State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2017

			DSH Version	5.20	11/1/2017
A. General DSH Year Information					
1. DSH Year:	Begin End 07/01/2016 06/30/2017				
2. Select Your Facility from the Drop-Down Menu Provided:	HAMILTON MEDICAL CENTER				
			-		
Identification of cost reports needed to cover the DSH Year:					
	Cost Report Cost Report Begin Date(s) End Date(s)				
3. Cost Report Year 1 4. Cost Report Year 2 (if applicable)	10/01/2016 09/30/2017	Must also complete a sep	arate survey file for each cost	t report period listed -	SEE DSH SURVEY PART II FILES
5. Cost Report Year 3 (if applicable)					
 Medicaid Provider Number: Medicaid Subprovider Number 1 (Psychiatric or Rehab): Medicaid Subprovider Number 2 (Psychiatric or Rehab): Medicare Provider Number: 	Data 000000899A 0 0 110001				
B. DSH OB Qualifying Information					
Questions 1-3, below, should be answered in the accordance w During the DSH Examination Year:			DSH Examination Year (07/01/16 - 06/30/17)		
1. Did the hospital have at least two obstetricians who had staff privileg			Yes		
provide obstetric services to Medicaid-eligible individuals during the					
located in a rural area, the term "obstetrician" includes any physician hospital to perform nonemergency obstetric procedures.)	n with staff privileges at the				
 Was the hospital exempt from the requirement listed under #1 above 	e because the hospital's		No		

- 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 nonemergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?
- 3b. What date did the hospital open?

Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

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 service	es:
Angela Wood, MD	
Mathew Smith, MD	

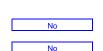
- 5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 6. Is the hospital exempt from the requirement listed under #1 above because it did not offer nonemergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

No
No









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C. Disclosure of Other Medicaid Payments Received:		
1. Medicaid Supplemental Payments for DSH Year 07/01/2016 - 06/3 (Should include UPL and Non-Claim Specific payments paid based o	30/2017 In the state fiscal year. However, DSH payments should NOT be included.)	\$ 926,216
Certification:		
 Was your hospital allowed to retain 100% of the DSH payment it Matching the federal share with an IGT/CPE is not a basis for an hospital was not allowed to retain 100% of its DSH payments, pl present that prevented the hospital from retaining its payments. 	swering this question "no". If your	Answer Yes
Explanation for "No" answers:		
records of the hospital. All Medicaid eligible patients, including those payment on the claim. I understand that this information will be used	EO or CFO: I, J, K and L of the DSH Survey files are true and accurate to the best of our who have private insurance coverage, have been reported on the DSH surv to determine the Medicaid program's compliance with federal Disproportional rvey. These records will be retained for a period of not less than 5 years follows the second s	ey regardless of whether the hospital received te Share Hospital (DSH) eligibility and payments
	Max Devidence (OFO	
Hospital CEO or CFO Signature	Vice President and CFO Title	Date
Joseph L. McGuire	706-272-6115	jmcguire@hhcs.org
Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail
Contact Information for individuals authorized to respond to inq	· · ·	
Contact Information for individuals authorized to respond to inq Hospital Contact:	uiries related to this survey:	Outside Preparer:
Contact Information for individuals authorized to respond to inq Hospital Contact: Name	uiries related to this survey:	Outside Preparer: Name
Contact Information for individuals authorized to respond to inq Hospital Contact: Name Title	uiries related to this survey: Catherine McKenzie Director of Financial Planning and Reimbursement	Outside Preparer: Name Title:
Contact Information for individuals authorized to respond to inq Hospital Contact: Name Title Telephone Number	uiries related to this survey: Catherine McKenzie Director of Financial Planning and Reimbursement 706-272-6143	Outside Preparer: Name Title: Firm Name:
Contact Information for individuals authorized to respond to inq Hospital Contact: Name Title Telephone Number	uiries related to this survey: Catherine McKenzie Director of Financial Planning and Reimbursement 706-272-6143 cmckenzie@hhcs.org	Outside Preparer: Name Title: