

Schedule of Uncompensated Care Cost (per CMS Audit Rule) for CPE certification by Non-Rural Public Hospitals SFY 2013

Yellow Highlighted Areas Are Input

Hospital Name	Hospital Name
Medicaid #	Medicaid Billing Number
FYE	00/00/0000

CMS Audit Rule --Medicaid Summary Sheet	Inpatient	Inpatient Psychiatric	Outpatient	Inpatient Rehab	Hospital Based Ambulance	Totals
<i>PLEASE DO NOT OVERRIDE FORMULAS (NOTE: UNINSURED PATIENT DATA REQUIRES DIRECT INPUT ON SUMMARY)</i>						
Cost:						
Medicaid Inpatient Costs - Traditional Medicaid & Shared Plans**	\$ -	\$ -				\$ -
Medicaid Inpatient Costs - Prepaid Plans **	\$ -	\$ -				\$ -
Medicaid Outpatient Costs - Trad. Medicaid & Shared Plans(net of fee for service)**			\$ -			\$ -
Medicaid Outpatient Costs-Prepaid Plans (net of fee for service)**			\$ -			\$ -
Fee Schedule Costs - Traditional Medicaid & Shared Plans(see calculation)			\$ -			\$ -
Fee Schedule Costs - Prepaid Plans (see calculation)			\$ -			\$ -
Crossover Costs - All Plans		\$ -	\$ -	\$ -		\$ -
Ambulance Costs (see calculation)					\$ -	\$ -
Total Costs (1)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Payments:						
Cost Report Outpatient Settlement (Claims + Cost Report Settlement)-T&S			\$ -			\$ -
Cost Report Outpatient Settlement (Claims + Cost Report Settlement)-Prepaid			\$ -			\$ -
Medicaid Inpatient Payments (Per EIDR) ** - T & S Plans	\$ -	\$ -				\$ -
Medicaid Inpatient Payments (Per EIDR) ** - Prepaid Plans	\$ -	\$ -				\$ -
Primary Payers (Per EIDR) - T & S Plans	\$ -	\$ -	\$ -	\$ -		\$ -
Primary Payers (Per EIDR) - Prepaid Plans	\$ -	\$ -	\$ -	\$ -		\$ -
Crossover Payments (see calculation--see (G) on templates) -All Plans		\$ -	#DIV/0!	\$ -		#DIV/0!
Fee Schedule Payments --Lab, ASC, Rehab -T & S Plans			\$ -			\$ -
Fee Schedule Payments --Lab, ASC, Rehab - Prepaid Plans			\$ -			\$ -
Ambulance Payments (see calculation)					\$ -	\$ -
Total Payments (2)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Medicaid Shortfall/(Long fall) (1) - (2)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
(Hospital Internal Records)						
Costs of Treating Uninsured Patients (Per Provider's Records)	\$ -	\$ -	\$ -	\$ -		\$ -
Less : Payments from Patients	\$ -	\$ -	\$ -	\$ -		\$ -
Net Uninsured Costs (3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Uncompensated Care Costs	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<small>(Medicaid Shortfall(Long fall) + Net Uninsured Costs)</small>						

** Filed cost report #'s as submitted to Medicaid Intermediary to be used & updated using more recent EIDR or Provider's logs on attached worksheets. Please submit copies of applicable CR pages, Fee Sch w/PS&R cost calculation and uninsured log summary of charges, days & payments.

Prepared By	Telephone #	E-mail address
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The following certification is to be completed by the hospital's CEO or CFO:
 based on the above cited source reporting fiscal year end cost report, I certify that the hospital has incurred those uncompensated costs. I certify that from a review of currently available information and to the best of my knowledge from such review, that the hospital will incur similar uncompensated care costs constituting public expenditures during state fiscal year 2013. Since these uncompensated care costs are public expenditures, they are eligible for Medicaid disproportionate share payments in state fiscal year 2013. I agree to maintain all documentation to support the above calculation. I understand that this information will be audited in accordance with CMS DSH audit & reporting rule to ensure accuracy and compliance with state and federal regulations. I understand that in accordance with federal law and the approved state plan, the limit for State Fiscal Year 2013 disproportionate share payments will be determined based on actual hospital uncompensated costs for dates of service from July 1, 2012 through June 30, 2013.

Signature	Title	Date
E-Mail Address		