

Texas DSH 2021 Examination - 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
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
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	Write-off	Hospital records (should not exceed Medicare cost report Worksheet S-10, Line 20, Column 3)
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 Medicaid Secondary (Not Billed + MMIS Medicaid Secondary) - Days Charges and Payments	Part II Section H	HHSC/TMHP/Hospital Records	Hospital records if informally appealed	Cost Report Year(s)*	Adjudication Date (MMIS Component)**	Discharge Date (Self-Reported Component)**	Accrual	MMIS Component: Accenture/TMHP, Claims and Encounters Informal Appeal Form (if claim accumulation error), Self-Reported Component: Exhibit C, Exhibit X
In-State Other Medicaid Eligible Medicaid Primary (Not Billed) - Days Charges and Payments	Part II Section H	Hospital Records	n/a	Cost Report Year(s)*	Discharge Date	n/a	Accrual	Exhibit C, Exhibit X
All Uninsured - Days Charges and Accrued Payments	Part II Section H	Hospital Records	n/a	Cost Report Year(s)*	Discharge Date	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
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 Report Period	n/a	Accrual	Hospital records and Medicare cost report (Bad Debt when recognized), PS&R reconciliation 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 - 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 Medicare FFS 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 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 Medicaid Secondary - Days Charges and Payments	Part II Section I	Hospital Records	n/a	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	Exhibit C if Source is Hospital Records, Exhibit X
Out-of-State Medicare Crossover Non-Claims Based Payments	Part II Section I	Hospital records	Medicare	Cost Report Year(s)*	Cost Report Period	n/a	Accrual	Hospital records and Medicare cost report (Bad Debt 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
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

*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.

**In-State Other Medicaid Eligible Medicaid Secondary (Not Billed + MMIS Medicaid Secondary) is a combination of 1) Medicaid Secondary MMIS data, and 2) hospital-reported Exhibit C for Medicaid secondary claims that were not billed to Medicaid. Adjudication date is the reporting basis for the MMIS component, and discharge date is the reporting reporting basis (adjudication date is alternative basis) for the hospital-reported component of this payor.