

State of Alabama
Alabama Medicaid Agency
RFP 2012-DSHA-01
Independent DSH Audit

General Questions:

1. What was the reason the prior Auditor was not able to provide an independent certified audit?

The previous auditor has determined that it cannot provided a "certified independent audit report" for the Medicaid State Plan Rate Year 2009 through the current Medicaid State Plan rate year due to additional responsibilities provided to the Alabama Medicaid Agency.

2. Please provide a copy of the "certified independent audit report" provided by the prior Auditor.

The "certified independent audit report" is included at the end of this document.

3. Would the Agency be open to alternative reports that meet the requirements of 42 CFR §455.304?

This RFP is for the certified Independent audit report only.

4. Due to potential independence issues or conflict of interests, will the Agency award the contract to multiple vendors in an effort to alleviate conflicts of interest that may exist depending on which entities are selected for audit?

The approved vendor should be independent of all hospitals and the Alabama Medicaid Agency as the "certified independent audit" is of the Disproportionate Share Hospital payment program as a whole.

5. Which hospitals received Disproportionate Share (DSH) payments during Agency's Medicaid State plan rate year ended September 30, 2009?

See List included in attached "certified independent audit report".

6. Did the prior Auditor issue all required reports for plan years September 30, 2005 through September 30, 2008? If not, will the Agency require the Auditor under this engagement to complete any such reports?

All "independent certified audits" for previous Medicaid State Plan rate years have been filed in compliance with Federal regulations.

7. Please confirm Medicaid paid claims data (fee-for-service, Medicare crossover and Medicaid managed care) is readily available and will be provided to the contractor immediately following award. If not, how much time should the contractor allow in its project timeline for receiving the data?

The Alabama Medicaid Agency will coordinate with the awarded vendor the transfer of all supporting documentation related to the DSH Annual Report generated by the Alabama Medicaid Agency or its designated agent.

8. Due to the tight time constraints of this project, can the contractor anticipate a high level of Department support in obtaining any needed data promptly from DSH hospitals to ensure project timelines are met?

The Alabama Medicaid Agency will coordinate with the awarded vendor the transfer of all supporting documentation related to the DSH Annual Report generated by the Alabama Medicaid Agency or its designated agent.

9. Will the successful bidder have access to the prior audit contractor's work papers? If yes, will it include the 2008 cost report data, paid claims data and other information used in the uncompensated care cost calculations?

The awarded vendor will not have access to the prior audit contractor's workpapers. The Alabama Medicaid Agency will coordinate with the awarded vendor the transfer of all supporting documentation related to the DSH Annual Report generated by the Alabama Medicaid Agency or its designated agent. This documentation will include any cost reports, MMIS claims data, and data provided from hospital financial accounting records to support the State's DSH annual report.

10. Do hospitals currently provide the Department claims level detail to support the uninsured services they provide each year, or will the contractor be responsible for collection of uninsured service data directly from the hospitals as part of the DSH audit?

The Alabama Medicaid Agency will coordinate with the awarded vendor the transfer of all supporting documentation related to the DSH Annual Report generated by the Alabama Medicaid Agency or its designated agent.

11. Will the Department please explain the process and data collection methods utilized by the State (through its designated agent) to accumulate the documentation necessary to comply with the 42 CFR 447.299 reporting requirement?

The Alabama Medicaid Agency through its designated agent is in discussions with the Alabama Hospital Association in regards of obtaining the documentation necessary to comply with 42 CFR 447.299. A documentation list is being sent to each hospital for the documentation necessary to complete the DSH annual report required of the State. The designated agent for the reporting requirements under 42 CFR 447.299 will review

the data and calculate the cost and payment information that will be reported on the DSH annual report.

12. Will the Department please provide the data issues or other caveats identified in the 2008 independent certified audit under the requirements of 42 CFR 455.301?

The “certified independent audit report” is included at the end of this document.

13. RFP, page 23, Appendix A Proposal Compliance Checklist, #7 states references must be included in the “specified format and order.” Please clarify the specified format and order for references.

Reference should be listed with complete information along with the contact person.

14. Please provide the DSH audit fee the Department paid for completion of the 2008 Medicaid DSH audit.

The Alabama Medicaid Agency paid for the Medicaid State Plan rate year 2008 “independent certified audit” and compilation of the State’s DSH annual report as a combined amount. For the Medicaid State Plan rate year 2009, the Alabama Medicaid Agency has separated the “independent certified audit” as detailed in 42 CFR 455.304 and the data accumulation needed to satisfy the reporting requirements under 42 CFR 447.299. The fees paid for the Medicaid State Plan rate year 2008 would not be applicable for the services being requested in this RFP.



**STATE OF ALABAMA
ALABAMA MEDICAID AGENCY
Montgomery, Alabama**

**Independent Accountant's Report on
Program Operation as Related to
Disproportionate Share Hospital Payments Final Rule for
Medicaid State Plan Rate Year Ending September 30, 2008**

July 14, 2011

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INDEPENDENT ACCOUNTANT'S REPORT

Alabama Medicaid Agency
Montgomery, Alabama

We have examined management's assertion that the operation of the Disproportionate Share Hospital (DSH) Program in the State of Alabama for the Medicaid State Plan (MSP) rate year 2008 meets the requirements of each of the six verifications set forth in 42 Code of Federal Regulations (CFR) Part 455 relating to the Medicaid Program for Disproportionate Share Hospital Payments Final Rule (DSH Rule). The Alabama Medicaid Agency (AMA) management is responsible for the assertion. Our responsibility is to express an opinion on the assertion for each of the six verifications based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants (AICPA) and the standards applicable to attestation engagements contained in *Government Auditing Standards*, issued by the Comptroller General of the United States and, accordingly, included examining, on a test basis, evidence supporting management's assertion and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion.

Our examination considered management's assertion on the following six verifications:

- (1) *Verification 1:* Each hospital that qualifies for a DSH payment in the State is allowed to retain that payment so that the payment is available to offset its uncompensated care costs for furnishing inpatient hospital and outpatient hospital services during the MSP rate year to Medicaid-eligible individuals and individuals with no source of third-party coverage for the services in order to reflect the total amount of claimed DSH expenditures.
- (2) *Verification 2:* DSH payments made to each qualifying hospital comply with the hospital-specific DSH payment limit. For each audited MSP rate year, the DSH payments made in that audited MSP rate year are measured against the actual uncompensated care cost in that same audited MSP rate year.
- (3) *Verification 3:* Only uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid-eligible individuals and individuals with no third-party coverage for the inpatient and outpatient hospital services they received as described in Section 1923(g)(1)(A) of the Social Security Act are eligible for inclusion in the calculation of the hospital-specific disproportionate share limit payment limit, as described in Section 1923(g)(1)(A) of the Social Security Act.

(4) *Verification 4:* For purposes of this hospital-specific limit calculation, any Medicaid payments (including regular Medicaid fee-for-service rate payments, supplemental/enhanced Medicaid payments, and Medicaid managed care organization payments) made to a disproportionate share hospital for furnishing inpatient hospital and outpatient hospital services to Medicaid-eligible individuals, which are in excess of the Medicaid-incurred costs of such services, are applied against the uncompensated care costs of furnishing inpatient hospital and outpatient hospital services to individuals with no source of third-party coverage for such services.

(5) *Verification 5:* Any information and records of all of its inpatient and outpatient hospital service costs under the Medicaid program; claimed expenditures under the Medicaid program; uninsured inpatient and outpatient hospital service costs in determining payment adjustments under this Section; and any payments made on behalf of the uninsured from payment adjustments under this Section has been separately documented and retained by the State.

