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
GWE F ayments	r art i Section C	111100	Tiospital records	IVIOI Tate year	11/4	11/4	Accidal	ППОСТЕРИТ
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 Medicaid Managed Care -	Part II Section E	Hospital Records	n/a	Cost Report Year(s)*	Cost Report Period	n/a	Accrual	Hospital records
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 -			Hospital records if					Accenture/TMHP, Exhibit X, Claims and Encounters
Days Charges and Payments	Part II Section H	HHSC/TMHP	informally appealed	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	Informal Appeal Form (if claim accumulation error)
In-State Medicaid Managed Care -			Hospital records if					Accenture/TMHP, Exhibit X, Claims and Encounters
Days Charges and Payments	Part II Section H	HHSC/TMHP	informally appealed	Cost Report Year(s)*	Adjudication Date	Discharge Date	Accrual	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	Tarin ooddon i	11100/111111	ппоппану арреанов	Coor Hopert Four(c)	/ tajuareation Bato	Ĭ	ricordai	MMIS Component: Accenture/TMHP, Claims and
Secondary) -		HHSC/TMHP/Hospital	Hospital records if		Adjudication Date	Discharge Date (Self- Reported		Encounters Informal Appeal Form (if claim accumulation error),
Days Charges and Payments In-State Other Medicaid Eligible Medicaid	Part II Section H	Records	informally appealed	Cost Report Year(s)*	(MMIS Component)**	Component)**	Accrual	Self-Reported Component: Exhibit C, Exhibit X
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
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Medicaid Cost Report Settlements	Part II Section H	HHSC	Hospital records	C+ D+ V/-)*	Cost Report Period	n/a	Accrual	HHSC report
Medicaid Cost Report Settlements	Part II Section F	nnsc	Hospital records	Cost Report Year(s)*	Cost Report Period	n/a	Accruai	nnsc 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
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Out-of-State Medicaid FFS Primary -		Out-of-State						
Days Charges and Payments Out-of-State Medicaid Managed Care -	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 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	Tarri occioni	Wouldard / Igoricy	riospital rosoras	Coct report Four(c)	/ tajaaloation Bato	District go Date	/ tooldal	Exhibit on course is necessary records, Exhibit x
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								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
					A.F. F. F. Dei	B: I B I		
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
organ ooung	, are it occurre, it	spital Necords	1/4	SSST TOPOIL TEAT(S)	(came as payer)	(Same as payer)	, tooluui	- roopress (SOOTED
Provider Tax	Part II Section L	Hagnital Barret	n/a	Cost Bonort Varadoù	Coat Bonart Barrie	n/a	Accrual / Paid	Hospital records and AFS
Provider rax	Part II Section L	Hospital Records	l n/a	Cost Report Year(s)*	Cost Report Period	l n/a	Acciual / Paid	mospital 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 hospital-reported component of this payor.