

# Texas Health and Human Services Commission (HHSC)

## 2025 Standard Dollar Amount (SDA) Add-on Status Verification Form

July 22, 2024

In accordance with Texas Administrative Code §355.8052 (relating to Inpatient Hospital Reimbursement), the following information is required from each Medicaid-enrolled hospital and will be used in the calculation of the hospital's final Standard Dollar Amount (SDA).

### INSTRUCTIONS

Please complete each of the following sections. After completion, please submit the form and any accompanying documentation via email to the HHSC PFD Hospitals at [PFD\\_Hospitals@hhsc.state.tx.us](mailto:PFD_Hospitals@hhsc.state.tx.us) or mail via overnight delivery to the address provided at the bottom of the form.

### PROVIDER INFORMATION

Name: \_\_\_\_\_

TPI: \_\_\_\_\_ NPI: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

### INFORMATION VERIFICATION

Please select from the two below options:

- An error, omission, or issue exists within the SFY 2025 Statewide SDA Status Verification File and a request is made to HHSC to review the error noted on the form below and the documentation included.
- Hospital was not reported on the SFY 2025 Statewide SDA Status Verification File. All verification information must be included with the submission of the Verification Form.

### ERROR IDENTIFICATION

Please identify, by marking the location of the error, omission, or other issue found within the SFY 2025 Statewide SDA Status Verification File. Please use a separate document to fully explain the issue which needs to be reviewed. It is of extreme importance to verify every section identified in the list below, as we use this data to post the monthly SDA rate reports found on the Rate Analysis website.

- Provider NPI
- Texas Provider Identifier (TPI)
- Medicare Number
- Provider Name
- Provider Physical Street Address
- Provider Physical City, State, ZIP
- County
- CBSA Wage Index
- Applicable Teaching Add-on (Medicare Operating IME%)
- DSH Qualification Status

Applicable Trauma Add-on (Level I-IV)

Other: \_\_\_\_\_

**REPORT CERTIFICATION**

NOTE: Only a Corporate Officer or a Partner of the hospital may provide certification that all information is correct and accurate.

I attest that the information reported herein is true, accurate, and correct to the best of my informed knowledge and belief. After submission of this document, if I become aware of additional information that is relevant to the verification process, I will notify HHSC and resubmit data if necessary.

\_\_\_\_\_  
Hospital Name

\_\_\_\_\_  
TPI Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email [PFD\\_Hospitals@hhsc.state.tx.us](mailto:PFD_Hospitals@hhsc.state.tx.us) or mail the completed form and certification statement to be received no later than **August 5, 2024** to:

Regular Mail

Taran Champagne, Manager  
Health and Human Services Commission  
Provider Finance Hospital, Rates Team  
P.O. Box 149030  
Mail Code H-400  
Austin, Texas 78714-9030

Overnight or Courier Delivery

Taran Champagne, Manager  
HHSC Provider Finance Hospital-Rates Team  
Mail Code H-400  
4601 W Guadalupe St.  
Austin, TX 78751