(6) *Verification 6:* The information specified in the preceding verification (Verification 5) includes a description of the methodology for calculating each hospital's payment limit under Section 1923(g)(1) of the Social Security Act. Included in the description of the methodology, the State has specified how it defines incurred inpatient hospital and outpatient hospital costs for furnishing inpatient hospital and outpatient hospital services to Medicaid-eligible individuals and individuals with no source of third-party coverage for the inpatient hospital and outpatient hospital services they received.

Verification 1

Because two (2) of the ninety-nine hospitals did not provide adequate documentation to support two obstetricians on staff, we were unable to determine whether these hospitals met the qualification requirements set forth in Social Security Act section 1923(d).

Except for the effects discussed in the preceding paragraph and except for the matters we might have discovered had we been able to apply adequate procedures to the two hospitals that did not provide documentation, each hospital that qualifies for a DSH payment in Alabama is allowed to retain that payment received in accordance with 42 CFR §455.304 (d)(1) relating to the Medicaid Program's DSH Rule.

Verification 2

Our examination disclosed that none of the hospitals exceeded their hospital-specific DSH payment limit, computed based on the Centers for Medicare and Medicaid Services (CMS) approved MSP effective in MSP rate year 2008. However, the methodology for calculating the hospital-specific limit as specified in that MSP is not in compliance with the final DSH Rule effective as of January 19, 2009. Specifically, the 2008 MSP allowed the costs of care for providing hospital services to "indigent" persons who have insufficient insurance or have exhausted other third-party coverage in the calculation of hospital-specific DSH payment limits.

Additionally, not all payments that a hospital received for providing care to Medicaid-eligible patients were applied against the cost of care for the purpose of calculating hospital-specific DSH payment limits. The DSH Rule states that only uncompensated care cost for furnishing hospital services to Medicaid-eligible individuals and individuals with no third-party coverage are eligible for inclusion in the calculation of the hospital-specific DSH payment limit. As a result, 41 of the 99 hospitals in MSP rate year 2008 received DSH payments that exceeded their hospital-specific DSH payment limits, calculated based on the final DSH Rule.

In our opinion, except for the effects discussed in the preceding paragraphs, DSH payments made to each qualifying hospital comply with the hospital-specific DSH payment limit in accordance with 42 CFR §455.304 (d)(2) relating to the Medicaid Program's DSH Rule.

Verification 3

Our examination disclosed that the procedures used by Alabama Medicaid Agency to calculate the hospital specific limit allowed the inclusion of uncompensated costs for providing inpatient and outpatient hospitals services to "indigent" persons who have insufficient insurance or have exhausted other third-party coverage in the calculation of hospital-specific DSH payment limits. These procedures were not in compliance with the final DSH Rule as effective on January 19, 2009. We tested the uninsured data provided by 26 hospitals and found that 15 of these 26 hospitals included patients with insurance or third-party coverage in their self-reported uninsured data.

In our opinion, because of the effects discussed in the preceding paragraph, management did not include only uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid-eligible individuals and individuals with no third-party coverage for the inpatient and outpatient hospital services as eligible costs in the calculation of the hospital-specific DSH payment limit in accordance with 42 CFR §455.304 (d)(3) relating to the Medicaid Program's DSH Rule.

Verification 4

Our examination disclosed that the CMS-approved 2008 Alabama MSP is silent on the treatment of other Medicaid payments such as those made by Medicaid agencies from other states or Medicare payments for dual-eligible patients. As a result, Medicaid payments from out-of-state Medicaid agencies, certain Medicaid supplemental or enhanced payments, and Medicare payments for dual-eligible patients that disproportionate share hospitals received for providing inpatient and outpatient hospitals services to Medicaid-eligible individuals which were in excess of the Medicaid incurred costs of such services, were not applied against the uncompensated care costs of furnishing inpatient hospital and outpatient hospital services to individuals with no source of third-party coverage for such services.

In our opinion, because of the effects discussed in the preceding paragraph, not all Medicaid payments, that are in excess of the Medicaid-incurred costs of such services, are applied against the uncompensated care costs of furnishing inpatient hospital and outpatient hospital services to individuals with no source of third-party coverage for such services in accordance with 42 CFR§455.304 (d)(4) relating to the Medicaid Program's DSH Rule.

Verification 5

Our examination disclosed that the responsibility for retention of documentation was accepted by the hospitals under their provider agreements with the State. Thirty-three of the ninety-nine hospitals did not retain or make available to us during the course of this examination, information or records of their inpatient and outpatient hospital service costs under the Medicaid program; claimed expenditures under the Medicaid program; or uninsured inpatient and outpatient hospital service costs in determining payment adjustments under 42 CFR §455.304; and any payments made on behalf of the uninsured from payment adjustments.

In our opinion, except for the effects discussed in the preceding paragraph, management separately documented and retained information and records of costs and payments related to the DSH program in accordance with 42 CFR §455.304 (d)(5) relating to the Medicaid Program's DSH Rule.

Verification 6

Our examination disclosed that the information specified in the DSH Rule includes a description of the methodology for calculating each hospital's payment limit under Section 1923(g)(1) of the Social Security Act, and included in the description of the methodology, the State has specified how it defines incurred inpatient hospital and outpatient hospital costs for furnishing inpatient hospital and outpatient hospital services to Medicaid-eligible individuals and individuals with no source of third-party coverage for the inpatient hospital and outpatient hospital services they received.

In our opinion, management included in the information and records it retained a description of the methodology for calculating each hospital's DSH payment limit and definitions of incurred inpatient and outpatient costs in accordance with 42 CFR §455.304 (d)(6) relating to the Medicaid Program's DSH Rule.

In accordance with *Government Auditing Standards*, we have also issued our report dated July 14, 2011, on our consideration of AMA's internal controls over the DSH Program in Alabama for the MSP rate year 2008 as it relates to the six verifications set forth in 42 CFR Part 455 relating to the Medicaid Program's DSH Rule. The purpose of that report is to describe the scope of our testing of internal controls over the DSH Program in Alabama for the MSP rate year 2008 as it relates to the aforementioned six verifications set forth in the DSH Rule and the results of that testing, and not to provide an opinion on the internal controls over compliance with the DSH Rule. That report is an integral part of an examination performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our examination.

This report is intended solely for the information and use of the Alabama Medicaid Agency, hospitals participating in the Alabama DSH program, and CMS and is not intended to be, and should not be, used by anyone other than these specified parties.

Clifton Gunderson LLP

Indianapolis, Indiana

July 14, 2011



**INDEPENDENT ACCOUNTANT'S REPORT ON INTERNAL CONTROL
OVER THE DISPROPORTIONATE SHARE HOSPITAL PROGRAM IN ALABAMA
FOR THE MEDICAID STATE PLAN RATE YEAR 2008 AS IT RELATES TO THE SIX
VERIFICATIONS SET FORTH IN 42 CFR PART 455 RELATING TO THE MEDICAID
PROGRAM FOR DISPROPORTIONATE SHARE HOSPITAL PAYMENTS FINAL
RULE**

Alabama Medicaid Agency:
Montgomery, Alabama

We have examined the assertion of the Alabama Medicaid Agency (AMA) that operation of the DSH Program in Alabama for the MSP rate year 2008 followed the requirements of the six verifications set forth in 42 CFR § 455.304 relating to the DSH Rule. Except as discussed in our report, we conducted our examination in accordance with the attestation standards established by AICPA and the standards applicable to attestation engagements contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

In planning and performing our examination, we considered AMA's internal controls over the DSH Program, in order to determine our examination procedures for the purpose of expressing our opinion on management's assertion related to the six verifications set forth in the DSH Rule and not to provide an opinion on the internal controls over compliance with the DSH Rule. Accordingly, we do not express an opinion on the effectiveness of AMA's internal control over compliance with the DSH Rule.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably such that there is more than a remote likelihood that noncompliance with the six verifications set forth in the DSH Rule that is more than inconsequential will not be prevented or detected by the entity's internal control. We consider the deficiencies described in the accompanying Schedule of Findings to be significant deficiencies in internal control in relation to the six verifications set forth in the DSH Rule.

