Medicaid DSH Survey

Attached is the 2017 Medicaid DSH Survey

	For State DSH Year 2017
,	

DSH Version 5.20

11/1/2017

5. Is the hospital exempt from the requirement listed under #1 above because the hospital's impatients 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 OSH regulations were enacted on December 22, 1987?	During the Interim DSH Payment Year:  4. Does the hospital have at least two obstemblans 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:	3e. 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 DSH Examination Year:  1. Did the hospital have at least two obstetricians who had starf 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 starf privileges at the located in a rural area, the term "obstetrician" includes any physician with starf privileges at the hospital to perform nonemergency obstetric procedures.)  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 nonemergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?	6. Medicald Provider Number: 7. Medicald Subprovider Number 1 (Psychiatric or Rehab): 8. Medicald Subprovider Number 2 (Psychiatric or Rehab): 9. Medicare Provider Number: 9. Medicare Subprovider Number: 9. Medicare Provider Number: 9. Medicare Pro	Identification of cost reports needed to cover the DSH Year:  3. Cost Report Year 1  4. Cost Report Year 2 (if applicable)  5. Cost Report Year 3 (if applicable)	. General DSH Year Information 1. DSH Year: 2. Select Your Facility from the Drop-Down Menu Provided:
ove because the hospital's pove because it did not offer non-tederal Medicaid DSH regulations	ff privileges at the hospital who have agreed to give DSH year? (In the case of a hospital sician with staff privileges at the later privileges.	ce with Sec. 1923(d) of the Social Security Act			Cost Report Begin Date(s) 10(01/2016)  D330(2017)  Must also complete	8egin 07/01/2018 End 05/30/2017   UASPER MEMORIAL MOSPITAL
Yes	197/04/18_06/20/15) No	12/30/1951 P		OSH Examination Cear (Orior/16)	Must also complete a separato purvey file for each dost report gened lissed - 용표표 그렇게 Surpt/문제 학교학기 하나로당	

Hospital CEO or CFO Printed Name  Contact Information for individuals authorized to respond to inquiries related to this survey:  Hospital Contact  Hospital Contact  Name Stuart Abrey  Title Controller  Telephone Number 706-466-4580  E-Mail Address Stuart@jaspermemorial.com  Mailing Street Address Stuart@jaspermemorial.com  Mailing Street Address Stuart@jaspermemorial.com  Mailing Street Address Stuart@jaspermemorial.com  Mailing Street Address Res College St.  Mailing Street Address Res College St.  Mailing City, State, ZpMcmicello, GA 31054	Hospital CEO or CFO Signature  705-458-4580  Stuart Abney  Title  Tritle  Top-458-4580  Top-56-50 or CFO Telephone Number	The following certification is to be completed by the hospital's CED or CFD:  The following certification is to be completed by the hospital's CED or CFD:  Thereby 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 Learning for the complete on the DSH survey regardless of whether the hospital received records of the hospital. All Medicald eligible patients, including those who have private insurance coverage, take been reported on the DSH survey regardless of whether the hospital programs compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments payment on the claim. I understand that this information will be used to determine the Medicald programs compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments payment on the claim. I understand that this information will be used to determine the Medicald programs compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments records will be repaired for a pelidody, not less than 5 years following the due date of the survey, and will be made provisions. Detailed support exists for all amounts reported in the survey. These records will be repaired for a pelidod of not less than 5 years following the due date of the survey, and will be made provisions. Detailed support exists for all amounts reported in the survey. These records will be repaired for a pelidod of not less than 5 years following the due date of the survey, and will be made provisions. Detailed support exists for all amounts reported in the survey. These records will be repaired for a pelidod of not less than 5 years following the due date of the survey.	Explanation for "No" answers:	<ul> <li>:ertification:</li> <li>1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year?</li> <li>1. Was your hospital share with an IGT/CPE is not a basis for answering this question "no". If your 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.</li> </ul>	(Should include UPL and waterclaim opening por	: Disclosure of Other Medicaid Payments Received:  1. Disclosure of Other Medicaid Payments for DSH Year 07/04/2015 - 06/30/2017  1. Medicaid Supplemental Payments for DSH Year 07/04/2015 - 06/30/2017  1. Medicaid Supplemental Payments for DSH Year 07/04/2015 of the state fiscal year. However, DSH payments should NOT be included.)	}
₩ 10	stuar@jaspermemorial.c Hospital CEO or CFO E-I	if our ability, and supported by the financial and other survey regardless of whether the hospital received thorate Share Hospital (DSH) eligibility and payments following the due date of the survey, and will be made		Yas		3 21,820	

