# PROVIDER REIMBURSEMENT REVIEW BOARD DECISION

ON THE RECORD 2015-D15

# **PROVIDERS** –

HCA 00, 02 DSH Medicare + Choice Plan Days HCA 03 DSH Medicare + Choice Plan Days HCA 04 DSH Medicare + Choice Plan Days

Provider Nos.: Various

VS.

# **MEDICARE CONTRACTORS -**

Noridian Healthcare Solutions/Wisconsin Physicians Service

**HEARING DATE –** 

July 30, 2015

Cost Reporting Periods Ended – 12/31/2000, 4/30/2002 12/31/2003 1/31/2004, 5/31/2004 and 8/31/2004

**CASE NOs.** – 05-0543GC, 05-0862GC, and 06-0910GC

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# **ISSUE STATEMENT:**

Whether inpatient days for Medicaid-eligible patients who were enrolled in a Medicare+Choice ("M+C") plan under Medicare Part C were properly excluded from the numerator of the Medicaid fraction that is used to calculate the disproportionate share hospital ("DSH") payment.

# **DECISION:**

After considering the Medicare law and program instructions, the evidence presented and the parties' contentions, the Board finds that the Medicare Contractors improperly excluded from the Medicaid fraction of the DSH adjustment, the inpatient days for individuals who were discharged prior October 1, 2004 and were both eligible for medical assistance under an approved Medicaid state plan and enrolled in a M+C plan under Part C of the Medicare program. Accordingly, consistent with this finding, the Medicare Contractors shall adjust the numerator of Medicaid fraction of the DSH adjustment calculation for each of the cost reports at issue to include the appropriate number of M+C days based on its review and audit of the M+C days claimed for the relevant fiscal years.

#### **INTRODUCTION:**

This case involves three (3) group appeals that are collectively known as the HCA DSH Medicare+Choice Days Groups ("Providers") and cover cost reports for fiscal years 2000, 2002, 2003, and 2004. The Providers in these appeals are local hospitals and freestanding surgery centers in 20 states and are affiliates of Hospital Corporation of America (HCA), which has a home office in Nashville, Tennessee. The cost reports at issue were overseen by six different Medicare contractors (collectively referred to as "Medicare Contractors").

This case involves a hospital-specific adjustment to payments made under the inpatient prospective payment system ("IPPS"). Specifically, this case involves the DSH adjustment which is made for certain hospitals that serve a significantly disproportionate number of low-income patients.<sup>3</sup>

A hospital's DSH adjustment is calculated based on its disproportionate patient percentage ("DPP"). The DPP serves as a proxy for a hospital's utilization by low-income patients<sup>4</sup> and is defined as the sum of two fractions expressed as percentages.<sup>5</sup> Those two fractions are referred to as the "Medicare or SSI" fraction and the "Medicaid" fraction. The issue in these cases involves whether certain M+C days should be included in the numerator of the "Medicaid" fraction of the DSH adjustment.

<sup>&</sup>lt;sup>1</sup> Appendix A includes a listing by group of the providers and fiscal years at issue in these appeals.

<sup>&</sup>lt;sup>2</sup> Fiscal intermediaries ("FIs") and Medicare administrative contractors ("MACs") will be referred to as Medicare contractors. Noridian Healthcare Solutions is the lead Medicare Contractor for Case No. 05-0543GC and Wisconsin Physicians Service is the lead Medicare Contractor for Case Nos. 05-0862GC and 06-0910GC.

<sup>&</sup>lt;sup>3</sup>See 42 U.S.C. § 1395ww(d)(5)(F)(i)(I); 42 C.F.R. § 412.106.

<sup>&</sup>lt;sup>4</sup> See 42 U.S.C. §§ 1395ww(d)(5)(F)(i)(I), (F)(iv)-(v) and (F)(vii)-(xiii); 42 C.F.R. §§ 412.106(c)(1) and (d).

<sup>&</sup>lt;sup>5</sup> See 42 U.S.C. § 1395ww(d)(5)(F)(vi).

The statute defines the Medicaid fraction as:

... the numerator of which is the number of the hospital's patient days for such period which consist of patients who (for such days) were eligible for medical assistance under a State plan approved under subchapter XIX [the Medicaid program], but who were *not entitled to benefits under [Medicare] part A of this subchapter*, and the denominator of which is the total number of the hospital's patient days for such period.<sup>6</sup>

The Providers seek to include in the numerators of their respective Medicaid fractions, the inpatient days attributable to patients who were <u>both</u> eligible for Medicaid <u>and</u> enrolled in a M+C<sup>7</sup> managed care plan during their inpatient hospital stays. The Medicare Contractors did not include those days in the numerators of the Medicaid fractions. The Providers have appealed those determinations and met the jurisdictional requirements of 42 U.S.C. § 139500(a).

The parties submitted a joint stipulation of facts. In particular, the parties stipulated that the material facts and legal issues presented in these appeals are the same as those presented in a May 19, 2010 concurrent hearing for 35 group appeals, for which the Board ultimately issued a decision on September 30, 2010. The parties also agreed that:

- 1. The ultimate legal issue presented in all these cases is whether the patients at issue were "entitled to benefits under part A" of the Medicare program<sup>10</sup> for inpatient hospital patient days when they were receiving Medicare benefits through a M+C plan.
- 2. It is appropriate for the Board to issue its decision on the record.

The Providers were represented by Christopher L. Keough, Esq. of Akin Gump Strauss Hauer & Feld, L.L.P. The Medicare Contractors were represented by Arthur E. Peabody, Jr., Esq. of the Blue Cross and Blue Shield Association.

# **DISCUSSION, FINDINGS OF FACTS, AND CONCLUSIONS OF LAW:**

The Providers contend that patients who are enrolled in a M+C plan under Medicare Part C are not "entitled to benefits under part A," for purposes of the DSH adjustment. Therefore, the M+C

<sup>&</sup>lt;sup>6</sup> 42 U.S.C. § 1395ww(d)(5)(F)(vi)(II) (emphasis added).

<sup>&</sup>lt;sup>7</sup> The M+C program, also known as "Medicare Part C," provides an alternative to the traditional Medicare "fee for service" program and allows Medicare beneficiaries to enroll in a health maintenance organization ("HMO"), preferred provider organization ("PPO") or other private managed care plans. If an individual with Medicare enrolls in a M+C plan, the Secretary makes payments to the plan instead of making payments to other providers under Parts A or B. See 42 U.S.C. §§ 1395w-21–1395w-29. In 2003, Congress changed the name of this program from M+C to "Medicare Advantage." *See* Medicare Prescription Drug, Improvement and Modernization Act of 2003, Pub. L. 108-173, § 201, 117 Stat. 2066, 2176 (Dec. 8, 2003).

<sup>&</sup>lt;sup>8</sup> The stipulations are dated July 22, 2011 and include supporting attachments.

<sup>&</sup>lt;sup>9</sup> See Southwest Consulting DSH Medicare+Choice Days Group v. Blue Cross Blue Shield Ass'n, PRRB Dec. No. 2010-D52 (Sep. 30, 2010) (copy included at Tab 3 of the stipulations), rev'd, Adm'r Dec. (Nov. 22, 2010). <sup>10</sup> 42 U.S.C. § 1395ww(d)(5)(F)(vi)(I)-(II).

days at issue should be <u>included</u> in the <u>numerator</u> of the Providers' <u>Medicaid</u> fractions. In support of their position, the Providers cite to federal district court decisions in *Northeast Hosp. Corp. v. Sebelius* ("*Northeast*")<sup>11</sup> and *Metropolitan Hosp., Inc. v. U.S. Dept. of Health and Human Services* ("*Metropolitan*").<sup>12</sup> They maintain that an individual eligible for Medicare benefits could elect to receive these benefits either through the original fee-for-service program under Medicare Parts A and B, or through enrollment in an M+C plan under Part C.<sup>13</sup> The Providers ague that, once an individual elects to enroll in a M+C plan, he or she is no longer entitled to have payment made on his or her behalf under Medicare Part A. Instead, payment is made solely under Part C and, therefore, the inpatient days for M+C enrollees who are concurrently eligible for Medicaid should be included in the numerator of the Medicaid fraction.<sup>14</sup>

The Medicare Contractors counter that policy of the Centers for Medicare and Medicaid Services ("CMS") has consistently dictated that Medicare managed care days are to be included in the Medicare fraction, and not in the Medicaid fraction. In the final rule published on August 11, 2004, CMS stated that even though Medicare beneficiaries may enroll in a M+C plan, they are still, in some sense, entitled to benefits under Medicare Part A and should be included in the Medicare fraction of the DSH calculation. CMS reasons that the Medicare statute provides for automatic *entitlement* to Medicare Part A benefits for "[e]very individual who ... has attained the age of 65, and is entitled to monthly insurance benefits [*i.e.*, monthly Social Security benefits] under section 402 of this title. In order to enroll in a M+C plan, a beneficiary must first be entitled to benefits under Medicare Part A. Thus, the Medicare Contractors assert they properly determined the Providers' DSH payments, by excluding the M+C days from the numerator of the Medicaid fraction of the DSH adjustment.

The Board notes that, subsequent to the filings in these appeals, the D.C. Circuit held in *Northeast* that, while the statute does not foreclose the Secretary's interpretation that M+C days should be included in the numerator of the <u>Medicare</u> fraction, and thereby excluded from the numerator for the <u>Medicaid</u> fraction, the Secretary could not apply this interpretation to patient discharges <u>prior</u> to October 1, 2004. The D.C. Circuit's decision in *Northeast* mandated that M+C days be included in the numerator of the Medicaid fraction of the DSH adjustment for inpatient discharges <u>prior</u> to October 1, 2004. As these cases involve cost reporting years that all end prior to October 1, 2004, the Board finds that the *Northeast* decision requires that M+C

<sup>&</sup>lt;sup>11</sup>699 F.Supp.2d 81, 93 (D.D.C. 2010); Subsequent to the PRRB hearing, the Court of Appeals for the D.C. Circuit affirmed the district court's decision "on the alternative ground that the Secretary must be held to the interpretation that guided her approach to reimbursement calculations during fiscal years 1999-2002." *See Northeast Hosp. Corp. v. Sebelius*, 657 F.3d 1 (D.C. Cir. 2011).

<sup>&</sup>lt;sup>12</sup> 702 F.Supp.2d 808, 823 (W.D. Mich. 2010), rev'd 712 F.3d 248 (6th Cir. 2013).

<sup>&</sup>lt;sup>13</sup> See 42 U.S.C. § 1395w-21(a)(I); 42 C.F.R. § 422.50.

<sup>&</sup>lt;sup>14</sup> See 42 U.S.C. § 1395w-21(a)(I); 42 C.F.R. § 422.50; 68 Fed. Reg. 27154, 27208 (May 19, 2003).

