PROVIDER REIMBURSEMENT REVIEW BOARD DECISION

ON THE RECORD 2016-D1

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 – Fiscal Years 2000, 2002, 2003, and 2004 (through 9/30/2004)

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.³

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 patients⁴ and is defined as the sum of two fractions expressed as percentages.⁵ 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.

¹ Appendix A includes a listing by group of the providers and fiscal years at issue in these appeals.

² 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.

³See 42 U.S.C. § 1395ww(d)(5)(F)(i)(I); 42 C.F.R. § 412.106.

⁴ 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).

⁵ 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.⁶

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+C⁷ 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 program¹⁰ 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

⁶ 42 U.S.C. § 1395ww(d)(5)(F)(vi)(II) (emphasis added).

⁷ 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).

⁸ The stipulations are dated July 22, 2011 and include supporting attachments.

⁹ 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). ¹⁰ 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*")¹¹ and *Metropolitan Hosp., Inc. v. U.S. Dept. of Health and Human Services* ("*Metropolitan*").¹² 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.¹³ 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.¹⁴

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

¹¹699 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).

¹² 702 F.Supp.2d 808, 823 (W.D. Mich. 2010), rev'd 712 F.3d 248 (6th Cir. 2013).

¹³ See 42 U.S.C. § 1395w-21(a)(I); 42 C.F.R. § 422.50.

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

¹⁵ See 55 Fed. Reg. 35990, 35994 (Sept. 4, 1990).

¹⁶ See 63 Fed Red. 48916, 49099 (Aug. 11, 2004).

¹⁷ 42 U.S.C. § 426(a).

¹⁸See 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.¹⁹ 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.²⁰

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

¹⁹ 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).

²⁰ 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: October 6, 2015

RECEIVED

Model Form G: Schedule of Providers in Group

JUN 29 2011

PROVIDER REIMBURSEMENT REVIEW BOARD

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. Case Number: 05-0543GC

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

Representative: HCA, Inc.

Date Prepared: 6/28/2011

	•	TSOS		∢	B DATE OF	ပ ပို့	D AUDIT	E MEDICARE	F ORIGINAL	G DATE
PROVIDER NUMBER	ROVIDER NAME	REPORTING PERIOD	FISCAL	DATE OF NPR	HEARING REQUEST	OF DAYS	ADJ. NO(S).	AMOUNT AT ISSUE	CASE NO. OF ADD/ (IF ANY) TRANSFER	OF ADD/ TRANSFER
1. 05-0022	Riverside Community Hospital Riverside, Riverside, California	4/30/2002 F	4/30/2002 Palmetto GBA/First Coast Service Options	10/26/2010 4/19/2011 RNPR	4/19/2011	175	4	\$119,011	11-0579	11-0579 6/28/2011
2. 26-0031	2. 26-0031 Trinity Lutheran Hospital Kansas City, Jackson, Missouri	12/31/2000 \	12/31/2000 Wisconsin Physicians Service	3/16/2004	9/9/2004	177	8,16	\$49,535	04-2212	04-2212 1/13/2005
							1 1	\$168,546		

Page 1

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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

APPEI	NDIX §	N/A	CNs: 05	-0543GC, ≦	05-08620 ≸	GC, and 00 ≸	6-0910GC
G DATE OF ADD/ TRANSFER	Z	Z	2	2	2	2	2
FORIGINAL CASE NO. (IF ANY)	Z V	N/A	A/N	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	Z/N
C NO. OF DAYS	170	118	89	175	125	117	177
B DATE OF HEARING REQUEST	03/02/2007	12/30/2010	01/15/2010 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 12/30/2010 RNPR	01/15/2010	09/27/2007	08/27/2010 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	01/31/2003 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	15. 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/A	N/A	05/21/2007	N/A	A/X	
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).	~	88	4	17	4	4	4,33
C NO. OF DAYS	155	167	152	178	159	135	159
B DATE OF HEARING REQUEST	12/18/2007	11/06/2006	06/30/2009	06/02/2006 11/27/2006	10/10/2007	09/23/2008 02/05/2009 RNPR	05/31/2006 11/06/2006
A DATE OF NPR	07/16/2007 RNPR	05/23/2006 11/06/2006	01/29/2009 06/30/2009 RNPR	06/02/2006	05/04/2007 10/10/2007 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	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

Representative: HCA, Inc.

Case Number: 05-0862GC

	APPENDI	X	(CNs: 05	-0543Ğ	C, 05-0	862GC	, and 06-0)910GC
G DATE OF ADD/ TRANSFER	N/A	N/A	A/N	N/A	N/A	N/A	N/A	N/A	
F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	A/N	N/A	N/A	N/A	N/A	N/A	
E MEDICARE AMOUNT AT ISSUE	\$35,757	superseded	superseded	superseded	\$175,098	\$1,469,899	\$831,661	\$190,630	
D AUDIT ADJ. NO(S).	~	30,35	9,5	4	4	22	21,23	2,15,17	
c NO. OF DAYS	177	175	180	151	153	138	152	147	
B DATE OF HEARING REQUEST	12/04/2008	11/15/2006	10/01/2007	07/28/2009	07/01/2010	09/21/2005 02/06/2006	05/19/2005 10/18/2005	09/21/2006 02/15/2007	
A DATE OF NPR	06/10/2008 RNPR	05/24/2006 11/15/2006	04/04/2007 RNPR	02/27/2009 07/28/2009 RNPR	01/29/2010 RNPR	09/21/2005	05/19/2005	09/21/2006	
FISCAL INTERMEDIARY	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	12/31/2003 Wisconsin Physicians Service	06/30/2003 Wisconsin Physicians Service	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	

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

Case Number: 05-0862GC

nc.		X •	CN	s: 05-0	543GC, 0:	5-08620 ⋖	GC, and	106-0910GC ≸
G DATE OF ADD/ TRANSFER	Z/Z	N/A	N/A	Ž	Ž			
F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	∀/Z	A/N	N/A	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	4,5	16	4,6	3,11	12,13	Ω.	4
c NO. OF DAYS	142	80	155	151	148	176	168	8
B DATE OF HEARING REQUEST	01/12/2007	03/18/2011	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	12/30/2010
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	12/31/2003 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	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

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.

