PROVIDER REIMBURSEMENT REVIEW BOARD DECISION

2011-D10

PROVIDER –
Indiana DSH-HCI Days Group I
Indiana DSH-HCI Days Group II
Indiana DSH-HCI Days Group III
Indiana DSH-HCI Days Group IV
Indiana DSH-HCI Days Group V

Provider Nos.:
Various - See Appendices I-V

vs.

INTERMEDIARY –
BlueCross BlueShield Association/
National Government Services, Inc.

DATE OF HEARING –
June 30, 2009

Cost Reporting Periods Ended –
Various – See Appendices I-V

CASE NOs. –
00-3532G; 04-1657G; 06-0468G;
07-2031G; and 08-2585G

INDEX

ISSUE:

Whether the Intermediary's non-inclusion of the Indiana Hospital Care for the Indigent (HCI) program patient days as Medicaid eligible days, whether paid or unpaid, in the calculation of the Medicaid proxy for Medicare Disproportionate Share Hospital (DSH) eligibility and payment determinations, including any impact such would have on capital DSH, was proper.

MEDICARE STATUTORY AND REGULATORY BACKGROUND:

This is a dispute over the amount of Medicare reimbursement due a provider of medical services.

The Medicare program was established to provide health insurance to the aged and disabled. *See* 42 U.S.C. §§ 1395-1395cc. The Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), is the operating component of the Department of Health and Human Services (DHHS) charged with administering the Medicare program. CMS' payment and audit functions under the Medicare program are contracted to organizations known as fiscal intermediaries (FI) and Medicare administrative contractors (MAC). FIs and MACs[1] determine payment amounts due the providers under Medicare law and under interpretive guidelines published by CMS. *See* 42 U.S.C. § 1395h, 42 C.F.R. §§ 413.20 and 413.24.

Cost reports are required from providers on an annual basis with reporting periods based on the provider's accounting year. Those cost reports show the costs incurred during the fiscal year and the portion of those costs allocated to Medicare. 42 C.F.R. § 413.20. The fiscal intermediary reviews the cost report, determines the total amount of Medicare reimbursement due the provider and issues the provider a Notice of Program Reimbursement (NPR). 42 C.F.R. § 405.1803. A provider dissatisfied with the intermediary's final determination of total reimbursement may file an appeal with the Provider Reimbursement Review Board (Board) within 180 days of the issuance of the NPR. *See* 42 U.S.C. § 1395oo(a); 42 C.F.R. §§ 405.1835 - 405.1837.

Medicare DSH Payment

Part A of the Medicare Act covers "inpatient hospital services." Since 1983, the Medicare program has paid most hospitals for the operating costs of inpatient hospital services under the prospective payment system (PPS). *See* 42 U.S.C. § 1395ww(d)(l)-(5); 42 C.F.R. Part 412. Under PPS, Medicare pays predetermined, standardized amounts per discharge, subject to certain payment adjustments. *Id*.

The PPS statute contains a number of provisions that adjust reimbursement based on hospital-specific factors. *See* 42 U.S.C. § 1395ww(d)(5). This case involves the hospital-specific DSH adjustment, which requires the Secretary to provide increased PPS

[1] FIs and MACs are hereinafter referred to as intermediaries.

payments to hospitals that serve a significantly disproportionate number of low-income patients. *See* 42 U.S.C. § 1395ww(d)(5)(F)(i)(I); 42 C.F.R. § 412.106.

A hospital may qualify for a DSH adjustment based on its disproportionate patient percentage (DPP). *See* 42 U.S.C. §§ 1395ww(d)(5)(F)(i)(I) and (d)(5)(F)(v); 42 C.F.R. § 412.l06(c)(l). As a proxy for utilization by low-income patients, the DPP determines a hospital's qualification as a DSH, and it also determines the amount of the DSH payment made to a qualifying hospital. *See* 42 U.S.C. §§ 1395ww(d)(5)(F)(iv) and (vii)-(xiii); 42 C.F.R. § 412.106(d).

The DPP is defined as the sum of two fractions expressed as percentages. *See* 42 U.S.C. § 1395ww(d)(5)(F)(vi). Those two fractions are referred to as the "Medicare/SSI" fraction and the "Medicaid" fraction. Both of these fractions consider whether a patient was "entitled to benefits under part A."

The statute defines the Medicare/SSI fraction as:

> the fraction (expressed as a percentage), the numerator of which is the number of such hospital's patient days for such period which were made up of patients who (for such days) were entitled to benefits under part A of this subchapter and were entitled to supplemental security income benefits (excluding any State supplementation) under subchapter XVI of this chapter, and the denominator of which is the number of such hospital's patient days for such fiscal year which were made up of patients who (for such days) were entitled to benefits under part A of this subchapter. …

42 U.S.C. § 1395ww(d)(5)(F)(vi)(I). The Medicare/SSI fraction is computed annually by CMS, and the Medicare fiscal intermediaries use CMS' calculation to compute a hospital's DSH payment adjustment. See 42 C.F.R. § 412.106(b)(2)-(3).

The statute defines the Medicaid fraction as:

> the fraction (expressed as a percentage), the numerator of which is the number of the hospital's patient days for such period which consist of *patients who (for such days) were eligible for medical assistance under a State plan approved under subchapter XIX* [the Medicaid program], but who were not entitled to benefits under part A of this subchapter, and the denominator of which is the total number of the hospital's patient days for such period.

42 U.S.C. § 1395ww(d)(5)(F)(vi)(II) (emphasis added). The fiscal intermediary determines the number of the hospital's patient days of service for which patients were eligible for Medicaid but not entitled to Medicare part A, and divides that number by the total number of patient days in the same period. *See* 42 C.F.R. § 412.l06(b)(4).

Medical Assistance Under a State Plan Approved Under Title XIX

Title XIX of the Social Security Act, 42 U.S.C. § 1396a et seq., known as the Medicaid statute, provides for federal sharing of state expenses for medical assistance for low-income individuals, provided the state program meets certain provisions contained in the Medicaid statute. The state must submit a plan describing the program and seek approval from the Secretary. If approved, the state may claim federal matching funds, known as federal financial participation (FFP), under the Title XIX Medicaid statute for the services provided and approved.

The Medicaid Act requires that state plans cover certain categories of individuals, and allows the states to elect to cover other groups as well. *See* 42 U.S.C. § 1396a(a)(10). State plans must cover the "categorically needy," those individuals who qualify based on their eligibility for assistance under either the Aid to Families with Dependent Children program or the Supplemental Security Income program. *See Spry v. Thompson*, 487 F.3d 1272, 1274 (9th Cir. 2007). Participating states may choose to provide coverage to the "medically needy," those individuals whose incomes are above the poverty line, but who lack the resources to pay for necessary medical care. *See id*.

At a state's discretion, state plans may also cover other groups of individuals. *See* 42 U.S.C. § 1396a(a)(10)(A)(ii). So long as their plans meet the broad Medicaid requirements in 42 U.S.C. § 1396a, states have discretion to determine which services will be covered, who will be eligible, and the payment levels for each service. *See* 42 C.F.R. § 430.0.

The patient days eligible for inclusion in the Medicaid fraction under the Title XVIII Medicare DSH statute is the only issue in these cases. The parties agree that resolution of the issue hinges on the meaning of the phrase "patients who (for such days) were eligible for medical assistance under a State plan approved under . . . [Title] XIX" as used in the Medicare statute at 42 U.S.C. § 1395ww(d)(5)(F)(vi)(II).

STATEMENT OF THE CASE AND PROCEDURAL HISTORY:

The five provider groups in this appeal are for hospitals located in the State of Indiana (Providers). Fiscal years in dispute include 1995 through 2006. The Providers participated in both Indiana's Medicaid program and Indiana's Hospital Care for the Indigent (HCI) program. The following background on the HCI program is taken from *Dept. of Local Government Finance v. Griffin*, 784 N.E. 2d 448 (Ind. 2003)[2]:

What is the HCI Program?

> We recently had occasion to analyze the structure and operation of the HCI program in State Bd. of Tax Comm'rs v. Montgomery, 730

[2] Intermediary Final Position Paper, Case No. 06-0468G at Ex. I-26. The Parties stipulated that the most recent Final Position Papers and Supplemental Position Papers for all groups would be the position papers upon which the Parties would rely at the hearing.

> N.E.2d 680, 681 (Ind.2000). Before 1986, each of Indiana's counties bore all responsibility for indigent health care. Id. The legislature enacted the HCI provisions in 1986 and then recodified them in 1992 at Ind. Code §§ 12-16-2-1 to 12-16-16-3. Id. The general purpose was to provide cost-free emergency medical care to indigent patients who did not qualify for Medicaid. Id. The HCI program transferred the administration of indigent health care to the State and imposed an "HCI tax levy" to finance it. Id.
>
> Under the present arrangement, the Department must "review each county's property tax levy under this chapter and enforce the requirements of this chapter with respect to that levy." Id. (citing Ind. Code § 12-16-14-4 (1998)). Each county annually imposes the levy as a property tax for that county and collects it like other state and county ad valorem property taxes. Ind. Code § 12-16-14-2 (1998). Unlike the general property tax levy, the Indiana Code prescribes the amount of the HCI levy for each county; it is the previous year's levy increased by the percentage of growth in assessed value of all property in the state. Montgomery, 730 N.E.2d at 681. Certain statutory limits on property tax rates may be exceeded "[t]o meet the requirements of the county hospital care for the indigent fund." Id. (citing Ind. Code § 6-1.1-18-3(7) (1998)).
>
> The act establishes an HCI fund in each county. Montgomery, 730 N.E.2d at 681. The balance of each county's HCI fund is transferred to the state HCI fund. Id. The State administers the HCI program and reimburses providers of emergency medical care to the indigent for their expenses from the state HCI fund. Griffin, 765 N.E.2d at 720-21 (citing Ind. Code § 12-16-14-8 (1998)). In 1993, the legislature modified the HCI program to secure additional federal Medicaid funds by using $35 million of the state HCI fund as matching money. Id. at 721.
>
> The initial HCI levy for each county had been set at the average of its indigent hospital care expenditures over 1984-86, with certain adjustments. Montgomery, 730 N.E.2d at 681. The HCI tax rate thus varies from county to county because of the difference in the counties' historical expenditures on hospital services for the indigent during the years immediately before the HCI program was enacted.

National Government Services, Inc. (Intermediary) issued NPRs for the Providers' cost reporting periods at issue without including HCI days in the Medicaid fraction of the Providers' Medicare DSH calculations. None of the patients that the Providers seek to count were determined eligible for Medicaid by the relevant state agency. The Providers timely appealed the Intermediary's determinations to the Board.

The Providers were represented by Mr. Keith D. Barber, Esquire, and Ms. Maureen O'Brien Griffin, Esquire, of Hall, Render, Killian, Heath, & Lyman, P.C. The Intermediary was represented by Mr. Bernard M. Talbert, Esquire, of BlueCross BlueShield Association.

PROVIDERS' CONTENTIONS:

The Providers contend that the HCI days should be counted in the numerator of the Medicaid fraction because HCI Medicaid add-on program is an integral part of the Indiana State Medicaid plan, which was reviewed and approved by CMS. Therefore, the HCI patient days meet the statutory requirement for inclusion in the Medicaid Low Income Proxy of the Medicare DSH calculation as described in the Medicare Act at 42 U.S.C. §1395ww(d)(5)(F)(vi)(II).

The Providers contend that Indiana receives FFP funds under its State plan for the Medicaid/HCI add-on payments it makes to hospitals. The Providers argue that the HCI payments are indistinguishable from standard Medicaid payments for FFP purposes and also affect the traditional Medicare upper payment limitation (also referred to as the Medicaid shortfall) in the same manner as standard Medicaid payments. The Providers contend that Indiana State law mandated that the HCI program be a part of the Medicaid State plan and be included in Medicaid payments in a manner to qualify for inclusion in the Medicare DSH Medicaid proxy. *See* Ind. Code § 12-16-2-4.

The Providers also argue that the Indiana's Medicaid HCI program differs from the circumstances considered by the D.C. Circuit Court in *Adena Regional Medical Center v. Leavitt*, 527 F.3d 176 (D.C. Cir. 2008) because the HCI add-on payments are a form of Medicaid payment unrelated to Indiana's Medicaid DSH payments. The Providers also argue that Medicaid days and HCI days are combined for a single Medicaid inpatient utilization rate (MUIR) for purposes of the Medicaid DSH calculation. *See* Ind. Code § 12-16-8-4. Further, the Providers argue that *Adena* was wrongly decided in that it is inconsistent with the Medicare DSH statute and Congressional intent.

