



CO L O R A D O

**Department of Health Care
Policy & Financing**

**SOLICITATION #:
2017000265**

Appendix W

**Disproportionate Share & Graduate Medical Education
Hospital Reporting**

**APPENDIX W
DISPROPORTIONATE SHARE AND
GRADUATE MEDICAL EDUCATION HOSPITAL REPORTING
By Calendar Year Quarter**

Managed Care Contractor Name: _____

Quarter No.: _____ Calendar Year: _____

HOSPITAL	Medicaid Provider ID Or NPI	TOTAL MEDICAID DAYS (See Note Below)	TOTAL MEDICAID OUTPATIENT CHARGES (See Note Below)	# of Discharges
TOTAL				

NOTE: Medicaid needs hospital days and outpatient hospital charges for determining which hospitals are disproportionate share hospitals and to calculate the graduate medical education reimbursement rate per day. This form should be itemized by hospital and the days should include newborns as defined in Medicaid HEDIS, December 1995, National Committee for Quality Assurance, page 60. Outpatient hospital charges should include the charges for all services covered by your managed care organization for dates of service during the applicable quarter. The Department will consult with Contractors to develop any other specifications and formats required to appropriately calculate disproportionate share and graduate medical education payments.

DUE: Quarter 1 Quarter 2 Quarter 3 Quarter 4
 July 31, _____ October 31, _____ January 31, _____ April 30, _____

SEND TO: Facility Rates Section, Colorado Department of Health Care Policy & Financing
 1570 Grant Street, 1st Floor, Denver, Colorado 80203