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

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 proportion to the Medicaid Managed Care in-patient charges.
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.
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 only 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