INTERMEDIARY'S CONTENTIONS:

The Intermediary contends that the HCI days should not be included in the numerator of the Medicaid fraction as the Providers failed to show under the law and applicable authorities that the HCI Medicaid add-on payments would qualify the HCI days for inclusion in the Medicaid fraction for Medicare DSH purposes. The Intermediary cites *Jersey Shore Medical Center v. Blue Cross and Blue Shield Association et al.*, CMS Administrator Decision (Jan. 4, 1999), that FFP must be paid for "services rendered to the individual … patient" to qualify the disputed days for DSH. Where the FFP is based on a general payment made to hospitals serving a disproportionate share of low income patients (i.e. an "add-on"), then the disputed days would not qualify.

FINDINGS OF FACT, CONCLUSIONS OF LAW AND DISCUSSION:

After considering the Medicare law and program instructions, the evidence presented and the parties' contentions, the Board finds and concludes as follows:

The evidence establishes that Indiana's HCI program recipients are not eligible for Medicaid and the services provided under that program are not matched with federal funds except through the Medicaid add-on payment methodology as described in Attachment 4.19A to the Indiana State Medicaid plan.[3] The question for the Board is whether the state paid program, not otherwise eligible for Medicaid coverage, constitutes "medical assistance under a State Plan approved under [Title] XIX" for purposes of the Medicare DSH adjustment, specifically in the Medicaid fraction component.

In prior decisions, the Board had interpreted the Medicare statutory phrase "medical assistance under a State plan approved under [Title] XIX" to include any program identified in the approved state plan, i.e. it did not limit the days counted to traditional Medicaid days. However, subsequent to those decisions, the U.S. Court of Appeals for the District of Columbia issued its decision in *Adena Regional Medical Ctr. v. Leavitt*, 527 F.3d 176, (D.C. Cir. 2008), and concluded that the days related to beneficiaries eligible for the Ohio Hospital Care Assurance Program (HCAP) should not be included in the Medicaid proxy of the Medicare DSH calculation.[4] The court held that the HCAP provision that required hospitals to care for indigent patients was not part of the Ohio "State plan approved under [Medicaid]" and the HCAP patients were not "eligible for medical assistance" within the meaning of that term in the Medicare DSH provision.

Although the Medicare statute does not define the phrase "medical assistance," the D.C. Circuit held that the term "has the same meaning in the Medicare DSH provision of Title XVIII of the Act as it has in the federal Medicaid statute." *Adena Reg'l Med. Ctr. v. Leavitt*, 527 F.3d 176, 179 (D.C. Cir. 2008). The *Adena* court pointed out that the Medicaid statute defines "medical assistance" as " 'payment of part or all of the cost' of medical 'care and services' for a defined set of individuals." *Id.* at 180 (quoting 42 U.S.C. § 1396d(a)). For individuals to receive "medical assistance," then, they must be eligible for Medicaid under the federal Medicaid statute.[5]

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[3] *See* Attachment 4.19A, "Medicaid Hospital Reimbursement Add-On Payment Methodology to Compensate Hospitals that Deliver Hospital Care for the Indigent Program Service," TN No. 93-027, effective Feb. 1, 1994 (Provider Supp. Ex. P-11); TN No. 95-023, effective Sept. 1995 (Provider Supp. Ex. P-12); TN No. 98-010, effective Apr. 1, 1998 (Provider Supp. Ex. P-13); TN No. 99-005, effective Apr. 1, 1999 (Provider Supp. Ex. P-14); and TN No. 03-007, effective July 1, 2003 (Provider Supp. Ex. P-15).

[4] The provider in *Adena* petitioned the U.S. Supreme Court to review the decision rendered by the U.S. Court of Appeals for the District of Columbia. On April 6, 2009, the Supreme Court denied review of that petition.

[5] A number of other courts have since ruled on this issue as well. *See Cooper Univ. Hosp. v. Sebelius*, 686 F.Supp.2d 483, 491 (D.N.J. 2009) ("That NJCCP does not provide 'medical assistance' under Medicaid Section 1396d(a) is fatal to Plaintiff's claim, because CMS reasonably determined that the Medicaid proxy fraction at issue here incorporates the definition

Applying these principles to the HCI program, the Board finds that Indiana's charity care patients under the HCI program are not eligible for "medical assistance." They are not Medicaid enrollees.

The Indiana State Medicaid Plan amendment TN 03-007, Supplementary Exhibit P-15, addresses payments to hospitals under the HCI program. It states:

> Reimbursement under this program will be in the form of Medicaid add-on payments. The Medicaid add-on payments will provide additional reimbursement to eligible hospitals for the Medicaid-covered hospital services the hospitals provide to Medicaid enrollees.

