To: Kelly Botten, Reimbursement Manager:

We have completed our agreed-upon procedures of the Oklahoma State (State) Disproportionate Share Hospital (DSH) Program compliance with the Disproportionate Share Hospital Payments Final Rule (Rule) and have issued our report dated August 17, 2012. We conducted the agreed-upon procedures in accordance with the applicable attestation standards established by the American Institute of Certified Public Accountants (AICPA) and the standards applicable to attestation engagements contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

In connection with our agreed-upon procedures, we are providing this additional information to assist you in further understanding the report findings and PDSS that we delivered to you as part of our engagement.

UNQUALIFIED HOSPITALS

Medicaid State Plan (MSP) 2009
During MSP rate year 2009, OHCA did not verify the information provided by hospitals on their applications for DSH funding related to meeting the obstetrician requirement or physician requirement for hospitals located in a rural area prior to making DSH payments.

We found that the following provider did not meet the DSH qualification under the MSP, as prescribed in Section 1923 (d) of the Social Security Act, received DSH payments in MSP rate year 2009:

Hospital	Reason for not Qualifying	City	DSH Payment
McAlester Regional Health Center	Did not meet OB or rural facility requirement. The provider did not submit OB information, one of the physicians identified on the DSH application was deceased during the MSP.	McAlester	$542,484
Park View Hospital	Did not meet OB or rural facility requirement. Facility provided the names of 2 physicians, but neither were OB providers.	El Reno	$81,470
Valir Rehabilitation Hospital	Did not meet OB or rural facility requirement. Unable to provide documentation to support their grandfathered status as claimed on the DSH application.	Oklahoma City	$52,740

This facility represents $676,641, or 1.56 percent of the total DSH payments distributed during MSP 2009.

Recommendation

In order to ensure compliance with the DSH Rule in the future and that only qualified hospitals receive DSH payments, OHCA should implement a review process to verify the obstetrician or physician information provided by the hospitals on their applications for DSH funding. For future MSP rate years, MIUR and LIUR should be recomputed using source documentation, such as MMIS data, when such information becomes available. The Center for Medicaid and Medicare Services (CMS) also provides the following guidance in its General Comments on Auditing and Reporting Provisions for the DSH Rule, "States …must provide for adjustments to ensure that final qualification and payments are based on actual data for the relevant time period. Consistent with that principle, the LIUR, MIUR or alternative DSH qualifying statistics must be reported in the audit using the actual hospital utilization, payment and cost data applicable to the MSP rate year under audit."

DSH MONIES RECEIVED AND RETAINED

MSP 2009

The following 17 providers were issued DSH payments but were unable to provide sufficient evidence of receiving and retaining the funds:

Hospital	Provider ID	Amount per State	Amount per Hospital	Variance
Claremore Regional Hospital	370039	$295,042	$0	$(295,042)
Kingfisher Regional Hospital	371313	$90,116	$43,931	$(46,186)
Lakeside Women's Hospital	370199	$26,885	$59,636	$32,751
Tahlequah City Hospital	370089	$182,923	$0	$(182,923)
Okmulgee Memorial Hospital	370057	$151,530	$0	$(151,530)
Weatherford Regional Hospital	371323	$48,623	$0	$(48,623)
Midwest City Regional Hospital	370094	$1,425,362	$1,424,916	$(446)
Fairfax Memorial Hospital	371318	$27,023	$0	$(27,023)
Haskell County Healthcare System	370084	$82,361	$0	$(82,361)
Sequoyah Memorial Hospital	370112	$72,839	$0	$(72,839)
Cleveland Area Hospital	371320	$34,585	$0	$(34,585)
Southcrest Hospital	370202	$1,720,308	$0	$(1,720,308)
Memorial Hospital of Texas County	370138	$61,982	$0	$(61,982)
Elkview General Hospital	370153	$96,910	$0	$(96,910)
Bristow Medical Center	370041	$32,384	$0	$(32,384)
George Nigh Rehabilitation Center	373026	$31,342	$16,172	$(15,170)
Southwestern Medical Center	370097	$635,531	$246,913	$(88,618)