	APPENDI		CNs:	05-0543G	C, 05-0	862GC, a	nd 06-0910GC
G DATE OF ADD/ TRANSFER	Z Z	N/A	N/A	N/A	A/N	A/S	nd 06-0910GC ≸
F ORIGINAL CASE NO. (IF ANY)	V/N	N/A	N/A	N/A	N/A	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	Z	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	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 01/12/2007	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

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

Date Prepared: 06/29/2011

Case Number: 05-0862GC

	APPEND		CN	ls: 05-0	543GC	, 05-080	62GC, and	1 06-0910GC
G DATE OF ADD/ TRANSFER	Ϋ́Z	A/N	N/A	N/A	A/N	A/Z		106-0910GC ≦
F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	superseded	\$188,199	superseded	\$238,779	\$122,529	\$254,511	superseded	\$136,851
D AUDIT ADJ. NO(S).	4,6	4	6,17	4	N/N	7,12,15	37	5,7
C NO. OF DAYS	165	138	165	179	160	160	176	123
B DATE OF HEARING REQUEST	07/13/2007	02/12/2009 06/30/2009 RNPR	09/18/2006 03/02/2007	12/18/2007	07/07/2005	09/20/2005 02/27/2006	09/21/2006 03/16/2007	05/10/2010 09/10/2010 RNPR
A DATE OF NPR	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
FISCAL INTERMEDIARY	Wisconsin Physicians Service	Wisconsin Physicians Service	09/30/2003 Wisconsin Physicians Service	Wisconsin Physicians Service	Wisconsin Physicians Service	12/31/2003 Wisconsin Physicians Service	09/30/2003 First Coast Service Options	First Coast Service Options
COST REPORTING PERIOD	06/30/2003	06/30/2003	09/30/2003	09/30/2003	12/31/2003	12/31/2003	09/30/2003	09/30/2003
PROVIDER PROVIDER NAME F NUMBER CITY, COUNTY, STATE	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
	2	2	7	0	0	N	N	N

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.

10GC
910GC
Service
Center Snellville, Gwinnett, Georgia

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.

	APPENDIX		CNs:	05-054.	3GC, 05-0	862GC, a	and 06-0910GC
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	N/A	N/A		nd 06-0910GC ₹
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	\$5,620	\$10,000	\$20,543	superseded	\$6,439	\$17,920
D AUDIT ADJ. NO(S).	4	4	5	9,10	7	R1-004, R1-005	4,32
C NO. OF DAYS	174	145	176	147	161	9	£41
B DATE OF HEARING REQUEST	07/10/2008	12/15/2008	06/21/2005 12/14/2005	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	08/31/2003 Wisconsin Physicians Service	06/30/2003 Wisconsin Physicians Service	Wisconsin Physicians Service	Pinnacle Business Solutions	Pinnacle Business Solutions	Wisconsin Physicians Service
COST REPORTING PERIOD	က	08/31/2003	06/30/2003	09/30/2003	12/31/2003	12/31/2003	12/31/2003
R PROVIDER NAME R CITY, COUNTY, STATE	2 Em Cer Sne	34c. 11-0192 Emory Eastside Medical Center Snellville, Gwinnett, Georgia	11 Macon Northside Hospital Macon, Bibb, Georgia	4 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	7 Lakeview Regional Medical Center Covington, St. Tammany, Louisiana
PROVIDER	34b. 11-01	34c. 11-01	35. 11-0201	36. 13-0014	37a. 19-01	37b. 19-01	38. 19-0177

ssue: 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.

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

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

Date Prepared: 06/29/2011

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\$53,721

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174

01/24/2007 07/17/2007

Wisconsin Physicians

03/31/2003

Service

Kansas City, Jackson, Missouri

Research Medical Center

40. 26-0027

APPENDIX ≸ ≸

ΥX

\$30,305

R1-002 R1-001,

151

06/07/2010 11/05/2010

Pinnacle Business

12/31/2003

Solutions

Gulfport, Harrison, Mississippi

39b. 25-0123 Garden Park Medical Center

RNPR

Ϋ́

superseded

20,24

154

09/14/2006 02/15/2007

Pinnacle Business

12/31/2003

Solutions

Gulfport, Harrison, Mississippi

Garden Park Medical Center

39a. 25-0123

TRANSFER OF ADD/ G DATE

(IF ANY)

AT ISSUE AMOUNT

DAYS

REQUEST

OF NPR

INTERMEDIARY

FISCAL

REPORTING

COST

PERIOD

CITY, COUNTY, STATE

PROVIDER NAME

PROVIDER

NUMBER

DATE

CASE NO. ORIGINAL

MEDICARE

D AUDIT ADJ. NO(S).

