

long as the date of the bad debt or charity care write-off fell within your hospital's fiscal year.

**INSTRUCTIONS FOR COLUMN 1**

**COLUMN 1** Information in Column 1 should include data for patients who have received uncompensated care for some portion of their inpatient discharge or outpatient visit that was also covered by health insurance for the services provided.

**INPATIENT CHARGES**

**Line 8: Total DA Charges For Patients With Insurance - INPATIENT**

Enter the charges for inpatient discharges by eligible Disability Assistance recipients, who also had some form of insurance for the services delivered, during your hospital's fiscal year.

**Line 9: Total UC Charges For Patients Below 100% With Insurance - INPATIENT**

Enter the charges for inpatient discharges for patients not covered by Disability Assistance, with family incomes at or below the federal poverty income guidelines, who qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code and who had some form of insurance for the services delivered, during your hospital's fiscal year.

**Line 10:Total UC Charges For Patients Above 100% With Insurance - INPATIENT**

Enter the charges for inpatient discharges for patients with family incomes above the federal poverty income guidelines, and all others who do not qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code and who had some form of insurance for the services delivered, but were either unable or unwilling to pay for a portion of the bill and which were written off during your hospital's fiscal year. Recipients of Medicaid in any state can not be included on Schedule F.

**Line 11: Total Uncompensated Care Charges for Patients with Insurance - INPATIENT**

Enter the total of lines 8 through 10.

**OUTPATIENT CHARGES**

**Line 12: Total DA Charges For Patients With Insurance - OUTPATIENT**

Enter the charges for outpatient visits by eligible Disability Assistance recipients, who also had some form of insurance for the services delivered, during your hospital's fiscal year.

**Line 13: Total UC Charges For Patients Below 100% With Insurance -OUTPATIENT**

Enter the charges for outpatient visits for patients not covered by Disability Assistance, with family incomes at or below the federal poverty income guidelines, who qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code and who had some form of insurance for the services delivered, during your hospital's fiscal year.

**Line 14: Total UC Charges For Patients Above 100% With Insurance -OUTPATIENT**

Enter the charges for outpatient visits for patients with family incomes above the federal poverty income guidelines and all others who do not qualify for free care under rule 5101:3-2-07.17 of The Ohio Administrative Code, who had some form of insurance for the services delivered, but were either unable or unwilling to pay for a portion of the bill and which were written off during your hospital's fiscal year. Recipients of Medicaid in any other state can

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not be included of Schedule F.

**Line 15: Total Uncompensated Care Charges for Patients with Insurance-OUTPATIENT**

Enter the total of lines 12 through 14.

**INPATIENT DISCHARGES**

**Line 16: Total DA Inpatient Discharges For Patients With Insurance**

Enter the number of inpatient discharges for Disability Assistance patients who also had some form of insurance for the services delivered during your hospital's fiscal year.

**Line 17: Total UC Inpatient Discharges For Patients Below 100% With Insurance**

Enter the number of inpatient discharges for patients not covered by Disability Assistance, with family incomes at or below the federal poverty income guidelines, who qualify for free care under rule 5101:3-2-07.17 of The Ohio Administrative Code and who had some form of insurance for the service delivered, during your hospital's fiscal year.

**Line 18: Total UC Inpatient Discharges For Patients Above 100% With Insurance**

Enter the number of inpatient discharges for patients with family incomes above the federal poverty income guidelines and all others who do not qualify for free care under rule 5101:3-2-07.17 of The Ohio Administrative Code, which had some form of insurance for the services delivered, but were either unable or unwilling to pay for some portion of the bill, and which were written off during your hospital's fiscal year. Recipients of Medicaid in any state can not be included on Schedule F.

**Line 19: Total UC Inpatient Discharges for Patients with Insurance**

Enter the total of lines 16 through 18.

**OUTPATIENT VISITS**

**Line 20: Total DA Outpatient Visits For Patients With Insurance**

Enter the number of outpatient visits for Disability Assistance patients who also had some form of insurance for the services delivered, during your hospital's fiscal year.

**Line 21: Total UC Outpatient Visits For Patients Below 100% With Insurance**

Enter the number of outpatient visits for patients not covered by Disability Assistance, with family incomes at or below the federal poverty income guidelines, who qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code and who had some form of insurance for the service delivered, during your hospital's fiscal year.

**Line 22: Total UC Outpatient Visits For Patients Above 100% With Insurance**

Enter the number of outpatient visits for patients with family incomes above the federal poverty income guidelines and all others who do not qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code, which had some form of insurance for the services delivered, but were either unable or unwilling to pay for some portion of the bill, and which were written off during your hospital's fiscal year. Recipients of Medicaid in any state can not be included on Schedule F.