VERIFICATION OF DSH FUNDS RETAINMENT

In order to verify that each hospital was allowed to retain their DSH payment, we sent an e-mail to all 65 DSH providers asking the following questions:

- Has the State required you, for any reason, to return any portion of your 2009 DSH payment back to them? If so, please provide us with the related documentation that identifies the reason the DSH payment was returned and the amount returned.
- Are you, or have you been, required under any circumstances or any agreements entered into by your hospital, to transfer 2009 DSH funds to any other entity instead of retaining the funds for your hospital?

We received a response from 45 of the 65 providers. All 45 of the providers that responded acknowledged that they were not required to return any portion of their DSH payment to the State nor were there any outside agree agreements.

We did not receive a response from the following 20 providers:

Provider ID	Facility	DSH Payments	Was the provider able to support their DSH payments
370099	Cushing Regional Hospital	$56,399.00	
370153	Elkview General Hospital	$6,909.00	N
371318	Fairfax Memorial Hospital	$27,023.00	N
374000	Griffin Memorial Hospital	$1,454,852	
370084	Haskell County Healthcare System	$82,362.00	N
370199	Lakeside Women's Hospital	$26,886.00	N
370034	Mcalester Regional Health Center	$542,483.00	
370014	Medical Center Of Southeastern Oklahoma	$489,140	
370138	Memorial Hospital Of Texas County	$61,980.00	N
370013	Mercy Health Center	$1,628,781	
370047	Mercy Memorial Health Center, Inc.	$959,685	
370057	Okmulgee Memorial Hospital	$151,529.00	N
370011	Parkview Hospital	$81,418.00	
370006	Ponca City Medical Center	$691,584.00	
370112	Sequoyah Memorial Hospital	$72,841.00	N
370202	Southcrest Hospital	$1,720,311	N
370037	St. Anthony Hospital	$2,678,853	
370049	Stillwater Medical Center	$873,833	
373025	Valir Rehabilitation Hospital	$52,740.00	
370002	Woodward Regional Hospital	$160,007.00	

Of the 20 providers that did not respond, 8 were not able to provide supporting documentation for the DSH payments received.

HOSPITAL-SPECIFIC DSH PAYMENTS LIMIT

MSP 2009

The following qualified providers received DSH payments that exceeded their hospital-specific DSH limit in MSP rate year 2009 (calculated based on the Rule):

Hospital Name	Total Annual Uncompensated Care Costs	Disproportionate Share Hospital Payments	Comment
Craig General Hospital	$125,822.00	$168,148.00	Facility provided significantly less uninsured data than provided on the DSH survey
Grady Memorial Hospital	$(142,937.00)	$387,767.00	Facility provided significantly less uninsured data than provided on the DSH survey
Henryetta Medical Center	$(54,917.00)	$158,426.00	Facility provided significantly less uninsured data than provided on the DSH survey
Medical Center Of Southeastern Oklahoma	$206,014.00	$489,141.00	Facility provided significantly less uninsured data than provided on the DSH survey
Parkside Inc	$105,961.00	$298,423.00	Facility provided significantly less uninsured data than provided on the DSH survey
UHS Oklahoma City LLC D/B/A Cedar Ridge	$(958,975.00)	$229,321.00	Facility provided significantly less uninsured data than provided on the DSH survey

Recommendation

We recommend that OHCA perform a review of uninsured charges provided by facilities on the DSH survey to ensure that it includes only uncompensated cost for furnishing inpatient and outpatient hospital services to Medicaid-eligible individuals and individuals with no insurance or any other third-party coverage.

UNINSURED ACCOUNTS

We examined the uninsured account details provided by eighteen hospitals for MSP rate year 2009, which received, in total, at least 90 percent of the DSH payments in each of the MSP rate years.

