PROVIDER REIMBURSEMENT REVIEW BOARD DECISION

ON THE RECORD
2011-D9

PROVIDERS –
Charity Care/Ohio HCAP DSH Groups
See Appendix A

Provider Nos.: See Appendix B

vs.

INTERMEDIARY –
BlueCross BlueShield Association/
National Government Services, Inc.

DATE OF HEARING –
October 6, 2010

Cost Reporting Periods Ended:
See Appendix B

CASE NOs.: 08-2162GC, 08-2165GC, 08-2186G, 08-2233GC, 09-0173GC, 09-0300GC, 09-1647GC, 09-1810G, 10-0078GC, and 10-0945G

INDEX

ISSUE:

Whether the Intermediary properly excluded the Ohio Hospital Care Assurance Program (HCAP) days from the Medicare disproportionate share hospital (DSH) calculation.

MEDICARE STATUTORY AND REGULATORY BACKGROUND:

This is a dispute over the proper amount of Medicare reimbursement due a provider of medical services.

The Medicare program was established to provide health insurance to the aged and disabled. *See* 42 U.S.C. §§ 1395-1395cc. The Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), is the operating component of the Department of Health and Human Services (DHHS) charged with administering the Medicare program. CMS' payment and audit functions under the Medicare program are contracted to organizations known as fiscal intermediaries (FI) and Medicare administrative contractors (MAC). FIs and MACs[1] determine payment amounts due the providers under Medicare law and interpretive guidelines published by CMS. *See* 42 U.S.C. § 1395h; 42 C.F.R. §§ 413.20 and 413.24.

At the close of its fiscal year, a provider must submit a cost report to the intermediary showing the costs it incurred during the fiscal year and the portion of those costs to be allocated to Medicare. *See* 42 C.F.R. § 413.20. The intermediary reviews the cost report, determines the total amount of Medicare reimbursement due the provider and issues the provider a Notice of Program Reimbursement (NPR). *See* 42 C.F.R. § 405.1803. A provider dissatisfied with the intermediary's final determination of total reimbursement may file an appeal with the Provider Reimbursement Review Board (Board) within 180 days of the issuance of the NPR. *See* 42 U.S.C. §1395oo(a); 42 C.F.R. §§ 405.1835 - 405.1837.

The operating costs of inpatient hospital services are reimbursed by Medicare primarily through the Prospective Payment System (PPS). *See* 42 U.S.C. § 1395ww(d). The PPS statute contains a number of provisions that adjust reimbursement based on hospital-specific factors. *See* 42 U.S.C. § 1395ww(d)(5). This case involves one of the hospital-specific adjustments, specifically the "disproportionate share hospital," or "DSH" adjustment. The Secretary is required to provide increased PPS reimbursement to hospitals that serve a "significantly disproportionate number of low-income patients." *See* 42 U.S.C. § 1395ww(d)(5)(F)(i)(I).

Whether a hospital qualifies for the DSH adjustment, and how large an adjustment it receives, depends on the hospital's "disproportionate patient percentage." *See* 42 U.S.C. § 1395ww(d)(5)(F)(v). The "disproportionate patient percentage" is the sum of two fractions, the "Medicare and Medicaid fractions," expressed as a percentage for a hospital's cost reporting period. *See* 42 U.S.C. §1395ww(d)(5)(F)(vi). A provider whose

[1] FIs and MACs are hereinafter referred to as intermediaries.

DSH percentage exceeds certain thresholds receives an adjustment which results in increased PPS payment for inpatient hospital services. *See* 42 U.S.C. §1395ww(d)(5)(F)(i). The Medicare fraction's numerator is the number of hospital patient days for patients entitled to both benefits under Medicare Part A and Supplemental Security Income (SSI) benefits, excluding patients receiving state supplementation only; and the denominator is the number of hospital patient days for patients entitled to benefits under Medicare Part A. *Id.; See also*, 42 C.F.R. § 412.106(b)(2). The Medicare fraction is also referred to as the Medicare proxy or the SSI fraction.

The Medicaid fraction's numerator is the number of hospital patient days for patients who were "eligible for medical assistance under a State plan approved under … [Title] XIX" for such period but not entitled to benefits under Medicare Part A, and the denominator is the total number of the hospital's patient days for such period. *Id.*; *See also*, 42 C.F.R. § 412.106(b)(4). The Medicaid fraction is also referred to as the Medicaid proxy.