<sup>&</sup>lt;sup>15</sup> See 55 Fed. Reg. 35990, 35994 (Sept. 4, 1990).

<sup>&</sup>lt;sup>16</sup> See 63 Fed Red. 48916, 49099 (Aug. 11, 2004).

<sup>&</sup>lt;sup>17</sup> 42 U.S.C. § 426(a).

<sup>&</sup>lt;sup>18</sup>See also Lifespan SWC 2003 DSH Medicare+Choice Days Group v. National Gov. Servs, CMS Adm'r Dec. (Feb. 29, 2012) ("Lifespan"), vacating, PRRB Dec. No. 2012-D06 (Jan. 18, 2012); Tr. at 97 (BCBSA employee stating that "CMS issued instructions that said that for the period 1/1/1999 until 10/1/2004, the Medicare Administrative Contractor was permitted to add M+C days to the Medicaid fraction for hospitals that had a valid appeal or were subject to reopening, or were reopenable").

days be included in the of the Medicaid fraction of the DSH adjustment for the Providers' cost reporting years in this appeal.<sup>19</sup> In making this finding, the Board notes that the *Northeast* decision is controlling precedent because the Providers could bring suit in the D.C. Circuit.<sup>20</sup>

# **DECISION AND ORDER:**

After considering the Medicare law and program instructions, the evidence presented and the parties' contentions, the Board finds that the Medicare Contractors improperly excluded from the Medicaid fraction of the DSH adjustment, the inpatient days for individuals who were discharged prior to October 1, 2004 and were both eligible for medical assistance under an approved Medicaid state plan and enrolled in a M+C plan under Part C of the Medicare program. Accordingly, consistent with this finding, the Medicare Contractors shall adjust the numerator of the Medicaid fractions of the DSH adjustment for the cost reports at issue to include the appropriate number of M+C days based on its review and audit of the M+C days claimed for the relevant fiscal years.

# **BOARD MEMBERS PARTICIPATING:**

Michael W. Harty Clayton J. Nix, Esq. L. Sue Andersen, Esq. Charlotte Benson, C.P.A. Jack Ahern, MBA

<sup>&</sup>lt;sup>19</sup> The Board recognizes that the Providers cited to the district court decision in *Metropolitan* that was subsequently overturned by the Sixth Circuit. However, *Metropolitan* is not relevant to the appeals before the Board as *Metropolitan* addresses the DSH adjustment following a regulatory change effective on October 1, 2004. *See* 712 F.3d 248 (6th Cir. 2013).

<sup>&</sup>lt;sup>20</sup> The CMS Administrator generally has applied as controlling precedent the law of the Circuit in which the Provider is located. See, e.g., ORS CHW DSH Labor room Days Groups v. Blue Cross Blue Shield Ass'n, Adm'r Dec. (Apr. 13, 2009), affirming, PRRB Dec. No. 2009-D11 (Feb. 27, 2009) (stating "as the Alahambra [ Hosp. v. Thompson, 259 F.3d 1071 (9th Cir. 2001)] case is binding in the circuit in which the Providers are entitled to seek judicial review, the Administrator hereby affirms the Board's decision ... with respect to the LDRP days. The Board's decision is affirmed only on the limited ground that there is binding law in the Ninth Circuit .... The decision does not affect the Secretary's ability to continue to defend this issue in other circuits ...."); St. Vincent Mercy Med. Ctr. v. BlueCross BlueShield Ass'n, Adm'r Dec. (Nov. 17, 2008), affirming in part and reversing in part, PRRB Dec. No. 2008-D35 (Sept. 15, 2008) (stating that "[i]n the absence of a controlling decision by the Supreme Court, the respective courts of appeals express the law of the circuit" with citation to Hyatt v. Heckler, 807 F.2d 376, 379 (4th Cir. 1986)). However, in recognizing that providers may file suit with the appropriate District Court either in the Circuit in which they are located or the D.C. Circuit, the Administrator also applies as controlling precedent the law of the D.C. Circuit. See, e.g., Jordan Hosp. v. Blue Cross Blue Shield Ass'n., Adm'r Dec. (Apr. 30, 2007), vacating, PRRB Dec. No. 2007-D23 (Feb. 28, 2007) (stating in connection with a provider located in Plymouth, Massachusetts, that "under §1878(f)(1), the District of Columbia is the judicial district in which this Provider may file suit and, thus, St. Elizabeth's [Med. Ctr. of Boston v. Thompson, 396 F.3d 1228 (D.C. Cir. 2005)] is binding case law here").

# **FOR THE BOARD**:

/s/ Michael W. Harty Chairman

**DATE:** August 18, 2015

PROVIDER REIMBURSEMENT

JUN 29 2011

REVIEW BOARD

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\$168,546

RECEIVED

Model Form G: Schedule of Providers in Group

Group Name: HCA 2000 DSH - Medicare+Choice Plan Days

Date Prepared: 6/28/2011

Representative: HCA, Inc.

Case Number: 05-0543GC

PROVIDER NUMBER

1.05-0022

2. 26-0031

issue: Whether the days attributable to patients who were enrolled in Medicare+Choice Plans and were also eligible for Medicaid were properly

TRANSFER 04-2212 1/13/2005 6/28/2011 OF ADD/ DATE 11-0579 ORIGINAL CASE NO. (IF ANY) LL. MEDICARE \$49,535 \$119,011 AT ISSUE AMOUNT 8,16 AUDIT NO(S). ADJ. DAYS 175 177 9/9/2004 4/19/2011 HEARING REQUEST DATE OF excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment. 10/26/2010 3/16/2004 OF NPR RNPR DATE ⋖ Coast Service Options 12/31/2000 Wisconsin Physicians INTERMEDIARY 4/30/2002 Palmetto GBA/First FISCAL Service REPORTING PERIOD COST Kansas City, Jackson, Missouri Riverside, Riverside, California Riverside Community Hospital PROVIDER NAME Trinity Lutheran Hospital

Page 1

Date Prepared: 06/29/2011

JUL 0.8 2011

PROVIDER REIMBURSEMENT REVIEW BOARD

Model Form G: Schedule of Providers in Group

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Representative: HCA, Inc. Case Number: 05-0862GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly

excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

	NDIX	_	CNs: 05	-0543GC,	, 05-08620	GC, and 0	6-0910GC <b>★</b>
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	Ž		Ž	
F ORIGINAL CASE NO. (IF ANY)	A/N	N/A	N/A	N/A	N/A	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	superseded	\$271,425	\$107,744	superseded	\$144,122	\$60,552	superseded
D AUDIT ADJ. NO(S).	21,22,23	4,5,7	3,11	30,31	1,2	R1-001; R1-003, R1-004	N/N
C NO. OF DAYS	170	118	89	175	125	117	177
B DATE OF HEARING REQUEST	03/02/2007	12/30/2010	03/24/2010	09/27/2007 03/20/2008	08/27/2010 12/30/2010 RNPR	01/31/2008 05/27/2008 RNPR	10/25/2005 04/20/2006
A DATE OF NPR	09/13/2006	09/03/2010 RNPR	01/15/2010 03/24/2010	09/27/2007	08/ <u>2</u> 7/2010 RNPR	01/31/2008 RNPR	10/25/2005
FISCAL	Palmetto GBA/First Coast Service Options	Palmetto GBA/First Coast Service Options	Palmetto GBA/First Coast Service Options	Palmetto GBA/First Coast Service Options	Palmetto GBA/First Coast Service Options	01/31/2003 Palmetto GBA/First Coast Service Options	Palmetto GBA/First Coast Service Options
COST REPORTING PERIOD	04/30/2003	04/30/2003	12/31/2003	01/31/2003	01/31/2003	01/31/2003	12/31/2003
PROVIDER NAME CITY, COUNTY, STATE	Riverside Community Hospital Riverside, Riverside, California	Riverside Community Hospital Riverside, Riverside, California	Regional Medical Center of San Jose San Jose, Santa Clara, California	San Jose Medical Center San Jose, Santa Clara, California	San Jose Medical Center San Jose, Santa Clara, California	Good Samaritan Hospital San Jose, Santa Clara, California	West Hills Medical Center West Hills, Los Angeles, California
PROVIDER NUMBER	1a. 05-0022	1b. 05-0022	2. 05-0125	3a. 05-0215	3b. 05-0215	4. 05-0380	5a. 05-0481

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Date Prepared: 06/29/2011

Representative: HCA, Inc.

Case Number: 05-0862GC

issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly

excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

	ENDIX		CNs: 05	-0543G	C, 05-0	862GC	, and 06-0910GC
G DATE OF ADD/ TRANSFER	N/A	N/N	N/A	05/21/2007	A/N		, and 06-0910GC ₹
F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	N/A	07-0355	N/A	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	\$75,594	superseded	\$55,272	superseded	superseded	\$38,368	superseded
D AUDIT ADJ. NO(S).	~	8 4	4	17	4	4	4,33
C NO. OF DAYS	155	167	152	178	159	135	15 9
B DATE OF HEARING REQUEST	12/18/2007	11/06/2006	06/30/2009	06/02/2006 11/27/2006	05/04/2007 10/10/2007 RNPR	09/23/2008 02/05/2009 RNPR	05/31/2006 11/06/2006
A DATE	07/16/2007 RNPR	05/23/2006 11/06/2006	01/29/2009 06/30/2009 RNPR	06/02/2006	05/04/2007 RNPR	09/23/2008 RNPR	05/31/2006
FISCAL INTERMEDIARY	Palmetto GBA/First Coast Service Options	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	TrailBlazer Health Enterprises
COST REPORTING PERIOD	12/31/2003	08/31/2003	08/31/2003	12/31/2003	12/31/2003	12/31/2003	12/31/2003
PROVIDER NAME CITY, COUNTY, STATE	West Hills Medical Center West Hills, Los Angeles, California	Presbyterian St. Luke's Medical Center Denver, Arapahoe, Colorado	Presbyterian St. Luke's Medical Center Denver, Arapahoe, Colorado	Rose Medical Center Denver, Arapahoe, Colorado	Rose Medical Center Denver, Arapahoe, Colorado	Rose Medical Center Denver, Arapahoe, Colorado	North Suburban Medical Center Thornton, Adams, Colorado
PROVIDER	5b. 05-0481	6a. 06-0014	6b. 06-0014	7a. 06-0032	7b. 06-0032	7c. 06-0032	8a. 06-0065

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Date Prepared: 06/29/2011

Representative: HCA, Inc.