Twenty of the 21 hospitals provided their uninsured data for our review. Southcrest Hospital did not provide any uninsured data. Per our review, none of the hospitals provided only allowable charges. The twenty hospitals for MSP rate year 2009 included individuals with unallowable charges in its uninsured account details, which we identified through our AUP procedures:

Hospital	Total IP Amount Removed	Total OP Amount Removed	Total Amount Removed
Medical Center Hospitals (OU Medical Center)	$ 1,735,147	$ 1,672,672	$ 3,407,819
Carl Albert Community Mental Health Center	$ 199,888	$ -	$ 199,888
Deaconess Hospital	$ 320,253	$ 511,761	$ 832,014
Griffin Memorial Hospital	$ 1,934,896	$ 375,673	$ 2,310,569
INTEGRIS Baptist Medical Center, Inc.	$ 1,761,811	$ 129,993	$ 1,891,804
Integris Bass Baptist Health Center	$ 53,787	$ -	$ 53,787
Integris Southwest Medical Center	$ 971,808	$ 31,828	$ 1,003,635
Jane Phillips Memorial Medical Center, Inc.	$ 545,550	$ 78,069	$ 623,620
Jim Taliaferro Community Mental Health Center	$ 13,392	$ -	$ 13,392
Medical Center Of Southeastern Oklahoma	$ 1,270,800	$ 1,422,967	$ 2,693,767
Mercy Health Center	$ 1,174,298	$ 1,570,656	$ 2,744,954
Mercy Memorial Health Center, Inc.	$ 475,074	$ 749,033	$ 1,224,107
Midwest City Regional Medical Center	$ 3,058,276	$ 6,948,028	$ 10,006,305
Muskogee Regional Medical Center	$ 12,499	$ 346,611	$ 359,110
Norman Regional Hospital	$ 54,801,149	$ 572,680	$ 55,373,829
Saint Francis Hospital, Inc.	$ 1,935,713	$ 1,785,826	$ 3,721,539
Southcrest Hospital	$ -	$ -	$ -
Southwestern Medical Center	$ 4,367	$ 76,085	$ 80,452
St. Anthony Hospital	$ 2,401,699	$ 673,943	$ 3,075,642
St. John Medical Center, Inc.	$ 202,116	$ 493,057	$ 695,174
Stillwater Medical Center	$ 45,016	$ 22,474	$ 67,490

The following table provides the types of unallowable charges we identified:

Hospital	IP Charges Removed	Dollars	OP Charges Removed	Dollars
Medical Center Hospitals (OU Medical Center)	• Charges on the uninsured listing that were also on the MMIS data. • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments) • Charges that insurance payments identified in the data provided by OU Medical Center.	$14,079 As a result of our test work and extrapolation, charges totaling $1,721,068 were identified.	• Charges that had payments that equaled more than 40% of charges (indicative of insurance payments) • Charges that insurance payments identified in the data provided by OU Medical Center.	As a result of our test work and extrapolation, charges totaling $1,672,672 were identified.
Carl Albert Community Mental Health Center	• Charges that were not in the scope of MSP 2009	$199,888	• This hospital did not provide outpatient services	
Deaconess Hospital	• Charges that insurance payments identified in the data provided by Deaconess Hospital. • Charges that had payments that equaled more than 40% of charges (indicative of insurance Payments)	As a result of our test work and extrapolation, charges totaling $320,253 were identified.	• Charges that insurance payments identified in the data provided by Deaconess Hospital. • Charges that had payments that equaled more than 40% of charges (indicative of insurance Payments)	As a result of our test work and extrapolation, charges totaling $511,761 were identified.
Griffin Memorial Hospital	• Charges that were not in the scope of MSP 2009 • Charges on the uninsured listing that were also on the Medicaid Not Billed data provided by Griffin Memorial Hospital.	$1,455,264 $479,632	• Charges that were not in the scope of MSP 2009 • Charges that insurance payments identified in the data provided by Griffin Memorial Hospital.	$201,511 $48,679 $122,484