The Medicaid fraction is the only fraction under the Title XVIII Medicare DSH statute at issue in this case. However, resolution of the Medicare DSH issue also involves the interpretation of a similar DSH provision in the Title XIX Medicaid statute and its application to the Medicare DSH Medicaid fraction. The details of the Medicaid DSH provisions are discussed in more detail below.

STATEMENT OF THE CASE AND PROCEDURAL HISTORY:

This case involves 10 group appeals, collectively known as the Charity Care/Ohio HCAP DSH Groups (Providers). The Providers are forty-seven (47) acute care hospitals located in the State of Ohio. There are 149 cost reports in dispute for fiscal years 1996 through 2007. The Providers participated in the Ohio Hospital Care Assurance Program (HCAP) which provides medical assistance to uninsured low-income patients not eligible for other medical assistance programs, including Medicaid.

National Government Services (Intermediary) issued NPRs for the Providers' cost reporting periods at issue without including HCAP days in the Medicaid fraction of the Providers' Medicare DSH calculations. The Providers timely appealed the Intermediary's determinations to the Board and met other jurisdictional requirements of 42 U.S.C. §1395oo(a).

The Providers were represented by Steven B. Roosa, of Reed Smith LLP. The Intermediary was represented by Bernard M. Talbert, Esquire, of Blue Cross Blue Shield Association.

INCLUSION OF HCAP DAYS IN THE MEDICAID PERCENTAGE OF THE MEDICARE DSH ADJUSTMENT

The parties agree that resolution of the issue hinges on the meaning of the phrase "patients who for such days were eligible for medical assistance under a State plan approved under … [Title] XIX" as used in the Medicare statute at 42 U.S.C. § 1395ww(d)(5)(F)(vi)(II). This phrase identifies those days that are to be counted in the Medicaid proxy of the Medicare DSH adjustment.

Title XIX of the Social Security Act, 42 U.S.C. § 1396a et seq., known as the Medicaid statute, provides for federal sharing of state expenses for medical assistance for low-income individuals, provided the state program meets certain provisions contained in the Medicaid statute. The state must submit a plan describing the program and seek approval from the Secretary. If approved, the state may claim federal matching funds, known as federal financial participation (FFP), under the Title XIX Medicaid statute for the services provided and approved.

The evidence established that the patients who qualify for medical assistance under the HCAP program are not eligible for Medicaid. The HCAP program is state funded and, except as discussed below, the State of Ohio does not receive FFP for the inpatient services furnished to HCAP patients.

The dispute arises because the HCAP program is described in the Ohio Medicaid State plan under the section dealing with the Medicaid Disproportionate Share (Medicaid DSH) provisions. Similar to the Medicare DSH program, the Medicaid DSH program requires states that participate in Medicaid to make a payment adjustment to hospitals that "serve a disproportionate number of low income patients." 42 U.S.C. § 1396r-4(a). The state receives FFP for its Medicaid DSH expenditures. It is undisputed that the HCAP program days are permitted as part of the Medicaid DSH calculation on which Medicaid DSH FFP is based, but they are not Medicaid inpatient days and so do not qualify for FFP for the inpatient services furnished, i.e., what the Intermediary refers to as "traditional" Medicaid. The details of the state's Medicaid DSH program are required to be included in the Medicaid State plan. *Id*.

PARTIES' CONTENTIONS:

The Providers contend that because the HCAP program was included in the Ohio State plan approved under Title XIX and the HCAP program qualified for federal financial participation under the Medicaid DSH program, HCAP patients are therefore "eligible for medical assistance under a State plan approved under [Title] XIX" and must be counted in the Medicaid fraction of the Medicare DSH adjustment.

The Intermediary counters that "eligible for medical assistance under a State plan approved under [Title] XIX" is the statute's "longhand description of Medicaid" and,

consistent with the Secretary's use of the term in the implementing regulation,[2] the terms "medical assistance" and "Medicaid" are interchangeable in the Title XIX Medicaid context. The Intermediary reasons that because the State plan provides that patients who are eligible for the HCAP program cannot be eligible for Medicaid, HCAP days must be excluded from the Medicaid proxy of the Medicare DSH calculation. The Intermediary asserts that this distinction is critical. The state program must be covered under 42 U.S.C. § 1396d(a)[3] of the Medicaid statute; that is, the patient days must be Medicaid eligible, not merely low income days that Medicaid permits to be counted solely for the Medicaid DSH adjustment.