ပ ဝွဲ R

> DATE OF **JEARING**

ω

⋖

¥ X

\$11,251

163

10/04/2006 03/16/2007

RNPR

03/31/2003 Wisconsin Physicians Service

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

Α×

superseded

37

160

09/20/2005 02/27/2006

Wisconsin Physicians

03/31/2003

Baptist Lutheran Medical

42a. 26-0107

Center

Service

Kansas City, Jackson, Missouri

Kansas City, Jackson, Missouri

Baptist Lutheran Medical

43. 26-0107

Center

42b. 26-0107 Baptist Lutheran Medical

Center

\$250,081

Z

165

05/25/2007 11/06/2007

Wisconsin Physicians

12/31/2003

Service

Kansas City, Jackson, Missouri

Research Medical Center

41. 26-0027

۲

\$62,371

27,28

161

09/22/2006 03/02/2007

12/31/2003 Wisconsin Physicians

Service

Kansas City, Jackson, Missouri

44a. 26-0166 Medical Center of

Independence

superseded

24

164

09/16/2005 02/27/2006

03/31/2003 Wisconsin Physicians

ΑX

ndependence, Jackson,

Page 9

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

Date Prepared: 06/29/2011

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:	5-0862GC	c, and 0	6-0910GC
N/A	N/A	N/A	V	A/N	10/17/2008	NA
N/A	N/A	N/A	N/A	N/A	06-0067	N/A
\$8,458	superseded	superseded	superseded	\$10,900	\$10,000	superseded
4,5,7	9,28	4 6,	φ	4	Z	Z
174	443	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
44b. 26-0166 Medical Center of Independence Independence, Jackson, Missouri	45a. 29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	45b. 29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	45c. 29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	45d. 29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	46. 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 ckson,	03/31/2003 Wisconsin Physicians 04/19/2007 10/10/2007 174 4,5,7 \$8,458 N/A Service RNPR 01/31/2003 Palmetto GBA/First 11/28/2005 04/20/2006 143 9,28 superseded N/A Coast Service Options	03/31/2003 Wisconsin Physicians 04/19/2007 10/10/2007 174 4,5,7 \$8,458 N/A Service RNPR 01/31/2003 Palmetto GBA/First 11/28/2005 04/20/2006 143 9,28 superseded N/A Coast Service Options RNPR 01/31/2003 Palmetto GBA/First 04/18/2007 10/01/2007 166 4,6 superseded N/A	03/31/2003 Wisconsin Physicians 04/19/2007 10/10/2007 174 4,5,7 \$8,458 N/A 01/31/2003 Palmetto GBA/First 11/28/2005 04/20/2006 143 9,28 superseded N/A 01/31/2003 Palmetto GBA/First 04/18/2007 10/01/2007 166 4,6 superseded N/A 01/31/2003 Palmetto GBA/First 04/03/2008 09/23/2008 173 6 superseded N/A 01/31/2003 Palmetto GBA/First 04/03/2008 09/23/2008 173 6 superseded N/A	01/31/2003 Wisconsin Physicians	03/31/2003 Wisconsin Physicians 04/19/2007 10/10/2007 174 4,5,7 \$8,458 N/A 01/31/2003 Palmetto GBA/First 11/28/2005 04/20/2006 143 9,28 superseded N/A 01/31/2003 Palmetto GBA/First 04/18/2007 10/01/2007 166 4,6 superseded N/A 01/31/2003 Palmetto GBA/First 04/18/2007 10/01/2007 166 4,6 superseded N/A 01/31/2003 Palmetto GBA/First 04/03/2008 09/23/2008 173 6 superseded N/A 01/31/2003 Palmetto GBA/First 12/11/2009 03/24/2010 103 4 \$10,900 N/A 12/31/2003 Palmetto GBA/First 04/22/2005 10/18/2005 179 N/N \$10,000 06-0067 10/17/2

APPENDIX

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.

4		DIA	•	ZINS. UJ-U	34300, 0	J-0002GC	, and o	0-07100
G DATE OF ADD/ TRANSFER	N/A	A/A	N/A	N/A	N/A	N/A	A/N	N/A
F ORIGINAL CASE NO. (IF ANY)	N/A	A/N	N/A	N/A	N/A	N/A	Ψ/N	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	7	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	02/27/2006	12/16/2009
A DATE OF NPR	07/20/2009 RNPR	07/17/2009 12/16/2009 RNPR	03/31/2005	07/21/2009 12/16/2009 RNPR	09/29/2006	07/21/2009 12/16/2009 RNPR	09/27/2005 02/27/2006	07/23/2009 12/16/2009 RNPR
FISCAL	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	12/31/2003 Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	12/31/2003 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	
PROVIDER NAME CITY, 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	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

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

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

Case Number: 05-0862GC

	APPEN	NDIX	(CNs: 05	5-0543GC	, 05-08	62GC,	and 06-0910GC
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	N/A	N/A	N/A	03/27/2007	and 06-0910GC ₹
F ORIGINAL CASE NO. (IF ANY)	N/A	A/A	A/N	N/A	N/A	N/A	07-0411	Υ/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	03/13/2006 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	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

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/A	nd 06-0910GC ≦
F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/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	_	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	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	03/31/2003 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	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

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	DIX	,	CNs:	05-0543	GC, 05-	0862GC, and 06-0910GC
G DATE OF ADD/ TRANSFER	N/A	N/A	A/N	Y Z	ž	Ž	
F ORIGINAL CASE NO. (IF ANY)	N/A	A/N	K/Z	N/A	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	9	4	12	25,30	5,19	
C NO. OF DAYS	160	148	30	139	147	139	
B DATE OF HEARING REQUEST	02/27/2006	09/20/2006 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	11/16/2009 RNPR	09/20/2005	09/21/2006	09/20/2005	
FISCAL	TrailBlazer Health Enterprises	12/31/2003 TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	
COST REPORTING PERIOD	05/31/2003	12/31/2003	12/31/2003	12/31/2003	09/30/2003	08/31/2003 TrailBlaz Enterpris	
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 NUMBER	65. 45-0675	66a. 45-0713	66b. 45-0713	67. 45-0718	68. 45-0775	69. 45-0788	

RECEIVED

PROVIDER REIMBL RSEMENT REVIEW BOARD

Model Form G: Schedule of Providers in Group

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.

	APPE	ENDIX		CN	s: 05-05	543GC,	05-086	52GC, a	nd 06-09
G	OF ADD/ TRANSFER	A/N	A/N	A/N	N/A	N/A	A/N	A/A	N/A
F	CASE NO.	N/A	N/A	N/A	N/A	A/N	A/N	A/N	N/A
E MEDICABE	AMOUNT AT ISSUE	\$11,326	superseded	\$220,756	superseded	\$115,972	\$77,068	\$64,499	superseded
O FIGURE	ADJ. NO(S).	23,29	16,23-25	4, 6,	24,27	, 2,	151 19,21,22	39,40	27,28
ပဋ	OF DAYS	143	166	101	151	66	151	177	167
B T T	DATE OF HEARING REQUEST	01/18/2007	09/21/2006 03/06/2007	09/03/2010 12/13/2010 RNPR	09/27/2007 02/25/2008	09/22/2010 12/30/2010 RNPR	09/27/2007 02/25/2008	07/16/2007 01/09/2008	09/20/2006 03/06/2007
٨	DATE OF NPR	08/28/2006	09/21/2006	09/03/2010 RNPR	09/27/2007	09/22/2010 RNPR	09/27/2007	07/16/2007	09/20/2006
-	FISCAL INTERMEDIARY	12/31/2004 Wisconsin Physicians Service	04/30/2004 Palmetto GBA/First Coast Service Options	04/30/2004 Palmetto GBA/First Coast Service Options	01/31/2004 Palmetto GBA/First Coast Service Options	01/31/2004 Palmetto GBA/First Coast Service Options	12/09/2004 Palmetto GBA/First Coast Service Options	01/31/2004 Palmetto GBA/First Coast Service Options	12/31/2004 Palmetto GBA/First Coast Service Options
	FYE	12/31/20	04/30/20	04/30/20	01/31/20	01/31/20	12/09/20	01/31/20	12/31/20
	PROVIDER NAME CITY, COUNTY, STATE	Alaska Regional Hospital Anchorage, Anchorage, Alaska	Riverside Community Hospital Riverside, Riverside, California	Riverside Community Hospital Riverside, Riverside, California	San Jose Medical Center 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 Regional Medical Center West Hills, Los Angeles, California
	PROVIDER NUMBER	1. 02-0017	2a.05-0022	2b.05-0022	3a.05-0215	3b.05-0215	4.05-0215	5.05-0380	6a.05-0481
		* *					* *		* *

** Participants 1, 4, 6, 8, 10, 11, 12, 14, 15, 16, 19, 21, 24, 30, 32, 36, 40, 41, 43, 45, 48, 50, 52, 54, 57, 59, 61, 62, 64, 65, 70 and 73 have cost reporting periods that span 9/30/2004. The portion of fiscal periods on or after 10/1/2004 have been transferred to case number 07-0005GC; the portion of fiscal periods through 9/30/2004 remain in case number 06-0910GC.

