## Texas DSH 2018 Examination and UC EY 2021 Reconciliation - Documentation Chart

Data Element	Survey Location	Source	Alt Source	Data Period	Data Run Type	Data Alt Run Type	Basis Accrual/Cash	Supporting Document
UC Payments	Part I Section C	HHSC	Hospital records	MSP rate year	n/a	n/a	Accrual	HHSC report
GME Payments	Part I Section C	HHSC	Hospital records	MSP rate year	n/a	n/a	Accrual	HHSC report
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Self Pay Cash Payments	Part II Section E	Hospital Records	n/a	Cost Report Year(s)*	Payment Date	Posting Date	Cash	Exhibit B
Out-of-State DSH Payments	Part II Section E	Hospital Records	n/a	Cost Report Year(s)*	Cost Report Period	n/a	Accrual	Hospital records
Medicaid Managed Care - Non-Claims Based Payments	Part II Section E	Hospital Records	n/a	Cost Report Year(s)*	Payment Date	Posting Date	Cash	Hospital records
11011 Olainio Basca I aymonio	T GIVIT GOOGOTE	Tioopital records	11/4	Cost (topolt Toul(s)	r dymoni Bato	1 ooting Date	Oddii	riodpicar records
Cash Subsidies	Part II Section F	Hospital Records	n/a	Cost Report Year(s)*	Cost Report Period	n/a	Accrual	Hospital records
Charity Care Charges	Part II Section F	Hospital Records	n/a	Cost Report Year(s)*	Cost Report Period	n/a	Accrual/Write-off	Hospital records and AFS
In-State Medicaid FFS Primary - Days Charges and Payments	Part II Section H	HHSC/TMHP	Hospital records if informally appealed	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	Accenture/TMHP, Exhibit X, Claims and Encounters Informal Appeal Form (if claim accumulation error)
In-State Medicaid Managed Care - Days Charges and Payments	Part II Section H	HHSC/TMHP	Hospital records if informally appealed	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	Accenture/TMHP, Exhibit X, Claims and Encounters Informal Appeal Form (if claim accumulation error)
In-State Medicare FFS Crossovers + MMP - Days Charges and Payments	Part II Section H	HHSC/TMHP	Hospital records if informally appealed	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	Accenture/TMHP, Exhibit X, Claims and Encounters Informal Appeal Form (if claim accumulation error)
In-State Other Medicaid Eligible Not Billed - Days Charges and Payments	Part II Section H	Hospital Records	n/a	Cost Report Year(s)*	Discharge Date	Adjudication Date	Accrual	Exhibit C, Exhibit X
All Uninsured - Days Charges and Accrued Payments	Part II Section H	Hospital Records	n/a	Cost Report Year(s)*		n/a	Accrual	Exhibit A, Exhibit X
Uninsured Payments (including MCO State/Local-Only Indigent Care Payments)	Part II Section H	Hospital Records	n/a	Cost Report Year(s)*	Date of Collection	n/a	Cash	Exhibit B
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Medicaid Cost Report Settlements	Part II Section H	HHSC	Hospital records	Cost Report Year(s)*	Cost Report Period	n/a	Accrual	HHSC report
Medicare Crossover Non-Claims Based Payments	Part II Section H	Hospital records	Medicare	Cost Report Year(s)*	Cost Papart Pariod	n/a	Accrual	Hospital records and Medicare cost report (Bad Debt when recognized), PS&R reconciliation preferred
Non-Claims based Fayments	Fait ii Section 11	i iospitai records	Wedicare	Cost Report Tear(s)	Cost Nepolt Fellou	II/a	Accidal	when recognized), r-sarvieconclination preferred
Out-of-State Medicaid FFS Primary - Days Charges and Payments	Part II Section I	Out-of-State Medicaid Agency	Hospital records	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	Exhibit C if Source is Hospital Records, Exhibit X
Out-of-State Medicaid Managed Care -		Out-of-State		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	,	Ŭ		·
Days Charges and Payments Out-of-State Medicare FFS Crossovers -	Part II Section I	Medicaid Agency Out-of-State	Hospital records	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	Exhibit C if Source is Hospital Records, Exhibit X
Days Charges and Payments	Part II Section I	Medicaid Agency	Hospital records	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	Exhibit C if Source is Hospital Records, Exhibit X
Out-of-State Medicare MCO Crossovers - Days Charges and Payments	Part II Section I	Out-of-State Medicaid Agency	Hospital records	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	Exhibit C if Source is Hospital Records, Exhibit X
Out-of-State Other Medicaid Eligible -	Fait II Section I	Wedicald Agency	riospital records	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	,	Discharge Date	Accidal	Exhibit 6 il 30urce is Flospital Necolus, Exhibit X
Days Charges and Payments Out-of-State Medicare Crossover	Part II Section I	Hospital Records	n/a	Cost Report Year(s)*	Discharge Date	Adjudication Date	Accrual	Exhibit C if Source is Hospital Records, Exhibit X Hospital records and Medicare cost report (Bad Debt
Non-Claims Based Payments	Part II Section I	Hospital records	Medicare	Cost Report Year(s)*	Cost Report Period	n/a	Accrual	when recognized), PS&R reconciliation preferred
Organ Charges	Part II Section J,K	Hospital Records	n/a	Cost Report Year(s)*	Adjudication Date (same as payer)	Discharge Date (same as payer)	Accrual	Hospital Records
Organ Counts	Part II Section J,K	Hospital Records	n/a	Cost Report Year(s)*	Adjudication Date (same as payer)	Discharge Date (same as payer)	Accrual	Hospital Records
			7.17 500		payer/	, pajo./		,
Provider Tax	Part II Section L	Hospital Records	n/a	Cost Report Year(s)*	Cost Report Period	n/a	Accrual / Paid	Hospital records and AFS

<sup>\*</sup>Cost Report Year(s): In each case where more than one full cost report period is needed to span the MSP rate year, please provide one supporting documentation file for each full cost reporting year. In most cases this will result in 24 months of supporting documentation in two 12 month files each.