

**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

INDEX

	Page No.
Issue Statement	2
Decision	2
Introduction	2
Discussion, Findings of Facts, and Conclusions of Law	3
Decision and Order	5
Appendix A	7

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 2004.¹ 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”).²

This case involves a hospital-specific adjustment to payments made under the 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.

³ See 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)(l) 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 both eligible for Medicaid and 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. § 1395oo(a).

The parties submitted a joint stipulation of facts.⁸ 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, 2010.⁹ 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 included in the numerator of the Providers' Medicaid 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 agree 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.¹⁵ 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.¹⁶ 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.”¹⁷ 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 Medicare fraction, and thereby excluded from the numerator for the Medicaid fraction, the Secretary could not apply this interpretation to patient discharges prior 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 prior to October 1, 2004.¹⁸ 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).

¹²702 F.Supp.2d 808, 823 (W.D. Mich. 2010), *rev’d* 712 F.3d 248 (6th Cir. 2013).

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

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

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

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

¹⁷42 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., *QRS 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 Alhambra [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

Model Form G: Schedule of Providers in Group

JUN 29 2011

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

Representative: HCA, Inc.

Case Number: 05-0543GC

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

PROVIDER REIMBURSEMENT
REVIEW BOARD

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

\$168,546

JUL 08 2011

PROVIDER REIMBURSEMENT
REVIEW BOARD

Model Form G: Schedule of Providers in Group

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

Representative: HCA, Inc.

Case Number: 05-0862GC

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

APPENDIX

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	COST REPORTING PERIOD	FISCAL INTERMEDIARY	A DATE OF NPR HEARING REQUEST	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER	
1a. 05-0022	Riverside Community Hospital Riverside, Riverside, California	04/30/2003	Palmetto GBA/First Coast Service Options	09/13/2006	03/02/2007	170	21,22,23	superseded	N/A	N/A	N/A
1b. 05-0022	Riverside Community Hospital Riverside, Riverside, California	04/30/2003	Palmetto GBA/First Coast Service Options	09/03/2010	12/30/2010	118	4,5,7	\$271,425	N/A	N/A	N/A
2. 05-0125	Regional Medical Center of San Jose San Jose, Santa Clara, California	12/31/2003	Palmetto GBA/First Coast Service Options	01/15/2010	03/24/2010	68	3,11	\$107,744	N/A	N/A	N/A
3a. 05-0215	San Jose Medical Center San Jose, Santa Clara, California	01/31/2003	Palmetto GBA/First Coast Service Options	09/27/2007	03/20/2008	175	30,31	superseded	N/A	N/A	N/A
3b. 05-0215	San Jose Medical Center San Jose, Santa Clara, California	01/31/2003	Palmetto GBA/First Coast Service Options	08/27/2010	12/30/2010	125	1,2	\$144,122	N/A	N/A	N/A
4. 05-0380	Good Samaritan Hospital San Jose, Santa Clara, California	01/31/2003	Palmetto GBA/First Coast Service Options	01/31/2008	05/27/2008	117	R1-001; R1-003, R1-004	\$60,552	N/A	N/A	N/A
5a. 05-0481	West Hills Medical Center West Hills, Los Angeles, California	12/31/2003	Palmetto GBA/First Coast Service Options	10/25/2005	04/20/2006	177	N/N	superseded	N/A	N/A	N/A

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

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.

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	COST REPORTING PERIOD	FISCAL INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/TRANSFER
5b. 05-0481	West Hills Medical Center West Hills, Los Angeles, California	12/31/2003	Palmetto GBA/First Coast Service Options	07/16/2007 RNPR	12/18/2007	155	1	\$75,594	N/A	N/A
6a. 06-0014	Presbyterian St. Luke's Medical Center Denver, Arapahoe, Colorado	08/31/2003	TrailBlazer Health Enterprises	05/23/2006	11/06/2006	167	34	superseded	N/A	N/A
6b. 06-0014	Presbyterian St. Luke's Medical Center Denver, Arapahoe, Colorado	08/31/2003	TrailBlazer Health Enterprises	01/29/2009 RNPR	06/30/2009	152	4	\$55,272	N/A	N/A
7a. 06-0032	Rose Medical Center Denver, Arapahoe, Colorado	12/31/2003	TrailBlazer Health Enterprises	06/02/2006	11/27/2006	178	17	superseded	07-0355	05/21/2007
7b. 06-0032	Rose Medical Center Denver, Arapahoe, Colorado	12/31/2003	TrailBlazer Health Enterprises	05/04/2007 RNPR	10/10/2007	159	4	superseded	N/A	N/A
7c. 06-0032	Rose Medical Center Denver, Arapahoe, Colorado	12/31/2003	TrailBlazer Health Enterprises	09/23/2008 RNPR	02/05/2009	135	4	\$38,368	N/A	N/A
8a. 06-0065	North Suburban Medical Center Thornton, Adams, Colorado	12/31/2003	TrailBlazer Health Enterprises	05/31/2006	11/06/2006	159	4,33	superseded	N/A	N/A