A material weakness is a significant deficiency, or combination of significant deficiencies that results in more than a remote likelihood that a material deviation from the requirements of the six verifications set forth in the DSH Rule will not be prevented or detected by the entity's internal controls. Of the significant deficiencies described above, we consider findings 1, 2, and 4 to be material weaknesses.

Our consideration of internal control relating to the six verifications set forth in the DSH Rule was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether AMA's compliance with the six verifications set forth in the DSH Rule is free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, and contracts, noncompliance with which could have a direct and material effect on the compliance with the six verifications set forth in the DSH Rule. However, providing an opinion on compliance with those provisions was not an objective of our examination, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* and which are described in the accompanying Schedule of Findings as Findings 1 through 4.

This report is intended solely for the information and use of AMA, the hospitals that participated in Alabama DSH program and CMS and is not intended to be, and should not be, used by anyone other than these specified parties.

Clifton Gunderson LLP

Indianapolis, Indiana
July 14, 2011

ALABAMA MEDICAID AGENCY
SCHEDULE OF FINDINGS RELATING TO THE SIX VERIFICATIONS OF THE
DISPROPORTIONATE SHARE HOSPITAL PAYMENTS FINAL RULE FOR THE
MEDICAID STATE PLAN RATE YEAR 2008

Finding 1 –

Criteria

Social Security Act section 1923(d) requires that, unless exempt, a hospital must have at least two obstetricians, or two physicians if the hospital is located in a rural area, who have staff privileges at the hospital, as well as a Medicaid inpatient utilization rate (MIUR) of not less than one (1%) percent to qualify as a disproportionate share hospital.

Condition

Two of the 99 hospitals that received DSH payments in MSP rate year 2008 did not document having at least two obstetricians or two physicians if the hospital is located in a rural area, who have staff privileges at the hospital.

Recommendation

We recommend that AMA implement a review process to ensure hospitals that receive DSH payments maintain documentation supporting the qualification requirements to be deemed as a disproportionate share hospital.

Finding 2 –

Criteria

Social Security Act section 1923(g)(1)(A) specified that DSH payments to a hospital shall not exceed the cost incurred (net of the payments received) during the MSP rate year. Section 42CFR Part 455.304(d)(2) further clarified that DSH payments made to each qualifying hospital shall comply with the hospital-specific DSH payment limit.

Condition

We found that 99 hospitals in Alabama received DSH payments in MSP rate year 2008. We found that 41 of the 99 hospitals received DSH payments exceeding their hospital-specific DSH payment limits calculated based on the DSH Rule.

Recommendation

We recommend that AMA reconcile DSH payments made to hospital-specific DSH payment limits calculated based on Section 42 CFR Part 455.304(d)(2).

Finding 3 –

Criteria

Social Security Act section 1923(g)(1)(A) states that with respect to a disproportionate share hospital, the DSH payment limit is subject to uncompensated costs, which include costs incurred (net of payments) during the MSP rate year for furnishing hospital services to individuals who either are eligible for medical assistance under the State Plan or have no health insurance (or other source of third-party coverage) for services provided during the MSP rate year. Additionally, Section 42 CFR Part 455.304(d)(3) requires that only uncompensated care costs of

furnishing inpatient and outpatient hospital services to Medicaid-eligible individuals and individuals with no third-party coverage for the inpatient and outpatient hospital services are eligible for inclusion in the calculation of the hospital-specific DSH payment limit.

Condition

We identified 15 of the 99 hospitals for MSP rate year 2008 that included charges and consequently costs for furnishing hospital services to individuals who had insurance or other third-party coverage as uninsured charges. The CMS-approved MSPs effective for the periods reviewed allowed “costs for services to indigent patients” to be included in the calculation of the hospital-specific limit. The MSP did not define an indigent patient. The MSP does not comply with the Social Security Act, which states that payment adjustments are for “...furnishing hospital services by the hospital to individuals who...have no health insurance (or other source of third party coverage) for services provided during the year.”

Recommendation

We recommend that AMA ensure that only uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid-eligible individuals and individuals with no third-party coverage for the inpatient and outpatient hospital services they received as described in Section 1923(g)(1)(A) of the Social Security Act are eligible for inclusion in the calculation of the hospital-specific disproportionate share limit payment limit.

Finding 4 –

Criteria

Social Security Act section 1923(g)(1)(A) specifies that the hospital-specific DSH payment limit should be subject to costs net of all non-DSH section payments received under Title XIX of the Social Security Act. Section 42 CFR Part 455.304(d)(4) echoes this requirement and states that all Medicaid payments should be applied against uncompensated care costs for the purposes of hospital-specific limit calculation.

Condition

The CMS-approved MSP is silent as to the costs eligible for the hospital-specific DSH payment limit. As a result, AMA did not apply all payments made on behalf of Medicaid eligible individuals in the calculation of the hospital-specific DSH payment limit.

Recommendation

We recommend for purposes of hospital-specific limit calculation, AMA include the following payments against the uncompensated care costs in addition to regular Medicaid fee-for-service rate payments, Pre-Paid Health Plan Payments, and In-State Enhancement Payments:

- Medicaid fee-for-service rate payments and all supplemental/enhanced payments made by Medicaid agencies from other states

AMA should then:

- Require disproportionate share hospitals to report all Medicaid payments, including Medicare payments for dual-eligible patients, Medicaid Managed Care Maternity Program and
- Revise its hospital-specific DSH payment limit calculation model to include these

payments, as required in the Social Security Act and the DSH Rule.

SCHEDULE A – Provider Data Summary Schedule

STATE OF ALABAMA
ALABAMA MEDICAID AGENCY
DISPROPORTIONATE SHARE HOSPITAL DATA REPORTING FORM
MEDICAID STATE PLAN RATE YEAR 2008

