

SECTION 3: Gross Charges

9	Patient Services Gross Charges				
10	Hospital Based Physician Revenue Professional Component Gross Charges	(if included in line 9)			
11	Nursing Facility and Swing Bed Gross Charges	(if included in line 9)			
12	All other charges for non-hospital services	(if included in line 9)			
13	Patient Services Adjusted Gross Charges				\$0

SECTION 4: Billed Charges and Payments

Primary Payer Charges		Inpatient	Outpatient	Total	
14	WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a	b	c	\$0
15	Out-of-state Medicaid Fee For Service (Title XIX)	a	b	c	\$0
16	WA State Medicaid Managed Care (Title XIX)	a	b	c	\$0
17	Out-of-state Medicaid Managed Care (Title XIX)	a	b	c	\$0
18	Charges for Uninsured - Self Pay (No Third Party or Insurance)	a	b	c	\$0
19	Other Charges not included in lines 14-18	a	b	c	\$0
20	Total of Billed Patient Service Charges	a	b	c	\$0

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

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

SECTION 2: Inpatient Days and Discharges

	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)	a	0	b	0

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10	Hospital Based Physician Revenue Professional Component Gross Charges	(if included in line 9)			
11	Nursing Facility and Swing Bed Gross Charges	(if included in line 9)			
12	All other charges for non-hospital services	(if included in line 9)			
13	Patient Services Adjusted Gross Charges				\$0

SECTION 4: Billed Charges and Payments

Primary Payer Charges		Inpatient	Outpatient	Total	
14	WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a	b	c	\$0
15	Out-of-state Medicaid Fee For Service (Title XIX)	a	b	c	\$0
16	WA State Medicaid Managed Care (Title XIX)	a	b	c	\$0
17	Out-of-state Medicaid Managed Care (Title XIX)	a	b	c	\$0
18	Charges for Uninsured - Self Pay (No Third Party or Insurance)	a	b	c	\$0
19	Other Charges not included in lines 14-18	a	b	c	\$0
20	Total of Billed Patient Service Charges	a	b	c	\$0

Payments		Inpatient	Outpatient	Total	
21	WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a	b	c	\$0
22	Out-of-state Medicaid Fee For Service (Title XIX)	a	b	c	\$0
23	WA State Medicaid Managed Care (Title XIX)	a	b	c	\$0
24	Out-of-state Medicaid Managed Care (Title XIX)	a	b	c	\$0
25	Payments for Uninsured Charges - Self Pay (No Third Party or Insurance)	a	b	c	\$0
26	Other Payments for Charges that are not included in lines 21-25	a	b	c	\$0
27	Total of Payments for Billed Patient Service Charges	a	b	c	\$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 proportion to the Medicaid Managed Care in-patient charges

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

SECTION 2: Inpatient Days and Discharges

	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	b 0
7 Labor and Delivery Days not included in lines 1-5 above	a	b
8 Total Inpatient Days (Lines 6+7)	a	b 0

SECTION 3: Gross Charges

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9 Patient Services Gross Charges	
10 Hospital Based Physician Revenue Professional Component Gross Charges (if included in line 9)	
11 Nursing Facility and Swing Bed Gross Charges (if included in line 9)	
12 All other charges for non-hospital services (if included 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	c \$0
15 Out-of-state Medicaid Fee For Service (Title XIX)	a	b	c \$0
16 WA State Medicaid Managed Care (Title XIX)	a	b	c \$0
17 Out-of-state Medicaid Managed Care (Title XIX)	a	b	c \$0
18 Charges for Uninsured - Self Pay (No Third Party or Insurance)	a	b	c \$0 ←
19 Other Charges not included in lines 14-18	a	b	c \$0
20 Total of Billed Patient Service Charges	a \$0	b \$0	c \$0
Payments			
21 WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a	b	c \$0
22 Out-of-state Medicaid Fee For Service (Title XIX)	a	b	c \$0
23 WA State Medicaid Managed Care (Title XIX)	a	b	c \$0
24 Out-of-state Medicaid Managed Care (Title XIX)	a	b	c \$0
25 Payments for Uninsured Charges - Self Pay (No Third Party or Insurance)	a	b	c \$0 ←
26 Other Payments for Charges that are not included in lines 21-25	a	b	c \$0
27 Total of Payments for Billed Patient Service Charges	a \$0	b \$0	c \$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.

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

SECTION 2: Inpatient Days and Discharges

		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)	a	0 b 0

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12	All other charges for non-hospital services (if included in line 9)	
13	Patient Services Adjusted Gross Charges	\$0

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Primary Payer		Inpatient	Outpatient	Total
Charges				
14	WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a	b	c \$0
15	Out-of-state Medicaid Fee For Service (Title XIX)	a	b	c \$0
16	WA State Medicaid Managed Care (Title XIX)	a	b	c \$0
17	Out-of-state Medicaid Managed Care (Title XIX)	a	b	c \$0
18	Charges for Uninsured - Self Pay (No Third Party or Insurance)	a	b	c \$0
19	Other Charges not included in lines 14-18	a	b	c \$0
20	Total of Billed Patient Service Charges	a \$0	b \$0	c \$0
Payments				
21	WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a	b	c \$0
22	Out-of-state Medicaid Fee For Service (Title XIX)	a	b	c \$0
23	WA State Medicaid Managed Care (Title XIX)	a	b	c \$0
24	Out-of-state Medicaid Managed Care (Title XIX)	a	b	c \$0
25	Payments for Uninsured Charges - Self Pay (No Third Party or Insurance)	a	b	c \$0
26	Other Payments for Charges that are not included in lines 21-25	a	b	c \$0
27	Total of Payments for Billed Patient Service Charges	a \$0	b \$0	c \$0

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.

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

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	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)	a	0 b 0

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Primary Payer	Inpatient	Outpatient	Total
Charges			
14 WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a	b	c \$0
15 Out-of-state Medicaid Fee For Service (Title XIX)	a	b	c \$0
16 WA State Medicaid Managed Care (Title XIX)	a	b	c \$0
17 Out-of-state Medicaid Managed Care (Title XIX)	a	b	c \$0
18 Charges for Uninsured - Self Pay (No Third Party or Insurance)	a	b	c \$0
19 Other Charges not included in lines 14-18	a	b	c \$0
20 Total of Billed Patient Service Charges	a \$0	b \$0	c \$0
Payments			
21 WA State Medicaid Eligible - Not Billed to DSHS (Insurance or Third Party)	a	b	c \$0
22 Out-of-state Medicaid Fee For Service (Title XIX)	a	b	c \$0
23 WA State Medicaid Managed Care (Title XIX)	a	b	c \$0
24 Out-of-state Medicaid Managed Care (Title XIX)	a	b	c \$0
25 Payments for Uninsured Charges - Self Pay (No Third Party or Insurance)	a	b	c \$0
26 Other Payments for Charges that are not included in lines 21-25	a	b	c \$0
27 Total of Payments for Billed Patient Service Charges	a \$0	b \$0	c \$0

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