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

Case Number: 06-0910GC

	APPENDI	Λ	CNS:	05-0543	3GC, 03	5-08620	JC, and	100-091
G DATE OF ADD/ TRANSFER	N/A	N/A	A/A	A/N	A/N	N/A	N/A	N/A
F ORIGINAL CASE NO. (IF ANY)	A/A	N/A	N/A	N/A	A/N	A/N	A/A	N/A
E MEDICARE AMOUNT AT ISSUE	\$115,637	superseded	\$53,866	superseded	\$45,656	\$69,427	superseded	\$32,610
D AUDIT ADJ. NO(S).	~	34,35	\(\sum_{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tinit}\\ \text{\tin}}\\ \titt}\\ \text{\text{\text{\text{\text{\text{\ti}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	5,31	4	4	165 23,24,25	~
C NO. OF DAYS	176	167	178	145	149	173	165	151
B DATE OF HEARING REQUEST	10/05/2007	03/06/2007	08/28/2009	12/27/2006	02/19/2009	02/25/2008	09/22/2006 03/06/2007	11/24/2008 04/24/2009 RNPR
A DATE OF NPR	04/12/2007 RNPR	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	11/24/2008 RNPR
FISCAL	12/31/2004 Palmetto GBA/First Coast Service Options	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises	09/30/2004 TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises
FYE		08/31/2004 Trail Ente	08/31/2004 Trail Ente	12/31/2004	12/31/2004	09/30/2004	12/31/2004	12/31/2004
PROVIDER NAME CITY, COUNTY, STATE	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	9	7a.06-0014	7b.06-0014	8a.06-0032	8b.06-0032	9.06-0034	10a.06-006	10b.06-006
	* *			* *	* *		* *	* *

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.

	DATE OF ADJ. AMOUNT CASE NO. OF NPR REQUEST DAYS NO(S). AT ISSUE (IF ANY) TR 06/15/2007 11/08/2007 146 5,33,34, \$240,555 N/A 35,41 \$35,41 \$1,585,285 N/A 05/25/2006 10/25/2006 153 6,19 \$897,296 N/A				05-0543G	C, 05-0	862GC	c, and 0	6-0910G
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	N/A	N/A	N/N	Y/N	N/A	N/A
F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	N/A	N/A	N/A	Ϋ́Z	Ψ/N	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	\$240,555	\$1,585,285	\$897,296	\$294,090	\$952,890	\$5,000	superseded	\$176,731	\$67,897
D AUDIT ADJ. NO(S).	5,33,34, 35,41	6,23,24	6,19	6,16,18	2,21,24	Z	161 8-11,24- 26	4	11,13
C NO. OF OF	146	169	153	167	147	126	161	102	161
B DATE OF HEARING REQUEST		03/06/2007	10/25/2006	05/25/2007 11/08/2007	08/24/2006 01/18/2007	08/01/2006	09/26/2006 03/06/2007	10/04/2010	09/26/2006 03/06/2007
A DATE OF NPR	06/15/2007	09/18/2006	05/25/2006	05/25/2007	08/24/2006	03/28/2006	09/26/2006	06/24/2010 RNPR	09/26/2006
FISCAL	12/31/2004 TrailBlazer Health Enterprises	12/31/2004 Wisconsin Physicians Service	06/30/2004 Wisconsin Physicians Service	Wisconsin Physicians Service	12/31/2004 Wisconsin Physicians Service	10/31/2004 First Coast Service Options	05/31/2004 First Coast Service Options	First Coast Service Options	First Coast Service Options
и >	12/31/2004	12/31/2004	06/30/2004	12/31/2004	12/31/2004	10/31/2004	05/31/2004	05/31/2004 First Co Options	08/31/2004 First Co Options
PROVIDER NAME	11.06-0100 Medical Center of Aurora Aurora, Arapahoe, Colorado	Cedars Medical Center Miami, Dade, Florida	JFK Medical Center Atlantis, Palm Beach, Florida	Osceola Regional Medical Center 12/31/2004 Wisconsin Physicians Kissimmee, Osceola, Florida	Aventura Hospital and Medical Center Aventura, Dade, Florida	Lake City Medical Center Lake City, Union, Florida	17a.10-0161 Central Florida Regional Hospital Sanford, Seminole, Florida	17b.10-0161 Central Florida Regional Hospital Sanford, Seminole, Florida	Plantation General Hospital Plantation, Broward, Florida
PROVIDER	11.06-0100	12.10-0009	13.10-0080	14.10-0110	15.10-0131	16.10-0156	17a.10-0161	17b.10-0161	18.10-0167

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

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.

