DSH Survey Submission Checklist

Please indicate with an "X" each item included or a "N/A" if not included. Consider a separate cover letter to explain any "N/A" answers to

avoid additional documentation requests.		
Х	1.	Electronic copy of the DSH Survey Part I - DSH Year Data - 07/01/2018 - 06/30/2019
Х	2.	Electronic copy of the DSH Survey Part II - Cost Report Data - Cost Report Year 10/01/2018 - 09/30/2019
N/A	3.	N/A
N/A	4.	N/A
х	5 (a).	Electronic copy of Exhibit A - Uninsured Charges / Days - Must be in Excel (.xls or .xlsx) or CSV (.csv) using either a TAB or (pipe symbol above the ENTER key)
х	5 (b).	Description of logic used to compile Exhibit A. Include a copy of all financial classes and payer plan codes utilized during the cost report period and a description of which codes were included or excluded if applicable.
х	6 (a).	Electronic copy of Exhibit B - Self-Pay Payments - Must be in Excel (.xls or .xlsx) or CSV (.csv) using either a TAB or (pipe symbol above the ENTER key).
х	6 (b).	Description of logic used to compile Exhibit B. Include a copy of all transaction codes utilized to post payments during the cost reporting period and a description of which codes were included or excluded if applicable.
Х	7 (a).	Electronic copy of Exhibit C for hospital-generated data (includes Medicaid eligibles, Medicare crossover, Medicaid MCO, or Out-Of-State Medicaid data that isn't supported by a state- provided or MCO-provided report)
		- Must be in Excel (.xls or .xlsx) or CSV (.csv) using either a TAB or (pipe symbol above the ENTER key).
х	7 (b).	Description of logic used to compile each Exhibit C. Include a copy of all financial classes and payer plan codes utilized during the cost report period and a description of which codes were included or excluded if applicable.
N/A	8.	Copies of all <u>out-of-state</u> Medicaid fee-for-service PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)
N/A	9.	Copies of all <u>out-of-state</u> Medicaid managed care PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)
Х	10.	Copies of in-state Medicaid managed care PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)
N/A	11.	Support for Section 1011 (Undocumented Alien) payments if not applied at patient level in Exhibit B
N/A	12.	Documentation supporting out-of-state DSH payments received
	13.	- Examples may include remittances, detailed general ledgers, or add-on rates.
х	14.	Financial statements or other documentation to support total charity care charges and subsidies reported on Section F of DSH Survey Part II
х	15.	Revenue code cross-walk used to prepare cost report, or supporting grouping schedules
х	15a.	A detailed working trial balance used to prepare each cost report (including revenues)
N/A	15b.	A detailed revenue working trial balance by payer/contract. The schedule should show charges, contractual adjustments, and revenues by payer plan and contract (e.g., Medicare, each Medicaid agency payer, each Medicaid Managed care contract)
Х	16.	Electronic copy of all cost reports used to prepare each DSH Survey Part II
х	17.	Documentation supporting cost report payments calculated for Medicaid/Medicare cross-overs (dual eligible cost report payments)
N/A	18.	Documentation supporting Medicaid Managed Care Quality Incentive Payments, or any other Medicaid Managed Care lump sum payments

Please upload all checklist items above to the Myers and Stauffer Web Portal. If you are unable to access the Web Portal, please call or email. Web Portal Address:

https://dsh.mslc.com

All electronic (CD or DVD - CDs or DVDs must be encrypted and/or password protected) and paper documentation can be mailed (using certified or other traceable delivery) to:

Myers and Stauffer LC ATTN: DSH Examinations 700 W. 47th Street, Suite 1100 Kansas City, Missouri 64112 Fax: (816) 945-5301 Phone: (800) 374-6858 E-Mail: GADSH@mslc.com

Please Call Myers and Stauffer if you have any questions on completing the DSH survey.