**Line 23: Total UC Outpatient Visits for Patients with Insurance**

Enter the total of lines 20 through 22.

**INSTRUCTIONS FOR COLUMN 2**

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COLUMN 2 Information in Column 2 should include data for patients who have received uncompensated care and do not have any insurance for the services provided.

**INPATIENT CHARGES**

**Line 8: Total DA Charges For Patients Without Insurance - INPATIENT**

Enter the charges for inpatient discharges by eligible Disability Assistance recipients, who did not have insurance for the services delivered, during your hospital's fiscal year.

**Line 9: Total UC Charges For Patients Below 100% Without Insurance - INPATIENT**

Enter the charges for inpatient discharges for patients not covered by Disability Assistance, with family incomes at or below the federal poverty income guidelines, who qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code and who did not have insurance for the services delivered, during your hospital's fiscal year.

**Line 10: Total UC Charges For Patients Above 100% Without Insurance - INPATIENT**

Enter the charges for inpatient discharges for patients with family incomes above the federal poverty income guidelines and all others who do not qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code, who did not have insurance for the services delivered, but were either unable or unwilling to pay for a portion of the bill and which were written off during your hospital's fiscal year. Recipients of Medicaid in any state can not be included on Schedule F.

**Line 11: Total Uncompensated Care Charges for Patients without Insurance - INPATIENT**

Enter the total of lines 8 through 10.

**OUTPATIENT CHARGES**

**Line 12: Total DA Charges For Patients Without Insurance - OUTPATIENT**

Enter the charges for outpatient visits by eligible Disability Assistance recipients, who did not have insurance for the services delivered, during your hospital's fiscal year.

**Line 13: Total UC Charges For Patients Below 100% Without Insurance -OUTPATIENT**

Enter the charges for outpatient visits for patients not covered by Disability Assistance, with family incomes at or below the federal poverty income guidelines, who qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code and who did not have insurance for the services delivered, during your hospital's fiscal year.

**Line 14: Total UC Charges For Patients Above 100% Without Insurance -OUTPATIENT**

Enter the charges for outpatient visits for patients with family incomes above the federal poverty income guidelines and all others who do not qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code, who did not have insurance for the services delivered, but were either unable or unwilling to pay for a portion of the bill and which were written off during your hospital's fiscal year. Recipients of Medicaid in any state can not be included on Schedule F.

**Line 15: Total Uncompensated Care Charges for Patients without Insurance -OUTPATIENT**

Enter the total of lines 12 through 14.

**INPATIENT DISCHARGES**

**Line 16: Total DA Inpatient Discharges For Patients Without Insurance**

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Enter the number of inpatient discharges for Disability Assistance patients who did not have insurance for the services delivered during your hospital's fiscal year.

**Line 17: Total UC Inpatient Discharges For Patients Below 100% Without Insurance**

Enter the number of inpatient discharges for patients not covered by Disability Assistance, with family incomes at or below the federal poverty income guidelines, who qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code and who did not have insurance for the service delivered, during your hospital's fiscal year.

**Line 18: Total UC Inpatient Discharges For Patients Above 100% Without Insurance**

Enter the number of inpatient discharges for patients with family incomes above the federal poverty income guidelines and all others who do not qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code, which did not have insurance for the services delivered, but were either unable or unwilling to pay for some portion of the bill and which were written off during your hospital's fiscal year. Recipients of Medicaid in any other state cannot be included.

**Line 19: Total UC Inpatient Discharges for Patients Without Insurance**

Enter the total of lines 16 through 18.

**OUTPATIENT VISITS**

**Line 20: Total DA Outpatient Visits For Patients Without Insurance**

Enter the number of outpatient visits for Disability Assistance patients who did not have insurance for the services delivered, during your hospital's fiscal year.

**Line 21: Total UC Outpatient Visits For Patients Below 100% Without Insurance**

Enter the number of outpatient visits for patients not covered by Disability Assistance, with family incomes at or below the federal poverty income guidelines, who qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code and who did not have insurance for the service delivered, during your hospital's fiscal year.

**Line 22: Total UC Outpatient Visits For Patients Above 100% Without Insurance**

Enter the number of outpatient visits for patients with family incomes above the federal poverty income guidelines and all others who do not qualify for free care under rule 5101:3-2-07.17 of the Ohio Administrative Code, which did not have insurance for the services delivered, but were either unable or unwilling to pay for some portion of the bill, and which were written off during your hospital's fiscal year. Recipients of Medicaid in any state can not be included on Schedule F.

**Line 23: Total UC Outpatient Visits for Patients Without Insurance**

Enter the total of lines 20 through 22.