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.

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

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

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	COST REPORTING PERIOD	FISCAL INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
13. 10-0131	Aventura Hospital and Medical Center Aventura, Dade, Florida	12/31/2003	Wisconsin Physicians Service	08/23/2006	01/12/2007	142	7,30,33	\$671,287	N/A	N/A
14. 10-0161	Central Florida Regional Hospital Sanford, Seminole, Florida	05/31/2003	First Coast Service Options	12/28/2010 RNPR	03/18/2011	80	4,5	\$89,560	N/A	N/A
15a. 10-0167	Plantation General Hospital Plantation, Broward, Florida	08/31/2003	First Coast Service Options	04/12/2005	09/14/2005	155	16	superseded	N/A	N/A
15b. 10-0167	Plantation General Hospital Plantation, Broward, Florida	08/31/2003	First Coast Service Options	11/21/2008 RNPR	04/21/2009	151	4,6	\$58,554	N/A	N/A
16. 10-0180	St. Petersburg General Hospital St. Petersburg, Pinellas, Florida	04/30/2003	Wisconsin Physicians Service	09/20/2006	02/15/2007	148	3,11	\$100,187	N/A	N/A
17a. 10-0189	Northwest Regional Hospital Margate, Broward, Florida	12/31/2003	First Coast Service Options	06/21/2005	12/14/2005	176	12,13	superseded	N/A	N/A
17b. 10-0189	Northwest Regional Hospital Margate, Broward, Florida	12/31/2003	First Coast Service Options	11/05/2007 RNPR	04/21/2008	168	5	superseded	N/A	N/A
17c. 10-0189	Northwest Regional Hospital Margate, Broward, Florida	12/31/2003	First Coast Service Options	10/07/2010 RNPR	12/30/2010	84	4	\$304,242	N/A	N/A

Date Prepared: 06/29/2011

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

Representative: HCA, Inc.

Case Number: 05-0862GC

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

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	COST REPORTING PERIOD	FISCAL INTERMEDIARY	A DATE OF NPR REQUEST	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/TRANSFER
18. 10-0191	Community Hospital of New Port Richey New Port Richey, Pasco, Florida	06/30/2003	First Coast Service Options	09/20/2004	02/23/2005	156	7,12,27,28	\$232,419	N/A	N/A
19. 10-0204	North Florida Regional Medical Center Gainesville, Alachua, Florida	02/28/2003	Wisconsin Physicians Service	09/02/2005	02/06/2006	157	10,31	\$39,898	N/A	N/A
20. 10-0209	Kendall Regional Medical Center Miami, Dade, Florida	12/31/2003	Wisconsin Physicians Service	08/14/2006	01/12/2007	151	6,16,18	\$1,188,062	N/A	N/A
21. 10-0212	Ocala Regional Medical Center Ocala, Marion, Florida	08/31/2003	Wisconsin Physicians Service	08/29/2006	01/12/2007	136	6,12,13	\$9,973	N/A	N/A
22. 10-0226	Orange Park Medical Center Orange Park, Clay, Florida	06/30/2003	Wisconsin Physicians Service	07/29/2005	01/17/2006	172	25,27	\$27,855	N/A	N/A
23. 10-0228	Westside Regional Medical Center Plantation, Broward, Florida	01/31/2003	Wisconsin Physicians Service	03/22/2005	09/14/2005	176	N/A	\$10,000	N/A	N/A
24a. 10-0234	Columbia Hospital West Palm Beach, Palm Beach, Florida	06/30/2003	Wisconsin Physicians Service	08/19/2005	10/18/2005	60	21	superseded	N/A	N/A