FINDINGS OF FACT, CONCLUSIONS OF LAW AND DISCUSSION:

After considering the Medicare law and program instructions, the evidence presented and the parties' contentions, the Board finds and concludes as follows:

The evidence establishes that Ohio's HCAP program beneficiaries are not eligible for Medicaid and the services provided under that program are not matched with federal funds except under the Medicaid DSH provisions.

Similar to the Medicare DSH provisions, 42 U.S.C. § 1396r-4(a) mandates that a Title XIX Medicaid State plan must include a provision for a payment adjustment to hospitals which serve a disproportionate number of low income patients; that is, it requires a Medicaid DSH adjustment for hospitals that is independent of the Medicare DSH adjustment. The Medicaid DSH adjustment is eligible for FFP even though the particular patient days counted for Medicaid DSH are not directly eligible for FFP because they do not qualify as "traditional Medicaid" services described in 42 U.S.C. § 1395d(a) of the Medicaid statute.

The question for the Board is whether the state funded program, not otherwise eligible for Medicaid coverage, and which is included in the State plan solely for the purpose of calculating the Medicaid DSH payment, constitutes "medical assistance under a State plan approved under [Title] XIX" for purposes of the Medicare DSH adjustment, specifically the Medicaid fraction component.

In prior decisions, the Board interpreted the Medicare statutory phrase "medical assistance under a State plan approved under [Title] XIX" to include any program *identified* in the approved State plan, i.e., it has not limited the days counted to traditional Medicaid days.[4] However, in Adena Regional Medical Center, et al. v. Leavitt, 527 F.3d 176, (D.C. Cir., 2008), the U.S. Court of Appeals for the District of Columbia Circuit

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[2] In 42 C.F.R. § 412.106(b)(4), the Secretary substitutes the term "eligible for Medicaid" for "eligible for medical assistance under a State plan approved under Title XIX."

[3] Section 1396d(a) sets out services and eligibility requirements that the Intermediary characterizes as "traditional" Medicaid coverage.

[4] *See* e.g., Ashtabula County Medical Center et al. v. Blue Cross Blue Shield Association/AdminaStar Federal, Inc., (Ashtabula) PRRB Dec. No. 2005-D49 (August 10, 2005) rev'd CMS Adm. Dec., CCH Medicare Guide 81,442 (October 12, 2005).

concluded that the days related to beneficiaries eligible for the Ohio Hospital Care Assurance Program (HCAP) should not be included in the Medicaid proxy of the Medicare DSH calculation.[5] HCAP patients could not qualify for Medicaid but the HCAP days were included in the Medicaid DSH calculation. The D.C. Circuit pointed out that the federal Medicaid statute, 42 U.S.C. § 1396r-4(c)(3)(B), allows for states to calculate Medicaid DSH payments "under a methodology that" considers either "patients eligible for medical assistance under a State plan approved under [Medicaid] or … low-income patients such as those served under HCAP."[6]

Upon further analysis of the Medicaid DSH statute, 42 U.S.C. § 1396r-4, the Board is also convinced that the term "medical assistance under a State plan approved under [Title] XIX" excludes days funded only by the state and charity care days even though those days may be counted for Medicaid DSH purposes.

The Medicaid DSH statute describes how hospitals qualify for the Medicaid DSH adjustment. It establishes two distinct categories that are used to calculate a Medicaid DSH payment. *See* 42 U.S.C. § 1396r-4(b). The two categories, identified as the "Medicaid inpatient utilization rate" and the "low-income utilization rate," are defined as follows:

> (b)(2) For purposes of paragraph (1)(A), the term "Medicaid inpatient utilization rate" means, for a hospital, a fraction (expressed as a percentage), the numerator of which is the hospital's number of inpatient days attributable to patients who (for such days) were *eligible for medical assistance under a State plan approved under this subchapter* [Title] XIX in a period, and the denominator of which is the total number of the hospital's inpatient days in that period. (emphasis added)
>
> (b)(3) For purposes of paragraph (1)(B), the term "low-income utilization rate" means, for a hospital, the sum of –
>
> (A) the fraction (expressed as a percentage)-
> (i) the numerator of which is the sum (for a period) of (I) the total revenues paid the hospital for patient services under a State plan under this subchapter and (II) the amount of the cash subsidies for patient services received directly from State and local governments, and
>
> (ii) the denominator of which is the total amount of revenues of the hospital for patient service (including the amount of such cash subsidies) in the period; and

[5] The provider in Adena petitioned the U.S. Supreme Court to review the decision rendered by the U.S. Court of Appeals for the District of Columbia. On April 6, 2009 the Supreme Court denied review of that petition.

[6] Adena, 527 F.3d at 179.

> (B) a fraction (expressed as a percentage)-
> (i) the numerator of which is the total amount of the hospital's charges for inpatient hospital services which are attributable to charity care in a period, less the portion of any cash subsidies described in clause (i)(II) of subparagraph (A) in the period reasonably attributable to inpatient hospital services, and
>
> (ii) the denominator of which is the total amount of the hospital's charges for inpatient hospital services in the hospital in the period.

42 U.S.C. § 1396r-4(b)(2)-(b)(3).

42 U.S.C. § 1396r-4(b)(2) specifically uses the term "eligible for medical assistance under a State plan," the exact language from the Medicare DSH statute at issue in this case. That phrase describes the days included in the "Medicaid inpatient utilization rate" for the Medicaid DSH adjustment. It is the second category, however, the "low-income utilization rate" description that clarifies what is and what is not included in "medical assistance under a State plan." The components of the low-income utilization rate include "services rendered under a [Title] XIX State plan," the same category of patients described in the Medicaid utilization rate. But then the statute adds as components subsidies for patient services received directly from State and local governments[7] and charity care.[8] If Congress had intended the term "eligible for medical assistance under a State plan" (the only category of patients in the Medicaid utilization rate) to include the state funded hospital days and charity care days, the subsections adding those categories of days in the low income utilization rate would have been superfluous. As the HCAP program is funded by "state and local governments" and thus is included in the low income utilization rate, not the Medicaid inpatient utilization rate, HCAP patient days do not fall within the Medicaid statute definition of "eligible for medical assistance under a State plan" at 42 U.S.C. § 1396r-4(b)(2).

Statutory construction principles require us to apply the meaning Congress ascribed to the term "eligible for medical assistance under a [Title] XIX State plan" used in the Medicaid statute to the same phrase used in the Medicare statute.[9] HCAP patient days therefore cannot be included in the Medicare DSH statutory definition of "eligible for medical assistance under a State plan" at 42 U.S.C. §1395ww(d)(5)(F)(vi)(II). Accordingly, the Intermediary's adjustments properly excluded Ohio HCAP program patient days from the Provider's Medicare DSH calculation.

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[7] Subsection (b)(3)(A)(i).

[8] Subsection (b)(3)(B)(i).

[9] Atlanta Cleaners & Dyers, Inc. v. U.S., 286 U.S. 427, 433 (1932).

DECISION AND ORDER:

The Intermediary properly excluded Ohio HCAP days from the numerator of the Providers' Medicaid proxy. The Intermediary's adjustments are affirmed.

BOARD MEMBERS PARTICIPATING:

Suzanne Cochran, Esquire
Yvette C. Hayes
Keith E. Braganza, C.P.A.
John Gary Bowers, C.P.A

FOR THE BOARD:

Suzanne Cochran, Esquire
Chairperson

DATE: November 16, 2010

APPENDIX A
Summary of Charity Care/Ohio HCAP DSH Groups

Case No.	Case Name	No. of Providers
08-2162GC	Premier Health 2004-2005 HCAP Days CIRP Group	5
08-2165GC	Ohio Health 1998-2006 HCAP Days CIRP Group	21
08-2186G	Reed Smith 2001-2005 HCAP Days Group	26
08-2233GC	Cleveland Clinic 2001-2006 HCAP Days CIRP Group	19
09-0173GC	Forum 2002-2006 Charity Care/State Only Days CIRP Group	4
09-0300GC	ProMedica Health 2006 DSH Ohio HCAP Days Group	25
09-1647GC	Ohio Health 2007 DSH HCAP Days CIRP Group	4
09-1810G	Reed Smith 2006-2007 HCAP Days Group	10
10-0078GC	TriHealth 2000-2007 HCAP CIRP Group	10
10-0945G	Calfee Ohio 1997-2006 HCAP Group	25