This language is very specific. Although hospitals receive payments under the HCI program, the above language makes it clear that the payments themselves are to defray the costs of services to Medicaid beneficiaries. This does not make the HCI patients Medicaid enrollees, which is the relevant criterion for purposes of the Medicare DSH payment.

The Board also concludes that the above language and other evidence presented make it clear that there is no correlation between the HCI Medicaid add-on payment addressed in the Indiana State plan amendments and the actual services received by HCI patients during the same period. Payments were not directly related to specific HCI claims, but were only generally linked to the population of HCI patients through the use of the historical HCI data and the HCI tax levies that were used in the formulas for the Medicaid add-on payment. Tr. at 142-143. Therefore, HCI patients are not directly eligible for federal funds under Medicaid.

Thus, the Board concludes that even though the HCI charity care program was referenced in the State plan, the HCI patients did not receive care under the Medicaid program in the State plan. Therefore these days are properly excluded from the Medicare DSH statutory definition of "eligible for medical assistance under a State plan" at 42 U.S.C. §1395ww(d)(5)(F)(vi)(II) and the Intermediary's adjustments properly excluded Indiana HCI program patient days from the Providers' Medicare DSH calculation.

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of 'medical assistance' from the Medicaid statute."); *See Cooper Univ. Hosp. v. Sebelius*, No. 09-4095, 2010 WL 3965896 (3rd Cir. Oct. 12, 2010); *Univ. of Wash. Med. Ctr. v. Sebelius*, 674 F.Supp.2d 1206, 1210 (W.D. Wash. 2009) ("Based on an analysis of the meaning of 'medical assistance' as used in the Numerator formula, the court agrees with the *Adena* and *Phoenix Memorial* courts that the Numerator formula is unambiguous in that it only counts patients who are eligible for Medicaid under federal statute."); *Northeast Hosp. Corp. v. Sebelius*, 699 F.Supp.2d 81, 88 (D.D.C. 2010) ("For an individual to receive 'medical assistance,' then, he must be eligible for Medicaid under the federal Medicaid statute."); and *Phoenix Memorial Hosp. v. Leavitt*, 2010 WL 3633179 (9th Cir. 2010) ("Because 'medical assistance' means the payment of federal funds toward certain cervices, Arizona should have been receiving reimbursement for these populations if they were 'eligible for medical assistance' as contemplated in the DSH calculation.").

DECISION AND ORDER:

The Intermediary properly excluded Indiana HCI program days from the numerator of the Providers' Medicaid proxy for the Medicare DSH calculation. The Intermediary's adjustments are affirmed.

BOARD MEMBERS PARTICIPATING:

Suzanne Cochran, Esquire
Yvette C. Hayes
Keith E. Braganza, C.P.A.
John Gary Bowers, C.P.A.

FOR THE BOARD:

Suzanne Cochran, Esquire
Chairperson

DATE: November 19, 2010

APPENDIX I
Case No. 00-3532G
Indiana DSH-HCI Days I Group Appeal
Schedule of Providers in Group[6]

PROVIDER NUMBER	PROVIDER NAME	FYE
15-0056	Clarian Health Partners, Inc.	12/31/1998
15-0056	Clarian Health Partners, Inc.	12/31/1999
15-0009	Clark Memorial Hospital	12/31/1999
15-0018	Elkhart General Hospital	12/31/1996
15-0018	Elkhart General Hospital	12/31/1997
15-0018	Elkhart General Hospital	12/31/1998
15-0018	Elkhart General Hospital	12/31/1999
15-0030	Henry County Memorial Hospital	12/31/2000
15-0032	Indiana University Medical Center	06/30/1996
15-0032	Indiana University Medical Center	12/31/1996
15-0011	Marion General Hospital	06/30/1997
15-0011	Marion General Hospital	06/30/1998
15-0011	Marion General Hospital	06/30/1999
15-0011	Marion General Hospital	06/30/2000
15-0058	Memorial Hospital of South Bend	12/31/1995
15-0058	Memorial Hospital of South Bend	12/31/1997
15-0058	Memorial Hospital of South Bend	12/31/1999
15-0056	Methodist Hospital of Indiana	02/29/1996
15-0056	Methodist Hospital of Indiana	12/31/1996
15-0002	The Methodist Hospitals (Northlake)	12/31/1995
15-0002	The Methodist Hospitals (Northlake)	12/31/1996
15-0002	The Methodist Hospitals (Northlake)	12/31/1999
15-0132	The Methodist Hospitals (Southlake)	12/31/1995
15-0132	The Methodist Hospitals (Southlake)	12/31/1996
15-0132	The Methodist Hospitals (Southlake)	12/31/1997
15-0132	The Methodist Hospitals (Southlake)	12/31/1999
15-0048	Reid Hospital & Health Care Services	12/31/1999
15-0048	Reid Hospital & Health Care Services	12/31/2000
15-0015	St. Anthony Memorial Health Centers	12/31/1997
15-0004	St. Margaret Mercy Healthcare Centers	12/31/1996
15-0004	St. Margaret Mercy Healthcare Centers	12/31/1997
15-0004	St. Margaret Mercy Healthcare Centers	12/31/1998
15-0004	St. Margaret Mercy Healthcare Centers	12/31/1999
15-0100	St. Mary's Health Care Services	06/30/1996

