

Exhibit 3A -- Listing of Medicaid Eligible Days for a DSH Eligible Hospital

If reporting Medicaid days on Worksheet S-2, Part I, line 24, or line 25, for a cost reporting period beginning on or after October 1, 2022, complete a separate Exhibit 3A listing for each CCN. If a SCH is eligible to receive a DSH payment adjustment but Worksheet E, Part A, line 48, is greater than line 47, do not complete an Exhibit 3A listing; however, if Worksheet E, Part A, line 47, is greater than line 48, the SCH must submit an Exhibit 3A listing. Enter dates in the MM/DD/YYYY format.

Enter the provider name, CCN, CRP beginning and ending dates, the line number of Worksheet S-2, Part I, that the listing supports, the sum of the days for columns 10 and 12, and the sum of the days for column 11.

Columns 1 through 5--From the Medicaid patient's claim, enter the patient name, dates of service, and patient account or unique identification number, that correlate to the Medicaid eligible days reported in columns 10 and 11, in columns 1 through 5, respectively.

Column 6--Enter the Medicaid recipient identification number that correlates to the Medicaid eligible days reported in columns 10 and 11. For a newborn baby born to a Medicaid eligible mother, enter the mother's Medicaid identification number that correlates to the Medicaid eligible days reported in columns 10 and 12.

Column 7--Enter the applicable State plan eligibility code number, if available. To report more than one code, report the additional State plan eligibility codes in column 18.

Column 8--Enter a unique patient population code to identify a restricted or unrestricted Medicaid eligible day. For restricted eligibility, use code R1 for pregnancy/labor and delivery services; use code R2 for emergency services; or use a code R3 through R9 for user-defined restricted Medicaid eligibility and provide the definition for the code in column 18. For unrestricted Medicaid eligibility, use code U1 for general or use a code U2 through U9 for user-defined unrestricted Medicaid eligibility and provide the definition for the code in column 18.

Column 9--For each entry in columns 10 and 12, or column 11, enter the Worksheet S-2, Part I, column number where the days were reported.

Column 10--Enter the number of Medicaid eligible days during the dates of service entered in columns 3 and 4, including the number of days for a newborn baby remaining in the hospital after the Medicaid eligible mother's date of discharge (see column 12 instructions for reporting newborn baby days prior to the Medicaid eligible mother's date of discharge). (See §4004.1 "Note for lines 24 and 25" for definitions of the eligible Medicaid days.) The sum of the days in this column must equal the sum of the days reported on Worksheet S-2, Part I, line 24 or 25, as applicable, columns 1 through 5. In addition, the sum of the days summarized by each column reported in column 9 must equal the days reported in the respective column on Worksheet S-2, Part I, line 24 or 25, as applicable. For example, if the listing supports days for Worksheet S-2, Part I, line 24, then the sum of the days reported in column 10 of the exhibit must equal the days reported on Worksheet S-2, Part I, line 24, sum of columns 1 through 5; and, if the days reported on Worksheet S-2, Part I, line 24, column 3, equals 25, then the sum of the days entered in column 10 where column 9 is 3, must equal 25.

Column 11--Enter the number of labor and delivery days, defined as days during which a maternity patient is in the labor/delivery room ancillary area at midnight at the time of census taking; the maternity patient is not included in the census count of the inpatient routine care area because the patient has not occupied an inpatient routine bed at some time before admission (see CMS Pub. 15-1, chapter 22, §2205.2). The days reported in this column must equal the number of days reported on Worksheet S-2, Part I, line 24, column 6.

Column 12--Enter the number of newborn baby days occurring prior to the Medicaid eligible mother's date of discharge for a baby born to a Medicaid eligible mother. These newborn baby days are in addition to the mother's days reported in column 10. If the Medicaid eligible mother was discharged and the newborn baby remained in the hospital, do not report the newborn baby days occurring after the date of the mother's discharge in this column; report the days on a separate line in column 10.

Columns 13 and 14--Enter in column 13 the name of the insurance company or other payer with primary responsibility for paying the claim. If applicable, enter in column 14 the name of the insurer or other payer with secondary responsibility.

Column 15--Enter either "A" or "B" to indicate the patient's Medicare eligibility during the dates of service in columns 3 and 4; otherwise, if the patient was eligible for neither Part A nor Part B, leave the column blank. If the patient was eligible for Medicare, enter "A" or "B" as follows:

- if eligible for only Medicare Part A, enter "A"
- if eligible for both Part A and Part B, enter "A"
- if eligible for only Medicare Part B, enter "B"

Columns 16 and 17--If the entry in column 15 is either "A" or "B", enter the date that the patient's Medicare eligibility started in column 16 and, if applicable, enter the date that the patient's Medicare eligibility ended in column 17.

Column 18--Enter optional comments and/or additional information as needed. To decrease patients' vulnerability to identity theft, do not report a patient's date of birth or social security number.

*EXHIBIT 3A*

<i>TITLE</i>	<i>MEDICAID ELIGIBLE DAYS FOR A DSH ELIGIBLE HOSPITAL</i>
<i>PROVIDER NAME</i>	
<i>CCN</i>	
<i>CRP BEGINNING DATE</i>	
<i>CRP ENDING DATE</i>	
<i>WS S-2, PT. I, LINE #</i>	
<i>PREPARED BY</i>	
<i>DATE PREPARED</i>	
<i>TOTAL COLUMNS 10 &amp; 12</i>	
<i>TOTAL COLUMN 11</i>	

<i>PATIENT CLAIM INFORMATION</i>					<i>MEDICAID NUMBER</i>	<i>STATE ELIGIBILITY CODE</i>	<i>PATIENT POPULATION CODE</i>
<i>PATIENT LAST NAME</i>	<i>PATIENT FIRST NAME</i>	<i>DATE OF SERVICE - FROM</i>	<i>DATE OF SERVICE - TO</i>	<i>PATIENT ACCOUNT NUMBER</i>			
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>

<i>WKST S-2, PART I COLUMN NUMBER</i>	<i>MEDICAID DAYS</i>			<i>INSURANCE OR OTHER PAYER NAME</i>		<i>MEDICARE ELIGIBILITY</i>			<i>COMMENTS</i>
	<i>ELIGIBLE DAYS</i>	<i>LABOR &amp; DELIVERY ROOM DAYS</i>	<i>NEWBORN BABY DAYS</i>	<i>PRIMARY</i>	<i>SECONDARY</i>	<i>A/B INDICATOR</i>	<i>START DATE</i>	<i>END DATE</i>	
<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>