State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2018

5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age? 6. Is the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?	During the Interim DSH Payment Year: 4. Does the hospital have at least two obstetricians who have staff privileges at the hospital who have agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.) List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:	Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.	3a. Was the hospital open as of December 22, 1987?3b. What date did the hospital open?	2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age? 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?	During the DSH Examination Year: 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the	B. DSH OB Qualifying Information Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.	9. Medicare Provider Number:		3		Cost Report Year 1 Cost Report Year 2 (if applicable) Cost Report Year 3 (if applicable)	Identification of cost reports needed to cover the DSH Year:	2. Select Your Facility from the Drop-Down Menu Provided:	1. DSH Year:	A. General DSH Year Information
cause the hospital's cause it did not offer non- Medicaid DSH regulations	eges at the hospital who have agreed to NSH year? (In the case of a hospital with staff privileges at the rsicians) who have agreed to perform OB services:	th Sec. 1923(d) of the Social Security Act.		because the hospital's because it did not offer non- Medicaid DSH regulations	ss at the hospital that agreed to DSH year? (In the case of a hospital with staff privileges at the	th Sec. 1923(d) of the Social Security Act.	111308	0	000000415A	Data	2017 06/30/2018	Cost Report Cost Report	CLINCH MEMORIAL HOSPITAL	07/01/2017 End 07/01/2017 06/30/2018	
No No	DSH Payment Year (07/01/19 - 06/30/20) Yes		Yes 1/1/1956	No	DSH Examination Year (07/01/17 - 06/30/18) Yes						Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES				DSH Version 5.25
											4 - SEE DSH SURVEY PART II FILES				4/17/2019

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Contact Information for individuals authorized to respond to inquiries related to this survey: Hospital Contact: Name Title Telephone Number E-Mail Address Mailing Street Address	Hospital CEO or CFO Printed Name	I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.	Explanation for "No" answers: The following certification is to be completed by the hospital's CEO or CEO:	1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.	Certification:	 Medicaid Supplemental Payments for DSH Year 07/01/2017 - 06/30/2018 Should include UPL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.) 	C. Disclosure of Other Medicaid Payments Received:
survey:	Title G12-423-1296 Hospital CEO or CFO Telephone Number	SH Survey files are true and accurate to the best of our rance coverage, have been reported on the DSH survey caid program's compliance with federal Disproportionate II be retained for a period of not less than 5 years follow		H year? n "no". If your roumstances were		. However, DSH payments should NOT be included.)	
Outside Preparer: Name Title: Firm Name: Telephone Number E-Mail Address	Date 12-19-19 Hospital CEO or CFO E-Mail	ability, and supported by the financial and other regardless of whether the hospital received Share Hospital (DSH) eligibility and payments ing the due date of the survey, and will be made		Answer Yes			