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

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	COST REPORTING PERIOD	FISCAL INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/TRANSFER
24b. 10-0234	Columbia Hospital West Palm Beach, Palm Beach, Florida	06/30/2003	Wisconsin Physicians Service	01/29/2007 RNPR	07/13/2007	165	4,6	superseded	N/A	N/A
24c. 10-0234	Columbia Hospital West Palm Beach, Palm Beach, Florida	06/30/2003	Wisconsin Physicians Service	02/12/2009 RNPR	06/30/2009	138	4	\$188,199	N/A	N/A
25a. 10-0238	Northside Hospital St. Petersburg, Pinellas, Florida	09/30/2003	Wisconsin Physicians Service	09/18/2006	03/02/2007	165	6,17	superseded	N/A	N/A
25b. 10-0238	Northside Hospital St. Petersburg, Pinellas, Florida	09/30/2003	Wisconsin Physicians Service	06/22/2007 RNPR	12/18/2007	179	4	\$238,779	N/A	N/A
26. 10-0239	Edward White Hospital St. Petersburg, Pinellas, Florida	12/31/2003	Wisconsin Physicians Service	01/28/2005	07/07/2005	160	N/N	\$122,529	N/A	N/A
27. 10-0243	Brandon Regional Hospital Brandon, Hillsborough, Florida	12/31/2003	Wisconsin Physicians Service	09/20/2005	02/27/2006	160	7,12,15	\$254,511	N/A	N/A
28a. 10-0246	Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	09/30/2003	First Coast Service Options	09/21/2006	03/16/2007	176	37	superseded	N/A	N/A
28b. 10-0246	Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	09/30/2003	First Coast Service Options	05/10/2010 RNPR	09/10/2010	123	5,7	\$136,851	N/A	N/A

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

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

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

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	COST REPORTING PERIOD	FISCAL INTERMEDIARY	A DATE OF NPR HEARING REQUEST	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/TRANSFER
34b. 11-0192	Emory Eastside Medical Center Snellville, Gwinnett, Georgia	08/31/2003	Wisconsin Physicians Service	01/18/2008 RNPR	07/10/2008	174	4	superseded	N/A	N/A
34c. 11-0192	Emory Eastside Medical Center Snellville, Gwinnett, Georgia	08/31/2003	Wisconsin Physicians Service	07/23/2008 RNPR	12/15/2008	145	4	\$5,620	N/A	N/A
35. 11-0201	Macon Northside Hospital Macon, Bibb, Georgia	06/30/2003	Wisconsin Physicians Service	06/21/2005	12/14/2005	176	13	\$10,000	N/A	N/A
36. 13-0014	West Valley Medical Center Caldwell, Canyon, Idaho	09/30/2003	Wisconsin Physicians Service	03/23/2006	08/17/2006	147	9,10	\$20,543	N/A	N/A
37a. 19-0176	Tulane University Hospital New Orleans, Orleans, Louisiana	12/31/2003	Pinnacle Business Solutions	08/28/2008	02/05/2009	161	7	superseded	N/A	N/A
37b. 19-0176	Tulane University Hospital New Orleans, Orleans, Louisiana	12/31/2003	Pinnacle Business Solutions	08/06/2010 RNPR	11/05/2010	91	R1-004, R1-005	\$6,439	N/A	N/A
38. 19-0177	Lakeview Regional Medical Center Covington, St. Tammany, Louisiana	12/31/2003	Wisconsin Physicians Service	02/20/2007	07/13/2007	143	4,32	\$17,920	N/A	N/A

APPENDIX

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

Date Prepared: 06/29/2011

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

Representative: HCA, Inc.