Case Number: 05-0862GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicald were properly excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

	1	ALLENDI	Λ	•	JINS. UJ	-0343C	10,03-0	7802UC	, and 00-0
G DATE OF ADD/	IKANOFER	N/A	N/A	A/N	<b>YX</b>	N/A	YN Y	A/A	N/A
FORIGINAL CASE NO.	(IF ANY)	N/A	N/A	N/A	A/N	A/N	A/N	A/N	N/A
E MEDICARE AMOUNT	AI ISSUE	\$35,757	superseded	superseded	superseded	\$175,098	\$1,469,899	\$831,661	\$190,630
D AUDIT ADJ.	NO(S).	~	30,35	5,6	4	4	22	21,23	2,15,17
o N o	DAYS	177	175	180	151	153	138	152	147
B DATE OF HEARING	REQUEST	12/04/2008	05/24/2006 11/15/2006	04/04/2007 10/01/2007 RNPR	02/27/2009 07/28/2009 RNPR	01/29/2010 07/01/2010 RNPR	09/21/2005 02/06/2006	05/19/2005 10/18/2005	02/15/2007
A DATE	OF NPR	06/10/2008 RNPR	05/24/2006	04/04/2007 RNPR	02/27/2009 RNPR	01/29/2010 RNPR	09/21/2005	05/19/2005	09/21/2006
FISCAL	INTERMEDIARY	12/31/2003 TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	12/31/2003 Wisconsin Physicians Service	06/30/2003 Wisconsin Physicians Service	12/31/2003 Wisconsin Physicians Service
COST REPORTING	PERIOD	12/31/2003	12/31/2003	12/31/2003	12/31/2003	12/31/2003	12/31/2003	06/30/2003	12/31/2003
PROVIDER NAME	CITY, COUNTY, STATE	North Suburban Medical Center Thornton, Adams, Colorado	Medical Center of Aurora Aurora, Arapahoe, Colorado	Cedars Medical Center Miami, Dade, Florida	JFK Medical Center Atlantis, Palm Beach, Florida	Osceola Regional Medical Center Kissimmee, Osceola, Florida			
PROVIDER	NUMBER	8b. 06-0065	9a. 06-0100	9b. 06-0100	9c. 06-0100	9d. 06-0100	10. 10-0009	11. 10-0080	12. 10-0110

CNs: 05-0543GC, 05-0862GC, and 06-0910GC

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Case Number: 05-0862GC

	APPENDI		CN	s: 05-0	543GC, 0	5-08620	GC, and	1 <u>0</u> 6-0910GC
G DATE OF ADD/ TRANSFER	A/N	N/A						106-0910GC <b>≦</b>
F ORIGINAL CASE NO. (IF ANY)	N/A	A/N	N/A	N/A	A/N	N/A	N/A	A/N
E MEDICARE AMOUNT AT ISSUE	\$671,287	\$89,560	superseded	\$58,554	\$100,187	superseded	superseded	\$304,242
D AUDIT ADJ. NO(S).	7,30,33	4 3,	9	<b>4</b> ,	3,11	12,13	ſΩ	4
C NO. OF DAYS	142	80	155	151	148	176	168	8
B DATE OF HEARING REQUEST	01/12/2007	03/18/2011	04/12/2005 09/14/2005	11/21/2008 04/21/2009 RNPR	09/20/2006 02/15/2007	06/21/2005 12/14/2005	11/05/2007 04/21/2008 RNPR	10/07/2010 12/30/2010 RNPR
A DATE OF NPR	08/23/2006	12/28/2010 RNPR	04/12/2005	11/21/2008 RNPR	09/20/2006	06/21/2005	11/05/2007 RNPR	10/07/2010 RNPR
FISCAL INTERMEDIARY	Wisconsin Physicians Service	First Coast Service Options	08/31/2003 First Coast Service Options	First Coast Service Options	Wisconsin Physicians Service	12/31/2003 First Coast Service Options	First Coast Service Options	First Coast Service Options
COST REPORTING PERIOD	12/31/2003	05/31/2003	08/31/2003	08/31/2003	04/30/2003	12/31/2003	12/31/2003	12/31/2003
PROVIDER NAME CITY, COUNTY, STATE	Aventura Hospital and Medical Center Aventura, Dade, Florida	Central Florida Regional Hospital Sanford, Seminole, Florida	15a. 10-0167 Plantation General Hospital Plantation, Broward, Florida	15b. 10-0167 Plantation General Hospital Plantation, Broward, Florida	St. Petersburg General Hospital St. Petersburg, Pinellas, Florida	17a. 10-0189 Northwest Regional Hospital Margate, Broward, Florida	17b. 10-0189 Northwest Regional Hospital Margate, Broward, Florida	17c. 10-0189 Northwest Regional Hospital Margate, Broward, Florida
PROVIDER NUMBER	13. 10-0131	14. 10-0161	15a. 10-0167	15b. 10-0167	16. 10-0180	17a. 10-0189	17b. 10-0189	17c. 10-0189

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Date Prepared: 06/29/2011

Representative: HCA, Inc. Case Number: 05-0862GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly

excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

1	APPENDI		CNs:	05-0543G	C, 05-0	862GC, a	nd 06-0910GC
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	N/A	Ž Ž	N/A	nd 06-0910GC ≸
F ORIGINAL CASE NO. (IF ANY)	YZ .	N/A	N/A	N/A	A/N	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	\$232,419	\$39,898	\$1,188,062	\$9,973	\$27,855	\$10,000	superseded
D AUDIT ADJ. NO(S).	7,12,27,28	. 10,31	6,16,18	6,12,13	25,27	N	24
C NO. OF DAYS	156	157	151	136	172	176	09
B DATE OF HEARING REQUEST	02/23/2005	09/02/2005 02/06/2006	08/14/2006 01/12/2007	08/29/2006 01/12/2007	07/29/2005 01/17/2006	03/22/2005 09/14/2005	08/19/2005 10/18/2005
A DATE OF NPR	09/20/2004	09/02/2005	08/14/2006	08/29/2006	07/29/2005	03/22/2005	08/19/2005
FISCAL	First Coast Service Options	Wisconsin Physicians Service	12/31/2003 Wisconsin Physicians Service	Wisconsin Physicians Service	06/30/2003 Wisconsin Physicians Service	01/31/2003 Wisconsin Physicians Service	Wisconsin Physicians Service
COST REPORTING PERIOD	06/30/2003	02/28/2003	12/31/2003	08/31/2003	06/30/2003	01/31/2003	06/30/2003
PROVIDER NAME CITY, COUNTY, STATE	Community Hospital of New Port Richey New Port Richey, Pasco, Florida	North Florida Regional Medical 02/28/2003 Wisconsin Physicians Center Gainesville, Alachua, Florida	Kendall Regional Medical Center Miami, Dade, Florida	Ocala Regional Medical Center Ocala, Marion, Florida	Orange Park Medical Center Orange Park, Clay, Florida	Westside Regional Medical Center Plantation, Broward, Florida	24a. 10-0234 Columbia Hospital West Palm Beach, Palm Beach, Florida
PROVIDER NUMBER	18. 10-0191	19. 10-0204	20. 10-0209	21. 10-0212	22. 10-0226	23. 10-0228	24a. 10-0234

Date Prepared: 06/29/2011

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days Representative: HCA, Inc.

Case Number: 05-0862GC

APPEND		CN	ls: 05-0	543GC	, 05-08	62GC, and	d 06-0910GC
A/N	N/A	N/A	N/A	A/N	A/N		
N/A	N/A	N/A	A/A	N/A	A/N	N/A	N/A
superseded	\$188,199	superseded	\$238,779	\$122,529	\$254,511	superseded	\$136,851
4,6	4	6,17	4	N/N	7,12,15	37	5,7
165	138	165	179	160	160	176	123
07/13/2007	06/30/2009	03/02/2007	12/18/2007	07/07/2005	02/27/2006	03/16/2007	05/10/2010 09/10/2010 RNPR
01/29/2007 RNPR	02/12/2009 RNPR	09/18/2006	06/22/2007 RNPR	01/28/2005	09/20/2005	09/21/2006	05/10/2010 RNPR
Wisconsin Physicians Service	Wisconsin Physicians Service	Wisconsin Physicians Service	Wisconsin Physicians Service	Wisconsin Physicians Service	Wisconsin Physicians Service	First Coast Service Options	First Coast Service Options
06/30/2003	06/30/2003	09/30/2003	09/30/2003	12/31/2003	12/31/2003	09/30/2003	09/30/2003
24b. 10-0234 Columbia Hospital West Palm Beach, Palm Beach, Florida	24c. 10-0234 Columbia Hospital West Palm Beach, Palm Beach, Florida	25a. 10-0238 Northside Hospital St. Petersburg, Pinellas, Florida	25b. 10-0238 Northside Hospital St. Petersburg, Pinellas, Florida	26. 10-0239 Edward White Hospital St. Petersburg, Pinellas, Florida	27. 10-0243 Brandon Regional Hospital Brandon, Hillsborough, Florida	28a. 10-0246 Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	28b. 10-0246 Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida
	Columbia Hospital 06/30/2003 Wisconsin Physicians 01/29/2007 07/13/2007 165 4,6 superseded N/A N/A WAST Palm Beach, Palm Beach, Palm Beach, Florida	06/30/2003 Wisconsin Physicians 01/29/2007 07/13/2007 165 4,6 superseded N/A RNPR 06/30/2003 Wisconsin Physicians 02/12/2009 06/30/2009 138 4 \$188,199 N/A Palm Service RNPR	Palm         06/30/2003 Wisconsin Physicians Service         01/29/2007 07/13/2007 07/13/2007 07/13/2007 07/13/2007 07/13/2009 06/30/2009         165         4,6         superseded NI/A           , Palm         06/30/2003 Wisconsin Physicians Physicians Physicians Physicians Service         09/18/2006 03/02/2007 165 6,17         4,6         superseded NI/A	Palm         O6/30/2003 Wisconsin Physicians         01/29/2007 07/13/2007 07/13/2007 07/13/2007 07/13/2007 07/13/2007 07/13/2007 06/30/2009 06/30	Pallm         Service         RNPR         4,6         superseded         N/A           Pallm         Service         RNPR         4,6         superseded         N/A           Pallm         06/30/2003         Wisconsin Physicians Physicians         02/12/2009         06/30/2009         138         4         \$188,199         N/A           Inablas, Florida Plas, Florida Plas, Florida         Service         09/18/2006         03/02/2007         12/18/2007         12/18/2007         4         \$238,779         N/A           Inablas, Florida         Service         RNPR         179         4         \$238,779         N/A           Spital         12/31/2003         Wisconsin Physicians         01/28/2005         07/07/2005         160         N/N         \$122,529         N/A	Palm         06/30/2003         Wisconsin Physicians Service         01/29/2007         07/13/2007         165         4,6         superseded superseded Service         N/A           I Palm         06/30/2003         Wisconsin Physicians Service         02/12/2009         06/30/2007         165         6,17         superseded Service         N/A           I ellas, Florida spital         3Service         N/Sconsin Physicians Service         06/22/2007         12/18/2007         179         4         \$188,199         N/A           I ellas, Florida spital         12/31/2003         Wisconsin Physicians Service         06/22/2007         12/18/2005         169         N/N         \$122,529         N/A           Hospital         12/31/2003         Wisconsin Physicians Service         09/20/2005         02/27/2006         160         N/N         \$122,529         N/A           Hospital         12/31/2003         Wisconsin Physicians Service         09/20/2005         02/27/2006         160         7,12,15         \$254,511         N/A	Palm         06/30/2003         Wisconsin Physicians Service         01/29/2007         07/13/2007         165         4,6         superseded superseded N/A         N/A         N/A         N/A           Palm         06/30/2003         Wisconsin Physicians Service         02/12/2009         06/30/2007         138         4         \$188,199         N/A         N/A           Indias, Florida Hospital         Service         RNPR         179         4         \$238,779         N/A         N/A           Indias, Florida Hospital         12/31/2003         Wisconsin Physicians Service         01/28/2005         07/07/2005         160         N/N         \$122,529         N/A         N/A           Hospital         12/31/2003         Wisconsin Physicians Service         09/20/2005         02/27/2006         160         7,12,15         \$254,511         N/A         N/A           Hospital         12/31/2003         Wisconsin Physicians         09/20/2005         02/21/2006         160         7,12,15         \$254,511         N/A         N/A           Service         Service         O9/20/2005         02/21/2006         170         7,12,15         \$254,511         N/A         N/A           Service         O9/20/2003         Service         09/21/2006