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. General Cost Report Year Information

10/1/2016 - 9/30/2017

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy fine information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

<ol> <li>Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services</li> <li>Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services</li> <li>Total Medicaid managed care non-claims payments (see question 13 above) received</li> </ol>		<ol> <li>Total Cash Basis Patient Payments from Uninsured (On Exhibit B)</li> <li>Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)</li> <li>Total Cash Basis Patient Payments Reported on Exhibit Bingress to Column (N) on Exhibit B, less physician and mer-hospital portion of payments)</li> <li>Total Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:</li> </ol>	8. Out-of-State DSH Payments (See Note 2)	1. Section 1011 Payment Related to Hospital Services Included in Exhibits 8 & B-1 (See Note 1) 2. Section 1011 Payment Related to inpatient Hospital Services NOT included in Exhibits 8 & B-1 (See Note 1) 3. Section 1011 Payment Related to Outpatient Hospital Services NOT included in Exhibits 8 & B-1 (See Note 1) 4. Total Section 1011 Payment Related to Hospital Services (See Note 1) 5. Section 1011 Payment Related to Non-Hospital Services NOT included in Exhibits 8 & B-1 (See Note 1) 6. Section 1011 Payment Related to Non-Hospital Services (See Note 1) 7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)	E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2016 - 09/30/2017)	15. State Name & Number (List additional states on a separate attachment)	13. State Name & Number	11. State Name & Number 12. State Name & Number	10. State Name & Number	o state Name & Number	Out-of-State Medicaid Provider Number, List all states where you had a Medicaid provider agreement during the cost report year.	85, DSH Pool Classification (Small Rural, Non-Small Rural, Orban):	8a, Owner/Operator (Private, State Govt, Non-State Govt, HIS/Tinbal):	8. Medicare Provider Number:			4. Hospital Name:	3a. Date CMS processed the HCRIS file into the HCRIS database:	<ol> <li>Select Cost Report Year Covered by this Survey (enter 'X');</li> <li>Service of Cost Report Used for this Survey (Should be audited if available);</li> </ol>		t. Select Your Facility from the Drop-Down Menu Provided:
3 above) received applicable to hospital services 3 above) received applicable to non-hospital services 3 above) received	No Did your hospital receive any Medicaid <u>managed care payments not paid at the claim level?</u> Should include all non-claim-specific payments such as tump sum payments hat tall Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by thebic Should include all non-claim-specific payments such as tump sum payments for tall Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by thebics.	tit B) olumn (k) on Ekhibli B, less physician and non-hospital portion of psyments) ash Basis Patient Payments:		ts 8 & B-1 (See Note 1) Lorded in Exhibits 8 & B-1 (See Note 1) Actuded in Exhibits 9 & B-1 (See Note 1) Lorde 1) Lorde 1) Lorde 1) Lorde 10 Lorde	(16/01/2016 - 09/30/2017)			2000 Million Colon	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		nad a Medicaid provider agreement during the cost report year:				2000 1000 1000 1000 1000 1000 1000 1000	Yes	MORIAL HOSPITAL	Correct?	1 - 4s Submitted	10/1/2016. through 9/20/2017	JASPER MEMORIAL HOSPITAL
\$	NO NO RECEIVED by the MECO), or other incentive payments.	S     27 928       S     6 287     S     197,910     \$204,197       S     55,287     \$225,836     \$232,123       0,000%     12.37%     12.03%	ao <u>.</u>											the state of the s				If incorrect, Proper information			

oue 1: Subsitie B - Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented allens. If you can document that a portion of the payment received is related to non-hostital services (physician or ambulance services), report that amount in the section titled see funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hostital services (physician or ambulance services), report that amount in the section it is a portion of the funds you received in the section related to hostital services.

