



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Accountability and Management

Earl Ray Tomblin
Governor


Reporting
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Rocco S. Fucillo
Cabinet Secretary

MEMORANDUM

DATE: June 25, 2013

TO: West Virginia Medicaid Program Participating Providers:
Inpatient Hospital Services

FROM: Jeffrey L. Bush, CPA 
Office Director

RE: SFY 2014 Disproportionate Share Hospital Survey Forms

Please find attached the State Fiscal Year 2014 DSH Survey forms. The data will be used to calculate each hospital's tentative SFY 2014 (July 1, 2013 to June 30, 2014) Disproportionate Share Hospital (DSH) payment. All hospitals must complete and return the attached form by **September 1, 2013** to:

Attn: Robert Kessock
Office of Accountability and Management Reporting
1 Davis Square, Suite 304
Charleston, West Virginia 25301

You will notice the changes to the 2012 survey form are still **highlighted in red** for your reference. These changes were necessary due to the recently completed Federal DSH audits for SFY 2005-2009. Primarily, these changes serve to provide clarification to survey items. There were two significant changes that were made to "Part D, Revenue Criteria". First, Outpatient Medicaid Revenue and Outpatient Net Revenue should now be reported along with Inpatient Medicaid Revenue and Inpatient Net Revenue. Also, Cash Subsidies must now be reported for both inpatient and outpatient services.

Please be sure to include only data for State Fiscal Year 2012. This would encompass the hospital fiscal year end cost report for the period July 1, 2011 to June 30, 2012.

SSI coverage days can be obtained by contacting your Medicare fiscal intermediary.

Any questions concerning the attached documents should be directed to Robert Kessock at 304-558-8327.

Attachments

cc: Tina Bailes

WEST VIRGINIA DISPROPORTIONATE SHARE WORKSHEET
For SFY 2014 (data from hospital fiscal year July 1, 2011 to June 30, 2012)

Date: _____
 Hospital: _____
 Address: _____

Medicaid Number: _____
 Medicare Number: _____
 Fiscal Year End: _____

CRITICAL ACCESS HOSPITALS ONLY	
State Approval Date:	_____
Federal Designation Date:	_____

Note:
 1- Please submit information for your fiscal year 2012 only.
(data from hospital fiscal year 7/1/11 - 6/30/12)
 2- Skilled Nursing Facility information should be excluded.

A. OWNERSHIP

1. Indicate the type of ownership from the list below under which the hospital conducts business.

A= Voluntary Nonprofit, Church
 B= Voluntary Nonprofit, Other
 C= Proprietary, Individual
 D= Proprietary, Corporation
 E= Proprietary, Partnership
 F= Proprietary, Other
 G= Governmental, Federal

H= Governmental, City-County
 I= Governmental, County
 J= Governmental, State
 K= Governmental, Hospital District
 L= Governmental, City
 M= Governmental, Other
Z=Critical Access

B. OBSTETRICIAN CRITERIA

All hospitals must have two obstetricians with staff privileges. These physicians must agree to provide obstetrical services to Medicaid recipients. In the case of hospitals located in a rural area, "obstetrician" may include any physician with staff privileges who performs non-emergency obstetrical services at the hospital.

1. Was your hospital in existence as of December 22, 1987? If yes continue to #2. If no, skip to #3. Yes No
(Circle One)

2. Did your hospital offer non-emergency obstetrical services on December 22, 1987? If yes continue to #3. If no, proceed to Section C. Yes No
(Circle One)

3. List two obstetricians below.

Name: _____

Name: _____

Obstetrical services must be provided on a continuous basis to receive DSH payments.
 Hospitals must notify this Office of any change in status.

WEST VIRGINIA DISPROPORTIONATE SHARE WORKSHEET

For SFY 2014 (data from hospital fiscal year July 1, 2011 to June 30, 2012)

Hospital: _____

Provider #: _____

The following data will be used to determine your facility's eligibility to receive SFY 2013 DSH payments. Please submit data based on SFY 2012 (hospital fiscal year July 1, 2011 to June 30, 2012) CMS-2552 cost report and other financial reports. New hospitals, or hospitals with significant changes in operations (Example: Conversion to Critical Access Hospital) must use data that fairly reflects their new operations. Data based on their old cost reports may result in an erroneous eligibility determination.

C. UTILIZATION CRITERIA

1. Total Medicaid Inpatient Days _____
2. Total Inpatient Days _____
3. Non-Covered Medicaid Inpatient Days
 A. Non-Covered under WV Medicaid _____
 B. Non-Covered under Out of State Medicaid _____
 C. Total Non-Covered Medicaid Days _____
4. Medicare Covered Days for SSI Recipients _____
5. Total Medicare Covered Days _____
6. Medicaid Deliveries _____
7. Total Deliveries _____
8. Total Licensed Beds (FY 2012) _____

D. REVENUE CRITERIA (ALL ITEMS ARE FOR HOSPITAL SERVICES)

1. Net FY 2012 Medicaid Inpatient and Outpatient Revenues paid (Less DSH Payments)
 A. In State _____
 B. Out of State _____
 C. Total _____
2. Net FY 2012 Inpatient and Outpatient Revenues paid (Less DSH Payments) _____
3. FY 2012 Cash Subsidies Received From State or Local Governments
 (DO NOT INCLUDE DSH PAYMENTS)
 A. Inpatient _____
 B. Outpatient _____
 C. Total _____
4. Gross Inpatient Charity Care Charges _____
5. Gross Inpatient Hospital Service Charges _____

WEST VIRGINIA DISPROPORTIONATE SHARE WORKSHEET

For SFY 2014 (data from hospital fiscal year July 1, 2011 to June 30, 2012)

Hospital: _____

Provider #: _____

E. FINANCIAL DATA - ALL HOSPITALS

The following data must be submitted by all hospitals. The data will be used to calculate each hospital's tentative SFY 2014 DSH payment limit.

1. FISCAL YEAR 2012 COST AND REVENUE DATA

Medicaid Inpatient Cost	_____	
Medicaid Outpatient Cost	_____	
Private Pay (Uninsured) Inpatient Cost	_____	
Private Pay (Uninsured) Outpatient Cost	_____	
Subtotal		_____
LESS:		
Medicaid Inpatient Payment (Less DSH Payment)	_____	
Medicaid Outpatient Payment	_____	
Private Pay (Uninsured) Inpatient Payment	_____	
Private Pay (Uninsured) Outpatient Payment	_____	
Subtotal		_____
TOTAL - FY 2012 Cost Data		_____

Hospitals must adjust the above data to account for significant changes in current year operations, funding, etc. For example, hospitals that convert to Critical Access Hospital status. Please provide the following adjustment information (if applicable):

2. ADJUSTMENTS TO FISCAL YEAR 2012 COST AND REVENUE DATA

Medicaid Inpatient Cost Adjustment	_____	
Medicaid Outpatient Cost Adjustment	_____	
Private Pay (Uninsured) Inpatient Cost Adjustment	_____	
Private Pay (Uninsured) Outpatient Cost Adjustment	_____	
Subtotal		_____
Medicaid Inpatient Payment Adjustment	_____	
Medicaid Outpatient Payment Adjustment	_____	
Private Pay (Uninsured) Inpatient Payment Adjustment	_____	
Private Pay (Uninsured) Outpatient Payment Adjustment	_____	
Subtotal		_____
TOTAL ADJUSTMENTS		_____

3. TOTAL - FINANCIAL DATA

I declare that I have examined this form, including any accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature

Date