

Georgia DSH Payment Calculation
Crosswalk of Data Elements to Survey Fields

| Worksheet | Column | Data Element | Survey Field |
|------------------|---------------|--|--|
| DSH Limit | 3 | I/P Medicaid Cost | Sec H In-State Column H Line 127 |
| DSH Limit | 4 | O/P Medicaid Cost | Sec H In-State Column J Line 127 |
| DSH Limit | 5 | MCD Provider Tax | Sec L Tax Column K Line 45 |
| DSH Limit | 6 | I/P MCO Cost | Sec H In-State Column L Line 127 |
| DSH Limit | 7 | O/P MCO Cost | Sec H In-State Column N Line 127 |
| DSH Limit | 8 | I/P FFS X-Over Cost | Sec H In-State Column P Line 127 |
| DSH Limit | 9 | O/P FFS X-Over Cost | Sec H In-State Column R Line 127 |
| DSH Limit | 10 | I/P Other Medicaid Eligible Cost | Sec H In-State Column T Line 127 |
| DSH Limit | 11 | O/P Other Medicaid Eligible Cost | Sec H In-State Column V Line 127 |
| DSH Limit | 12 | I/P Uninsured Cost | Sec H In-State Column AN Line 127 |
| DSH Limit | 13 | O/P Uninsured Cost | Sec H In-State Column AP Line 127 |
| DSH Limit | 14 | Uninsured Provider Tax | Section L Tax Column K Line 46 |
| DSH Limit | 15 | I/P Out-of-State Cost | Sec I Out-of-State Column X Line 127 |
| DSH Limit | 16 | O/P Out-of-State Cost | Sec I Out-of-State Column Z Line 127 |
| DSH Limit | 17 | Total Cost Medicaid and Uninsured | Sum of Columns 13 thru 16 |
| DSH Limit | 18 | I/P FFS Payments | Sec H In-State Column H Lines 131 thru 133 |
| DSH Limit | 19 | O/P FFS Payments Excluding Reported O/P Settlement | Sec H In-State Column J Lines 131+133 |
| DSH Limit | 20 | Estimated O/P Settlement | Calculated OP Settlement per HS&R data |
| DSH Limit | 21 | I/P MCO Payments | Sec H In-State Column L Lines 131+133 |
| DSH Limit | 22 | O/P MCO Payments | Sec H In-State Column N Lines 131+133 |
| DSH Limit | 23 | GME MCO | CMO GME Payments per DCH |
| DSH Limit | 24 | I/P FFS X-Over Payments | Sec H In-State Column P Lines 129-130 +134-136 |
| DSH Limit | 25 | O/P FFS X-Over Payments | Sec H In-State Column R Lines 129-130 +134-136 |
| DSH Limit | 26 | I/P Other Medicaid Eligible Payments | Sec H In-State Column T Lines 129-130 +134-136 |
| DSH Limit | 27 | O/P Other Medicaid Eligible Payments | Sec H In-State Column V Lines 129-130 +134-136 |
| DSH Limit | 28 | I/P Uninsured Payments | Sec H In-State Column AN Line 137+138 |
| DSH Limit | 29 | O/P Uninsured Payments | Sec H In-State Column AP Line 137+138 |
| DSH Limit | 30 | I/P Payments | Sec I Out-of-State Column X Line 129-136 |
| DSH Limit | 31 | O/P Payments | Sec I Out-of-State Column Z Line 129-136 |
| DSH Limit | 32 | Inpatient Rate Adjustments | IP Rate Adjustments per DCH |
| DSH Limit | 33 | UPL Payments | UPL Payments per DCH |
| DSH Limit | 34 | Total Payments from Medicaid Claims and Uninsured | Sum of Columns 18 thru 33 |
| DSH Limit | 35 | Total Hospital Specific DSH Limit | Column 17 minus Column 34 |
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| Eligibility | 3 | Hospital Has 2 OB's? | Sec A-C DSH Year Data Column I Line 32 |
| Eligibility | 4 | Exempt Inpatients <18? | Sec A-C DSH Year Data Column I Line 36 |
| Eligibility | 5 | Exempt Did Not Offer OB on 12/22/87 | Sec A-C DSH Year Data Column I Line 38 |
| Eligibility | 8 | In-State Medicaid Eligible Days (FFS, CMO, and X-Over) | Sec H In-State Column AR Line 28 |
| Eligibility | 9 | Out-of-State Medicaid Eligible Days (FFS, CMO, and X-Over) | Sec I Out-of-State Column X Line 28 |
| Eligibility | 10 | Total Medicaid Eligible Days | Column 8 + Column 9 |
| Eligibility | 11 | Total I/P Hospital Days | Sec D, E, F CR Data Column I Line 76 |
| Eligibility | 12 | Medicaid Inpatient Utilization Rate | Column 10 / Column 11 |
| Eligibility | 16 | Medicaid Hospital Net Revenue | Sec H In-State Column AR & AT, Line 129+Line 130+Line 132+Line 133 + Sec I Out-of-State Column X & Z, Line 129+Line 130+Line 132+Line 133 |
| Eligibility | 17 | Medicaid I/P Rate Adjustments | IP Rate Adjustments per DCH |
| Eligibility | 18 | Medicaid Supplemental / Enhanced Payments | UPL Payments per DCH |
| Eligibility | 19 | Hospital Cash Subsidies | Sec D, E, F CR Data Column I Line 85 |
| Eligibility | 20 | Total Medicaid Hospital Revenue | Sum of Columns 16 thru 19 |
| Eligibility | 21 | Net Hospital Revenue | Sec D, E, F CR Data Column O Line 115 |
| Eligibility | 22 | Medicaid Fraction (Fraction #1) | Column 20 / Column 21 |
| Eligibility | 23 | I/P Charity Care Charges | Sec D, E, F CR Data Column I Line 87 |
| Eligibility | 24 | I/P Hospital Cash Subsidies | Sec D, E, F CR Data Column I Line 82 |
| Eligibility | 25 | Unspecified Cash Subsidies | Sec D, E, F CR Data Column I Line 84 |
| Eligibility | 26 | Adjusted I/P Charity Care | Column 23 -Column 24-(Column 25*Sec D, E, F CR Data Column C Line 115/(Column C Line 115 + Column E Line 115)) |
| Eligibility | 27 | I/P Hospital Charges | Sec D, E, F CR Data Column C Line 115 |
| Eligibility | 28 | I/P Charity Care Fraction (Fraction #2) | Column 26 / Column 27 |
| Eligibility | 29 | LIUR (Sum of Fraction #1 and #2) | Column 28 + Column 22 |
| Allocation of DSH Allotment | 11 | Total Hospital Costs | Sec G CR Data Column 1, Line 119 |