

From: CMS Office of Hearings [<mailto:OfficeofHearings@cms.hhs.gov>]

Sent: Friday, May 23, 2014 10:22 AM

Subject: ALERT 10 ~ Danbury Hospital v. Blue Cross Blue Shield Ass'n, DSH Medicaid Eligible Days documentation

ALERT 10

Danbury Hospital v. Blue Cross Blue Shield Ass'n, DSH Medicaid Eligible Days documentation

The Provider Reimbursement Review Board ("Board") recently issued *Danbury Hospital v. Blue Cross Blue Shield Ass'n*, PRRB Dec. No. 2014-D3 (Feb. 11, 2014), *declined review*, Administrator (Mar. 26, 2014). In light of this decision, the Board will allow the parties to an appeal currently pending before the Board that includes the Disproportionate Share Payment ("DSH") paid/unpaid Medicaid eligible days issue (the "Issue") an opportunity to supplement the record based on the *Danbury Hospital* decision.

Specifically, the parties have 60 days from the date of this alert (*i.e.*, **May 23, 2014**) to supplement the record with additional arguments and/or documentation that would be relevant to the Board making a jurisdictional determination on the Issue. In considering whether additional information/documentation should be considered, the Board encourages providers with the Issue currently pending to review the *Danbury Hospital* decision. In particular, as reflected in the *Danbury Hospital* decision, the Board is interested in receiving the following *provider-specific* information/documentation to the extent it is not already in the record:

- A detailed description of the process that the provider used to identify and accumulate the actual Medicaid paid and unpaid eligible days that were reported and filed on the Medicare cost report at issue.
- The number of additional Medicaid paid and unpaid eligible days that the provider is requesting to be included in the DSH calculation.
- A detailed explanation why the additional Medicaid paid and unpaid eligible days at issue could not be verified by the state at the time the cost report was filed. If there is more than one explanation/reason, identify how many of these days are associated with each explanation/reason.

Once the 60 days has expired, the Board will begin making jurisdictional decisions on the Issue for any pending appeals based upon the record at that time.