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Date Prepared: 06/29/2011

Representative: HCA, Inc.

Case Number: 05-0862GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

	ALLEN	DIA	CIV	s. 05-0.	04500	)-0002GC	, and o	0 <b>-</b> 03100C
G DATE OF ADD/ TRANSFER	A/N	N/A	A S	A/N	<b>Y Z</b>	-0802GC <b>Y</b> <b>X</b>	, and of	0-0910GC <b>4</b> <b>2</b>
F ORIGINAL CASE NO. (IF ANY)	A/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	\$10,000	superseded	\$78,989	\$3,154	superseded	\$5,967	\$1,165	superseded
D AUDIT ADJ. NO(S).	7	Z	4,5,6	7,16,17	Z	4	4	18,19
C NO. OF DAYS	170	175	153	154	155	178	141	165
B DATE OF HEARING REQUEST	09/01/2005	06/22/2005 12/14/2005	02/08/2008 07/10/2008 RNPR	09/27/2006	02/15/2007	12/21/2007 06/16/2008 RNPR	10/31/2007 03/20/2008 RNPR	05/25/2006 11/06/2006
A DATE OF NPR	03/15/2005	06/22/2005	02/08/2008 RNPR	04/26/2006	09/13/2006	12/21/2007 RNPR	10/31/2007 RNPR	05/25/2006
FISCAL	First Coast Service Options	First Coast Service Options	05/31/2003 First Coast Service Options	12/31/2003 Wisconsin Physicians Service	12/31/2003 Wisconsin Physicians Service	12/31/2003 Wisconsin Physicians Service	12/31/2003 Wisconsin Physicians Service	08/31/2003 Wisconsin Physicians Service
COST REPORTING PERIOD	က	05/31/2003	05/31/2003	12/31/2003	12/31/2003	12/31/2003	12/31/2003	08/31/2003
PROVIDER NAME CITY, COUNTY, STATE	St. Lucie Medical Center Port St. Lucie, St. Lucie, Florida	30a. 10-0269 Palms West Hospital Loxahatchee, Palm Beach, Florida	30b. 10-0269 Palms West Hospital Loxahatchee, Palm Beach, Florida	Gulf Coast Hospital Fort Myers, Lee, Florida	32a. 11-0172 Emory Dunwoody Medical Center Atlanta, Cobb, Georgia	32b. 11-0172 Emory Dunwoody Medical Center Atlanta, Cobb, Georgia	Doctors Hospital of Columbus Columbus, Muscogee, Georgia	34a. 11-0192 Emory Eastside Medical Center Snellville, Gwinnett, Georgia
PROVIDER	29. 10-0260	30a. 10-026(	30b. 10-026(	31. 10-0279	32a. 11-017.	32b. 11-017;	33. 11-0186	34a. 11-019.

CNs: 05-0543GC, 05-0862GC, and 06-0910GC

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Date Prepared: 06/29/2011

Representative: HCA, Inc.

Case Number: 05-0862GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly

excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

	APPENDIX		CNs:	05-0543	3GC, 05-0	862GC, á	nd 06-0910GC
G DATE OF ADD/ TRANSFER	N/A	A/N	N/A	N/A	A/N		nd 06-0910GC <b>≸</b>
F ORIGINAL CASE NO. (IF ANY)	N/A	Ϋ́Z	A/N	N/A	N/A	N/A	A/N
E MEDICARE AMOUNT AT ISSUE	superseded	\$5,620	\$10,000	\$20,543	superseded	\$6,439	\$17,920
D AUDIT ADJ. NO(S).	4	4	13	9,10	7	R1-004, R1-005	4,32
c No. OF DAYS	174	145	176	147	161	9	143
B DATE OF HEARING REQUEST	07/10/2008	07/23/2008 12/15/2008 RNPR	06/21/2005 12/14/2005	03/23/2006 08/17/2006	08/28/2008 02/05/2009	08/06/2010 11/05/2010 RNPR	02/20/2007 07/13/2007
A DATE OF NPR	01/18/2008 RNPR	07/23/2008 RNPR	06/21/2005	03/23/2006	08/28/2008	08/06/2010 RNPR	02/20/2007
FISCAL	Wisconsin Physicians Service	Wisconsin Physicians Service	06/30/2003 Wisconsin Physicians Service	Wisconsin Physicians Service	Pinnacle Business Solutions	Pinnacle Business Solutions	Wisconsin Physicians Service
COST REPORTING PERIOD	08/31/2003	08/31/2003	06/30/2003	09/30/2003	12/31/2003	12/31/2003	12/31/2003
PROVIDER NAME CITY, COUNTY, STATE	34b. 11-0192 Emory Eastside Medical Center Snellville, Gwinnett, Georgia	34c. 11-0192 Emory Eastside Medical Center Snellville, Gwinnett, Georgia	Macon Northside Hospital Macon, Bibb, Georgia	West Valley Medical Center Caldwell, Canyon, Idaho	37a. 19-0176 Tulane University Hospital New Orleans, Orleans, Louisiana	37b. 19-0176 Tulane University Hospital New Orleans, Orleans, Louisiana	Lakeview Regional Medical Center Covington, St. Tammany, Louisiana
PROVIDER NUMBER	34b. 11-0192	34c. 11-0192	35. 11-0201	36. 13-0014	37a. 19-0176	37b. 19-0176	38. 19-0177

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Representative: HCA, Inc. Case Number: 05-0862GC

	APPENI	DIX		CNs: (	)5-0543Ğ(	C, 05-086	2GC, and	06-0910GC
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	12/18/2	A/N	N/A	Ψ/Z	06-0910GC <del>X</del>
FORIGINAL CASE NO. (IF ANY)	N/A	N/A	N/A	08-0189	A/N	N/A	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	superseded	\$30,305	\$53,721	\$250,081	superseded	\$11,251	\$62,371	superseded
D AUDIT ADJ. NO(S).	20,24	R1-001, R1-002	Z	Z	37	4	27,28	24
C NO. OF DAYS	154	151	174	165	160	163	161	164
B DATE OF HEARING REQUEST	09/14/2006 02/15/2007	06/07/2010 11/05/2010 RNPR	01/24/2007 07/17/2007	05/25/2007 11/06/2007	09/20/2005 02/27/2006	10/04/2006 03/16/2007 RNPR	09/22/2006 03/02/2007	09/16/2005 02/27/2006
A DATE OF NPR	09/14/2006	06/07/2010 RNPR	01/24/2007	05/25/2007	09/20/2005	10/04/2006 RNPR	09/22/2006	09/16/2005
FISCAL	Pinnacle Business Solutions	Pinnacle Business Solutions	03/31/2003 Wisconsin Physicians Service	12/31/2003 Wisconsin Physicians Service	Wisconsin Physicians Service	03/31/2003 Wisconsin Physicians Service	12/31/2003 Wisconsin Physicians Service	Wisconsin Physicians Service
COST REPORTING PERIOD	12/31/2003 <sup>.</sup> Pinnacle Solutions	12/31/2003	03/31/2003	12/31/2003	03/31/2003	03/31/2003	12/31/2003	03/31/2003
PROVIDER NAME CITY, COUNTY, STATE	39a. 25-0123 Garden Park Medical Center Gulfport, Harrison, Mississippi	39b. 25-0123 Garden Park Medical Center Gulfport, Harrison, Mississippi	Research Medical Center Kansas City, Jackson, Missouri	Research Medical Center Kansas City, Jackson, Missouri	42a. 26-0107 Baptist Lutheran Medical Center Kansas City, Jackson, Missouri	42b. 26-0107 Baptist Lutheran Medical Center Kansas City, Jackson, Missouri	Baptist Lutheran Medical Center Kansas City, Jackson, Missouri	44a. 26-0166 Medical Center of Independence Independence, Jackson, Missouri
PROVIDER	39a. 25-0123	39b. 25-0123	40. 26-0027	41. 26-0027	42a. 26-0107	42b. 26-0107	43. 26-0107	44a. 26-0166

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Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Date Prepared: 06/29/2011

Representative: HCA, Inc.

