DRG-796 For State Fiscal Year 2010 Forward
What's New

DMAS has recently revised the DRG-796 Hospital Cost Report, adding a few exhibits and a Medicare Data worksheet. This version of the Medicaid Hospital Cost Report can be used by any hospital with a Fiscal Year Ending 10/1/2009 forward. It is **REQUIRED** for all hospitals filing cost reports with a Fiscal Year End 12/31/2009 forward.

The primary reason for the additional exhibits is to provide a means of calculating and documenting HMO, Out of State Medicaid, and Uninsured Costs and Payments for DSH Audit purposes and for calculating Upper Payment Limits. Both of these are required by federal regulations.

Below is a short explanation of What's New in this workbook.

1 **Exhibit A, Part I**

Three new components have been added. Please place a "Y" in the "Medicaid Provider" column for any of these components for which you have Payments and Charges

New Components:
HMO Medicaid
Out of State (OOS) Medicaid
Uninsured Patients

2 **Exhibit D Parts IV, V and VI (HMO, Out of State, and Uninsured, respectively)**

For each new component, we have included a separate Exhibit D.
In addition to Inpatient Ancillary Charges, (Acute, Rehab and Psych combined) we are also asking for Outpatient Ancillary charges (Acute, Rehab and Psych combined) for these 3 components.

3 **Worksheet D-1 Parts IV, V and VI (HMO, OOS, and Uninsured)**

A. For your convenience, where possible on the 3 new components, data will be automatically transferred from the Acute Care Worksheet D-1. These items include:

Lines 1, 2, 3, 4, 15, 21, 28, 29, and 30
Lines 42-46 Columns A and B

B. Lines 47A and 47B have been reserved for Rehab and Psych, for the 3 new components only.

C. We have added line 50 to record Payments and Line 51 to calculate unreimbursed costs.

D. Please review Worksheet D-1 carefully and enter any pertinent data for specific component(s) in the cells highlighted in blue. In particular, take note of these data entry items:

Lines 9, 14, 16 and 26.
Lines 42 - 46 Column D, Program Days
Line 47, all columns
Line 50, Total Payments

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4 **Exhibit F**

Exhibit F, Part V, Line 2, Effective 7/1/09 The inpatient capital reduction amount defaults to .25 on the spreadsheet but changes to the correct transition percentage as soon as the FYE is input in the spreadsheet.

5 **Exhibit H-1**

For the 3 new components, HMO, Out of State, and Uninsured, the unreimbursed cost on Worksheet D-1, Line 51 will be automatically transferred to Exhibit H-1 Part II, as appropriate.

6 **Exhibit H-2**

A new question will appear--Are there GME Costs reported on Exhibit G-2, Line 3?
The cell is programmed to set itself to "YES" or "NO" according to what is found on Exhibit G-2. In addition, there is an explanation that the impact of GME costs on the DSH limit will be determined at settlement"

7 **Exhibit H-3**

A question has been added to Part I, "Do you qualify for DSH?". If you do not answer the "Eligible for DSH" question, or if you answer "No", your excess DSH Payments will be automatically set to equal Total DSH Payments, as reported on Line 3 of Part I.

8 **Medicare Data Sheet**

A new form requesting pertinent Medicare Payments and Charges summary data is included.
This is required to assist DMAS in determining Upper Payments Limits.