Provider Name	Provider Number	1	2	3	4	5	6	7	8	9
Provider Name	Provider Number	State Estimated Hospital-Specific DSH Limit	Medicaid IP Utilization Rate	Low-Income Utilization Rate	State-Defined DSH Qualification Criteria	Regular IP/OP Medicaid FFS Basic Rate Payments	IP/OP Medicaid MCO Payments	Supplemental/Enhanced IP/OP Medicaid Payments	Total Medicaid IP/OP Payments	Total Cost of Care - Medicaid IP/OP Services
ANDALUSIA REGIONAL HOSPITAL	01-0036	\$ 1,842,237.29	21.69%	N/A	Note 2	\$ 10,536,618	\$ -	\$ -	\$ 10,536,618	\$ 9,143,690
Athens - Limestone	01-0079	\$ 3,613,817.25	18.26%	N/A	Note 2	\$ 7,850,119	\$ 437,561	\$ 1,672,307	\$ 9,959,987	\$ 12,579,307
ATMORE COMMUNITY HOSPITAL	01-0053	\$ 2,090,354.77	9.09%	N/A	Note 2	\$ 3,650,083	\$ -	\$ 525,996	\$ 4,176,079	\$ 4,552,077
Baptist Med. Ctr. East(Montgomery)	01-0149	\$ 7,078,541.95	29.53%	N/A	Note 2	\$ 15,527,250	\$ -	\$ 3,223,407	\$ 18,750,657	\$ 22,112,292
Baptist Medical Center South	01-0023	\$ 27,817,967.97	33.54%	N/A	Note 2	\$ 54,009,243	\$ -	\$ 7,015,399	\$ 61,024,642	\$ 61,641,109
BMC MONTCLAIR - Trinity Medical Center	01-0104	\$ 14,580,370.73	11.37%	N/A	Note 2	\$ 13,682,056	\$ -	\$ -	\$ 13,682,056	\$ 18,286,351
BMC PRINCETON	01-0103	\$ 13,686,601.68	12.71%	N/A	Note 2	\$ 15,379,731	\$ -	\$ -	\$ 15,379,731	\$ 20,908,487
Bibb Medical Center	01-0058	\$ 656,880.63	5.36%	N/A	Note 2	\$ 1,487,351	\$ -	\$ 264,913	\$ 1,752,264	\$ 1,946,286
BROOKWOOD MEDICAL CENTER	01-0139	\$ 7,862,327.63	4.69%	N/A	Note 2	\$ 20,890,285	\$ -	\$ -	\$ 20,890,285	\$ 27,017,067
Bryan W Whitfield Mem Hosp	01-0112	\$ 2,335,892.38	26.01%	N/A	Note 2	\$ 10,215,375	\$ -	\$ 1,640,337	\$ 11,855,712	\$ 7,142,787
Bye Hospital	01-0007	\$ 3,301,620.00	4.25%	N/A	Note 2	\$ 1,425,342	\$ -	\$ -	\$ 1,425,342	\$ 1,411,818
CALLAHAN EYE FOUNDATION HOSPITAL	01-0018	\$ 1,640,405.62	8.26%	N/A	Note 2	\$ 1,033,815	\$ -	\$ -	\$ 1,033,815	\$ 1,995,433
CARRAWAY METHODIST MEDICAL CENTER	01-0064	\$ 15,971,909.71	9.17%	N/A	Note 3	\$ 7,948,494	\$ -	\$ -	\$ 7,948,494	\$ 9,321,150
CHEROKEE-BMC	01-0022	\$ 1,292,495.13	7.13%	N/A	Note 2	\$ 3,136,894	\$ -	\$ -	\$ 3,136,894	\$ 151,550,462
CHILDRENS HOSPITAL OF ALABAMA	01-3300	\$ 16,031,399.37	55.28%	N/A	Note 2	\$ 102,082,634	\$ -	\$ 60,713,598	\$ 162,796,232	\$ 151,550,462
CHILDREN'S HOSPITAL	01-0043	\$ 210,232.77	6.94%	N/A	Note 2	\$ 2,000,206	\$ -	\$ -	\$ 2,000,206	\$ 3,002,928
CITIZENS-BMC	01-0101	\$ 4,897,538.45	34.79%	N/A	Note 2	\$ 6,188,139	\$ -	\$ -	\$ 6,188,139	\$ 9,136,600
Clay County	01-0073	\$ 657,255.86	5.07%	N/A	Note 2	\$ 2,618,555	\$ -	\$ 221,965	\$ 2,840,520	\$ 2,939,392
COMMUNITY HOSPITAL	01-0084	\$ 2,424,363.71	10.46%	N/A	Note 2	\$ 2,396,282	\$ -	\$ -	\$ 2,396,282	\$ 2,598,812
Cooper Green	01-0137	\$ 39,854,952.56	19.74%	N/A	Note 2	\$ 7,256,176	\$ -	\$ -	\$ 7,256,176	\$ 16,013,510
Cocoa Valley	01-0164	\$ 1,591,536.90	21.55%	N/A	Note 2	\$ 1,176,291	\$ -	\$ 1,157,881	\$ 2,334,172	\$ 11,626,086
CRENSHAW COMMUNITY HOSP	01-0008	\$ 644,339.51	23.03%	N/A	Note 2	\$ 2,484,154	\$ -	\$ -	\$ 2,484,154	\$ 3,120,356
CRESTWOOD MEDICAL CENTER	01-0131	\$ 3,601,032.83	3.42%	N/A	Note 2	\$ 11,815,891	\$ -	\$ -	\$ 11,815,891	\$ 14,456,169
Cullman Regional Medical Center	01-0035	\$ 4,641,900.27	15.55%	N/A	Note 2	\$ 9,843,142	\$ -	\$ 1,951,393	\$ 11,794,535	\$ 16,307,408
D.W. McMillan Memorial	01-0099	\$ 2,515,239.55	23.00%	N/A	Note 2	\$ 4,410,994	\$ -	\$ -	\$ 4,410,994	\$ 4,538,682
Dale Medical Center	01-0021	\$ 979,807.53	26.68%	N/A	Note 2	\$ 8,220,480	\$ -	\$ 780,386	\$ 9,000,866	\$ 9,029,210
DCHA Regional Medical Center	01-0092	\$ 12,208,597.38	18.73%	N/A	Note 2	\$ 67,747,044	\$ -	\$ 8,084,135	\$ 75,831,179	\$ 80,692,817
Decatur General	01-0085	\$ 4,477,871.71	15.37%	N/A	Note 2	\$ 15,113,007	\$ -	\$ 4,009,919	\$ 19,122,926	\$ 19,003,328
DEKALB-BMC	01-0012	\$ 3,184,530.46	22.41%	N/A	Note 2	\$ 12,424,459	\$ -	\$ -	\$ 12,424,459	\$ 16,620,472
East Alabama Medical Center	01-0029	\$ 13,414,349.81	17.39%	N/A	Note 2	\$ 22,168,281	\$ -	\$ 5,919,875	\$ 28,088,157	\$ 25,339,242
Elba General Hospital	01-0027	\$ 10,974.17	19.54%	N/A	Note 2	\$ 1,245,765	\$ -	\$ 155,142	\$ 1,400,907	\$ 1,459,412
Eliza Coffee Memorial Hospital	01-0006	\$ 8,250,073.05	13.82%	N/A	Note 2	\$ 13,997,213	\$ -	\$ 3,163,354	\$ 17,160,567	\$ 22,598,345