Hospital	IP Charges Removed	Dollars	OP Charges Removed	Dollars
	• Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, no charges were identified.	• Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	
Integris Baptist Medical Center	• Charges that were not in the scope of MSP 2009 • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$1,718,057 As a result of our test work and extrapolation, charges totaling $43,755 were identified.	• Charges that were not in the scope of MSP 2009 • Charges on the uninsured listing that were also on the MMIS data • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$2,290 $188 As a result of our test work and extrapolation, charges totaling $127,518 were identified.
Integris Bass Baptist Health Center	• Charges that were not in the scope of MSP 2009 • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$53,788 As a result of our test work and extrapolation, no charges were identified	• Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, no charges were identified
Integris Southwest Medical Center	• Charges that were not in the scope of MSP 2009 • Charges that insurance payments identified in the data provided by Integris Southwest Medical Center. • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$964,839 As a result of our test work and extrapolation, charges totaling $6,969 were identified	• Charges that insurance payments identified in the data provided by Integris Southwest Medical Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, charges totaling $31,828 were removed for these two reasons

Hospital	IP Charges Removed	Dollars	OP Charges Removed	Dollars
Jane Phillips Memorial Medical Center, Inc.	• Charges on the uninsured listing that were also on the MMIS data. • Charges on the out of state Medicaid listing that were also on the MMIS data • Charges that insurance payments identified in the data provided by Jane Phillips Memorial Medical Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$60,107 $218,512 As a result of our test work and extrapolation, charges totaling $266,932 were identified	• Charges that were not in the scope of MSP 2009 • Charges on the uninsured listing that were also on the MMIS data • Charges that insurance payments identified in the data provided by Jane Phillips Memorial Medical Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$406 $28,757 As a result of our test work and extrapolation, charges totaling $48,906 were identified
Jim Taliaferro Community Mental Health Center	• Charges that were not in the scope of MSP 2009	$13,392	• This hospital did not provide outpatient services.	
Medical Center Of Southeastern Oklahoma	• Charges that insurance payments identified in the data provided by Medical Center of Southeastern Oklahoma • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, charges totaling $1,270,800 were identified	• Charges that insurance payments identified in the data provided by Medical Center of Southeastern Oklahoma • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, charges totaling $1,422,967 were identified

Hospital	IP Charges Removed	Dollars	OP Charges Removed	Dollars
Mercy Health Center	• Charges on the uninsured listing that were also on the MMIS data • Charges on the out of state Medicaid listing that were also on the MMIS data • Charges that insurance payments identified in the data provided by Mercy Health Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$65,544 $3,449 As a result of our test work and extrapolation, charges totaling $1,105,305 were identified	• Charges on the uninsured listing that were also on the MMIS data • Charges on the out of state Medicaid listing that were also on the MMIS data • Charges on the dual eligible listing that were also on the MMIS data • Charges that insurance payments identified in the data provided by Mercy Health Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$4,209 $32,396 $4,336 As a result of our test work and extrapolation, charges totaling $1,529,715 were identified
Mercy Memorial Health Center, Inc.	• Charges on the uninsured listing that were also on the MMIS data • Charges on the out of state Medicaid listing that were also on the MMIS data • Charges that insurance payments identified in the data provided by Mercy Memorial Health Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$40,301 $66,575 As a result of our test work and extrapolation, charges totaling $368,198 were identified	• Charges on the out of state Medicaid listing that were also on the MMIS data • Charges on the dual eligible listing that were also on the MMIS data • Charges that insurance payments identified in the data provided by Mercy Memorial Health Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$364 $5,848 As a result of our test work and extrapolation, charges totaling $676,804 were identified