Case Number: 05-0862GC

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

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

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

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	COST REPORTING PERIOD	FISCAL INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
44b. 26-0166	Medical Center of Independence Independence, Jackson, Missouri	03/31/2003	Wisconsin Physicians Service	04/19/2007 RNPR	10/10/2007	174	4,5,7	\$8,458	N/A	N/A
45a. 29-0003	Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	01/31/2003	Palmetto GBA/First Coast Service Options	11/28/2005	04/20/2006	143	9,28	superseded	N/A	N/A
45b. 29-0003	Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	01/31/2003	Palmetto GBA/First Coast Service Options	04/18/2007 RNPR	10/01/2007	166	4,6	superseded	N/A	N/A
45c. 29-0003	Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	01/31/2003	Palmetto GBA/First Coast Service Options	04/03/2008 RNPR	09/23/2008	173	6	superseded	N/A	N/A
45d. 29-0003	Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	01/31/2003	Palmetto GBA/First Coast Service Options	12/11/2009 RNPR	03/24/2010	103	4	\$10,900	N/A	N/A
46. 29-0039	MountainView Hospital Las Vegas, Clark, Nevada	12/31/2003	Palmetto GBA/First Coast Service Options	04/22/2005	10/18/2005	179	N/N	\$10,000	06-0067	10/17/2008
47a. 44-0006	Skyline Medical Center Nashville, Davidson, Tennessee	11/30/2003	Cahaba Government Benefits Administrator	09/30/2005	02/27/2006	150	N/N	superseded	N/A	N/A

Date Prepared: 06/29/2011

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

Representative: HCA, Inc.

Case Number: 05-0862GC

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

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

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

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	COST REPORTING PERIOD	FISCAL INTERMEDIARY	A DATE OF NPR REQUEST	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
52. 44-0197	Southern Hills Medical Center Nashville, Davidson, Tennessee	05/31/2003	Cahaba Government Benefits Administrator	07/20/2009 RNPR	12/16/2009	149	R1-001	\$6,925	N/A	N/A
53. 45-0087	North Hills Hospital North Richland Hills, Tarrant, Texas	05/31/2003	TrailBlazer Health Enterprises	04/22/2005	10/18/2005	179	N/N	\$330,226	N/A	N/A
54. 45-0097	Bayshore Medical Center Pasadena, Harris, Texas	12/31/2003	TrailBlazer Health Enterprises	06/02/2006	11/06/2006	157	18, 19, 20	\$146,989	N/A	N/A
55. 45-0126	East Houston Medical Center Houston, Harris, Texas	02/28/2003	TrailBlazer Health Enterprises	03/13/2006	08/17/2006	157	21, 22	\$32,947	N/A	N/A
56a. 45-0388	Southwest Texas Methodist Hospital San Antonio, Bexar, Texas	06/30/2003	TrailBlazer Health Enterprises	09/01/2006	01/12/2007	133	66, 75, 80	superseded	N/A	N/A
56b. 45-0388	Methodist Hospital San Antonio, Bexar, Texas	06/30/2003	TrailBlazer Health Enterprises	07/11/2008 RNPR	12/15/2008	157	1	\$812,790	N/A	N/A
57. 45-0431	St. David's Medical Center Austin, Travis, Texas	12/31/2003	TrailBlazer Health Enterprises	05/31/2006	11/29/2006	182	17, 23	\$3,545	07-0411	03/27/2007
58a. 45-0617	Clear Lake Regional Medical Center Webster, Galveston, Texas	12/31/2003	TrailBlazer Health Enterprises	09/21/2006	02/15/2007	147	19, 31, 32	superseded	N/A	N/A

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

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

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

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

AUG 29 2011

PROVIDER REIMBURSEMENT
REVIEW BOARD

Model Form G: Schedule of Providers in Group

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.

APPENDIX

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

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FISCAL INTERMEDIARY	FYE	A DATE OF NPR REQUEST	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
** 1. 02-0017	Alaska Regional Hospital Anchorage, Anchorage, Alaska	Wisconsin Physicians Service	12/31/2004	08/28/2006	01/18/2007	143	23,29	\$11,326	N/A	N/A
2a.05-0022	Riverside Community Hospital Riverside, Riverside, California	Palmetto GBA/First Coast Service Options	04/30/2004	09/21/2006	03/06/2007	166	16,23-25	superseded	N/A	N/A
2b.05-0022	Riverside Community Hospital Riverside, Riverside, California	Palmetto GBA/First Coast Service Options	04/30/2004	09/03/2010	12/13/2010	101	4,6	\$220,756	N/A	N/A
3a.05-0215	San Jose Medical Center San Jose, Santa Clara, California	Palmetto GBA/First Coast Service Options	01/31/2004	09/27/2007	02/25/2008	151	24,27	superseded	N/A	N/A
3b.05-0215	San Jose Medical Center San Jose, Santa Clara, California	Palmetto GBA/First Coast Service Options	01/31/2004	09/22/2010	12/30/2010	99	1,2	\$115,972	N/A	N/A
** 4.05-0215	San Jose Medical Center San Jose, Santa Clara, California	Palmetto GBA/First Coast Service Options	12/09/2004	09/27/2007	02/25/2008	151	19,21,22	\$77,068	N/A	N/A
5.05-0380	Good Samaritan Hospital San Jose, Santa Clara, California	Palmetto GBA/First Coast Service Options	01/31/2004	07/16/2007	01/09/2008	177	39,40	\$64,499	N/A	N/A
** 6a.05-0481	West Hills Regional Medical Center West Hills, Los Angeles, California	Palmetto GBA/First Coast Service Options	12/31/2004	09/20/2006	03/06/2007	167	27,28	superseded	N/A	N/A

