

Myers and Stauffer LC

Certified Public Accountants
9265 Counselors Row, Suite 200
Indianapolis, Indiana 46240-6419

December 18, 2009

«Provider_Name»
Attn: «Contact»
«ContactTitle»
«Chain_Name»
«Address_1»
«Address_2»
«City», «State» «Zip»

UPS Tracking Number: «UPS_Number»

Return Receipt Requested

Provider Number: «Medicaid»

Dear Mr./Ms. «LastName»:

Please find the enclosed survey form that must be completed in order to determine Indiana Medicaid Disproportionate Share Hospital (DSH) eligibility for the State Fiscal Years ending June 30, 2010 and June 30, 2011.

Please note that the distribution and collection process for this survey has changed. In the past, the survey was in hard copy format. The SFY 2010 and 2011 DSH Eligibility Survey is in Excel format on the enclosed CD. You are required to submit the survey response in Excel format on a CD. Hard copies will not be accepted, with the exception of a signed certification page, which is required to be submitted in hard copy format.

The survey must be completed and postmarked no later than **February 26, 2010**. Please compare information already entered into the survey for accuracy and provide support for any changes or additions. Please note that timely and accurate completion of the enclosed survey will expedite the completion of DSH eligibility and payment distributions.

Please complete and return the enclosed survey to the address below. Surveys must be postmarked no later than February 26, 2010. This will be the only notification sent concerning the deadline. No second notifications will be sent. **If the response to the survey is not received by the deadline, your facility will be deemed ineligible for DSH payments for SFY 2010 and 2011.**

Please note that the claims data has been encrypted and the files are password protected. Please e-mail Myers and Stauffer at claimsrequest@mslc.com to receive your password. To ensure that only authorized users obtain access to your claims data, the password request must be sent by the addressee of this letter and it must be sent from your facility's e-mail domain. Your hospital's password will be e-mailed to you once your identity has been confirmed.

Once your password is obtained, compression/encryption software is required to access and decrypt the claims data. In some cases, you may require a newer version of the software than what you currently have installed. A free evaluation version of WinZip 14.0 may be downloaded from the WinZip website at <http://www.winzip.com/downwz.htm>. This site provides installation information, or you may contact Myers and Stauffer at claimsrequest@mslc.com for additional assistance.

Should you have any questions related to the survey, please do not hesitate to contact Roger Sell or Celine Tao at (800) 877-6927 or (317) 846-9521.

Sincerely,

Myers and Stauffer

**OFFICE OF MEDICAID POLICY AND PLANNING
DISPROPORTIONATE SHARE HOSPITAL (DSH) ELIGIBILITY SURVEY**

December 18, 2009

The enclosed survey is designed to collect the information necessary to administer the Indiana Medicaid Disproportionate Share Hospital program. This survey will be used to determine DSH eligibility for State Fiscal Years (SFY) 2010 and 2011. ***Your facility must have been in operation and participating in the Medicaid program during the SFY for which payment is being made in order to be eligible for DSH.*** Your survey information should be taken from the Medicaid cost report for your facility's fiscal year ended during SFY 2009, which is July 1, 2008 to June 30, 2009.

This survey is **mandatory** and must be completed by each facility in its entirety. As a condition of participation in the Medicaid program, you are required, pursuant to your provider agreement, to submit to the Office of Medicaid Policy and Planning (OMPP) any information it deems necessary for the program. Please be advised the OMPP considers completion of this survey essential for the efficient operation and proper administration of the Medicaid program. In order to properly evaluate statewide participation and eligibility for DSH in accordance with State and Federal regulations, survey information is required from all Indiana hospitals, even from those ineligible for DSH in the past.

Please complete and return the enclosed survey to the address below postmarked no later than February 26, 2010. This will be the only notification sent concerning the deadline. No second notifications will be sent. If the response to the survey is not postmarked by the deadline, your facility will be deemed ineligible for DSH payments for SFY 2010 and 2011. Only information submitted by your facility on a survey postmarked by February 26, 2010 will be included in your facility's DSH eligibility calculation. Information received from your facility that is postmarked after the due date will not result in increased Medicaid days, payments, or charges, etc. being included in the facility's Medicaid inpatient utilization rate or low income utilization rate (the ratios used to determine DSH eligibility.) In addition, failure to complete the survey may be considered a breach of the Medicaid provider agreement. If extenuating circumstances will prevent you from meeting the filing deadline, please contact Myers and Stauffer immediately at (317) 846-9521 or (800) 877-6927. You may also contact us at the following address:

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Attention: Roger Sell or Celine Tao
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For survey questions that ask for summary and/or supporting documentation, attach the required information. **This information must be provided electronically on CD, in the format presented in Exhibits A, B, C and D.** All documentation should be referenced back to the pertaining survey question. **Please maintain all source documentation used to complete the survey, as additional information (i.e., remittance advices, patient**

listings, etc.) may be requested to verify your numbers. All providers are asked to compare the information already completed on the survey for accuracy. Please provide any additional information and submit documentation to support the additions. If there is any incorrect information included in the survey, please provide corrected amounts. You may do so in any format you would like (you may not be able to change the amounts in locked cells in the workbook). However, please note that any additional days or payments must be supported by detail reported in the formats illustrated by Exhibits A, B and C and submitted electronically. Please be advised that any questions that require support but do not have the required documentation **will not be used in the calculations** for DSH eligibility.

Please note that there is a change in the eligibility survey from past years as a result of the DSH Audit rule published in the Federal Register December 19, 2008. Crossover days (days for which a patient is eligible for both Medicaid and Medicare Part A) should now be included in the Medicaid Inpatient Utilization Rate (MIUR). This information is collected in Section B.

Thank you for your cooperation in completing this survey.