Hospital	IP Charges Removed	Dollars	OP Charges Removed	Dollars
Midwest City Regional Medical Center	• Charges that insurance payments identified in the data provided by Midwest City Regional Medical Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, charges totaling $3,058,276 were identified	• Charges that insurance payments identified in the data provided by Midwest City Regional Medical Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, charges totaling $6,948,028 were identified
Muskogee Regional Medical Center	• Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$12,499	• Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$346,611
Norman Regional Hospital	• Charges that were not in the scope of MSP 2009 • Charges that insurance payments identified in the data provided by Norman Regional Hospital • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$54,784,408 As a result of our test work and extrapolation, charges totaling $16,741 were identified	• Charges on the uninsured listing that were also on the MMIS data • Charges that insurance payments identified in the data provided by Norman Regional Hospital • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$1,931 As a result of our test work and extrapolation, charges totaling $570,749 were identified
Saint Francis Hospital, Inc.	• Charges that were not in the scope of MSP 2009 • Charges on the uninsured listing that were also on the MMIS data	$1,429,067 $166,051	• Charges that were not in the scope of MSP 2009 • Charges on the uninsured listing that were also on the MMIS data	$1,488,930 $18,853

Hospital	IP Charges Removed	Dollars	OP Charges Removed	Dollars
	• Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, charges totaling $340,595 were identified	• Charges that insurance payments identified in the data provided by Saint Francis Hospital • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, charges totaling $278,042 were identified
Southwestern Medical Center	• Charges that had payments that equaled more than 40% of charges (indicative of insurance Payments)	$4,367	• Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$76,085
St. Anthony Hospital	• Charges that insurance payments identified in the data provided by St. Anthony Hospital • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	As a result of our test work and extrapolation, charges totaling $2,401,699 were identified	• Claims included in the uninsured data that had zero charges • Charges that insurance payments identified in the data provided by St. Anthony Hospital • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$(12,475) As a result of our test work and extrapolation, charges totaling $686,419 were identified
St. John Medical Center, Inc.	Charges that had payments that equaled more than 40 % of the charges (indicative of insurance payments)	$202,116	• Charges that had payments that equaled more than 40 % of the charges (indicative of insurance payments)	$493,057

Hospital	IP Charges Removed	Dollars	OP Charges Removed	Dollars
Stillwater Medical Center	• Charges that were not in the scope of MSP 2009 • Charges that had payments that equaled more than 40 % of the charges (indicative of insurance payments)	$45,016 As a result of our test work and extrapolation, no charges were identified	• Charges on the uninsured listing that were also on the MMIS data • Charges that insurance payments identified in the data provided by Stillwater Medical Center • Charges that had payments that equaled more than 40% of charges (indicative of insurance payments)	$2,164 As a result of our test work and extrapolation, charges totaling $20,310 were identified

Recommendation
OHCA should provide guidance to the DSH hospitals that clarifies the definition of uninsured persons, as well as costs and payments eligible to be included in the calculation of hospital-specific DSH payment limits as defined in Social Security Act 1923(g)(1)(A) and 42 CFR Part 455.304(d).

RECORD RETENTION

OHCA's record retention policy lacks specific details on the types of DSH program documents that should be retained by it and by the DSH hospitals. Additionally, although OHCA required the providers to maintain necessary documents for the purpose of audit, many providers claimed that certain documents requested in conjunction with our procedures were not available or their accounting systems were not able to retrieve the data requested. The following 15 hospitals provided minimal or none of the documentation requested or did not provide uninsured data for MSP 2009:

- Southcrest Hospital
- J. D. McCarty Center
- Mcalester Regional Health Center
- Claremore Regional Hospital
- Okmulgee Memorial Hospital
- Sequoyah Memorial Hospital
- Memorial Hospital of Texas County
- Weatherford Regional Hospital
- Elkview General Hospital
- Haskell County Hospital
- Cleveland Area Hospital
- Bristow Medical Center
- Valir Rehabilitation Hospital
- Coal County Hospital
- Fairfax Memorial Hospital

Recommendation
To ensure compliance with the DSH Rule in the future, OHCA should require DSH hospitals to retain adequate, accurate, and detailed information to support, for audit and regulatory purposes, data reported on their DSH applications. This information and record of data should include, at minimum, information listed on the attached *Schedule of Information and Records of Data Needed for DSH Audit*. OHCA should also make hospitals aware that CMS suggests that providers would need to modify their accounting system to ensure documents, such as those needed to segregate uncompensated costs, are available for future audits.