** 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.

Date Prepared: 06/29/2011

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.

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FISCAL INTERMEDIARY	FYE	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
** 6b.05-0481	West Hills Regional Medical Center West Hills, Los Angeles, California	Palmetto GBA/First Coast Service Options	12/31/2004	04/12/2007 RNPR	10/05/2007	176	1	\$115,637	N/A	N/A
7a.06-0014	Presbyterian St. Luke's Medical Center Denver, Arapahoe, Colorado	TrailBlazer Health Enterprises	08/31/2004	09/20/2006	03/06/2007	167	34,35	superseded	N/A	N/A
7b.06-0014	Presbyterian St. Luke's Medical Center Denver, Arapahoe, Colorado	TrailBlazer Health Enterprises	08/31/2004	03/03/2009 RNPR	08/28/2009	178	1	\$53,866	N/A	N/A
** 8a.06-0032	Rose Medical Center Denver, Arapahoe, Colorado	TrailBlazer Health Enterprises	12/31/2004	08/04/2006	12/27/2006	145	5,31	superseded	N/A	N/A
** 8b.06-0032	Rose Medical Center Denver, Arapahoe, Colorado	TrailBlazer Health Enterprises	12/31/2004	09/23/2008 RNPR	02/19/2009	149	4	\$45,656	N/A	N/A
9.06-0034	Swedish Medical Center Englewood, Arapahoe, Colorado	TrailBlazer Health Enterprises	09/30/2004	09/05/2007	02/25/2008	173	4	\$69,427	N/A	N/A
** 10a.06-0065	North Suburban Medical Center Thornton, Adams, Colorado	TrailBlazer Health Enterprises	12/31/2004	09/22/2006	03/06/2007	165	23,24,25	superseded	N/A	N/A
** 10b.06-0065	North Suburban Medical Center Thornton, Adams, Colorado	TrailBlazer Health Enterprises	12/31/2004	11/24/2008 RNPR	04/24/2009	151	1	\$32,610	N/A	N/A

Date Prepared: 06/29/2011

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.

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

Date Prepared: 06/29/2011

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.

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

Date Prepared: 06/29/2011

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.

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FISCAL INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
26.10-0228	Westside Regional Medical Center Plantation, Broward, Florida	Wisconsin Physicians Service	06/22/2005	12/16/2005	177	N/N	\$916,592	06-0427	10/14/2008
27.10-0231	West Florida Regional Medical Center Pensacola, Santa Rosa, Florida	Wisconsin Physicians Service	05/24/2006	10/25/2006	154	19	\$3,427	N/A	N/A
28.10-0234	Columbia Hospital West Palm Beach, Palm Beach, Florida	Wisconsin Physicians Service	03/10/2006	08/01/2006	144	6,25	\$217,847	N/A	N/A
29.10-0238	Northside Hospital St. Petersburg, Pinellas, Florida	Wisconsin Physicians Service	09/20/2006	03/06/2007	167	7,17,18	\$388,173	N/A	N/A
** 30.10-0239	Edward White Hospital St. Petersburg, Pinellas, Florida	Wisconsin Physicians Service	03/01/2006	08/01/2006	153	6,13,15	\$51,924	N/A	N/A
31a.10-0242	Gulf Coast Medical Center Panama City, Bay, Florida	First Coast Service Options	09/26/2005	03/02/2006	157	23,24	superseded	N/A	N/A
31b.10-0242	Gulf Coast Medical Center Panama City, Bay, Florida	First Coast Service Options	03/02/2007 RNPR	08/23/2007	174	4-6,12	superseded	N/A	N/A
31c.10-0242	Gulf Coast Medical Center Panama City, Bay, Florida	First Coast Service Options	05/12/2010 RNPR	09/09/2010	120	4,5	\$2,114	N/A	N/A

Date Prepared: 06/29/2011

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.