Case Number: 05-0862GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly

excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

APPENDIX	(	CNs: 05-0	543GC, 0	5-0862G0	C, and 0	6-0910GC
N/A	N/A	N/A	N/A	N/A	10/17/2008	N/N
A/N	A/A	A/A	A/A	N/A	06-0067	N/A
\$8,458	superseded	superseded	superseded	\$10,900	\$10,000	superseded
7,5,7	9,28	4 6,	Ø	4	Z	Z
174	<del>1</del> 43	166	173	103	179	150
10/10/2007	04/20/2006	10/01/2007	09/23/2008	03/24/2010	10/18/2005	02/27/2006
04/19/2007 RNPR	11/28/2005	04/18/2007 RNPR	04/03/2008 RNPR	12/11/2009 RNPR	04/22/2005	09/30/2005
Wisconsin Physicians Service	Palmetto GBA/First Coast Service Options	Palmetto GBA/First Coast Service Options	Palmetto GBA/First Coast Service Options	Palmetto GBA/First Coast Service Options	Palmetto GBA/First Coast Service Options	Cahaba Government Benefits Administrator
03/31/2003	01/31/2003	01/31/2003	01/31/2003	01/31/2003	12/31/2003	11/30/2003
4b. 26-0166 Medical Center of Independence Independence, Jackson, Missouri	5a. 29-0003 Sunrise Hospital and Medical Center	5b. 29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	5c. 29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	5d. 29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	6. 29-0039 MountainView Hospital Las Vegas, Clark, Nevada	47a. 44-0006 Skyline Medical Center Nashville, Davidson, Tennessee
	03/31/2003 Wisconsin Physicians 04/19/2007 10/10/2007 174 4,5,7 \$8,458 N/A N/A N/A Service RNPR	03/31/2003       Wisconsin Physicians Service       04/19/2007       10/10/2007       174       4,5,7       \$8,458         ckson,       service       RNPR       11/28/2005       04/20/2006       143       9,28       superseded         Nevada       Nevada	ckson,  Ind Medical 01/31/2003 Wisconsin Physicians O4/19/2007 10/10/2007 174 4,5,7 \$8,458 ckson,  Coast Service Options and Medical 01/31/2003 Palmetto GBA/First 04/18/2007 10/01/2007 166 4,6 superseded coast Service Options RNPR 8.07 10/01/2007 166 4,6 superseded coast Service Options RNPR 8.07 10/01/2007 166 8.00	ckson,         Service         RNPR         4,5,7         \$8,458           ckson,         Service         RNPR         4,5,7         \$8,458           ckson,         Service         Palmetto GBA/First         11/28/2005         04/20/2006         143         9,28         superseded           Nevada         Coast Service Options         RNPR         4,6         superseded           Nevada         Coast Service Options         RNPR         4,6         superseded           Nevada         Coast Service Options         RNPR         6         superseded           Nevada         Coast Service Options         RNPR         6         superseded	ckson,         Service         RNPR         174         4,5,7         \$8,458           ckson,         Service         RNPR         11/28/2005         10/10/2007         1774         4,5,7         \$8,458           und Medical         01/31/2003         Palmetto GBA/First         11/28/2005         04/20/20/2006         143         9,28         superseded           Nevada         Coast Service Options         RNPR         4,6         superseded           Nevada         Coast Service Options         RNPR         173         6         superseded           Nevada         Coast Service Options         RNPR         12/11/2009         03/24/2010         103         4         \$10,900           Nevada         Coast Service Options         RNPR         12/11/2009         03/24/2010         103         4         \$10,900	ckson, nnd Medical         03/31/2003         Wisconsin Physicians Service         04/19/2007         10/10/2007         174         4,5,7         \$8,458         N/A         N/A           ckson, nnd Medical         01/31/2003         Palmetto GBA/First Coast Service Options         11/28/2005         04/20/2006         143         9,28         superseded         N/A         N/A           Nevada and Medical         01/31/2003         Palmetto GBA/First Coast Service Options         RNPR         173         6         superseded         N/A         N/A           Nevada and Medical         01/31/2003         Palmetto GBA/First PRR         12/11/2009         03/24/2010         103         4         \$10,900         N/A         N/A           Nevada spital         01/31/2003         Palmetto GBA/First PRR         12/11/2009         03/24/2010         103         4         \$10,900         N/A         N/A           Nevada spital         12/31/2003         Palmetto GBA/First         04/22/2005         10/18/2005         179         N/N         \$10,000         06-0067         10/17/2008

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Date Prepared: 06/29/2011

Representative: HCA, Inc.

Case Number: 05-0862GC

	APPEN			CNs: 05-0543GC, 05-0862GC, and 06-0910G0				
G DATE OF ADD/ TRANSFER	A/N	N/A	A/N	NA	N/A	N/A	Ϋ́Z	N/A
F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	A/A	N/A	N/A	N/A	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	\$49,395	\$14,043	superseded	\$9,321	superseded	\$55,129	superseded	\$55,637
D AUDIT ADJ. NO(S).	R2-001, R2-002	R2-001, R2-003	<del></del>	R1-006, R1-007	5,23	R2-001, R2-002	21,22	R2-001- R2-003
C NO. OF DAYS	149	152	152	148	154	148	153	146
B DATE OF HEARING REQUEST	12/16/2009	12/16/2009	08/30/2005	12/16/2009	03/02/2007	12/16/2009	09/27/2005 02/27/2006	12/16/2009
A DATE OF NPR	07/20/2009 RNPR	07/17/2009 RNPR	03/31/2005 08/30/2005	07/21/2009 12/16/2009 RNPR	09/29/2006	07/21/2009 12/16/2009 RNPR	09/27/2005	07/23/2009 RNPR
FISCAL INTERMEDIARY	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator
COST REPORTING PERIOD	11/30/2003	05/31/2003	12/31/2003	12/31/2003	03/31/2003	03/31/2003	12/31/2003	12/31/2003
PROVIDER NAME FCITY, COUNTY, STATE	47b. 44-0006 Skyline Medical Center Nashville, Davidson, Tennessee	Horizon Medical Center Dickson, Dickson, Tennessee	49a. 44-0150 Summit Medical Center Hermitage, Davidson, Tennessee	49b. 44-0150 Summit Medical Center Hermitage, Davidson, Tennessee	50a. 44-0156 Parkridge Medical Center Chattanooga, Hamilton, Tennessee	50b. 44-0156 Parkridge Medical Center Chattanooga, Hamilton, Tennessee	51a. 44-0161 Centennial Medical Center Nashville, Davidson, Tennessee	51b. 44-0161 Centennial Medical Center Nashville, Davidson, Tennessee
PROVIDER NUMBER	47b. 44-0006	48. 44-0046	49a. 44-0150	49b. 44-0150	50a. 44-0156	50b. 44-0156	51a. 44-0161	51b. 44-0161

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Representative: HCA, Inc.

Case Number: 05-0862GC

	APPEN	NDIX	(	CNs: 05	5-0543GC	, 05-08	62GC,	and 06-0910GC
G DATE OF ADD/ TRANSFER	A/N	N/A	A/A	N/A	N/A	A/N	03/27/2007	and 06-0910GC <b>★</b>
F ORIGINAL CASE NO. (IF ANY)	K/Z	N/A	N/A	N/N	N/A	N/A	07-0411	<b>∀</b> /Z
E MEDICARE AMOUNT AT ISSUE	\$6,925	\$330,226	\$146,989	\$32,947	superseded	\$812,790	\$3,545	superseded
D AUDIT ADJ. NO(S).	R1-001	Z Z	18,19,20	21,22	66,75,80		17,23	19,31,32
C NO. OF DAYS	149	179	157	157	133	157	182	147
B DATE OF HEARING REQUEST	12/16/2009	10/18/2005	06/02/2006 11/06/2006	08/17/2006	01/12/2007	07/11/2008 12/15/2008 RNPR	05/31/2006 11/29/2006	09/21/2006 02/15/2007
A DATE OF NPR	07/20/2009 RNPR	04/22/2005 10/18/2005	06/02/2006	03/13/2006 08/17/2006	09/01/2006 01/12/2007	07/11/2008 RNPR	05/31/2006	09/21/2006
FISCAL INTERMEDIARY	Cahaba Government Benefits Administrator	TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	TrailBlazer Health Enterprises
COST REPORTING PERIOD	05/31/2003	05/31/2003	12/31/2003	02/28/2003	06/30/2003	06/30/2003	12/31/2003	12/31/2003
PROVIDER NAME CITY, COUNTY, STATE	Southern Hills Medical Center Nashville, Davidson, Tennessee	North Hills Hospital North Richland Hills, Tarrant, Texas	Bayshore Medical Center Pasadena, Harris, Texas	East Houston Medical Center Houston, Harris, Texas	56a. 45-0388 Southwest Texas Methodist Hospital San Antonio, Bexar, Texas	56b. 45-0388 Methodist Hospital San Antonio, Bexar, Texas	St. David's Medical Center Austin, Travis, Texas	58a. 45-0617 Clear Lake Regional Medical Center Webster, Galveston, Texas
PROVIDER	52. 44-0197	53. 45-0087	54. 45-0097	55. 45-0126	56a. 45-0388	56b. 45-0388	57. 45-0431	58a. 45-0617

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Representative: HCA, Inc.

Case Number: 05-0862GC

	APPENDI	X	CN	s: 05-05	543GC,	05-086	2GC, a	nd 06-0910GC
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	N/A	N/A	A/N	N/N	nd 06-0910GC <b>≦</b>
F ORIGINAL CASE NO. (IF ANY)	N/A	A/A	N/A	N/A	N/A	A/A	A/N	A/A
E MEDICARE AMOUNT AT ISSUE	\$3,953	\$90,642	\$7,185	\$30,047	\$39,262	superseded	\$8,841	\$111,180
D AUDIT ADJ. NO(S).	4	6,22,26	6,7	56,57	6,7,25	N/N	4	31,32
C NO. OF DAYS	126	155	138	165	159	180	174	176
B DATE OF HEARING REQUEST	06/30/2009	10/05/2005 03/09/2006	05/12/2006 09/27/2006	06/15/2007 11/27/2007	05/31/2006 11/06/2006	04/22/2005 10/19/2005	11/03/2006 04/26/2007 RNPR	06/04/2007 11/27/2007
A DATE OF NPR	02/24/2009 RNPR	10/05/2005	05/12/2006	06/15/2007	05/31/2006	04/22/2005	11/03/2006 RNPR	06/04/2007
FISCAL INTERMEDIARY	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises
COST REPORTING PERIOD	12/31/2003	06/30/2003	12/31/2003	12/31/2003	05/31/2003	03/31/2003	03/31/2003	01/31/2003
PROVIDER NAME CITY, COUNTY, STATE	58b. 45-0617 Clear Lake Regional Medical Center Webster, Galveston, Texas	Spring Branch Medical Center Houston, Harris, Texas	Denton Regional Medical Center Denton, Callahan, Texas	West Houston Medical Center Houston, Harris, Texas	Medical City Dallas Hospital Dallas, Dallas, Texas	63a. 45-0651 Medical Center of Plano Plano, Collin, Texas	63b. 45-0651 Medical Center of Plano Plano, Collin, Texas	Plaza Medical Center of Fort Worth Fort Worth, Tarrant, Texas
PROVIDER	58b. 45-0617	59. 45-0630	60. 45-0634	61. 45-0644	62. 45-0647	63a. 45-0651	63b. 45-0651	64, 45-0672

Date Prepared: 06/29/2011

Group Name: HCA 2003 DSH - Medicare+Choice Plan Days

Representative: HCA, Inc.