In addition, OHCA should consider revising its record retention policy to specify the types of records, such as DSH application packages, which should be retained for DSH programs, and the length of such retention.

MEDICAID STATE PLAN

We also noted the following areas for improvement to ensure compliance with the Rule:

- The MSP can be enhanced with a detailed description of the methodology for calculating the hospital-specific DSH payment limit, as well as the costs and payments to be included in this calculation to ensure that hospital-specific DSH payment limits include only uncompensated costs for furnishing inpatient and outpatient hospital services to Medicaid-eligible individuals and individuals with no insurance or any other third-party coverage, instead of utilizing charity care charges;
- The definitions of "incurred inpatient and outpatient hospital costs [for furnishing inpatient hospital and outpatient hospital services to Medicaid-eligible individuals and individuals with no source of third-party coverage for the inpatient hospital and outpatient services they received]" can be further clarified to mirror that of the Rule.
- The Medicaid State Plan can be enhanced with a detailed description of the eligible payments as specified in Social Security Act 1923(g)(1)(A) and 42 Code of Federal Regulations (CFR) Part 455.304(d) that should be applied against the calculated uncompensated cost,

This letter is intended solely for the information and use of management and others within the organization and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

Frank N. Vito, CPA
Partner

Enclosed: Provider Data Summary Schedule
Attached: Schedule of Information and Records of Data Needed for DSH Audit

Schedule of Information and Records of Data Needed for DSH Audit

For the period of MSP rate year under review:

1. If a hospital provided non-emergency obstetric services, please provide the names of two obstetricians with staff privileges and their Unique Physician Identification Number (UPIN). If a hospital is classified as a rural hospital, two names and UPIN numbers of physicians of any specialty may be provided as long as the physician has staff privileges.

2. Summary and detailed Working Trial Balance.

3. Audited (if available) Financial Statements. Consolidated Financial Statements is acceptable if separate financial statements for the hospital under review are included.

4. Expenses and Revenue Mapping to Worksheet A and Worksheet C of the Medicare 2552-96 cost report.

5. If your hospital is a transplant facility, provide all transplants (Medicaid, uninsured, Medicare, and others) by organ, and note if reimbursed through Medicaid FFS, Medicaid Managed Care, out-of-state, uninsured, etc.

6. Payer Code Listing.

7. A Crosswalk (mapping) of revenue codes to Medicare 2552-96 cost report's cost center line number for the following information: Medicaid Inpatient Routine Days, Medicaid Inpatient Charges, and Medicaid Inpatient Ancillary Services Charges.

8. A Crosswalk (mapping) of revenue codes to Medicare 2552-96 cost report's cost center line number for Medicaid Outpatient Ancillary Services.

9. A Crosswalk (mapping) of revenue codes to Medicare 2552-96 cost report's cost center line number for Self-Pay Inpatient Routine Days, Self-Pay Inpatient Routine Charges, and Self-Pay Inpatient Ancillary Services Charges.

10. A Crosswalk (mapping) of revenue codes to Medicare 2552-96 cost report's cost center line number for Self-Pay Outpatient Ancillary Services.

11. Summary listing of payments received by payer code during the cost reporting period that were received during the MSP years under review.