APPENDIX B
Summary of Providers by Group

08-2162GC
Premier Health 2004-2005 HCAP Days CIRP Group

No.	Hospital Name	Prov. No.	FYE
1	Atrium Medical Center	36-0076	12/31/2005
2	Good Samaritan Hospital	36-0052	12/31/2005
3	Miami Valley Hospital	36-0051	12/31/2004
4	Miami Valley Hospital	36-0051	12/31/2005
5	Upper Valley Medical Center	36-0174	12/31/2005

08-2165GC
Ohio Health 1998-2006 HCAP Days CIRP Group

No.	Hospital Name	Prov. No.	FYE
1	Doctors Hospital - Columbus	36-0152	06/30/2000
2	Doctors Hospital - Columbus	36-0152	06/30/2002
3	Doctors Hospital - Columbus	36-0152	06/30/2003
4	Doctors Hospital - Columbus	36-0152	06/30/2004
5	Doctors Hospital - Columbus	36-0152	06/30/2005
6	Doctors Hospital - Columbus	36-0152	12/31/2005
7	Doctors Hospital - Columbus	36-0152	06/30/2006
8	Grant Medical Center	36-0017	06/30/1998
9	Grant Medical Center	36-0017	06/30/1999
10	Grant Medical Center	36-0017	06/30/2000
11	Grant Medical Center	36-0017	06/30/2002
12	Grant Medical Center	36-0017	06/30/2003
13	Grant Medical Center	36-0017	06/30/2004
14	Grant Medical Center	36-0017	06/30/2005
15	Grant Medical Center	36-0017	06/30/2006
16	Marion General Hospital	36-0011	06/30/2006
17	Riverside Methodist Hospital	36-0006	06/30/1999
18	Riverside Methodist Hospital	36-0006	06/30/2000
19	Riverside Methodist Hospital	36-0006	06/30/2004
20	Riverside Methodist Hospital	36-0006	06/30/2005
21	Riverside Methodist Hospital	36-0006	06/30/2006

08-2186G
Reed Smith 2001-2005 HCAP Days Group[10]

No.	Hospital Name	Prov. No.	FYE
1	Alliance Community Hospital	36-0131	12/31/2005
2	Fairfield Medical Center	36-0072	12/31/2004
3	Genesis Healthcare System	36-0039	12/31/2005
4	Licking Memorial Hospital	36-0218	12/31/2004
5	Licking Memorial Hospital	36-0218	12/31/2005
6	Marietta Memorial Hospital	36-0147	09/30/2002
7	Marietta Memorial Hospital	36-0147	09/30/2005
8	Mary Rutan Hospital	36-0197	12/31/2001
9	MedCentral Health System	36-0118	12/31/2002
10	MedCentral Health System	36-0118	12/31/2005
11	Mercy Medical Center - Canton	36-0070	12/31/2005
12	MetroHealth Medical Center	36-0059	12/31/2001
13	MetroHealth Medical Center	36-0059	12/31/2002
14	MetroHealth Medical Center	36-0059	12/31/2003
15	MetroHealth Medical Center	36-0059	12/31/2004
16	MetroHealth Medical Center	36-0059	12/31/2005
17	Robinson Memorial Hospital	36-0078	12/31/2005
18	Southern Ohio Medical Center	36-0008	06/30/2003
19	Summa Health System Hospital	36-0020	12/31/2004
20	Summa Health System Hospital	36-0020	12/31/2005
21	Union Hospital	36-0010	12/31/2005
22	University of Toledo Med Ctr	36-0048	12/31/2004
23	University of Toledo Med Ctr	36-0048	12/31/2005
24	Wooster Community Hospital	36-0036	12/31/2003
25	Wooster Community Hospital	36-0036	12/31/2004
26	Wooster Community Hospital	36-0036	12/31/2005

[10] Licking Memorial Hospital, Provider No. 36-0218, FYE 12/31/2006, was transferred to Case No. 09-1810G on September 17, 2009. However, the Provider was improperly listed on the Schedule of Providers for Case No. 08-2186G rather than Case No. 09-1810G.