ELMORE COMMUNITY HOSPITAL	01-0097	\$ 433,728.29	6.72%	N/A	Note 2	\$ 3,209,515	\$ -	\$ -	\$ 3,209,515	\$ 3,900,308
EVERGREEN MEDICAL CENTER	01-0148	\$ 1,064,502.00	19.95%	N/A	Note 2	\$ 3,469,833	\$ -	\$ -	\$ 3,469,833	\$ 3,980,308
Fayette Medical Center	01-0045	\$ 863,523.97	7.00%	N/A	Note 2	\$ 4,944,198	\$ -	\$ 327,624	\$ 5,271,822	\$ 5,582,164
FLORIDA MEMORIAL HOSPITAL	01-0066	\$ 481,428.27	5.60%	N/A	Note 2	\$ 458,860	\$ -	\$ -	\$ 458,860	\$ 511,818
FLOWERS HOSPITAL	01-0055	\$ 10,061,133.91	8.20%	N/A	Note 2	\$ 21,399,472	\$ 475,640	\$ -	\$ 21,875,112	\$ 27,575,160
GADSDEN REGIONAL MEDICAL CENTER	01-0040	\$ 9,663,294.61	13.94%	N/A	Note 2	\$ 17,703,601	\$ 262,674	\$ -	\$ 17,966,275	\$ 22,209,009
GEORGIANA DOCTORS HOSPITAL	01-0047	\$ 589,678.59	11.19%	N/A	Note 2	\$ 1,225,948	\$ -	\$ -	\$ 1,225,948	\$ 1,463,572
Greene County Hospital	01-0051	\$ 625,202.01	17.31%	N/A	Note 2	\$ 1,212,678	\$ -	\$ 182,289	\$ 1,394,967	\$ 1,446,487
Grove Hill	01-0091	\$ 111,477.99	30.62%	N/A	Note 2	\$ 1,462,967	\$ -	\$ 396,595	\$ 1,859,562	\$ 1,728,200
Hale County Hospital	01-0095	\$ 292,807.85	21.76%	N/A	Note 2	\$ 1,567,894	\$ -	\$ 223,879	\$ 1,791,773	\$ 1,855,300
HARTSELLE MEDICAL CENTER	01-0009	\$ 997,519.56	7.49%	N/A	Note 2	\$ 2,036,179	\$ -	\$ -	\$ 2,036,179	\$ 2,942,434
Helen Keller Memorial Hospital	01-0119	\$ 3,208,153.71	16.89%	N/A	Note 2	\$ 7,469,320	\$ -	\$ 2,149,075	\$ 9,618,395	\$ 14,596,920
Hill Hospital of Sumter County	01-0138	\$ 420,880.88	30.88%	N/A	Note 2	\$ 2,552,889	\$ -	\$ 458,261	\$ 3,011,150	\$ 2,205,894
Huntsville Hospital	01-0039	\$ 32,600,566.50	17.25%	N/A	Note 2	\$ 121,172,924	\$ 3,263,988	\$ 15,126,655	\$ 139,563,567	\$ 133,017,329
JACKSON COUNTY HOSPITAL/HIGHLANDS MEDICAL	01-0102	\$ 133,167.65	13.97%	N/A	Note 2	\$ 619,333	\$ -	\$ 92,377	\$ 711,710	\$ 682,185
JACKSON HOSPITAL & CLINIC	01-0051	\$ 1,462,731.22	21.36%	N/A	Note 2	\$ 20,956,436	\$ 552,045	\$ 1,524,626	\$ 23,033,107	\$ 25,323,064
JACKSON MEDICAL CENTER	01-0128	\$ 8,763,440.82	16.37%	N/A	Note 2	\$ 17,488,040	\$ 19,083,983	\$ 8,675,747	\$ 45,247,770	\$ 44,404,557
JACKSONVILLE HOSPITAL	01-0146	\$ 1,554,311.73	24.56%	N/A	Note 2	\$ 1,240,888	\$ -	\$ -	\$ 1,240,888	\$ 1,537,688
LAKE MARTIN COMMUNITY	01-0052	\$ 839,315.63	44.73%	N/A	Note 2	\$ 3,936,964	\$ 579,426	\$ -	\$ 4,516,390	\$ 5,211,116
LAKELAND COMMUNITY	01-0125	\$ 1,642,977.31	11.05%	N/A	Note 2	\$ 1,511,809	\$ -	\$ -	\$ 1,511,809	\$ 1,574,276
LAKEVIEW COMMUNITY HOSP	01-0069	\$ 876,759.97	6.27%	N/A	Note 3	\$ 4,817,565	\$ -	\$ -	\$ 4,817,565	\$ 7,979,167
LANIER HEALTH SERVICES	01-0025	\$ 3,232,027.54	18.13%	N/A	Note 2	\$ 3,822,959	\$ -	\$ -	\$ 3,822,959	\$ 4,632,123
LAWRENCE BMC	01-0039	\$ 786,206.49	6.22%	N/A	Note 2	\$ 3,986,997	\$ -	\$ -	\$ 3,986,997	\$ 4,984,321
MARION REGIONAL MEDICAL CENTER	01-0044	\$ 1,286,780.94	7.03%	N/A	Note 2	\$ 1,093,380	\$ -	\$ -	\$ 1,093,380	\$ 1,891,469
Marshall Medical Center North	01-0010	\$ 1,999,148.58	14.40%	N/A	Note 2	\$ 6,579,422	\$ 483,608	\$ 1,049,439	\$ 8,112,469	\$ 8,492,457
Marshall Medical Center South	01-0005	\$ 4,771,339.10	18.16%	N/A	Note 2	\$ 19,072,376	\$ 619,045	\$ 2,385,952	\$ 22,077,013	\$ 25,279,956
MEDICAL CENTER BLOUNT	01-0011	\$ 2,215,498.28	7.65%	N/A	Note 2	\$ 2,387,852	\$ 2,681	\$ -	\$ 2,390,533	\$ 2,907,058
MEDICAL CENTER EAST	01-0011	\$ 8,667,071.09	10.52%	N/A	Note 2	\$ 10,269,471	\$ 1,473,042	\$ -	\$ 11,742,513	\$ 21,388,514
MEDICAL CENTER ENTERPRISE	01-0049	\$ 3,081,921.75	11.23%	N/A	Note 2	\$ 8,003,997	\$ 535,468	\$ -	\$ 8,539,465	\$ 10,377,549
MIZELL MEMORIAL HOSPITAL	01-0007	\$ 1,788,951.59	11.80%	N/A	Note 2	\$ 2,539,068	\$ -	\$ -	\$ 2,539,068	\$ 2,851,758
MOBILE INFIRMARY MEDICAL CENTER	01-0113	\$ 17,977,716.50	11.96%	N/A	Note 2	\$ 35,475,359	\$ 1,806,068	\$ -	\$ 36,281,447	\$ 71,245,047
Monroe County	01-0120	\$ 718,059.26	21.15%	N/A	Note 2	\$ 2,873,915	\$ -	\$ 766,966	\$ 3,640,881	\$ 2,239,349
North Baldwin	01-0129	\$ 678,176.71	29.50%	N/A	Note 2	\$ 2,029,679	\$ -	\$ 548,058	\$ 2,577,737	\$ 2,626,038
Northeast Ala Regional Medical Ctr	01-0078	\$ 7,613,532.75	17.34%	N/A	Note 2	\$ 30,107,932	\$ 1,294,741	\$ 4,265,511	\$ 35,668,184	\$ 31,469,581