12. Detail listing of self-pay or private-pay (financial class) payments received during the MSP rate year under review. The listing is to include the following details:
    - Account Name
    - Patient Name
    - Financial Class
    - Payment Date
    - Payment Amount
    - Date of Admit
    - Date of Discharge

13. Documentation related to inpatient services from Medicaid Managed Care Organizations which can either be:
    - A detailed log by revenue code for each patient with charges, days and payments for discharge dates for the cost reporting period that is within the MSP rate year; or
    - Detail and Summary reports from the various Medicaid Managed Care Organizations detailing patient specific activity including days, charges by revenue code, and payments.

14. Documentation related to outpatient services from Medicaid Managed Care Organizations which can either be:
    - A detailed log by revenue code for each patient with charges and payments for discharge dates for the cost reporting period that is within the MSP rate year; or
    - Detail and Summary reports from the various Medicaid Managed Care Organizations detailing patient specific activity including charges by revenue code and payments.

15. Documentation related to inpatient services from Out-of-state Medicaid State Agencies which can either be:
    - A detailed log by revenue code for each patient with charges, days and payments for discharge dates for the cost reporting period that is within the MSP rate year; or
    - Detail and Summary reports from the various State Medicaid Agencies detailing patient specific activity including days, charges by revenue code, and payments.

16. Documentation related to outpatient services from Out-of-state Medicaid State Agencies which can either be:
    - A detailed log by revenue code for each patient with charges and payments for discharge dates for the cost reporting period that is within the MSP rate year; or
    - Detail and Summary reports from the various State Medicaid Agencies detailing patient specific activity including charges by revenue code and payments.

17. A log of all dual-eligible individuals that were seen as inpatients and outpatients with charges by revenue code and payments made by Medicare.

18. Documentation on Supplemental/Enhanced Medicaid payments made by the State. (Supplemental/Enhanced Medicaid payments include Upper Payment Limit payments, cost report settlements (tentative and/or final), additional payments for graduate medical education, and all Medicaid additional payments made for inpatient and outpatient services covered by DSH.)

19. Documentation on Supplemental/Enhanced Medicaid payments and DSH Payments that are received from Medicaid Managed Care Organizations. (Supplemental/Enhanced Medicaid payments include Upper Payment Limit payments, cost report settlements (tentative and/or final), additional payments for graduate medical education, and all Medicaid additional payments made for inpatient and outpatient services covered by DSH.)

20. Documentation on Supplemental/Enhanced Medicaid payments and DSH Payments that are received from Out-of-state Medicaid Agencies. (Supplemental/Enhanced Medicaid payments include Upper Payment Limit payments, cost report settlements (tentative and/or final), additional payments for graduate medical education, and all additional Medicaid payments made for inpatient and outpatient services covered by DSH.)

21. Documentation detailing payment of intergovernmental transfers, if applicable.

22. Documentation detailing the recording of payments received for all DSH payments received from the State.

23. If applicable, listing of Federal Section 1011 payments (federal payments for treatment of eligible undocumented aliens) detailing payments received during the MSP rate year under review. Documentation should be detailed by patient with account numbers

24. A log of all Medicaid-eligible inpatient and outpatient accounts by revenue code that was not billed to Medicaid. The log should include patient information on charges and payments if payments were made by third party liability.

25. Documentation supplied to Medicare Intermediary to support Medicaid-eligible days reported on the Medicare cost report.

26. Inpatient detail listing of uninsured charges by patient.

27. Outpatient detail listing of uninsured charges by patient.

28. The audited electronic cost report form Medicare for your cost report years covering MSP 2009. If you not have the electronic version, then a scanned copy along with the adjustment from Medicare and a copy of the NPR letter that accompanies the audited cost report.

The following information should be retained for items 13 -17, 26 and 27:

- Account Number
- Medical Record Number
- Patient Name
- Date of Service
- Admit Date
- Discharge Date
- Primary Payer
- Secondary Payer
- Hospital Charges
- Professional Charges
- Primary Payer Payments
- Secondary Payer Payments
- Patient Payments

29. Signed and scanned hospital representation letter on hospital letterhead.