	APPEN	DIX		CNs:	05-0543G	C, 05-086	² GC, a	nd 06-0	1910GC
G DATE OF ADD/ TRANSFER	K/N	Y N	N/A	N/A	N/A	N/A	K/N	N/A	N/A
F ORIGINAL CASE NO. (IF ANY)	N/A	A/A	A/A	A/N	N/A	N/A	N/A	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	superseded	\$55,702	\$81,111	\$313,946	\$351,945	\$11,825	\$1,402,737	superseded	\$26,724
D AUDIT ADJ. NO(S).	15	4	13	7,11,13	6-9,25, 27	4,13,14	6,13,16	9	1,2
c NO. OF DAYS	152	152	174	161	165	144	166	78	177
B DATE OF HEARING REQUEST	02/25/2008	11/25/2009	10/18/2006 04/10/2007	03/06/2007	03/06/2007	03/10/2006 08/01/2006	03/06/2007	05/19/2006	04/11/2007 10/05/2007 RNPR
A DATE OF NPR	09/26/2007	06/26/2009 RNPR	10/18/2006	09/26/2006	09/22/2006	03/10/2006	09/21/2006	03/02/2006	04/11/2007 RNPR
FISCAL	t First Coast Service Options	12/31/2004 First Coast Service Options	04/30/2004 Wisconsin Physicians Service	12/31/2004 First Coast Service Options	4 First Coast Service Options	02/29/2004 Wisconsin Physicians Service	12/31/2004 Wisconsin Physicians Service	06/30/2004 Wisconsin Physicians Service	06/30/2004 Wisconsin Physicians Service
FYE	12/31/2004 First Optic	12/31/2004	04/30/200	12/31/200	06/30/2004 First Optic	02/29/200	12/31/200	06/30/200	06/30/200
PROVIDER NAME	19a.10-0179 Memorial Hospital of Jacksonville Jacksonville, Duval, Florida	19b.10-0179 Memorial Hospital of Jacksonville Jacksonville, Duval, Florida	St. Petersburg General Hospital St. Petersburg, Pinellas, Florida	Northwest Regional Hospital Margate, Broward, Florida	Community Hospital of New Port Richey New Port Richey, Pasco, Florida	North Florida Regional Medical Center Gainesville, Alachua, Florida	Kendall Regional Medical Center Miami, Dade, Florida	25a.10-0226 Orange Park Medical Center Orange Park, Clay, Florida	25b.10-0226 Orange Park Medical Center Orange Park, Clay, Florida
PROVIDER NIMBER	19a.10-0178	19b.10-0179	20.10-0180	: 21.10-0189	22.10-0191	23.10-0204	24.10-0209	25a.10-0226	25b.10-0226

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

Case Number: 06-0910GC

	AP	PENDIX		CINS: US	-054 <i>3</i> G	rC, 05-0	1862GC	, and of	5-0910G
G DATE OF ADD/	TRANSFER	10/14/2008	N/A	N/A	N/A	N/N	N/A	N/A	N/A
F ORIGINAL CASE NO.	(IF ANY)	06-0427	N/A	N/A	A/N	N/A	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 AUDIT	NO(S).	Z	6	6,25	7,17,18	6,13,15	23,24	4-6,12	4,5
ဂ ဂို င	DAYS	177	154	144	167	153	157	174	120
B DATE OF HEARING	REQUEST	12/16/2005	10/25/2006	08/01/2006	03/06/2007	08/01/2006	09/26/2005 03/02/2006	03/02/2007 08/23/2007 RNPR	09/09/2010
A A	OF NPR	06/22/2005 12/16/2005	05/24/2006 10/25/2006	03/10/2006 08/01/2006	09/20/2006 03/06/2007	03/01/2006 08/01/2006	09/26/2005	03/02/2007 RNPR	05/12/2010 RNPR
i C	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	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 First Optic	01/31/2004 First Optic	01/31/2004 First Optic
	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
	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
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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.

	APPEN	DIX	(JNS: U3-U3	543GC, 05)-U862C	JC, and	06-09-1
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	N/A -	N/A	K/N	N/A	N/A
F ORIGINAL CASE NO. (IF ANY)	A/A	A/N	N/A	N/A	N/A	A/N	N/A	A/N
E MEDICARE AMOUNT AT ISSUE	superseded	\$373,986	superseded	superseded	\$143,627	\$10,000	\$50,084	\$9,315
D AUDIT ADJ. NO(S).	11,12	6,4	59	4.	5. 8	N N	8,15,17	5,14,15
C NO. OF DAYS	153	171	161	157	51	153	161	161
B DATE OF HEARING REQUEST	04/24/2006	08/23/2007	08/10/2006	02/25/2008	11/25/2009	04/24/2006	03/06/2007	11/08/2007
A DATE OF NPR	11/22/2005	03/05/2007 08/23/2007 RNPR	03/02/2006 08/10/2006	09/21/2007 02/25/2008 RNPR	10/05/2009 11/25/2009 RNPR	11/22/2005 04/24/2006	09/26/2006 03/06/2007	05/31/2007 11/08/2007
FISCAL	12/31/2004 Wisconsin Physicians Service	12/31/2004 Wisconsin Physicians Service	First Coast Service Options	First Coast Service Options	First Coast Service Options	09/30/2004 First Coast Service Options	First Coast Service Options	12/31/2004 Wisconsin Physicians Service
7	12/31/2004	12/31/2004	09/30/2004 First Optic	09/30/2004 First Optic	09/30/2004 First Optic	09/30/2004	05/31/2004 First	12/31/2004
PROVIDER PROVIDER NAME NIMBER CITY, COUNTY, STATE	3 Bran Bran	32b.10-0243 Brandon Regional Hospital Brandon, Hillsborough, Florida	33a.10-0246 Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	33b.10-0246 Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	33c.10-0246 Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	34.10-0260 St. Lucie Medical Center Port St. Lucie, St. Lucie, Florida	35.10-0269 Palms West Hospital Loxahatchee, Palm Beach, Florida	36.10-0279 Gulf Coast Hospital Fort Myers, Lee, Florida
R <u>S</u>	** 32a	** 32b	338	335	330	34.	35.	** 36.
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Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

