

Appendix A: Required Documents – **DUE DECEMBER 8, 2023 for SFY25**

Form	County Option Requirements	Notes/Comments
<b>NPI Form- Encounter data</b>	Yes	Used to pull encounter data  Appendix G
<b>F&amp;E Report</b>	No <i>(Submission is <u>only</u> required for Counties wishing to amend their F&amp;E reports)</i>	Describes the county 's proposed hospital fee program  Submitted once for approval unless changes are being made to the program  Appendix B
<b>Data Form</b>	No <i>(Submission is <u>only</u> required for Counties wishing to amend their F&amp;E reports)</i>	Appendix D
<b>Hospital Attestation</b>	Yes	Certifies that submitted documents are accurate  Appendix C
<b>DSH Calculation Template</b>	Yes	Provides a process through which the hospital can calculate its preliminary DSH limit for the fiscal year  Appendix E
<b>Table 2; Impact of State Directed Payment on Payment Levels</b>	Yes	Utilized in the annual submission to CMS  Appendix F
<b>NPI Form-Payments</b>	Yes	Designates the hospital NPI number that will receive the quarterly payment  Appendix S
<b>Draft Preprint</b>	Yes	Preprint template is the CMS application for program approval.  Appendix J
<b>Quality Evaluation Template</b>	Yes	Quality template is used to collect evaluation data  Appendix O