ote 2: Repart any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

## MIUR / LIUR Qualifying Data from the Cost Report (10/01/2016 - 09/30/2017)

## F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18,00-18,03, 30, 31 less fixes \$ 4.6) Inpatient Hospital Subsidies
 Outpatient Hospital Subsidies Unspecified I/P and O/P
 Non-Hospital Subsidies Unspecified I/P and O/P Hospital Subsidies F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ratio (LJUR) Calculation): 37 (See Note in Section F-3, below)

he data should be updated to the hospital's version of the cost report. formulas can be overwritten as needed with actual data. )ready present in this section, it was completed using CMS HCRIS cost eport data. If the hospital has a more recent version of the cost report.  $101\Xi$ : All data in this section must be verified by the hospital. If data is

10, Yotal Charity Care Charges

Outpatient Hospital Charity Care Charges
 Non-Hospital Charity Care Charges

Inpatient Hospital Charity Care Charges

Total Hospital Subsidies

11. Hospital
12. Subprovider I (Psych or Rehab)
13. Subprovider II (Psych or Rehab)
14. Swing Bed - SNF
15. Swing Bed - NF
15. Swing Bed - NF
16. Skilled Nursing Facility
17. Nursing Facility
17. Nursing Facility
18. Orber Long-Team Care
18. Ancillary Services
20. Outpatient Services
21. Home Health Agency
22. Ambulance
23. Outpatient Rehab Providers
24. ASC
25. Hospice
26. Other

27. Total 28. Total Hospital and Non Hospital

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net patient revenue)

increase in net patient revenue) decrease in net patient revenue)

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35. Adjusted Contractual Adjustments

7. Inpatient Hospital Charity Care Charges
9. Outpatient Hospital Charity Care Charges
9. Non-Hospital Charity Care Charges
9. Non-Hospital Charity Care Charges
9. Total Charity Care Charges
9. Total Charity Care Charges
9. Total Charity Care Charges
9. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (NUS C. Tend G. 2 at 1981) Impatient Hospital \$69,981,00 \$0,00 Patient Revenues (Charge Outpatient Ho Contractual Adjustments (formulas below can be overwritten if amounts are Inpattent Hospital 18 665 Outpatient Hospital Non-Hospital 105.083