G DATE OF ADD/ TRANSFER	Ą Ż	N/A	A/N	A/N	Y Y	A/N	A/A	N/N
FORIGINAL CASE NO. (IF ANY) TI	Y/Z	N/N	A/A	N/A	A/A	A/A	A/A	N/A
E MEDICARE AMOUNT AT ISSUE	superseded	\$817	superseded	superseded	\$6,168	\$36,107	\$12,804	\$64,668
D AUDIT ADJ. NO(S).	4	4	25	4	~	10,11	16	4,21,22
c NO. OF DAYS	167	171	152	154	133	152	151	168
B DATE OF HEARING REQUEST	03/06/2007	09/26/2008	10/25/2006	02/19/2009	07/22/2009	10/25/2006	03/29/2010	08/03/2007
A DATE OF NPR	09/20/2006	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 08/03/2007
FISCAL	07/31/2004 Wisconsin Physicians Service	07/31/2004 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	08/31/2004	08/31/2004	08/31/2004	09/30/2004	12/31/2004	12/31/2004 a
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	38b.11-0192 Emory Eastside Medical Center · Snellville, Gwinnett, Georgia	38c.11-0192 Emory Eastside Medical Center Snellville, Gwinnett, Georgia	39.13-0014 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
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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	APPEN & Z V	DIX V V	N/A N/A	CNs: 05	5-0543C V V	GC, 05-0	0862GC, a	ì
E MEDICARE OI AMOUNT CA	\$90,041	\$536,445	superseded	\$132,904	\$75,311	\$66,542	superseded	
D AUDIT ADJ. NO(S).	5,28	ဖ	61,65	4	32,34,44	17,29	132 17,18,45	
c NO. OF DAYS	140	134	172	126	167	167		
B DATE OF HEARING REQUEST	08/01/2006	08/28/2007 01/09/2008	10/20/2006 04/10/2007	07/22/2009 11/25/2009 RNPR	09/20/2006 03/06/2007	03/06/2007	06/29/2007 11/08/2007	
A DATE OF NPR	03/14/2006	08/28/2007	10/20/2006	07/22/2009 RNPR	09/20/2006	09/20/2006	06/29/2007	
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	
FYE	01/31/20	12/31/20	03/31/20	03/31/20	12/31/20	03/31/2	01/31/2	
ER PROVIDER NAME R CITY, COUNTY, STATE	10 Lakeland Medical Center10 New Orleans, Louisiana	7 Research Medical Center Kansas City, Jackson, Missouri	44a.26-0095 Independence Regional Health Center '· Independence, Jackson, Missouri	44b.26-0095 Centerpoint Medical Center Independence, Jackson, Missouri	7 Baptist Lutheran Medical Center Kansas City, Jackson, Missouri	ió Medical Center of Independence Independence, Jackson, Missouri	47a.29-0003 Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	
PROVIDER NUMBER	42.19-0200	43.26-0027	44a.26-00	44b.26-00	45.26-0107	46.26-0166	47a.29-0(

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

Case Number: 06-0910GC

APPEN	DIX	CN	s: 05-0	543GC,	05-086	62GC, a	ınd 06-0	0910G
N/A	08/09/2007	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	07-2441	A/A	A/N	A/N	A/N	A/N	A/N	N/A
\$10,000	superseded	\$5,977	superseded	\$110,641	superseded	superseded	\$26,188	superseded
14,18	31,35	4	2,11	R1-002- R1-004	- 4	R2-001- R2-003	R3-001	3,9,11
166	176	172	166	128	155	131	140	180
03/06/2007	07/12/2007	08/28/2009	10/25/2006	11/25/2009	03/02/2006	11/25/2009	09/09/2010	06/30/2006 12/27/2006
09/21/2006	01/17/2007	05/08/2009 RNPR	05/12/2006	07/20/2009 RNPR	09/28/2005	07/17/2009 RNPR	04/22/2010 RNPR	06/30/2006
Palmetto GBA/First Coast Service Options	TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	Cahaba Government Benefits Administrator	12/31/2004 Cahaba Government Benefits Administrator
12/31/2004	08/31/2004	08/31/2004	11/30/2004	11/30/2004	05/31/2004	05/31/2004	05/31/2004	12/31/2004
48.29-0039 Mour	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
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	48.29-0039 Mountain View Hospital 12/31/2004 Palmetto GBA/First 09/21/2006 03/06/2007 166 14,18 \$10,000 N/A N/A Las Vegas, Clark, Nevada Coast Service Options	48.29-0039 Mountain View Hospital 12/31/2004 Palmetto GBA/First 09/21/2006 03/06/2007 166 14,18 \$10,000 N/A Las Vegas, Clark, Nevada Coast Service Options 49a.37-0093 OU Medical Center 08/31/2004 TrailBlazer Health 01/17/2007 07/12/2007 176 31,35 superseded 07-2441 08/09/2 Oklahoma City, Oklahoma, Oklahoma Enterprises	48.29-0039 Mountain View Hospital 12/31/2004 Palmetto GBA/First 09/21/2006 03/06/2007 166 14,18 \$10,000 N/A N/A N/A Las Vegas, Clark, Nevada Coast Service Options Coast Service Options 08/31/2004 TrailBlazer Health 01/17/2007 07/12/2007 176 31,35 superseded 07-2441 08/09/2007 Oklahoma City, Oklahoma, Oklahoma 08/31/2004 TrailBlazer Health 05/08/2009 08/28/2009 112 4 \$5,977 N/A N/A Oklahoma City, Oklahoma, Oklahoma Enterprises RNPR RNPR N/A N/A N/A N/A	49a.37-0093 OU Medical Center Oklahoma 08/31/2004 TrailBlazer Health Oklahoma 05/08/2006 Gave Swide Options 05/08/2006 Gave Swide Options 05/08/2007 Gave Swide Options 05/08/2006 Gave Swide Options 176 Signature Options 176 Signature Signature Swide Gave Maninistrator Nashville, Davidson, Tennessee 177/2007 Gave Swide Gave Mountain Nisw Maninistrator 176 Signature Signature Signature Swide Gave Mountain Nashville, Davidson, Tennessee 1730/2004 Cahaba Gave menter Gave Mountain Signature Mountain Canada Gave Mountain Swide Gave Mountain Swide Gave Mashville, Davidson, Tennessee 1730/2004 Cahaba Gave menter Gave Mountain Swide Gave	48.29-0039 Mountain View Hospital 12/31/2004 Palmetto GBA/First 09/21/2006 O3/06/2007 166 14.18 \$10,000 N/A N/A 49a.37-0093 OU Medical Center Oklahoma City, Oklahoma 08/31/2004 TrailBlazer Health Enterprises 05/08/2009 08/28/2009 08/28/2009 08/28/2009 08/28/2009 08/28/2009 08/28/2006 08/28/2008 08/28/2006 08/28/28/28/28/28/28/28/28/28/28/28/28/28	48.29-0039 Mountain View Hospital 12/31/2004 Palmetto GBA/First Coast Service Options Coast Service Options 12/31/2004 Palmetto GBA/First Coast Service Options Coast Service Options Clark Newada 12/31/2004 TrailBlazer Health Coast Service Options Clark Coast Service Options Clark	498.37-0093	49a.37-0093 OU Medical Center Oklahoma 12/31/2004 Palmetto GBA/First 09/21/2005 03/06/2007 14,18 \$10,000 N/A N/A 49a.37-0093 OU Medical Center Oklahoma 08/31/2004 TrailBlazer Health Enterprises 01/17/2007 07/12/2007 07/12/2007 07/12/2007 07/12/2007 07/12/2007 07/12/2007 07/12/2007 07/12/2007 07/12/2007 07/12/2007 07/12/2009 08/28/2009 0