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FISCAL INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
** 32a.10-0243	Brandon Regional Hospital Brandon, Hillsborough, Florida	Wisconsin Physicians Service	11/22/2005	04/24/2006	153	11,12	superseded	N/A	N/A
** 32b.10-0243	Brandon Regional Hospital Brandon, Hillsborough, Florida	Wisconsin Physicians Service	03/05/2007 RNPR	08/23/2007	171	4,6	\$373,986	N/A	N/A
33a.10-0246	Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	First Coast Service Options	03/02/2006	08/10/2006	161	29	superseded	N/A	N/A
33b.10-0246	Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	First Coast Service Options	09/21/2007 RNPR	02/25/2008	157	4,5	superseded	N/A	N/A
33c.10-0246	Lawnwood Regional Medical Center Fort Pierce, St. Lucie, Florida	First Coast Service Options	10/05/2009 RNPR	11/25/2009	51	5-8	\$143,627	N/A	N/A
34.10-0260	St. Lucie Medical Center Port St. Lucie, St. Lucie, Florida	First Coast Service Options	11/22/2005	04/24/2006	153	N/N	\$10,000	N/A	N/A
35.10-0269	Palms West Hospital Loxahatchee, Palm Beach, Florida	First Coast Service Options	09/26/2006	03/06/2007	161	8,15,17	\$50,084	N/A	N/A
** 36.10-0279	Gulf Coast Hospital Fort Myers, Lee, Florida	Wisconsin Physicians Service	05/31/2007	11/08/2007	161	5,14,15	\$9,315	N/A	N/A

Date Prepared: 06/29/2011

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.

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FISCAL INTERMEDIARY	FYE	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
37a.11-0033	Emory Northlake Regional Hospital Tucker, DeKalb, Georgia	Wisconsin Physicians Service	07/31/2004	09/20/2006	03/06/2007	167	14	superseded	N/A	N/A
37b.11-0033	Emory Northlake Regional Hospital Tucker, DeKalb, Georgia	Wisconsin Physicians Service	07/31/2004	04/08/2008 RNPR	09/26/2008	171	4	\$817	N/A	N/A
38a.11-0192	Emory Eastside Medical Center Snellville, Gwinnett, Georgia	Wisconsin Physicians Service	08/31/2004	05/26/2006	10/25/2006	152	25	superseded	N/A	N/A
38b.11-0192	Emory Eastside Medical Center Snellville, Gwinnett, Georgia	Wisconsin Physicians Service	08/31/2004	09/18/2008 RNPR	02/19/2009	154	4	superseded	N/A	N/A
38c.11-0192	Emory Eastside Medical Center Snellville, Gwinnett, Georgia	Wisconsin Physicians Service	08/31/2004	03/11/2009 RNPR	07/22/2009	133	1	\$6,168	N/A	N/A
39.13-0014	West Valley Medical Center Caldwell, Canyon, Idaho	Wisconsin Physicians Service	09/30/2004	05/26/2006	10/25/2006	152	10,11	\$36,107	N/A	N/A
** 40.19-0176	Tulane University Hospital New Orleans, Orleans, Louisiana	Pinnacle Business Solutions	12/31/2004	10/29/2009	03/29/2010	151	16	\$12,804	N/A	N/A
** 41.19-0177	Lakeview Regional Medical Center Covington, St. Tammany, Louisiana	Wisconsin Physicians Service	12/31/2004	02/16/2007	08/03/2007	168	4,21,22	\$64,668	N/A	N/A

Date Prepared: 06/29/2011

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.