Case Number: 05-0862GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly

excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

÷	APPEN		_	CNs:	05-05430	GC, 05-	0862GC, and 06-0910GC
G DATE OF ADD/ TRANSFER	N/A	N/A	A/N	N/A		N	
F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	A/N	A/N	N/A	N/A	
E MEDICARE AMOUNT AT ISSUE	\$29,036	superseded	\$12,715	\$927	\$2,748	\$19,235	\$9,598,630
D AUDIT ADJ. NO(S).	24,25	91	4	12	25,30	5,19	
C NO. OF DAYS	160	148	30	139	147	139	•
B DATE OF HEARING REQUEST	09/20/2005 02/27/2006	02/15/2007	11/16/2009 12/16/2009 RNPR	09/20/2005 02/06/2006	09/21/2006 02/15/2007	09/20/2005 02/06/2006	
A DATE OF NPR	09/20/2005	09/20/2006 02/15/2007	11/16/2009 RNPR	09/20/2005	09/21/2006	09/20/2005	
FISCAL	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	08/31/2003 TrailBlazer Health Enterprises	
COST REPORTING PERIOD	05/31/2003	12/31/2003	12/31/2003	12/31/2003	09/30/2003	08/31/2003	
PROVIDER NAME CITY, COUNTY, STATE	Medical Center of Arlington Arlington, Tarrant, Texas	66a. 45-0713 South Austin Hospital Austin, Travis, Texas	66b. 45-0713 South Austin Hospital Austin, Travis, Texas	Round Rock Medical Center Round Rock, Williamson, Texas	Kingwood Medical Center Kingwood, Harris, Texas	Corpus Christi Medical Center Corpus Christi, Nueces, Texas	
PROVIDER	65. 45-0675	66a. 45-0713	66b. 45-0713	67. 45-0718	68. 45-0775	69. 45-0788	

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Model Form G: Schedule of Providers in Group

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days Representative: HCA, Inc. Case Number: 06-0910GC

Date Prepared: 06/29/2011

Issue: Whe excluded fr	Issue: Whether the days attributable to patients who were en excluded from the numerator of the "Medicaid fraction" that	ıts who were en I fraction" that is	nrolled in Medicare+Choice plans and were also eligible for Medicaid were properly is used to compute the DSH payment.	tChoice plar the DSH pay	is and were a	also eli	gible for N	fedicaid were	properly		
			-	∢	B DATE OF	ပ ဋ	D	E MEDICARE	FORIGINAL	G DATE	
PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FYE	FISCAL NTERMEDIARY	DATE OF NPR	1	OF DAYS	ADJ. NO(S).	AMOUNT AT ISSUE	CASE NO.	OF ADD/ TRANSFER	71111
1. 02-0017	Alaska Regional Hospital Anchorage, Anchorage, Alaska	12/31/2004 Wiscon Service	sin Physicians	08/28/2006 01/18/2007	01/18/2007	143	23,29	\$11,326	N/A	N/A	1111111
2a.05-0022	Riverside Community Hospital Riverside, Riverside, California	04/30/2004 Palmetto GBA/First Coast Service Optic	netto GBA/First Ist Service Options	09/21/2006 03/06/2007	03/06/2007	166	16,23-25	superseded	N/A	N/A	
2b.05-0022	Riverside Community Hospital Riverside, Riverside, California	04/30/2004 Palmetto GBA/First Coast Service Optic	Palmetto GBA/First Coast Service Options	09/03/2010 12/13/2010 RNPR	12/13/2010	101	<b>4</b> ,6	\$220,756	N/A	N/A	CIV
3a.05-0215	San Jose Medical Center San Jose, Santa Clara, California	01/31/2004 Palmetto GBA/First Coast Service Optic	netto GBA/First ist Service Options	09/27/2007 02/25/2008	02/25/2008	151	24,27	superseded	N/A	A/N	3. 05 0.
3b.05-0215	San Jose Medical Center San Jose, Santa Clara, California	01/31/2004 Palmetto GBA/First Coast Service Optic	netto GBA/First ist Service Options	09/22/2010 12/30/2010 RNPR	12/30/2010	66	1,2	\$115,972	N/A	N/A	л <del>-</del> 50С,
4.05-0215	San Jose Medical Center San Jose, Santa Clara, California	12/09/2004 Palmetto GBA/First Coast Service Optic	Palmetto GBA/First Coast Service Options	09/27/2007 02/25/2008	02/25/2008	151	151 19,21,22	\$77,068	N/A	N/A	05 000
5.05-0380	Good Samaritan Hospital San Jose, Santa Clara, California	01/31/2004 Palmetto GBA/First Coast Service Optic	Palmetto GBA/First Coast Service Options	07/16/2007 01/09/2008	01/09/2008	177	39,40	\$64,499	N/N	A/N	, a
6a.05-0481	West Hills Regional Medical Center West Hills, Los Angeles, California	12/31/2004 Palmetto GBA/First Coast Service Optic	Palmetto GBA/First Coast Service Options	09/20/2006 03/06/2007	03/06/2007	167	27,28	superseded	N/A	N/A	110 00 071

Date Prepared: 06/29/2011

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

	ALLEND	lA.	CINS.	05-054.		)-0802C	JC, and	00-071
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	A/N	N/A	N/A	N/A	N/A
F ORIGINAL CASE NO. (IF ANY)	N/A	<b>∀</b> Ż	N/A	N/A	A/N	N/A	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	\$115,637	superseded	\$53,866	superseded	\$45,656	\$69,427	superseded	\$32,610
D AUDIT ADJ.		34,35		5,31	4	4	23,24,25	_
ON OF	176	167	178	145	149	173	165	151
B DATE OF HEARING REGILEST	10/05/2007	09/20/2006 03/06/2007	03/03/2009 08/28/2009 RNPR	08/04/2006 12/27/2006	09/23/2008 02/19/2009 RNPR	09/05/2007 02/25/2008	09/22/2006 03/06/2007	11/24/2008 04/24/2009 RNPR
A DATE	04/12/2007 RNPR	09/20/2006	03/03/2009 RNPR	08/04/2006	09/23/2008 RNPR	09/05/2007	09/22/2006	11/24/2008 RNPR
FISCAL	12/31/2004 Palmetto GBA/First Coast Service Options	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	. TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises	i TrailBlazer Health Enterprises
<u>, , , , , , , , , , , , , , , , , , , </u>		08/31/2004 Trail Ente	08/31/2004 Trai Ente	12/31/2004 Trai Ente	12/31/2004	09/30/2004 Trai Ent	12/31/2004	12/31/2004 Trai Ent
	West Hills Regional Medical Center West Hills, Los Angeles, California	Presbyterian St. Luke's Medical Center Denver, Arapahoe, Colorado	Presbyterian St. Luke's Medical Center Denver, Arapahoe, Colorado	Rose Medical Center Denver, Arapahoe, Colorado	Rose Medical Center Denver, Arapahoe, Colorado	Swedish Medical Center Englewood, Arapahoe, Colorado	10a.06-0065 North Suburban Medical Center Thornton, Adams, Colorado	10b.06-0065 North Suburban Medical Center Thornton, Adams, Colorado
PROVIDER	6b.05-0481	7a.06-0014	7b.06-0014	8a.06-0032	8b.06-0032	9.06-0034	10a.06-0065	10b.06-0065

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

F G ORIGINAL DATE CASE NO. OF ADD/ (IF ANY) TRANSFER
E MEDICARE O AMOUNT C AT ISSUE (
D AUDIT ADJ. NO(S).
C NO. OF DAYS
B DATE OF HEARING REQUEST
A DATE OF NPR
FISCAL FYE INTERMEDIARY
i.
PROVIDER NAME CITY, COUNTY, STATE
PROVIDER NUMBER

Date Prepared: 06/29/2011

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

				∢	B i	ပဋ	0 5	П <u>С</u>	T 200	o F
PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FYE	FISCAL INTERMEDIARY	DATE OF NPR	DATE OF HEARING REQUEST	OF DAYS	AUDII ADJ. NO(S).	MEDICARE AMOUNT AT ISSUE	CASE NO.	DATE OF ADD/ TRANSFER
19a.10-0179	19a.10-0179 Memorial Hospital of Jacksonville 12/31/2004 First Coast Service Jacksonville, Duval, Florida	12/31/2004	First Coast Service Options	09/26/2007	02/25/2008	152	5	superseded	N/A	N/A
19b.10-0179	19b.10-0179 Memorial Hospital of Jacksonville 12/31/2004 First Coast Service Jacksonville, Duval, Florida	12/31/2004	First Coast Service Options	06/26/2009 RNPR	11/25/2009	152	4	\$55,702	Y Z	N/A
20.10-0180	St. Petersburg General Hospital St. Petersburg, Pinellas, Florida	04/30/2004	04/30/2004 Wisconsin Physicians Service	10/18/2006 04/10/2007	04/10/2007	174	73	\$81,111	A/N	Y/N
21.10-0189	Northwest Regional Hospital Margate, Broward, Florida	12/31/2004	12/31/2004 First Coast Service Options	09/26/2006	03/06/2007	161	7,11,13	\$313,946	N/A	N/A
22.10-0191	Community Hospital of New Port Richey New Port Richey, Pasco, Florida	06/30/2004	06/30/2004 First Coast Service Options	09/22/2006	03/06/2007	165	6-9,25, 27	\$351,945	NA	N/A
23.10-0204	North Florida Regional Medical Center Gainesville, Alachua, Florida	02/29/2004	02/29/2004 Wisconsin Physicians Service	03/10/2006 08/01/2006	08/01/2006	144	4,13,14	\$11,825	N/A	N/A
24.10-0209	Kendall Regional Medical Center Miami, Dade, Florida	12/31/2004	Wisconsin Physicians Service	09/21/2006	03/06/2007	166	6,13,16	\$1,402,737	Ą Ż	N/A
25a.10-0226	25a.10-0226 Orange Park Medical Center Orange Park, Clay, Florida	06/30/2004 Wi	Wisconsin Physicians Service	03/02/2006 05/19/2006	05/19/2006	78	9	superseded	A/N	N/A
25b.10-0226	25b.10-0226 Orange Park Medical Center Orange Park, Clay, Florida	06/30/2004 Wi Se	Wisconsin Physicians Service	04/11/2007 10/05/2007 RNPR	10/05/2007	177	1,2	\$26,724	Y/N	N/A