08-2233GC
Cleveland Clinic 2001-2006 HCAP Days CIRP Group

No.	Hospital Name	Prov. No.	FYE
1	Cleveland Clinic Foundation	36-0180	12/31/2004
2	Cleveland Clinic Foundation	36-0180	12/31/2005
3	Cleveland Clinic Foundation	36-0180	12/31/2006
4	Cleveland Clinic Hospital	36-0180	12/31/2002
5	Euclid Hospital	36-0082	12/31/2005
6	Euclid Hospital	36-0082	12/31/2006
7	Fairview Hospital	36-0077	12/31/2004
8	Fairview Hospital	36-0077	12/31/2005
9	Fairview Hospital	36-0077	12/31/2006
10	Huron Hospital	36-0101	12/31/2001
11	Huron Hospital	36-0101	12/31/2004
12	Huron Hospital	36-0101	12/31/2005
13	Huron Hospital	36-0101	12/31/2006
14	Lakewood Hospital	36-0212	12/31/2005
15	Lakewood Hospital	36-0212	12/31/2006
16	Lutheran Hospital	36-0087	12/31/2006
17	South Pointe Hospital	36-0144	12/31/2004
18	South Pointe Hospital	36-0144	12/31/2005
19	South Pointe Hospital	36-0144	12/31/2006

09-0173GC
Forum 2002-2006 Charity Care/State Only Days CIRP Group

No.	Hospital Name	Prov. No.	FYE
1	Trumbull Memorial Hospital	36-0055	12/31/2006
2	Western Reserve Care System	36-0141	12/31/2002
3	Western Reserve Care System	36-0141	12/31/2003
4	Western Reserve Care System	36-0141	12/31/2006

09-0300GC
ProMedica Health 2006 DSH Ohio HCAP Days Group

No.	Hospital Name	Prov. No.	FYE
1	Bay Park Community Hospital	36-0259	12/31/2002
2	Bay Park Community Hospital	36-0259	12/31/2003
3	Bay Park Community Hospital	36-0259	12/31/2004
4	Bay Park Community Hospital	36-0259	12/31/2005
5	Bay Park Community Hospital	36-0259	12/31/2006
6	Defiance Hospital	36-0093	12/31/2004
7	Flower Hospital	36-0074	12/31/2005
8	Flower Hospital	36-0074	12/31/2006
9	Fostoria Community Hospital	36-0099	12/31/2001
10	Fostoria Community Hospital	36-0099	12/31/2002
11	Lima Memorial Hospital	36-0009	12/31/2000
12	Lima Memorial Hospital	36-0009	12/31/2001
13	Lima Memorial Hospital	36-0009	12/31/2002
14	Lima Memorial Hospital	36-0009	12/31/2003
15	Lima Memorial Hospital	36-0009	12/31/2004
16	Lima Memorial Hospital	36-0009	12/31/2005
17	Lima Memorial Hospital	36-0009	12/31/2006
18	The Toledo Hospital	36-0068	12/31/1996
19	The Toledo Hospital	36-0068	12/31/1997
20	The Toledo Hospital	36-0068	12/31/1998
21	The Toledo Hospital	36-0068	12/31/1999
22	The Toledo Hospital	36-0068	12/31/2001
23	The Toledo Hospital	36-0068	12/31/2004
24	The Toledo Hospital	36-0068	12/31/2005
25	The Toledo Hospital	36-0068	12/31/2006

09-1647GC
Ohio Health 2007 DSH HCAP Days CIRP Group

No.	Hospital Name	Prov. No.	FYE
1	Doctors Hospital - Columbus	36-0152	06/30/2007
2	Grant Medical Center	36-0017	06/30/2007
3	Marion General Hospital	36-0011	06/30/2007
4	Riverside Methodist Hospital	36-0006	06/30/2007

09-1810G
Reed Smith 2006-2007 HCAP Days Group[11]