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FYE	FISCAL INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S).	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
42.19-0200	Lakeland Medical Center New Orleans, Orleans, Louisiana	01/31/2004	Wisconsin Physicians Service	03/14/2006	08/01/2006	140	5,28	\$90,041	N/A	N/A
** 43.26-0027	Research Medical Center Kansas City, Jackson, Missouri	12/31/2004	Wisconsin Physicians Service	08/28/2007	01/09/2008	134	6	\$536,445	N/A	N/A
44a.26-0095	Independence Regional Health Center Independence, Jackson, Missouri	03/31/2004	Wisconsin Physicians Service	10/20/2006	04/10/2007	172	61,65	superseded	N/A	N/A
44b.26-0095	Centerpoint Medical Center Independence, Jackson, Missouri	03/31/2004	Wisconsin Physicians Service	07/22/2009	11/25/2009	126	4	\$132,904	N/A	N/A
** 45.26-0107	Baptist Lutheran Medical Center Kansas City, Jackson, Missouri	12/31/2004	Wisconsin Physicians Service	09/20/2006	03/06/2007	167	32,34,44	\$75,311	N/A	N/A
46.26-0166	Medical Center of Independence Independence, Jackson, Missouri	03/31/2004	Wisconsin Physicians Service	09/20/2006	03/06/2007	167	17,29	\$66,542	N/A	N/A
47a.29-0003	Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	01/31/2004	Palmetto GBA/First Coast Service Options	06/29/2007	11/08/2007	132	17,18,45	superseded	N/A	N/A
47b.29-0003	Sunrise Hospital and Medical Center Las Vegas, Clark, Nevada	01/31/2004	Palmetto GBA/First Coast Service Options	02/19/2010	07/20/2010	151	5	\$29,624	N/A	N/A

Date Prepared: 06/29/2011

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.

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FYE	FISCAL INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
** 48.29-0039	Mountain View Hospital Las Vegas, Clark, Nevada	12/31/2004	Palmetto GBA/First Coast Service Options	09/21/2006	03/06/2007	166	14,18	\$10,000	N/A	N/A
49a.37-0093	OU Medical Center Oklahoma City, Oklahoma, Oklahoma	08/31/2004	TrailBlazer Health Enterprises	01/17/2007	07/12/2007	176	31,35	superseded	07-2441	08/09/2007
49b.37-0093	OU Medical Center Oklahoma City, Oklahoma, Oklahoma	08/31/2004	TrailBlazer Health Enterprises	05/08/2009 RNPR	08/28/2009	112	4	\$5,977	N/A	N/A
** 50a.44-0006	Skyline Medical Center Nashville, Davidson, Tennessee	11/30/2004	Cahaba Government Benefits Administrator	05/12/2006	10/25/2006	166	2,11	superseded	N/A	N/A
** 50b.44-0006	Skyline Medical Center Nashville, Davidson, Tennessee	11/30/2004	Cahaba Government Benefits Administrator	07/20/2009 RNPR	11/25/2009	128	R1-002- R1-004	\$110,641	N/A	N/A
51a.44-0046	Horizon Medical Center Dickson, Dickson, Tennessee	05/31/2004	Cahaba Government Benefits Administrator	09/28/2005	03/02/2006	155	10	superseded	N/A	N/A
51b.44-0046	Horizon Medical Center Dickson, Dickson, Tennessee	05/31/2004	Cahaba Government Benefits Administrator	07/17/2009 RNPR	11/25/2009	131	R2-001- R2-003	superseded	N/A	N/A
51c.44-0046	Horizon Medical Center Dickson, Dickson, Tennessee	05/31/2004	Cahaba Government Benefits Administrator	04/22/2010 RNPR	09/09/2010	140	R3-001	\$26,188	N/A	N/A
** 52a.44-0150	Summit Medical Center Hermitage, Davidson, Tennessee	12/31/2004	Cahaba Government Benefits Administrator	06/30/2006	12/27/2006	180	3,9,11	superseded	N/A	N/A

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.

APPENDIX

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

Date Prepared: 06/29/2011

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.

