

2008 State of Texas Provider Data Summary Schedule

Definition of Uncompensated Care: Total hospital charges for services provided to patients who have no health insurance or other source of third party payment, less the amount of payments made by or on behalf of these patients. Payments made to a hospital for services provided to indigent patients made by a state or unit of local government within a state shall not be considered to be

Provider ID	Hospital Name	State Estimated Hospital-Specific DSH Limit	Medicaid IP Utilization Rate	Low-Income Utilization Rate	State-Defined DSH Qualification Criteria	Regular IP/OP Medicaid FFS - TX MMIS	Dual Eligible Payments (Non-Medicaid)	Medicaid Not Billed Payments	IP / OP Medicaid OOS Payments	Regular IP/OP Medicaid FFS Basic Rate Payments	IP/OP Medicaid MCO Payments	Supplemental/Enhanced IP/OP Medicaid FFS Payments	Supplemental/Enhanced IP/OP Medicaid MCO Payments	Supplemental/Enhanced IP/OP Medicaid OOS Payments	Supplemental/Enhanced IP/OP Medicaid Payments	Total Medicaid IP/OP Payments	Cost of Care - Medicaid IP / OP TX FFS	Cost of Care - Medicaid Not Billed	Cost of Care - Medicaid OOS	Cost of Care - Medicaid MCO
Qualified Hospitals	Column	Notes																		
A		Information provided by the Health and Human Services Commission (HHSC) from their original calculation for disbursement of DSH funds in MSP rate year 2008, based on two year old data.																		
B		MIUR calculated by CG using the cost report for total days and the MMIS data for Medicaid days. MMIS data provided by the HHSC's Intermediary. Where information was provided by the hospital, we included MCO days, out-of-state days, and dual eligible day																		
C		Calculated by the HHSC.																		
D		The determination if evidence exists that the HHSC performed it's due diligence to ensure the hospital met the terms defined in its state plan for hospital qualification.																		
E		Medicaid claim payments, provided by the HHSC from the MMIS system.																		
F		Dual Eligible claims payments as provided by the hospital for the scope period.																		
G		Medicaid not billed claims payments as provided by the hospital for the scope period.																		
H		Out of State Medicaid claims payments as provided by the hospital for the scope period.																		
I		Total claim payments																		
J		MCO claims payments as provided by the hospital for the scope period.																		
K, L, M		Any Supplemental Medicaid payments paid to the hospital, such as UPL, GME, IME, and Cost Report Settlements.																		
N		Total Supplemental Payments																		
O		Total Medicaid Payments (I+J+N)																		
P, Q, R, S		Cost of care calculated using the cost center specific RCC's as required by the Final Rule																		
T		Total cost of Medicaid claims																		
U		Total cost of Medicaid claims less the Total Medicaid Payments																		
V		Non-third party payments																		
W		Self pay payments made by the uninsured population																		
X		Total uninsured revenue																		
Y		Section 1011 payments as provided by the hospital																		
Z		Cost of care of the uninsured, calculated using the cost center specific RCC's as required by the Final Rule																		
AA		Total cost of uninsured claims less the Total Payments (Z-X-Y)																		
BB		Total annual uncompensated care (AA+U) (hospital specific limit)																		
CC		DSH payments as provided by the HHSC																		
DD		Intergovernmental transfers from public hospitals																		