[6] Methodist Hospital-Southlake, FYE 12/31/98, was dismissed from the Group appeal because it filed an untimely appeal. PRRB Case No. 02-0891.

APPENDIX I (Continued)
Case No. 00-3532G
Indiana DSH-HCI Days I Group Appeal
Schedule of Providers in Group

PROVIDER NUMBER	PROVIDER NAME	FYE
15-0100	St. Mary's Health Care Services	06/30/1997
15-0100	St. Mary's Health Care Services	06/30/1998
15-0100	St. Mary's Health Care Services	06/30/1999
15-0100	St. Mary's Health Care Services	06/30/2000
15-0025	Welborn Baptist Hospital	06/30/1996
15-0025	Welborn Baptist Hospital	06/30/1997
15-0024	Wishard Memorial Hospital	12/31/1996
15-0024	Wishard Memorial Hospital	12/31/1997
15-0024	Wishard Memorial Hospital	12/31/1998
15-0024	Wishard Memorial Hospital	12/31/1999

APPENDIX II
Case No. 04-1657G
Indiana DSH-HCI Days II Group Appeal
Schedule of Providers in Group

PROVIDER NUMBER	PROVIDER NAME	FYE
15-0089	Ball Memorial Hospital	06/30/1999
15-0089	Ball Memorial Hospital	06/30/2000
15-0089	Ball Memorial Hospital	06/30/2001
15-0089	Ball Memorial Hospital	06/30/2002
15-0056	Clarian Health Partners, Inc.	12/31/2000
15-0056	Clarian Health Partners, Inc.	12/31/2001
15-0009	Clark Memorial Hospital	12/31/2002
15-0018	Elkhart General Hospital	12/31/2001
15-0030	Henry County Memorial Hospital	12/31/2001
15-0030	Henry County Memorial Hospital	12/31/2002
15-0097	Major Hospital	12/31/2001
15-0097	Major Hospital	12/31/2002
15-0011	Marion General Hospital	06/30/2002
15-0058	Memorial Hospital of South Bend	12/31/1998
15-0058	Memorial Hospital of South Bend	12/31/2001
15-0002	The Methodist Hospitals (Northlake)	12/31/2000
15-0002	The Methodist Hospitals (Northlake)	12/31/2001
15-0132	The Methodist Hospitals (Southlake)	12/31/2000
15-0132	The Methodist Hospitals (Southlake)	12/31/2001
15-0048	Reid Hospital & Health Care Services, Inc.	12/31/2001
15-0048	Reid Hospital & Health Care Services, Inc.	12/31/2002
15-0008	St. Catherine Hospital	12/31/2000
15-0008	St. Catherine Hospital	12/31/2001
15-0008	St. Catherine Hospital	06/30/2002
15-0004	St. Margaret Mercy Healthcare Centers	12/31/2000
15-0100	St. Mary’s Health Care Services	06/30/2001
15-0100	St. Mary’s Health Care Services	06/30/2002
15-0084	St. Vincent Hospital	06/30/1997
15-0084	St. Vincent Hospital	06/30/1998
15-0084	St. Vincent Hospital	06/30/1999
15-0084	St. Vincent Hospital	06/30/2000
15-0084	St. Vincent Hospital	06/30/2001
15-0023	Union Hospital	08/31/2001
15-0060	West Central Community Hospital	08/31/2003

APPENDIX III
Case No. 06-0468G
Indiana DSH-HCI Days III Group Appeal
Schedule of Providers in Group