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FISCAL INTERMEDIARY	FYE	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
56b.44-0197	Southern Hills Medical Center Nashville, Davidson, Tennessee	Cahaba Government Benefits Administrator	05/31/2004	07/20/2009 RNPR	11/25/2009	128	R1-003, R1-004	\$31,233	N/A	N/A
** 57.45-0097	Bayshore Medical Center Pasadena, Harris, Texas	TrailBlazer Health Enterprises	12/31/2004	06/19/2007	11/08/2007	142	22,23,25	\$262,642	N/A	N/A
58.45-0126	East Houston Medical Center Houston, Harris, Texas	TrailBlazer Health Enterprises	02/29/2004	09/13/2006	01/18/2007	127	26,27	\$52,235	N/A	N/A
** 59a.45-0222	Conroe Regional Medical Center Conroe, Montgomery, Texas	TrailBlazer Health Enterprises	12/31/2004	05/30/2006	10/25/2006	148	8,9	superseded	N/A	N/A
** 59b.45-0222	Conroe Regional Medical Center Conroe, Montgomery, Texas	TrailBlazer Health Enterprises	12/31/2004	01/02/2009 RNPR	04/24/2009	112	4	\$30,988	N/A	N/A
60a.45-0388	Methodist Hospital San Antonio, Bexar, Texas	TrailBlazer Health Enterprises	06/30/2004	09/21/2006	03/06/2007	166	42,43	superseded	N/A	N/A
60b.45-0388	Methodist Hospital San Antonio, Bexar, Texas	TrailBlazer Health Enterprises	06/30/2004	02/18/2009 RNPR	07/22/2009	154	4	\$720,721	N/A	N/A
** 61.45-0431	St. David's Medical Center Austin, Travis, Texas	TrailBlazer Health Enterprises	12/31/2004	10/13/2006	04/10/2007	179	5,6	\$3,797	N/A	N/A
** 62.45-0617	Clear Lake Regional Medical Center Webster, Galveston, Texas	TrailBlazer Health Enterprises	12/31/2004	09/20/2006	03/06/2007	167	30,31	\$8,493	N/A	N/A

Date Prepared: 06/29/2011

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

Representative: HCA, Inc.

Case Number: 06-0910GC

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

PROVIDER NUMBER	PROVIDER NAME CITY, COUNTY, STATE	FYE	INTERMEDIARY	A DATE OF NPR	B DATE OF HEARING REQUEST	C NO. OF DAYS	D AUDIT ADJ. NO(S)	E MEDICARE AMOUNT AT ISSUE	F ORIGINAL CASE NO. (IF ANY)	G DATE OF ADD/ TRANSFER
63.45-0630	Spring Branch Medical Center Houston, Harris, Texas	06/30/2004	TrailBlazer Health Enterprises	04/26/2006	09/27/2006	154	33,36-38	\$62,739	N/A	N/A
** 64.45-0634	Denton Regional Medical Center Denton, Callahan, Texas	12/31/2004	TrailBlazer Health Enterprises	09/20/2006	03/06/2007	167	7,20	\$2,553	N/A	N/A
** 65.45-0644	West Houston Medical Center Houston, Harris, Texas	12/31/2004	TrailBlazer Health Enterprises	09/21/2007	02/25/2008	157	8,24	\$71,661	N/A	N/A
66.45-0647	Medical City Dallas Hospital Dallas, Dallas, Texas	05/31/2004	TrailBlazer Health Enterprises	09/01/2006	01/18/2007	139	8,27-29	\$26,709	N/A	N/A
67a.45-0651	Medical Center of Plano Plano, Collin, Texas	03/31/2004	TrailBlazer Health Enterprises	05/24/2005	11/14/2005	174	N/N	superseded	06-0202	03/02/2006
67b.45-0651	Medical Center of Plano Plano, Collin, Texas	03/31/2004	TrailBlazer Health Enterprises	11/02/2006 RNPR	04/26/2007	175	5	\$6,394	N/A	N/A
68.45-0672	Plaza Medical Center of Fort Worth Fort Worth, Tarrant, Texas	01/31/2004	TrailBlazer Health Enterprises	06/13/2008	12/05/2008	175	30-32	\$80,375	N/A	N/A
69.45-0675	Medical Center of Arlington Arlington, Tarrant, Texas	05/31/2004	TrailBlazer Health Enterprises	04/26/2006	09/27/2006	154	24,29	\$39,244	N/A	N/A
** 70.45-0713	South Austin Hospital Austin, Travis, Texas	12/31/2004	TrailBlazer Health Enterprises	05/31/2007	11/08/2007	161	20,24	\$6,710	N/A	N/A

Date Prepared: 06/29/2011

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.

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

\$12,395,739