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

	AI	LENDIA		C1 <b>\S</b> . 03	-05450	ic, 05-c	7802GC	, and o	0 <b>-</b> 09100
G DATE	OF ADD/ TRANSFER	10/14/2008	N/A	N/A	N/A	N/A	N/A	N/A	A/Z
FORIGINAL	CASE NO. (IF ANY)	06-0427	N/A	N/A	A/N	A/N	A/N	N/A	N/A
E MEDICARE	AMOUNT AT ISSUE	\$916,592	\$3,427	\$217,847	\$388,173	\$51,924	superseded	superseded	\$2,114
D TIUIT	ADJ. NO(S).	Z	61	6,25	7,17,18	6,13,15	23,24	4-6,12	4,5
ပ ဋ	OF DAYS	177	154	144	167	153	157	174	120
B DATE OF	HEARING REQUEST	12/16/2005	05/24/2006 10/25/2006	03/10/2006 08/01/2006	09/20/2006 03/06/2007	08/01/2006	09/26/2005 03/02/2006	03/02/2007 08/23/2007 RNPR	09/09/2010
∢	DATE OF NPR	06/22/2005	05/24/2006	03/10/2006	09/20/2006	03/01/2006	09/26/2005	03/02/2007 RNPR	05/12/2010 RNPR
	FISCAL INTERMEDIARY	01/31/2004 Wisconsin Physicians Service	05/31/2004 Wisconsin Physicians Service	06/30/2004 Wisconsin Physicians Service	09/30/2004 Wisconsin Physicians Service	12/31/2004 Wisconsin Physicians Service	01/31/2004 First Coast Service Options	First Coast Service Options	First Coast Service Options
	FYE	01/31/2004	05/31/2004	06/30/2004	09/30/2004	12/31/2004	01/31/2004	01/31/2004 First Opti	01/31/2004 First Opti
	PROVIDER NAME CITY, COUNTY, STATE	Westside Regional Medical Center Plantation, Broward, Florida	West Florida Regional Medical Center Pensacola, Santa Rosa, Florida	Columbia Hospital West Palm Beach, Palm Beach, Florida	Northside Hospital St. Petersburg, Pinellas, Florida	Edward White Hospital St. Petersburg, Pinellas, Florida	31a.10-0242 Gulf Coast Medical Center Panama City, Bay, Florida	31b.10-0242 Gulf Coast Medical Center Panama City, Bay, Florida	31c.10-0242 Gulf Coast Medical Center Panama City, Bay, Florida
	PROVIDER NUMBER	26.10-0228	27.10-0231	28.10-0234	29.10-0238	30.10-0239	31a.10-0242	31b.10-0242	31c.10-0242

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

				∢	B DATE OF	.ပ ဋ	D TICITA	E MEDICARE	FORIGINAL	G DATE
PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FYE	FISCAL INTERMEDIARY	DATE OF NPR	1	OF DAYS	ADJ. NO(S).	AMOUNT AT ISSUE	CASE NO. (IF ANY)	OF ADD/ TRANSFER
32a.10-0243	32a.10-0243 Brandon Regional Hospital Brandon, Hillsborough, Florida	12/31/2004 W Se	12/31/2004 Wisconsin Physicians Service	11/22/2005 (	04/24/2006	153	11,12	superseded	N/A	Ν̈́
32b.10-0243	32b.10-0243 Brandon Regional Hospital Brandon, Hillsborough, Florida	12/31/2004 W Se	12/31/2004 Wisconsin Physicians Service	03/05/2007 ( RNPR	08/23/2007	171	<b>4</b> , <b>6</b> , <b>7</b> , <b>9</b> , <b>1</b>	\$373,986	K/N	Z/Z
33a.10-0246	33a.10-0246 Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	09/30/2004 Fi	09/30/2004 First Coast Service Options	03/02/2006 (	08/10/2006	161	50	superseded	N/A	N/A
33b.10-0246	33b.10-0246 Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	09/30/2004 Fi	09/30/2004 First Coast Service Options	09/21/2007 ( RNPR	02/25/2008	157	4 7.	superseded	NA	N/N
33c.10-0246	33c.10-0246 Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	09/30/2004 Fi O	09/30/2004 First Coast Service Options	10/05/2009 RNPR	11/25/2009	5	5-8	\$143,627	N/A	N/A
34.10-0260	St. Lucie Medical Center Port St. Lucie, St. Lucie, Florida	09/30/2004 Fi	09/30/2004 First Coast Service Options	11/22/2005 04/24/2006	04/24/2006	153	Z	\$10,000	A/N	N/A
35.10-0269	Palms West Hospital Loxahatchee, Palm Beach, Florida		05/31/2004 First Coast Service Options	09/26/2006	03/06/2007	161	8,15,17	\$50,084	A/N	N/A
36.10-0279	Gulf Coast Hospital Fort Myers, Lee, Florida	12/31/2004 W So	12/31/2004 Wisconsin Physicians Service	05/31/2007 11/08/2007	11/08/2007	161	5,14,15	\$9,315	A/N	N/A

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

G	OF ADD/ TRANSFER	N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/	N/A	A/N	N/A	A/N	N/A	N/A	N/A
FORIGINAL		N/A	K K K	V/A	A/N	N/A	N/N	N/A	N/A
E MEDICARE	AMOUNT AT ISSUE	superseded	\$817	superseded	superseded	\$6,168	\$36,107	\$12,804	\$64,668
O FIGH	ADJ. NO(S).	4	4	25	4	~	10,11	16	4,21,22
ပ ဋ	OF DAYS	167	171	152	154	133	152	151	168
B TEOF	HEARING REQUEST	03/06/2007	09/26/2008	10/25/2006	02/19/2009	07/22/2009	10/25/2006	10/29/2009 03/29/2010	02/16/2007 08/03/2007
<b>∀</b>	DATE OF NPR	09/20/2006 03/06/2007	04/08/2008 09/26/2008 RNPR	05/26/2006 10/25/2006	09/18/2008 02/19/2009 RNPR	03/11/2009 07/22/2009 RNPR	05/26/2006 10/25/2006	10/29/2009	02/16/2007
	FISCAL INTERMEDIARY	07/31/2004 Wisconsin Physicians Service	Wisconsin Physicians Service	08/31/2004 Wisconsin Physicians Service	08/31/2004 Wisconsin Physicians Service	08/31/2004 Wisconsin Physicians Service	09/30/2004 Wisconsin Physicians Service	12/31/2004 Pinnacle Business Solutions	12/31/2004 Wisconsin Physicians Service
	FYE	07/31/2004	07/31/2004 Wi	08/31/2004	08/31/2004	08/31/2004	09/30/2004	12/31/2004	12/31/2004 la
	PROVIDER NAME CITY, COUNTY, STATE	37a.11-0033 Emory Northlake Regional Hospital Tucker, DeKalb, Georgia	37b.11-0033 Emory Northlake Regional Hospital Tucker, DeKalb, Georgia	38a.11-0192 Emory Eastside Medical Center Snellville, Gwinnett, Georgia	38b.11-0192 Emory Eastside Medical Center · Snellville, Gwinnett, Georgia	38c.11-0192 Emory Eastside Medical Center Snellville, Gwinnett, Georgia	West Valley Medical Center Caldwell, Canyon, Idaho	Tulane University Hospital New Orleans, Orleans, Louisiana	Lakeview Regional Medical Center Covington, St. Tammany, Louisiana
	PROVIDER NUMBER	37a.11-0033	37b.11-0033	38a.11-0192	38b.11-0192	38c.11-0192	39.13-0014	40.19-0176	41.19-0177

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Representative: HCA, Inc.

Case Number: 06-0910GC

G DATE	OF ADD/ TRANSFER	N/A	N/A	N/A	N/A	N/A	N/N	N/N	N/A
FORIGINAL	_	N/A	N/A	N/A	N/A	N/A	A/N	N/A	N/A
E MEDICARE O		\$90,041	\$536,445	superseded	\$132,904	\$75,311	\$66,542	superseded	\$29,624
D TIGHT		5,28	ဖ	61,65	4	32,34,44	17,29	132 17,18,45	က
ပ ဋ	OF DAYS	140	134	172	126	167	167	132	151
B	HEARING REQUEST	08/01/2006	01/09/2008	04/10/2007	11/25/2009	03/06/2007	03/06/2007	11/08/2007	07/20/2010
∢	DATE OF NPR	03/14/2006	08/28/2007 01/09/2008	10/20/2006	07/22/2009 RNPR	09/20/2006	09/20/2006	06/29/2007 11/08/2007	02/19/2010 RNPR
	FISCAL INTERMEDIARY	01/31/2004 Wisconsin Physicians Service	12/31/2004 Wisconsin Physicians Service	03/31/2004 Wisconsin Physicians Service	03/31/2004 Wisconsin Physicians Service	12/31/2004 Wisconsin Physicians Service	03/31/2004 Wisconsin Physicians Service	01/31/2004 Palmetto GBA/First Coast Service Options	01/31/2004 Palmetto GBA/First Coast Service Options
	FYE	01/31/2004	12/31/2004	03/31/2004	03/31/2004	12/31/2004	03/31/2004	01/31/2004	01/31/2004
	PROVIDER NAME CITY, COUNTY, STATE	Lakeland Medical Center New Orleans, Orleans, Louisiana	Research Medical Center Kansas City, Jackson, Missouri	44a.26-0095 Independence Regional Health Center	44b.26-0095 Centerpoint Medical Center Independence, Jackson, Missouri	Baptist Lutheran Medical Center Kansas City, Jackson, Missouri	Medical Center of Independence Independence, Jackson, Missouri	47a.29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	47b.29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada
	PROVIDER NUMBER	42.19-0200	43.26-0027	44a.26-0095	44b.26-0095	45.26-0107	46.26-0166	47a.29-0003	47b.29-0003

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days Representative: HCA, Inc.

Case Number: 06-0910GC

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G DATE	OF ADD/ TRANSFER	N/A	08/09/2007	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FORIGINAL	CASE NO.	N/A	07-2441	N/A	A/A	A/N	A/A	A/N	Ϋ́Z	A/N
E MEDICARE	AMOUNT AT ISSUE	\$10,000	superseded	\$5,977	superseded	\$110,641	superseded	superseded	\$26,188	superseded
. O	ADJ. NO(S).	14,18	31,35	4	2,11	R1-002- R1-004	10	R2-001- R2-003	R3-001	3,9,11
ပ ဋ	OF DAYS	166	176	17 2	166	128	155	131	140	180
B DATE OF	HEARING REQUEST	03/06/2007	07/12/2007	08/28/2009	05/12/2006 10/25/2006	07/20/2009 11/25/2009 RNPR	09/28/2005 03/02/2006	07/17/2009 11/25/2009 RNPR	09/09/2010	06/30/2006 12/27/2006
∢	DATE OF NPR	09/21/2006	01/17/2007 07/12/2007	05/08/2009 08/28/2009 RNPR	05/12/2006	07/20/2009 RNPR	09/28/2005	07/17/2009 RNPR	04/22/2010 RNPR	06/30/2006
	FISCAL INTERMEDIARY	12/31/2004 Palmetto GBA/First Coast Service Options	004 TrailBlazer Health Enterprises	004 TrailBlazer Health Enterprises	11/30/2004 Cahaba Government Benefits Administrator	11/30/2004 Cahaba Government Benefits Administrator	004 Cahaba Government Benefits Administrator	004 Cahaba Government Benefits Administrator	05/31/2004 Cahaba Government Benefits Administrator	12/31/2004 Cahaba Government Benefits Administrator
	FYE	12/31/20	08/31/2004 Trail Ente	08/31/2004 Trail Ente	11/30/20	11/30/20	05/31/2004 Cah Ben	05/31/2004 Cah Ben	05/31/20	12/31/20
	ER PROVIDER NAME ER CITY, COUNTY, STATE	48.29-0039 Mountain View Hospital Las Vegas, Clark, Nevada	49a.37-0093 OU Medical Center Oklahoma City, Oklahoma, Oklahoma	49b.37-0093 OU Medical Center Oklahoma City, Oklahoma, Oklahoma	50a.44-0006 Skyline Medical Center Nashville, Davidson, Tennessee	50b.44-0006 Skyline Medical Center Nashville, Davidson, Tennessee	51a.44-0046 Horizon Medical Center Dickson, Dickson, Tennessee	51b.44-0046 Horizon Medical Center Dickson, Dickson, Tennessee	51c.44-0046 Horizon Medical Center Dickson, Dickson, Tennessee	52a.44-0150 Summit Medical Center Hermitage, Davidson, Tennessee
	PROVIDER NUMBER	48.29-00	49a.37-0	49b.37-0	50a.44-0	50b.44-0	51a.44-0	51b.44-0	51c.44-0	52a.44-0