PROVIDER NUMBER	PROVIDER NAME	FYE
15-0056	Clarian Health Partners, Inc.	12/31/2002
15-0058	Memorial Hospital of South Bend	12/31/2002
15-0084	St. Vincent Hospital	06/30/2002
15-0002	The Methodist Hospitals (Northlake)	12/31/2002
15-0132	The Methodist Hospitals (Southlake)	12/31/2002
15-0089	Ball Memorial Hospital	06/30/2003
15-0056	Clarian Health Partners, Inc.	12/31/2003
15-0018	Elkhart General Hospital	12/31/2003
15-0030	Henry County Memorial Hospital	12/31/2003
15-0011	Marion General Hospital	06/30/2003
15-0058	Memorial Hospital of South Bend	12/31/2003
15-0048	Reid Hospital & Health Care Services, Inc.	12/31/2003
15-0100	St. Mary's Medical Center	06/30/2003
15-0002	The Methodist Hospitals (Northlake)	12/31/2003
15-0132	The Methodist Hospitals (Southlake)	12/31/2003
15-0089	Ball Memorial Hospital	06/30/2004
15-0051	Bloomington Hospital	12/31/2004
15-0009	Clark Memorial Hospital	12/31/2004
15-0018	Elkhart General Hospital	12/31/2004
15-0030	Henry County Memorial Hospital	12/31/2004
15-0011	Marion General Hospital	06/30/2004
15-0048	Reid Hospital & Health Care Services, Inc.	12/31/2004
15-0004	St. Margaret Mercy Healthcare Centers	12/31/2004
15-0100	St. Mary's Medical Center	06/30/2004
15-0002	The Methodist Hospitals (Northlake)	12/31/2004
15-0023	Union Hospital	08/31/2004
15-0060	West Central Community Hospital	08/31/2004
15-0089	Ball Memorial Hospital	06/30/2005
15-0011	Marion General Hospital	06/30/2005
15-0100	St. Mary's Medical Center	06/30/2005

APPENDIX IV
Case No. 07-2031G
Indiana DSH-HCI Days IV Group Appeal
Schedule of Providers in Group

PROVIDER NUMBER	PROVIDER NAME	FYE
15-0051	Bloomington Hospital	12/31/2005
15-0009	Clark Memorial Hospital	12/31/2005
15-0018	Elkhart General Hospital	12/31/2005
15-0030	Henry County Memorial Hospital	12/31/2005
15-0058	Memorial Hospital of South Bend	12/31/2005
15-0048	Reid Hospital & Health Services	12/31/2005
15-0002	The Methodist Hospitals, Inc.	12/31/2005
15-0023	Union Hospital	08/31/2005
15-0030	Henry County Memorial Hospital	12/31/2006
15-0011	Marion General Hospital	06/30/2006
15-0100	St. Mary’s Medical Center	06/30/2006
15-0023	Union Hospital	08/31/2006

APPENDIX V
Case No. 08-2585G
Indiana DSH-HCI Days V Group Appeal
Schedule of Providers in Group

PROVIDER NUMBER	PROVIDER NAME	FYE
15-0089	Ball Memorial Hospital	06/30/1998
15-0024	Wishard Health Services	12/31/2000
15-0024	Wishard Health Services	12/31/2001
15-0024	Wishard Health Services	12/31/2002
15-0084	Saint Vincent Hospital-Indianapolis	06/30/2003
15-0024	Wishard Health Services	12/31/2003
15-0084	Saint Vincent Hospital-Indianapolis	06/30/2004
15-0024	Wishard Health Services	12/31/2004
15-0056	Clarian Memorial Hospital	12/31/2005
15-0125	Community Hospital	06/30/2005
15-0084	Saint Vincent Hospital-Indianapolis	06/30/2005
15-0024	Wishard Health Services	12/31/2005
15-0089	Ball Memorial Hospital	06/30/2006
15-0125	Community Hospital	06/30/2006
15-0084	Saint Vincent Hospital-Indianapolis	06/30/2006
15-0097	Major Hospital	12/31/2006
15-0009	Clark Memorial Hospital	12/31/2006
15-0018	Elkhart General Hospital	12/31/2006
15-0058	Memorial Hospital-South Bend	12/31/2006
15-0048	Reid Hospital & Health Services	12/31/2006
15-0024	Wishard Health Services	12/31/2006