

**State of West Virginia
Department of Health and Human Resources
Medicaid Disproportionate Share Hospital (DSH) Program**

**Uninsured Patients Reporting Form
Instructions**

General

1. This form should be completed and submitted in Microsoft Excel or Access format. Forms submitted in pdf format cannot be accepted.
2. Prepare a separate form for Inpatient and Outpatient services.
3. For inpatient services, all data reported on this form should be for services related to **discharge** dates occurring during the Medicaid cost reporting period.
4. For outpatient services, all data reported on this form should be for dates of service falling within the Medicaid cost reporting period.
5. Include on this form only those accounts that relate to uninsured patients. See definition of uninsured under the “Hospital Charges” section below.
6. For each uninsured account, complete each column of the form if applicable.
7. Attach to this form the following worksheets:
 - a. Worksheet that includes each uninsured account number along with the inpatient days and charges for each account by Revenue Code. This will be used to allocate uninsured charges by CMS 2552 cost center. The total charges on the Revenue code worksheet should equal the total charges on the Uninsured Patients Reporting Form. This worksheet may be prepared in Microsoft Excel or Access format. Worksheets in pdf format cannot be accepted.
 - b. Summary by cost center of the charges and days in worksheet noted in 7a above.
8. The preferred method of submission is through a secure FTP website to be set up for the hospital.

Type of Bill

9. Enter Type of Bill using the standard codes for the UB04 form.

Primary Payer/Secondary Payer

10. Enter the applicable payer code from your patient account records. Attach a worksheet to the form that explains all payer codes that are used in these columns.

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Hospital Charges

11. Include total charges for hospital services provided to individuals who have no health insurance or other source of third party coverage. Include charges for all individuals, not just West Virginia residents. If the individual has health insurance or other third party coverage, but the insurance does not cover the particular service, the individual is considered insured and the charges must not be included on this schedule. Also exclude charges related to professional fees, cosmetic surgery, and medically unnecessary services.

Professional Fees

12. Include charges for services that are billed on the CMS 1500 form. This amount should not be included in the Hospital Charges column.