No.	Hospital Name	Prov. No.	FYE
1	Akron General Medical Center	36-0027	12/31/2006
2	Alliance Community Hospital	36-0131	12/31/2006
3	Licking Memorial Hospital	36-0218	12/31/2006
4	MedCentral Health System	36-0118	12/31/2006
5	MetroHealth Medical Center	36-0059	12/31/2006
6	Robinson Memorial Hospital	36-0078	12/31/2006
7	Summa Health Systems	36-0020	12/31/2006
8	University of Toledo Med Ctr	36-0048	06/30/2006
9	University of Toledo Med Ctr	36-0048	06/30/2007
10	Wooster Community Hospital	36-0036	12/31/2006

10-0078GC
TriHealth 2000-2007 HCAP CIRP Group[12]

No.	Hospital Name	Prov. No.	FYE
1	Bethesda Hospitals, Inc.	36-0179	06/30/2002
2	Bethesda Hospitals, Inc.	36-0179	06/30/2003
3	Bethesda Hospitals, Inc.	36-0179	06/30/2004
4	Bethesda Hospitals, Inc.	36-0179	06/30/2005
5	Bethesda Hospitals, Inc.	36-0179	06/30/2007
6	Good Samaritan Hospital	36-0134	06/30/2002
7	Good Samaritan Hospital	36-0134	06/30/2004
8	Good Samaritan Hospital	36-0134	06/30/2005
9	Good Samaritan Hospital	36-0134	06/30/2006
10	Good Samaritan Hospital	36-0134	06/30/2007

[11] Licking Memorial Hospital, Provider No. 36-0218, FYE 12/31/2006, was transferred to Case No. 09-1810G on September 17, 2009. However, the Provider was improperly listed on the Schedule of Providers for Case No. 08-2186G rather than Case No. 09-1810G.
[12] Good Samaritan Hospital, Provider No. 36-0134, FYEs 06/30/2000 and 06/30/2001, were dismissed from Case No. 10-0078 on June 8, 2010, because the HCAP issue had already been transferred to another group.

10-0945G
Calfee Ohio 1997-2006 HCAP Group[13, 14, 15]

No.	Hospital Name	Prov. No.	FYE
1	Akron General Medical Center	36-0027	12/31/1998
2	Akron General Medical Center	36-0027	12/31/1999
3	Akron General Medical Center	36-0027	12/31/2000
4	Akron General Medical Center	36-0027	12/31/2001
5	Akron General Medical Center	36-0027	12/31/2002
6	Akron General Medical Center	36-0027	12/31/2003
7	Akron General Medical Center	36-0027	12/31/2004
8	Akron General Medical Center	36-0027	12/31/2005
9	Ashtabula County Medical Center	36-0125	12/31/2000
10	Ashtabula County Medical Center	36-0125	12/31/2001
11	Ashtabula County Medical Center	36-0125	12/31/2002
12	Ashtabula County Medical Center	36-0125	12/31/2003
13	EMH Regional Medical Center	36-0145	12/31/2004
14	EMH Regional Medical Center	36-0145	12/31/2005
15	Grandview Hospital and Med Ctr	36-0133	12/31/2005
16	Greene Memorial Hospital	36-0026	12/31/2004
17	Samaritan Regional Health System	36-0002	12/31/2001
18	Samaritan Regional Health System	36-0002	12/31/2002
19	Samaritan Regional Health System	36-0002	12/31/2003
20	Samaritan Regional Health System	36-0002	12/31/2004
21	Samaritan Regional Health System	36-0002	12/31/2005
22	The Community Hospital	36-0187	06/30/1998
23	The Community Hospital	36-0187	06/30/2002
24	The Community Hospital	36-0187	06/30/2004
25	The Community Hospital	36-0187	06/30/2005

[13] Akron General Medical Center, Provider No. 36-0027, FYE 12/31/1997, was dismissed from Case No. 10-0945G on April 26, 2010, because the individual appeal (Case No. 01-1928) was closed prior to the request for transfer.
[14] Akron General Medical Center, Provider No. 36-0027, FYE 12/31/2006, was dismissed from Case No. 10-0945G on May 27, 2010, because the HCAP issue had already been transferred to another group.
[15] Community Hospital, Provider No. 36-0187, FYE 06/30/2003, was dismissed from Case No. 10-0945G on May 27, 2010, because there was no valid individual appeal from which to transfer the HCAP issue for this fiscal year.