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ALABAMA MEDICAID AGENCY
DISPROPORTIONATE SHARE HOSPITAL DATA REPORTING FORM
MEDICAID STATE PLAN RATE YEAR 2008

Provider Name	Provider Number	1	2	3	4	5	6	7	8	9
		State Estimated Hospital-Specific DSH Limit	Medicaid IP Utilization Rate	Low-Income Utilization Rate Note 1	State-Defined DSH Qualification Criteria	Regular I/OP Medicaid FFS Basic Rate Payments	I/OP Medicaid MCO Payments	Supplemental/Enhanced I/OP Medicaid Payments	Total Medicaid I/OP Payments	Total Cost of Care - Medicaid I/OP Services
Northport	01-0145	\$ 284,917.04	31.28%	N/A	Note 2	\$ 14,383,650	\$ -	\$ 3,224,040	\$ 17,607,690	\$ 18,154,606
NORTHWEST MEDICAL CENTER	01-0086	\$ 2,130,293.96	13.06%	N/A	Note 2	\$ 7,078,345	\$ -	\$ -	\$ 7,078,345	\$ 6,951,120
PARKWAY MED CENTER HOSP	01-0054	\$ 2,346,382.71	15.05%	N/A	Note 2	\$ 7,814,630	\$ -	\$ -	\$ 7,814,630	\$ 4,594,213
Prattville Bsp.	01-0108	\$ 638,921.34	12.60%	N/A	Note 2	\$ 6,918,750	\$ -	\$ 509,292	\$ 7,428,042	\$ 6,549,685
Rickens County	01-0108	\$ 2,575,695.90	6.39%	N/A	Note 2	\$ 3,316,145	\$ -	\$ -	\$ 4,067,366	\$ 5,182,124
PROVIDENCE HOSPITAL	01-0090	\$ 13,127,623.79	12.88%	N/A	Note 2	\$ 9,204,510	\$ -	\$ -	\$ 9,204,510	\$ 13,968,561
Randolph Medical Center	01-0098	\$ 336,059.12	14.49%	N/A	Note 2	\$ 2,207,642	\$ -	\$ -	\$ 2,207,642	\$ 2,499,840
Red Bay	01-0115	\$ 863,958.17	2.92%	N/A	Note 2	\$ 1,687,353	\$ -	\$ -	\$ 1,687,353	\$ 1,940,998
RIVERVIEW REGIONAL MEDICAL CENTER	01-0046	\$ 6,797,271.08	6.39%	N/A	Note 2	\$ 12,253,636	\$ -	\$ -	\$ 12,253,636	\$ 15,995,282
RUSSELL MEDICAL CENTER	01-0065	\$ 4,694,723.68	23.50%	N/A	Note 2	\$ 5,672,922	\$ -	\$ -	\$ 5,672,922	\$ 9,114,989
RUSSELLVILLE HOSPITAL	01-0133	\$ 3,131,304.66	26.41%	N/A	Note 2	\$ 11,000,793	\$ -	\$ -	\$ 11,000,793	\$ 6,021,880
SHELBY BAPTIST MEDICAL CENTER	01-0016	\$ 12,390,652.07	15.03%	N/A	Note 2	\$ 11,630,595	\$ -	\$ -	\$ 11,630,595	\$ 15,757,331
Shoals Hospital	01-0157	\$ 2,714,622.22	7.91%	N/A	Note 2	\$ 7,048,372	\$ -	\$ 606,878	\$ 7,655,250	\$ 4,371,057
SOUTH BALDWIN REGIONAL MEDICAL CENTER	01-0083	\$ 4,893,566.51	15.08%	N/A	Note 2	\$ 4,291,525	\$ -	\$ -	\$ 4,291,525	\$ 5,252,334
Southeast Alabama Medical Center	01-0001	\$ 14,436,680.78	14.86%	N/A	Note 2	\$ 53,912,316	\$ 1,078,560	\$ -	\$ 54,990,876	\$ 60,823,930
SPRINGHILL MEMORIAL HOSPITAL	01-0144	\$ 4,484,049.63	2.89%	N/A	Note 2	\$ 8,787,709	\$ 16,212	\$ -	\$ 8,803,921	\$ 15,817,882
ST CLAIR REGIONAL HOSPITAL	01-0130	\$ 2,068,018.75	10.07%	N/A	Note 2	\$ 1,943,176	\$ 18,183	\$ -	\$ 1,961,359	\$ 2,614,080
ST VINCENTS HOSPITAL	01-0056	\$ 4,408,938.61	2.30%	N/A	Note 2	\$ 6,187,271	\$ -	\$ -	\$ 6,187,271	\$ 9,696,195
STRINGFELLOW MEMORIAL HOS	01-0038	\$ 2,924,256.47	9.69%	N/A	Note 2	\$ 9,175,655	\$ -	\$ -	\$ 9,175,655	\$ 9,170,942
Thomas Hospital	01-0100	\$ 4,175,837.29	8.69%	N/A	Note 2	\$ 4,245,439	\$ -	\$ 795,332	\$ 5,040,771	\$ 5,722,265
TROY REGIONAL MEDICAL CENTER	01-0126	\$ 1,226,716.67	21.58%	N/A	Note 2	\$ 3,327,235	\$ -	\$ -	\$ 3,327,235	\$ 6,794,222
UAB HIGHLANDS	01-0084	\$ 3,067,253.31	8.02%	N/A	Note 2	\$ 12,454,164	\$ -	\$ -	\$ 12,454,164	\$ 20,864,659
UAB Medical West	01-0114	\$ 5,005,610.74	15.65%	N/A	Note 2	\$ 132,595,285	\$ 5,010,495	\$ -	\$ 137,605,780	\$ 217,994,823
University of Alabama Hospitals	01-0033	\$ 83,240,845.11	28.82%	N/A	Note 2	\$ 25,796,954	\$ 13,430	\$ 3,420,539	\$ 29,230,923	\$ 35,234,362
University of South Ala - MC	01-0067	\$ 22,127,792.89	23.02%	N/A	Note 2	\$ 43,207,033	\$ 19,054,681	\$ 27,945,869	\$ 90,207,583	\$ 77,982,266
University of South Ala Womens & Childrens	01-3301	\$ (3,896,296.69)	65.08%	N/A	Note 2	\$ 10,617,017	\$ 32,925	\$ -	\$ 10,650,942	\$ 28,499,360
University of South Ala-Knoxdwd	01-152	\$ 5,722,884.06	13.99%	N/A	Note 2	\$ 30,669,977	\$ -	\$ -	\$ 30,669,977	\$ 30,136,656
VAUGHAN REGIONAL	01-0118	\$ 3,033,982.75	27.35%	N/A	Note 2	\$ 9,124,428	\$ -	\$ -	\$ 9,124,428	\$ 12,368,597
WALKER BMC	01-0089	\$ 9,923,016.16	19.76%	N/A	Note 2	\$ 426,613	\$ -	\$ -	\$ 426,613	\$ 791,229
Washington County	01-1300	\$ (1,273.05)	3.60%	N/A	Note 2	\$ 1,121,781	\$ -	\$ -	\$ 1,121,781	\$ 1,439,225
Wetlowe Hospital	01-0032	\$ 201,249.62	7.96%	N/A	Note 2	\$ 2,084,323	\$ -	\$ -	\$ 2,084,323	\$ 2,413,842
Wiregrass	01-0062	\$ 597,766.12	8.89%	N/A	Note 2	\$ -	\$ -	\$ 329,519	\$ 329,519	\$ 1,806,751

Note 1 - The Alabama State Plan does not require a hospital to meet a minimum low income threshold. Therefore, this information is not available.

Note 2 - The hospital has met the federal and state DSH qualification requirements.

Note 3 - The hospital has not provided documentation to verify the OB requirement. Therefore, we cannot verify this hospital is qualified to receive DSH payments.

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DISPROPORTIONATE SHARE HOSPITAL DATA REPORTING FORM
MEDICAID STATE PLAN RATE YEAR 2008