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

PROVIDER	PROVIDER NAME CITY, COUNTY, STATE	FYE	FISCAL	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S).	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
		  -  -								
52b.44-0150	52b.44-0150 Summit Medical Center Hermitage, Davidson, Tennessee	12/31/2004	12/31/2004 Cahaba Government Benefits Administrator	07/22/2009 11/25/2009 RNPR	11/25/2009	126	R1-003, R1-004	\$100,168	A/A	N/A
53a.44-0156	53a.44-0156 Parkridge Medical Center Chattanooga, Hamilton, Tennessee	03/31/2004	03/31/2004 Cahaba Government Benefits Administrator	05/25/2007 11/08/2007	11/08/2007	167	30,33,49	superseded	A/N	N/A
53b.44-0156	53b.44-0156 Parkridge Medical Center Chattanooga, Hamilton, Tennessee	03/31/2004	03/31/2004 Cahaba Government Benefits Administrator	07/02/2009 11/25/2009 RNPR	11/25/2009	146	R2-001. R2-002	\$45,817	A/N	Z/A
54a.44-0161	54a.44-0161 Centennial Medical Center Nashville, Davidson, Tennessee	12/31/2004	12/31/2004 Cahaba Government Benefits Administrator	07/13/2006	07/13/2006 12/27/2006	167	23,24	superseded	A/N	N/A
54b.44-0161	54b.44-0161 Centennial Medical Center Nashville, Davidson, Tennessee	12/31/2004	12/31/2004 Cahaba Government Benefits Administrator	07/21/2009 RNPR	07/21/2009 11/25/2009 RNPR	127	R2-001- R2-003	\$158,439	A/A	A/N
55a.44-0194	55a.44-0194 Hendersonville Hospital Hendersonville, Sumner, Tennessee	08/31/2004	08/31/2004 Cahaba Government Benefits Administrator	09/29/2005	03/02/2006	154	2,6	superseded	N/A	N/A
55b.44-0194	55b.44-0194 Hendersonville Hospital Hendersonville, Sumner, Tennessee	08/31/2004	08/31/2004 Cahaba Government Benefits Administrator	08/29/2007 RNPR	08/29/2007 01/09/2008 RNPR	133	R1-003- R1-005	\$21,182	A/N	N/A
56a.44-0197	56a.44-0197 Southern Hills Medical Center Nashville, Davidson, Tennessee	05/31/2004	05/31/2004 Cahaba Government Benefits Administrator	09/28/2005	09/28/2005 03/02/2006	155	7	superseded	N/A	N/A

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Date Prepared: 06/29/2011

Representative: HCA, Inc.

Case Number: 06-0910GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FYE	FISCAL INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S).	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
56b.44-0197	56b.44-0197 Southern Hills Medical Center Nashville, Davidson, Tennessee	05/31/2004	05/31/2004 Cahaba Government Benefits Administrator	07/20/2009 RNPR	11/25/2009	128	R1-003, R1-004	\$31,233	A/N	N/A
57.45-0097	Bayshore Medical Center Pasadena, Harris, Texas	12/31/2004	12/31/2004 TrailBlazer Health Enterprises	06/19/2007 11/08/2007	11/08/2007	142	22,23,25	\$262,642	N/A	N/A
58.45-0126	East Houston Medical Center Houston, Harris, Texas	02/29/2004	02/29/2004 TrailBlazer Health Enterprises	09/13/2006 01/18/2007	01/18/2007	127	26,27	\$52,235	A/N	A/N
59a.45-0222	59a.45-0222 Conroe Regional Medical Center Conroe, Montgomery, Texas	12/31/2004	12/31/2004 TrailBlazer Health Enterprises	05/30/2006 10/25/2006	10/25/2006	4 <sub>4</sub> 8	ත හ	superseded	A/A	N/A
59b.45-0222	59b.45-0222 Conroe Regional Medical Center Conroe, Montgomery, Texas	12/31/2004	12/31/2004 TrailBlazer Health Enterprises	01/02/2009 RNPR	04/24/2009	112	4	\$30,988	N/A	N/A
60a.45-0388	60a.45-0388 Methodist Hospital San Antonio, Bexar, Texas	06/30/2004	06/30/2004 TrailBlazer Health Enterprises	09/21/2006 03/06/2007	03/06/2007	166	42,43	superseded	N/A	N/A
60b.45-0388	60b.45-0388 Methodist Hospital San Antonio, Bexar, Texas	06/30/2004	06/30/2004 TrailBlazer Health Enterprises	02/18/2009 07/22/2009 RNPR	07/22/2009	154	4	\$720,721	N/A	N/A
61.45-0431	St. David's Medical Center Austin, Travis, Texas	12/31/2004	12/31/2004 TrailBlazer Health Enterprises	10/13/2006	04/10/2007	179	5,6	\$3,797	N/A	N/A
62.45-0617	Clear Lake Regional Medical Center Webster, Galveston, Texas	12/31/2004	12/31/2004 TrailBlazer Health Enterprises	09/20/2006 03/06/2007	03/06/2007	167	30,31	\$8,493	N/A	N/A

Date Prepared: 06/29/2011

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

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G DATE OF ADD/	IRANSFER	N/A	N/A	N/A	A/N	03/02/2006	N/A	N/A	N/A	N/A
PORIGINAL	(IF ANY)	N/A	A/N	A/N	N/A	06-0202	N/A	N/A	N/A	N/A
E MEDICARE AMOUNT	AT ISSUE	\$62,739	\$2,553	\$71,661	\$26,709	superseded	\$6,394	\$80,375	\$39,244	\$6,710
D AUDIT ADJ.	NO(S).	33,36-38	7,20	8,24	8,27-29	Z	သ	30-32	24,29	20,24
၀ လ မ	DAYS	154	167	157	139	174	175	175	154	161
	REQUEST	09/27/2006	03/06/2007	02/25/2008	01/18/2007	11/14/2005	04/26/2007	06/13/2008 12/05/2008	04/26/2006 09/27/2006	05/31/2007 11/08/2007
A DATE	OF NPR	04/26/2006	09/20/2006	09/21/2007 02/25/2008	09/01/2006	05/24/2005 11/14/2005	11/02/2006 04/26/2007 RNPR	06/13/2008	04/26/2006	05/31/2007
FISCAL	INTERMEDIARY	FrailBlazer Health Enterprises	FrailBlazer Health Enterprises	FrailBlazer Health Enterprises	l TrailBlazer Health Enterprises	FrailBlazer Health Enterprises	l TrailBlazer Health Enterprises	l TrailBlazer Health Enterprises	f TrailBlazer Health Enterprises	t TrailBlazer Health Enterprises
	FYE	06/30/2004 Trai Ente	12/31/2004 Trai Ente	12/31/2004 Trai Ente	05/31/2004 Trai Ente	03/31/2004 Trai Ente	03/31/2004 Trai Ente	01/31/2004 Trai Ente	05/31/2004 Trai Ente	12/31/2004 Trai Ente
	CITY, COUNTY, STATE	Spring Branch Medical Center Houston, Harris, Texas	Denton Regional Medical Center Denton, Callahan, Texas	West Houston Medical Center Houston, Harris, Texas	Medical City Dallas Hospital Dallas, Dallas, Texas	67a.45-0651 Medical Center of Plano Plano, Collin, Texas	67b.45-0651 Medical Center of Plano Plano, Collin, Texas	Plaza Medical Center of Fort Worth Fort Worth, Tarrant, Texas	Medical Center of Arlington Arlington, Tarrant, Texas	South Austin Hospital Austin, Travis, Texas
PROVIDER	NUMBER	63.45-0630	64.45-0634	65.45-0644	66.45-0647	67a.45-0651	67b.45-0651	68.45-0672	69.45-0675	70.45-0713

Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Date Prepared: 06/29/2011

Case Number: 06-0910GC

Issue: Whether the days attributable to patients who were enrolled in Medicare+Choice plans and were also eligible for Medicaid were properly excluded from the numerator of the "Medicaid fraction" that is used to compute the DSH payment.

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PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FYE	FISCAL INTERMEDIARY	DATE OF NPR	HEARING REQUEST	OF DAYS	ADJ. NO(S).	AMOUNT AT ISSUE	CASE NO. (IF ANY)	OF ADD/ TRANSFER
71.45-0775	71.45-0775 Kingwood Medical Center Kingwood, Harris, Texas	09/30/2004 T E	09/30/2004 TrailBlazer Health Enterprises	09/21/2006	09/21/2006 03/06/2007	166	24	\$8,493	N/A	A/N
72.45-0788	72.45-0788 Corpus Christi Medical Center Corpus Christi, Nueces, Texas	08/31/2004 T E	08/31/2004 TrailBlazer Health Enterprises	05/23/2007	05/23/2007 11/08/2007	169	30,31,37	\$3,544	A/N	<b>∀</b> /Z
73a.45-0822	73a.45-0822 Las Colinas Medical Center Irving, Dallas, Texas	12/31/2004 T E	12/31/2004 TrailBlazer Health Enterprises	04/25/2006	04/25/2006 08/10/2006	107	13,17	superseded	N/A	A/N
73b.45-0822	73b.45-0822 Las Colinas Medical Center Irving, Dallas, Texas	12/31/2004 T E	12/31/2004 TrailBlazer Health Enterprises	12/21/2006 RNPR	12/21/2006 05/22/2007 RNPR	152	4 6,	\$9,725	N/A	A/N
							1 11	\$12,395,739		