**INSTRUCTIONS FOR COLUMN 3**

Column 3 includes the Medicaid inpatient and outpatient cost to charge ratios for your hospital.

**Lines 8, 9, 10, and 11: Inpatient Cost to Charge Ratio**

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Divide the value in column 3, line 101, of Schedule D by the value in column 2, line 101, of Schedule D to calculate the inpatient cost to charge ratio.

**Lines 12, 13, 14, and 15: Outpatient Cost to Charge Ratio**

Divide the value in column 5, line 101, of Schedule D by the value in column 4, line 101, of Schedule D to calculate the outpatient cost to charge ratio.

**INSTRUCTIONS FOR COLUMNS 4 and 5**

**Calculation of Uncompensated Care Costs for Patients with Insurance**

**Lines 8 through 15: Column 4**

Multiply the value in column 1 times the value in column 3 for each line.

**Lines 8 through 15: Column 5**

Multiply the value in column 2 times the value in column 3 for each line.

**SECTION II (FREE STANDING PSYCHIATRIC HOSPITAL INFORMATION)**

**LINE 24**

Only free standing psychiatric hospitals should complete this section.

**Column 1: Payments From Insurance**

Enter payments received for psychiatric hospital inpatient services billed to and received from all sources other than the self-pay revenues in Column 2 and Ohio Medicaid payments reported on Schedule H.

**Column 2: Payments From Self-Pay**

Enter payments received for psychiatric hospital inpatient services billed to and received from either the person who received inpatient psychiatric services or the family of the person that received inpatient psychiatric service.

**Column 3: Charges For Charity Care**

Enter the total charges for psychiatric hospital services provided to indigent patients. This includes charges for services provided to individuals who do not possess health insurance for the services provided. However, this does not include bad debts, contractual allowances or uncompensated care costs rendered to patients with insurance where the full cost of service was not reimbursed because of per diem caps or coverage limitations.

**Column 4: Government Cash Subsidies Received**

Enter the amount of cash subsidies received directly from state and local governments for psychiatric hospital inpatient services.

**Column 5: Uncompensated Care Costs for Patients with Insurance**

Enter the psychiatric hospital inpatient costs for individuals that have insurance coverage for the service provided, but full reimbursement was not received due to per diem caps or coverage limitations.

**Column 6: Medicaid Days Provided to Medicaid Recipients Age 22-64**

Enter the total psychiatric hospital inpatient days provided to Ohio Medicaid recipients age 22 to 64 who were discharged during the hospital's fiscal year. While federal regulations state that Medicaid coverage can

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only be provided to recipients age 21 and under or ages 65 and older, the department can include days attributable to recipients between the ages of 22 and 64 in DSH calculations.

**SECTION III**  
**DO NOT COMPLETE THIS SECTION**  
**IT WILL BE COMPLETED BY**  
**THE BUREAU OF HEALTH PLAN POLICY IF NECESSARY**

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## SCHEDULE G

## TITLE XIX CAPITAL RELATED COST REIMBURSEMENT

**DRG EXEMPT AND OUT-OF-STATE HOSPITALS SHOULD NOT COMPLETE THIS SCHEDULE.**

Column 1

Lines 25-34 and 37-97 - For each revenue center, transfer the total charges from Schedule B, column 4, lines 25 through 34, and 37 through 97.

Column 2

Lines 25-34 and 37-97 - For each revenue center, enter the "old" capital related cost from Worksheet B, Part II, column 25. The total of this column should match Worksheet B, Part II, column 25, line 95.

Column 3

Lines 25-34 and 37-97 - For each revenue center, enter the "new" capital related cost from Worksheet B, Part III, column 25. The total of this column should match Worksheet B, Part III, column 25, line 95.

Column 4

Lines 25-34 and 37-97 - Enter the sum of columns 2 and 3.

Column 5

Lines 25-34 and 37-97 - Divide column 4 by column 1. Enter the result rounded to six decimal places.

Column 6

Lines 25-34 and 37-97 - Enter the charge amounts from Schedule D, column 2.

Column 7

Lines 25-34 and 37-97 - For each revenue center, multiply column 6 by the corresponding ratio in column 5 and enter the result rounded to the nearest dollar.

Line 102 - Multiply the capital add-on rates in effect for the cost reporting period by the total number of XIX inpatient discharges on Schedule C-1, columns 2 and 3, line 40.

Columns 1-7

Line 35 - Enter the total of lines 25 through 34.

Line 98 - Enter the total of lines 37 through 97.

Line 101 - Enter the total of lines 35 and 98.

Column 7

Line 103 - Enter the result of line 102 less line 101.