Provider Name	10	11	12	13	14	15	16
	Total Medicaid Uncompensated Care	Uninsured IP/OP Revenue	Total Applicable Section 1011 Payments	Total cost of IP/OP Uninsured Care for the Uninsured	Total Uninsured IP/OP Uncompensated Care Cost	Total Annual Uncompensated Care Costs	Disproportionate Share Hospital Payments
ANDALUSIA REGIONAL HOSPITAL	\$ (1,392,928)	\$ 206,436	\$ -	\$ 1,399,108	\$ 1,190,672	\$ (202,256)	\$ 189,036
Athens - Limestone	\$ 2,519,320	\$ 215,972	\$ -	\$ 3,358,383	\$ 3,142,411	\$ 5,761,731	\$ 4,085,827
ATMORE COMMUNITY HOSPITAL	\$ 375,938	\$ 74,389	\$ -	\$ 1,248,007	\$ 1,173,618	\$ 1,549,616	\$ 1,958,897
Baptist Med. Ctr. East(Montgomery)	\$ 3,361,635	\$ 188,721	\$ -	\$ 3,626,032	\$ 3,437,311	\$ 6,798,946	\$ 3,525,736
Baptist Medical Center South	\$ 616,487	\$ 459,276	\$ -	\$ 15,187,870	\$ 14,728,594	\$ 15,345,061	\$ 15,629,867
BBMC-MONTCALAIR - Trinity Medical Center	\$ 4,604,295	\$ 1,212,138	\$ -	\$ 5,534,700	\$ 4,322,562	\$ 9,849,298	\$ 1,344,072
BBMC-PRINCETON	\$ 5,526,736	\$ 59,135	\$ -	\$ 312,370	\$ 453,235	\$ 47,257	\$ 782,028
Biba Medical Center	\$ (405,979)	\$ -	\$ -	\$ 9,012,083	\$ 9,012,083	\$ 15,143,865	\$ 806,772
BROOKWOOD MEDICAL CENTER	\$ 6,131,782	\$ -	\$ -	\$ -	\$ -	\$ (4,712,925)	\$ 3,625,392
Bryan W Whitfield Mem Hosp	\$ (4,712,925)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bryce Hospital	\$ (13,524)	\$ 519,207	\$ -	\$ 7,527,382	\$ 7,008,155	\$ 6,994,631	\$ 3,301,620
CALLAHAN EYE FOUNDATION HOSPITAL	\$ 961,618	\$ -	\$ -	\$ -	\$ -	\$ 961,618	\$ 168,324
CARAWAY METHODIST MEDICAL CENTER	\$ 1,373,016	\$ -	\$ -	\$ -	\$ -	\$ 1,373,016	\$ 1,638,900
CHEROKEE BMC	\$ (386,725)	\$ 79,703	\$ -	\$ 691,043	\$ 611,340	\$ 224,615	\$ 132,624
CHILDRENS HOSPITAL OF ALABAMA	\$ (11,245,770)	\$ 614,429	\$ -	\$ 8,452,874	\$ 7,838,445	\$ (3,407,325)	\$ 1,645,008
CHILTON MEDICAL CENTER	\$ 1,032,722	\$ 220,438	\$ -	\$ 1,039,502	\$ 819,064	\$ 1,821,786	\$ 21,576
CITIZENS-BMC	\$ 2,945,461	\$ 319,981	\$ -	\$ 1,826,628	\$ 1,506,647	\$ 4,455,108	\$ 502,548
Clay County	\$ (862,130)	\$ 31,489	\$ -	\$ 484,084	\$ 482,595	\$ (409,535)	\$ 908,079
COMMUNITY HOSPITAL	\$ 2,530	\$ -	\$ -	\$ -	\$ -	\$ 2,530	\$ 248,772
Cooper Green	\$ 5,935,790	\$ 109,523	\$ -	\$ 34,208,986	\$ 34,089,463	\$ 40,035,243	\$ 48,820,837
Coochs Valley	\$ 4,291,894	\$ -	\$ -	\$ -	\$ -	\$ 4,291,894	\$ 2,604,953
CRENSHAW COMMUNITY HOSP	\$ 656,202	\$ -	\$ -	\$ -	\$ -	\$ 656,202	\$ 66,120
CRESTWOOD MEDICAL CENTER	\$ 2,640,278	\$ 767,163	\$ -	\$ 4,265,573	\$ 3,496,410	\$ 6,138,888	\$ 369,504
Cullman Regional Medical Center	\$ 4,512,873	\$ -	\$ -	\$ 4,416,966	\$ 4,416,966	\$ 8,929,859	\$ 5,556,351
D.V. McMillan Memorial	\$ (890,365)	\$ 73,731	\$ -	\$ 1,532,312	\$ 1,459,561	\$ 766,216	\$ 7,618,374
Dale Medical Center	\$ 628,344	\$ 895,270	\$ -	\$ 1,827,436	\$ 932,166	\$ 1,560,510	\$ 2,172,850
DCH Regional Medical Center	\$ 4,261,638	\$ 3,453,084	\$ -	\$ 18,260,718	\$ 14,732,634	\$ 19,054,272	\$ 19,854,923
DeCATur General	\$ 280,402	\$ 142,989	\$ -	\$ 6,708,101	\$ 5,565,112	\$ 6,845,514	\$ 9,669,095
DEKALB-BMC	\$ (1,803,987)	\$ 735,153	\$ 27,871	\$ 2,053,588	\$ 1,290,564	\$ (513,423)	\$ 326,772
East Alabama Medical Center	\$ (2,348,876)	\$ 475,220	\$ -	\$ 12,520,943	\$ 12,045,723	\$ 9,696,847	\$ 18,728,542
Elba General Hospital	\$ 88,505	\$ -	\$ -	\$ -	\$ -	\$ 88,505	\$ 350,887
Eliza Coffee Memorial Hospital	\$ 5,427,778	\$ -	\$ -	\$ -	\$ -	\$ 5,427,778	\$ 11,879,054
ELMORE COMMUNITY HOSPITAL	\$ (1,301,934)	\$ 477,708	\$ -	\$ 1,619,651	\$ 1,141,943	\$ (159,991)	\$ 44,508
EVERGREEN MEDICAL CENTER	\$ 510,475	\$ 21,112	\$ -	\$ 231,438	\$ 210,326	\$ 720,901	\$ 109,236
Fayette Medical Center	\$ 310,342	\$ 9,432	\$ -	\$ 1,314,566	\$ 1,305,134	\$ 1,615,476	\$ 1,301,190
FLORALA MEMORIAL HOSPITAL	\$ 62,958	\$ 842	\$ -	\$ 11,338	\$ 10,496	\$ 63,454	\$ 49,404
FLORALA HOSPITAL	\$ 5,700,088	\$ 1,022,795	\$ -	\$ 7,473,438	\$ 6,450,643	\$ 12,150,711	\$ 1,032,396
FLOWERS HOSPITAL	\$ 172,734	\$ 724,084	\$ -	\$ 2,720,887	\$ 1,996,823	\$ 2,169,557	\$ 991,572
GADSDEN REGIONAL MEDICAL CENTER	\$ 257,694	\$ 166,012	\$ -	\$ 2,497,708	\$ 2,291,694	\$ 2,599,318	\$ 58,452
GEORGIANA DOCTORS HOSPITAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Greene County Hospital	\$ (131,362)	\$ 334,373	\$ -	\$ 496,443	\$ 164,070	\$ 71,920	\$ 799,621
Grove Hill	\$ 63,830	\$ 47,602	\$ -	\$ 686,753	\$ 639,151	\$ 702,981	\$ 820,713
Hale County Hospital	\$ 906,255	\$ -	\$ -	\$ -	\$ -	\$ 906,255	\$ 102,360
HARTSELLE MEDICAL CENTER	\$ 4,978,525	\$ 150,209	\$ -	\$ 2,834,275	\$ 2,684,066	\$ 7,662,591	\$ 4,593,182
Helen Keller Memorial Hospital	\$ (605,256)	\$ -	\$ -	\$ -	\$ -	\$ (605,256)	\$ 1,174,172
Hill Hospital of Sumter County	\$ (29,555)	\$ 20,657	\$ -	\$ 40,689,563	\$ 39,636,275	\$ 33,090,037	\$ 45,024,199
Huntsville Hospital	\$ 281,683	\$ 20,657	\$ -	\$ 1,635,448	\$ 1,433,806	\$ 3,453,763	\$ 3,259,357
JACKSON COUNTY HOSPITAL/HIGHLANDS MEDICAL	\$ 3,289,957	\$ 1,491,640	\$ -	\$ 124,005,658	\$ 107,336,100	\$ 106,512,967	\$ 899,232
JACKSON HOSPITAL & CLINIC	\$ (823,233)	\$ 16,689,558	\$ -	\$ -	\$ -	\$ 296,900	\$ 159,492
JACKSON MEDICAL CENTER	\$ 296,800	\$ -	\$ -	\$ -	\$ -	\$ 694,726	\$ 239,232
JACKSONVILLE HOSPITAL	\$ 694,726	\$ -	\$ -	\$ -	\$ -	\$ 694,726	\$ 239,232
LAKE MARTIN COMMUNITY	\$ 62,467	\$ -	\$ -	\$ -	\$ -	\$ 62,467	\$ 86,124
LAKELAND COMMUNITY	\$ (115,478)	\$ 103,228	\$ -	\$ 824,914	\$ 721,686	\$ 606,208	\$ 168,988
LAKELAND COMMUNITY HOSP	\$ (2,346,708)	\$ -	\$ -	\$ -	\$ -	\$ (2,346,708)	\$ 874,668
LAKENOW COMMUNITY HOSP	\$ 829,184	\$ 124,965	\$ -	\$ 2,748,163	\$ 2,623,208	\$ 3,452,372	\$ 331,644
LAWRENCE BMC	\$ 997,324	\$ 55,949	\$ -	\$ 1,348,322	\$ 1,292,373	\$ 2,269,697	\$ 80,676
MARION REGIONAL MEDICAL CENTER	\$ 796,089	\$ -	\$ -	\$ -	\$ -	\$ 798,089	\$ 133,068
Marshall Medical Center North	\$ 379,988	\$ 190,731	\$ -	\$ 3,577,897	\$ 3,387,166	\$ 3,787,154	\$ 3,526,230
Marshall Medical Center South	\$ 3,202,943	\$ 387,966	\$ -	\$ 7,052,164	\$ 6,694,198	\$ 9,687,141	\$ 6,687,179
MEDICAL CENTER BLOUNT	\$ 516,525	\$ 173,559	\$ -	\$ 1,468,818	\$ 1,295,259	\$ 1,811,784	\$ 227,340
MEDICAL CENTER EAST	\$ 9,646,001	\$ 1,481,515	\$ -	\$ 10,047,329	\$ 8,585,814	\$ 18,211,815	\$ 889,344
MEDICAL CENTER ENTERPRISE	\$ 1,838,094	\$ 284,507	\$ -	\$ 2,093,878	\$ 1,829,371	\$ 3,667,455	\$ 316,248
MIZZELL MEMORIAL HOSPITAL	\$ 312,690	\$ -	\$ -	\$ -	\$ -	\$ 312,690	\$ 183,964
MOBILE INFIRMARY MEDICAL CENTER	\$ 10,983,600	\$ 2,144,324	\$ 7,919	\$ 11,672,196	\$ 9,519,953	\$ 20,483,553	\$ 1,844,724
Morris County	\$ (1,401,532)	\$ -	\$ -	\$ -	\$ -	\$ (1,401,532)	\$ 2,062,861
North Baldwin	\$ 46,301	\$ -	\$ -	\$ -	\$ -	\$ 48,301	\$ 1,336,555
Northeast Ala Regional Medical Ctr	\$ (4,196,603)	\$ 3,305,941	\$ -	\$ 3,370,710	\$ 65,369	\$ (4,133,234)	\$ 10,560,609