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

Case Number: 06-0910GC

PROVIDER PROVIDER NAME FISCAL DATE OF NO. DATE O		APPEND	IX	(CINS: US)-U343C	JC, US-U80	62GC, and	1 00-091
PROVIDER PROVIDER NAME FYE INTERMEDIARY OF NPR REQUEST DATE HEARING OF NO. AUDIT MICRAE ORIGIN CASEN NUMBER CITY, COUNTY, STATE FYE INTERMEDIARY OF NPR REQUEST DAYS NO(S) AMOUNT CASEN NUMBER CITY, COUNTY, STATE FYE INTERMEDIARY OF NPR REQUEST DAYS NO(S) AMOUNT CASEN CASEN NUMBER CASE	G DATE OF ADD/ TRANSFER	N/A	N/A	Y Z	A/N	Y/Z	N/A		A/A
PROVIDER PROVIDER NAME FYE INTERMEDIARY OF NPR REQUEST DAYS NO(S).	F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	A/N	A/N	A/N	N/A	A/N	A/N
PROVIDER PROVIDER NAME FISCAL DATE HEARING OF ADJI	E MEDICARE AMOUNT AT ISSUE	\$100,168	superseded	\$45,817	superseded	\$158,439	superseded	\$21,182	superseded
PROVIDER PROVIDER NAME FYE INTERMEDIARY OF NPR REQUEST 52b.44-0150 Summit Medical Center 12/31/2004 Cahaba Government 07/22/2009 11/25/2009 52b.44-0150 Parkridge Medical Center 03/31/2004 Cahaba Government 07/22/2009 11/25/2009 53b.44-0156 Parkridge Medical Center 03/31/2004 Cahaba Government 07/02/2009 11/25/2009 54a.44-0161 Centermial Medical Center 03/31/2004 Cahaba Government 07/13/2009 11/25/2009 54b.44-0161 Centermial Medical Center 12/31/2004 Cahaba Government 07/13/2009 11/25/2009 54b.44-0161 Centermial Medical Center 12/31/2004 Cahaba Government 07/13/2009 11/25/2009 5ab.44-0161 Centermial Medical Center 12/31/2004 Cahaba Government 07/13/2009 11/25/2009 5ab.44-0161 Centermial Medical Center 12/31/2004 Cahaba Government 07/13/2009 11/25/2009 5ab.44-0161 Centermial Medical Center 12/31/2004 Cahaba Government 07/13/2009 11/25/2009	D AUDIT ADJ. NO(S).	R1-003, R1-004	30,33,49	R2-001. R2-002	23,24	R2-001- R2-003	2,6	R1-003- R1-005	7
PROVIDER CITY, COUNTY, STATE FYE INTERMEDIARY S2b. 44-0150 Summit Medical Center Hermitage, Davidson, Tennessee Benefits Administrator Chattanooga, Hamilton, Tennessee Benefits Administrator Nashville, Davidson, Tennessee Benefits Administrator Bashville, Davidson, Tennessee Benefits Administrator Bashville, Davidson, Tennessee Benefits Administrator Tennessee Benefits Administrator Tennessee Benefits Administrator Benefits Administrator Tennessee Benefits Administrator Tennessee Benefits Administrator Tennessee Benefits Administrator Tennessee Benefits Administrator Benefits Administrator Benefits Administrator Tennessee Benefits Administrator Benefits Administrator Benefits Administrator Benefits Administrator Benefits Administrator Tennessee Benefits Administrator Benefit	C NO. OF DAYS	126	167	146	167	127	154	133	155
PROVIDER CITY, COUNTY, STATE FYE INTERMEDIARY S2b. 44-0150 Summit Medical Center Hermitage, Davidson, Tennessee Benefits Administrator Chattanooga, Hamilton, Tennessee Benefits Administrator Nashville, Davidson, Tennessee Benefits Administrator Bashville, Davidson, Tennessee Benefits Administrator Bashville, Davidson, Tennessee Benefits Administrator Tennessee Benefits Administrator Tennessee Benefits Administrator Benefits Administrator Tennessee Benefits Administrator Tennessee Benefits Administrator Tennessee Benefits Administrator Tennessee Benefits Administrator Benefits Administrator Benefits Administrator Tennessee Benefits Administrator Benefits Administrator Benefits Administrator Benefits Administrator Benefits Administrator Tennessee Benefits Administrator Benefit		11/25/2009	11/08/2007	11/25/2009	12/27/2006	11/25/2009	03/02/2006	01/09/2008	03/02/2006
PROVIDER CITY, COUNTY, STATE FYE NUMBER CITY, COUNTY, STATE FYE 52b.44-0150 Summit Medical Center Hermitage, Davidson, Tennessee 53a.44-0156 Parkridge Medical Center Chattanooga, Hamilton, Tennessee 54a.44-0161 Centennial Medical Center Nashville, Davidson, Tennessee 54b.44-0161 Centennial Medical Center Nashville, Davidson, Tennessee 55a.44-0194 Hendersonville Hospital Hendersonville Hospital Hendersonville Sumner, Tennessee 55b.44-0194 Hendersonville Sumner, Tennessee 55b.44-0197 Centennial Medical Center Tennessee	A DATE OF NPR	07/22/2009 RNPR	05/25/2007	07/02/2009 RNPR	07/13/2006	07/21/2009 RNPR	09/29/2005	08/29/2007 RNPR	09/28/2005
PROVIDER NAME CITY, COUNTY, STATE 52b.44-0150 Summit Medical Center Hermitage, Davidson, Tennessee 53a.44-0156 Parkridge Medical Center Chattanooga, Hamilton, Tennessee 53b.44-0161 Centennial Medical Center Nashville, Davidson, Tennessee 54b.44-0161 Centennial Medical Center Nashville, Davidson, Tennessee 55a.44-0194 Hendersonville Hospital Hendersonville, Sumner, Tennessee 55b.44-0194 Hendersonville Hospital Hendersonville, Sumner, Tennessee	FISCAL	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
PROVIDER NUMBER 52b.44-0150 53a.44-0156 54a.44-0161 55a.44-0194 55b.44-0194	FYE	12/31/2004	03/31/2004 ₉	03/31/2004 e	12/31/2004	12/31/2004	08/31/2004	08/31/2004	05/31/2004
		52b.44-0150 Summit Medical Center Hermitage, Davidson, Tennessee	33a.44-0156 Parkridge Medical Center Chattanooga, Hamilton, Tennessee	53b.44-0156 Parkridge Medical Center Chattanooga, Hamilton, Tennessee	54a.44-0161 Centennial Medical Center Nashville, Davidson, Tennessee	54b.44-0161 Centennial Medical Center Nashville, Davidson, Tennessee	55a.44-0194 Hendersonville Hospital Hendersonville, Sumner, Tennessee	55b.44-0194 Hendersonville Hospital Hendersonville, Sumner, Tennessee	56a.44-0197 Southern Hills Medical Center Nashville, Davidson, Tennessee
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Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