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## SCHEDULE H

## SETTLEMENT SUMMARY

## Section I INPATIENT SERVICES

Line 1, columns 1-3 - Transfer amounts from Schedule D, column 3, line 101; Schedule D-1, column 9, line 101; and Schedule D, column 9, line 101, into the appropriate column.

Line 2, columns 1-3 - Enter amounts paid by the program for services rendered to eligible program patients during the reporting period. Do not include payments received under the Hospital Care Assurance program. Include in column 1 DRG payments received for transplant services, and in column 3, report only payments made on a reasonable cost basis for transplant services.

Line 3, columns 1-3 - Enter the amount due from the program (based upon the reimbursement rate in effect when the service was rendered) for services rendered to eligible recipients during the reporting period for which reimbursement has not been received.

Line 4, columns 1-3 - Enter amounts received or receivable from other payers for services rendered to eligible program patients during the reporting period.

Line 5, columns 1 - Enter amounts you received in UPL payments in January, February, and/or August 2002 for discharges during this reporting period.

Line 6, column 1 - LEAVE BLANK. This line will be completed by ODJFS if necessary.

Line 7, column 1 - Enter amount due Program/(Provider), using the opposite sign, from Schedule G, column 7, line 103. *DRG-exempt and out-of-state hospitals, enter 0.*

Line 8, columns 1-3 - Enter the sum of lines 2 through 7.

Line 9, columns 1-3 - Transfer amounts from Schedule D, column 2, line 101; Schedule D-1, column 8, line 101; and Schedule D, column 8, line 101, into the appropriate column.

Line 10, column 1 - Enter -0-. *DRG-exempt hospitals, subtract line 8 from line 1.*

Line 10, columns 2 and 3 - Subtract line 8 from line 1.

Line 11, column 1 - Enter -0-. *DRG-exempt hospitals, subtract line 9 from line 1. If the result is negative, enter -0-.*

Line 11, columns 2 and 3 - Subtract line 9 from line 1. If the result is negative, enter -0-.

Line 12, column 1 - Enter the result of line 8 less line 9. If the result is negative, enter 0. *DRG-exempt hospitals, subtract line 10 from line 11.*

Line 12, columns 2 and 3 - Subtract line 10 from line 11.

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## SCHEDULE H

## SETTLEMENT SUMMARY

## Section II                    OUTPATIENT SERVICES

Line 13, columns 1-2 - Transfer amounts from Schedule D, column 5, line 101; Schedule D-1, and column 11, line 101 into the appropriate column.

Line 14, columns 1-2 - Enter the amount paid by the program for services rendered to eligible program patients during the reporting period.

Do Not Include amounts paid by the programs for the following items:

11. Services billed under the At Risk Pregnancy program.
12. Amounts paid under the Hospital Care Assurance Program.
13. Laboratory services with the exception of column 2 amounts which should include Title V payments for Outpatient Radiology and Laboratory services.

Line 15, columns 1-2 - Enter the amount due from the program (based upon the reimbursement rate in effect when the service was rendered) for services rendered to eligible recipients during the reporting period for which reimbursement has not been received.

Line 16, columns 1-2 - Enter amounts received or receivable from other payers for services rendered to eligible program patients during the reporting period.

Line 17, columns 1-2 - LEAVE BLANK. This line is for the use of ODJFS.

Line 18, column 1 - LEAVE BLANK. This line will be completed by ODJFS if necessary.

Line 19, columns 1-2 - Enter the sum of lines 14 through 18.

Line 20, columns 1-2 - Enter amounts from Schedule D, column 4, line 101 and Schedule D-1, column 10, line 101.

Line 21, column 1 - Enter -0-. *DRG-exempt and out-of-state hospitals, subtract line 19 from line 13.*

Line 21, column 2 - Subtract line 19 from line 13.

Line 22, column 1 - Enter -0-. *DRG-exempt and out-of-state hospitals, subtract line 20 from line 13. If the result is negative enter -0-.*

Line 22, column 2 - Subtract line 20 from line 13. If the result is negative enter -0-.

Line 23, column 1 - Subtract line 20 from line 19. If the result is negative enter -0-. *DRG-exempt and out-of-state hospitals, subtract line 21 from line 22.*

Line 23, column 2 - Subtract line 21 from line 22.

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SCHEDULE H

SETTLEMENT SUMMARY

Section III PROGRAM(S) SUMMARY

Line 24, columns 1-3 - Enter the inpatient settlement amount from Schedule H, Section I, line 12.

Line 25, columns 1-2 - Enter the outpatient settlement amount from Schedule H, Section II, line 23.

Line 26, column 1 - Enter the amount from Schedule G, column 5, line 103. DRG-exempt and Out-of-state hospitals, enter 0.

Line 27, columns 1-3 - Enter the sum of lines 24 through 26.

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