3: Gro	ss	Charges	1					
	I au			(	Gross Charges				
9	Patient Services Gross Charges								
10	Hospital Based Physician Revenue Professional Component Gross Charges		cluded in line 9)						
11	Nursing Facility and Swing Bed Gross Charges	•	cluded in line 9)	$\vdash$					
12		(if ir	cluded in line 9)						
13	Patient Services Adjusted Gross Charges				\$0				
	SECTION 4: Billed Cha	rge	s and Payme	nts	5				
	Primary Payer		Inpatient		Outpatient		<u>Total</u>		
	Charges						1		
14		а		b		С	\$0		
15		а		b		С	\$0		
	WA State Medicaid Managed Care (Title XIX)	а		b		С	\$0		
17	Out-of-state Medicaid Managed Care (Title XIX)	а		b		С	\$0		
18	Charges for Uninsured - Self Pay (No Third Party or Insurance)	а		b		С	\$0		
19	Other Charges not included in lines 14-18	а		b		С	\$0		
20	Total of Billed Patient Service Charges	a	\$0	b	\$0	С	\$0		
	Payments								
21	WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	а		b		С	\$0		
22	Out-of-state Medicaid Fee For Service (Title XIX)	а		b		С	\$0		
23	WA State Medicaid Managed Care (Title XIX)	а		b		С	\$0		
24	Out-of-state Medicaid Managed Care (Title XIX)	а		b		с	\$0		
25	Payments for Uninsured Charges - Self Pay (No Third Party or Insurance)	а		b		С	\$0		
26	Other Payments for Charges that are not included in lines 21-25	а		b		с	\$0		
20		а	\$0				\$0		

(in accordance with field definitions and requirements on instruction sheet)

Example 4: These 2 fields should be populated from your DRDF final letter. If a hospital did not go through the DRDF process, we will pull inpatient paid claims from MMIS (Medicaid Management Information System) and total how many days are Title XIX. If HCA is pulling the data via MMIS, Medicaid Managed Care data is not available. Therefore, the total days would not be including the Medicaid Managed Care days, and the total days noted \*may\* be less than the DRDF data.





Example 5: These 2 lines (14a,b,c and 21a,b,c) should <u>only</u> have the service charges and payments provided to Medicaid patients that were covered by other insurance, so Medicaid wasn't billed.

## Please exclude:

- Dual eligible Medicare/Medicaid clients
- billed fee for service charges and payments
- managed care Medicaid charges and payments