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Provider Name	10	11	12	13	14	15	16
	Total Medicaid Uncompensated Care	Uninsured I/P OP Revenue	Total Applicable Section 1011 Payments	Total cost of I/P OP Care for the Uninsured	Total Uninsured I/P OP Uncompensated Care Cost	Total Annual Uncompensated Care Costs	Disproportionate Share Hospital Payments
Northport	\$ 546,916	\$ 30,527	\$ -	\$ 6,876,945	\$ 6,846,418	\$ 7,393,334	\$ 5,973,199
NORTHWEST MEDICAL CENTER	\$ (126,625)	\$ 124,396	\$ -	\$ 1,001,464	\$ 877,088	\$ 750,463	\$ 218,592
PARKWAY MED CENTER HOSP	\$ (3,220,417)	\$ -	\$ -	\$ -	\$ -	\$ (3,220,417)	\$ 240,768
Pickens County	\$ (878,357)	\$ 93,741	\$ -	\$ 1,284,461	\$ 1,190,720	\$ 312,363	\$ 1,140,772
Prattville Bldg.	\$ 1,114,759	\$ -	\$ -	\$ 2,325,665	\$ 2,325,665	\$ 3,440,423	\$ 2,056,624
PROVIDENCE HOSPITAL	\$ 4,764,051	\$ -	\$ -	\$ -	\$ -	\$ 4,764,051	\$ 1,347,060
Randolph Medical Center	\$ (116,501)	\$ -	\$ -	\$ -	\$ -	\$ (116,501)	\$ 1,496,577
Red Bay	\$ 100,199	\$ 27,052	\$ -	\$ 489,817	\$ 432,765	\$ 522,904	\$ 918,360
RIVERVIEW REGIONAL MEDICAL CENTER	\$ 3,745,646	\$ -	\$ -	\$ -	\$ -	\$ 3,745,646	\$ 697,438
RUSSELL MEDICAL CENTER	\$ 3,442,067	\$ -	\$ -	\$ -	\$ -	\$ 3,442,067	\$ 481,740
RUSSELLVILLE HOSPITAL	\$ (4,978,913)	\$ 188,690	\$ -	\$ 1,666,459	\$ 1,477,769	\$ (3,501,144)	\$ 321,312
SHELBY BAPTIST MEDICAL CENTER	\$ 4,126,736	\$ -	\$ -	\$ -	\$ -	\$ (2,694,193)	\$ 3,276,667
Shoals Hospital	\$ (2,694,193)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 502,140
SOUTH BALDWIN REGIONAL MEDICAL CENTER	\$ 960,809	\$ -	\$ -	\$ -	\$ -	\$ 960,809	\$ -
Southeast Alabama Medical Center	\$ 833,993	\$ 548,627	\$ -	\$ 10,954,774	\$ 10,406,147	\$ 11,240,140	\$ 15,134,742
SPRINGHILL MEMORIAL HOSPITAL	\$ 7,014,061	\$ 1,122,289	\$ -	\$ 5,834,644	\$ 4,712,855	\$ 11,726,416	\$ 460,116
ST CLAIR REGIONAL HOSPITAL	\$ 652,721	\$ 73,051	\$ -	\$ 2,007,609	\$ 1,934,958	\$ 2,587,279	\$ 232,208
ST VINCENTS HOSPITAL	\$ 3,710,924	\$ 696,627	\$ -	\$ 9,317,841	\$ 8,621,014	\$ 12,331,938	\$ 482,412
STRINGFELLOW MEMORIAL HOS	\$ 595,287	\$ 372,409	\$ -	\$ 3,190,903	\$ 2,778,494	\$ 3,373,781	\$ 300,060
Thomas Hospital	\$ 683,514	\$ -	\$ -	\$ -	\$ -	\$ 683,514	\$ 4,414,254
TROY REGIONAL MEDICAL CENTER	\$ 2,628,193	\$ -	\$ -	\$ -	\$ -	\$ 2,628,193	\$ 125,880
UAB HIGHLANDS	\$ 3,466,987	\$ -	\$ -	\$ -	\$ -	\$ 3,466,987	\$ 1,482,864
UAB Medical West	\$ 5,470,484	\$ 72,212	\$ -	\$ 175,068	\$ 102,856	\$ 5,573,350	\$ 7,455,879
University of Alabama Hospitals	\$ 36,583,214	\$ 4,157,409	\$ -	\$ 92,651,418	\$ 88,494,009	\$ 127,077,223	\$ 82,533,318
University of South Ala - MC	\$ 6,003,499	\$ 670,408	\$ -	\$ 24,186,693	\$ 24,186,697	\$ 30,190,026	\$ 23,666,097
University of South Ala Womens & Childrens	\$ (16,626,277)	\$ 204,049	\$ -	\$ -	\$ -	\$ (12,052,519)	\$ 3,705,827
University of South Ala-Knowlnd	\$ 15,723,344	\$ 273,662	\$ -	\$ 5,628,787	\$ 4,573,759	\$ 21,078,469	\$ 6,809,369
VAUGHAN REGIONAL	\$ (533,321)	\$ 116,518	\$ -	\$ 3,560,141	\$ 3,443,623	\$ 2,910,302	\$ 311,328
WALKER BMC	\$ 3,244,171	\$ 702,664	\$ -	\$ 4,193,924	\$ 3,491,240	\$ 6,795,411	\$ 1,018,224
Washington County	\$ 244,219	\$ -	\$ -	\$ -	\$ -	\$ 244,219	\$ 211,850
Wetlowe Hospital	\$ (205,244)	\$ -	\$ -	\$ -	\$ -	\$ (205,244)	\$ 129,405
Wintrgrass	\$ (607,090)	\$ -	\$ -	\$ -	\$ -	\$ (607,090)	\$ 1,220,400