G DATE OF ADD/ TRANSFER	K/N	A/N	N/A	N/A	N/A	N/N	N/A	Y/N	N/A
FORIGINAL CASE NO. (IF ANY) T	A/A	A/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E MEDICARE AMOUNT AT ISSUE	\$31,233	\$262,642	\$52,235	superseded	\$30,988	superseded	\$720,721	\$3,797	\$8,493
D AUDIT ADJ. NO(S).	R1-003, R1-004	22,23,25	26,27	တ ထ်	4	42,43	4	5,6	30,31
C NO. OF DAYS	128	142	127	148	112	166	154	179	167
B DATE OF HEARING REQUEST	11/25/2009	06/19/2007 11/08/2007	09/13/2006 01/18/2007	05/30/2006 10/25/2006	01/02/2009 04/24/2009 RNPR	09/21/2006 03/06/2007	02/18/2009 07/22/2009 RNPR	10/13/2006 04/10/2007	09/20/2006 03/06/2007
A DATE OF NPR	07/20/2009 RNPR	06/19/2007	09/13/2006	05/30/2006	01/02/2009 RNPR	09/21/2006	02/18/2009 RNPR	10/13/2006	09/20/2006
FISCAL INTERMEDIARY	4 Cahaba Government Benefits Administrator	4 TrailBlazer Health Enterprises	4 TrailBlazer Health Enterprises	4 TrailBlazer Health Enterprises	4 TrailBlazer Health Enterprises	4 TrailBlazer Health Enterprises	4 TrailBlazer Health Enterprises	4 TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises
FYE	05/31/2004 Cah Ben	12/31/2004 Trai Ente	02/29/2004 Trai Ent	12/31/2004 Trai Ente	12/31/2004 Trai Ente	06/30/2004 Trai Ente	06/30/2004 Trai Ent	12/31/2004 Trai Ent	12/31/200
PROVIDER PROVIDER NAME NUMBER CITY, COUNTY, STATE	56b.44-0197 Southern Hills Medical Center Nashville, Davidson, Tennessee	57.45-0097 Bayshore Medical Center Pasadena, Harris, Texas	58.45-0126 East Houston Medical Center Houston, Harris, Texas	59a.45-0222 Conroe Regional Medical Center Conroe, Montgomery, Texas	59b.45-0222 Conroe Regional Medical Center Conroe, Montgomery, Texas	60a.45-0388 Methodist Hospital San Antonio, Bexar, Texas	60b.45-0388 Methodist Hospital San Antonio, Bexar, Texas	61.45-0431 St. David's Medical Center Austin, Travis, Texas	62.45-0617 Clear Lake Regional Medical Center Webster, Galveston, Texas
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Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

14	APPEN	DIX		CNs:	05-054.	3GC, 03	5-0862GC	, and 06	5-09-10
G DATE OF ADD/ TRANSFER	N/A	N/A	N/A	N/A	03/02/2006	N/N	A/N	N/A	N/A
F ORIGINAL CASE NO. (IF ANY)	N/A	N/A	A/N	N/A	06-0202	N/A	N/A	A/N	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	ഗ	30-32	24,29	20,24
C NO.	154	167	157	139	174	175	175	154	161
B DATE OF HEARING REQUEST	09/27/2006	09/20/2006 03/06/2007	02/25/2008	09/01/2006 01/18/2007	05/24/2005 11/14/2005	11/02/2006 04/26/2007 RNPR	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	09/01/2006	05/24/2005	11/02/2006 RNPR	06/13/2008	04/26/2006	05/31/2007
FISCAL	06/30/2004 TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises	05/31/2004 TrailBlazer Health Enterprises	03/31/2004 TrailBlazer Health Enterprises	03/31/2004 TrailBlazer Health Enterprises	01/31/2004 TrailBlazer Health Enterprises	05/31/2004 TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises
<u>т</u>	06/30/2004	12/31/2004	12/31/2004	05/31/2004	03/31/2004	03/31/2004	01/31/2004	05/31/2004	12/31/2004
PROVIDER NAME	Spring Branch Medical Center Houston, Harris, Texas	Denton Regional Medical Center Denton, Callahan, Texas	West Houston Medical Center Houston, Harris, Texas	66.45-0647 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	69.45-0675 Medical Center of Arlington Arlington, Tarrant, Texas	South Austin Hospital Austin, Travis, Texas
PROVIDER NI IMBED	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
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Group Name: HCA 2004 DSH - Medicare+Choice Plan Days

Case Number: 06-0910GC

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G DATE	OF ADD/ TRANSFER	N/A	A/N	A/N	N/A	
F ORIGINAL	CASE NO. (IF ANY)	A/N	A/N	A/N	A/N	
E MEDICARE	AMOUNT AT ISSUE	\$8,493	\$3,544	superseded	\$9,725	\$12,395,739
D AUDIT	ADJ. NO(S).	24	30,31,37	13,17	4,6	111
ပ ပို့	OF DAYS	166	169	107	152	
B DATE OF	HEARING REQUEST	03/06/2007	11/08/2007	08/10/2006	05/22/2007	
∢	DATE OF NPR	09/21/2006 03/06/2007	05/23/2007 11/08/2007	04/25/2006 08/10/2006	12/21/2006 05/22/2007 RNPR	
	FISCAL INTERMEDIARY	09/30/2004 TrailBlazer Health Enterprises	08/31/2004 TrailBlazer Health Enterprises	12/31/2004 TrailBlazer Health Enterprises	TrailBlazer Health Enterprises	
	FYE	09/30/2004 T	08/31/2004 T	12/31/2004 F	12/31/2004 Trai Ente	
	ER PROVIDER NAME R CITY, COUNTY, STATE	71.45-0775 Kingwood Medical Center Kingwood, Harris, Texas	72.45-0788 Corpus Christi Medical Center Corpus Christi, Nueces, Texas	73a.45-0822 Las Colinas Medical Center Irving, Dallas, Texas	** 73b.45-0822 Las Colinas Medical Center Irving, Dallas, Texas	
	PROVIDER NUMBER	71.45-077	72.45-0788		73b.45-082	
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