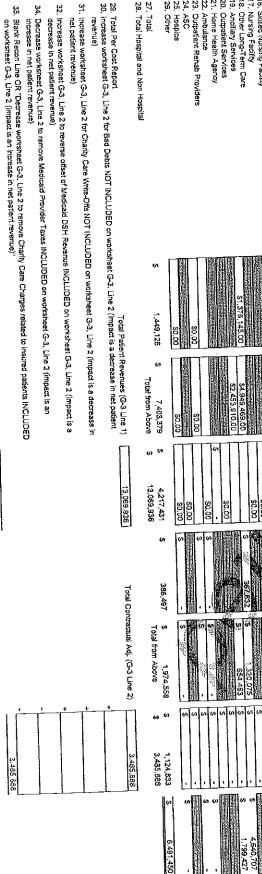
Net Hospital Revenue

51,316

294,57

\$3,823,433;95

018,749



## G. Cost Report - Cost / Days / Charges

Ancillary Cost Centers (from WIS C excluding Observation) (list below)  5400 [RADIOLOGY-DIAGNOSTIC \$231,191.00  5700] CT SCAN  5500 [ARSONATORY  5500 [ARSONATORY THERAPY \$503.323.00  5500 [PHYSICAL THERAPY \$41,649.00  5600 [PHYSICAL THERAPY \$42,065.00  7100 [MEDICAL SUPPLIES CHARGED TO PATIENT \$42,065.00  7300 [PRUGS CHARGED TO PATIENTS \$523,727.70  5500 [CLINIC \$520,727.70  5500 [CLINIC \$523,727.70  5500 [CLINIC \$523,727.70  5500 [CLINIC \$520,727.70  5500 [CLINIC \$523,727.70  5500 [CLINIC \$520,727.70  5500		Observation Data (Non-Distinct) 09200 Observation (Non-Distinct)	Total Routine 18 Weighted Average	17	14.		04200 OTHER SUBPROVIDER 04300 NURSERY	04000 SUBPROVIDER II	103300 BURN INTENSIVE CARE UNIT 103400 SURGICAL INTENSIVE CARE UNIT 103400 STLEE SOFCIAL CARE UNIT	03100 INTENSIVE CARE UNIT	Routine Cost Centers (list below): 03000 ADULTS & PEDIATRICS		report. Formulas can be overwritten as needed with actual data.	NOTE: All data in this section must be verified by the nospital. If data is already present in this section, it was completed using CAIS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost	JASPER MEMORIAL HOSPITAL  Incern & R  Line  Cost Center Description  JASPER MEMORIAL HOSPITAL  Total Allowable  Cost Center Description
eryation) (list below): 9431, 191.00 8234, 200.00 83, 528.00 850, 362.00 850, 362.00 850, 362.00 8544, 649.00 9544, 1649.00 9549, 1956.00 8523, 727, 00	Cost Report Worksheet B; Part I, Col. 26		\$ 1,271,808 S		\$			1	4 4		\$ 7,271 808 \$		Part I, Col. 26 (In	. · · · · · · · · · · · · · · · · · · ·	SPER MEMORIAL HOS  Total Allowable Cost  Cost Con
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\$0.00 \$0.00	Cost Report Worksheet C. Part I, Col. 2 and Col. 4	Subprovider ( Observation Days Cost Report WS S- 3, Pt. 1, Line 28:01, Col. 8		9 63 67	\$ C	3	(100mm) (200 (100mm) (200 (100mm) (100mm)	1000 at 1000 a					Col. 4		RCE and Therapy Add-Back (ff Applicable)
		SubproviderIII Observation Days: Cost Report WIS 5- 3, Pt. I, Line 28.02, Col. 8	1,000,000	s 1,031,988							\$1,031.988.00	4	Part I, Line 26	Swing-Bed Carve Out - Cost Report	
\$ 431,191 \$ 254,320 \$ 3,528 \$ 50,382 \$ 50,382 \$ 441,649 \$ 63,228 \$ 432,727	Calculated	Calculated (Page Diems Above Multiplied by Da		S 23982		A CONTRACTOR OF THE CONTRACTOR		S	x 4x 4		\$ 239,020			Calculated	Total Cost
\$22 \$41 \$170 \$31 \$382 \$138 \$138	Inpatient Charges - Cost Report Worksheet C, Pt. 1 Col. 6	(190 \$19,380.00		237	1 1							797	Lines 42-47 for others	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2,	UP Days and UP Ancillary Charges
125.00 \$673.415.00 438.00 \$1,190.522.00 \$25,585.00 \$42,00 \$1,14.231.00 904.00 \$57,159.00 904.00 \$57,159.00 \$37,159.00 \$3114.870.00 \$314.30 \$415.385.00 \$53,400 \$512.385.00	outpatient Charges - Cost Report Norscheet C, Pt. I. Cot. 7	Outpatient Charges Cost Report Worksheet C. Pt. II. Col. 7  S44, 150,00		7 \$ 435,899	\$0.0 \$0.0	\$0.0 \$0.0	\$0.00				\$0.00		Section L charges allocation)	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only	JP Routine Charges and OP Ancillary Charges
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Property of Myers and Stauffer LC

G. Cost Report - Cost / Days / Charges

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Version 7.25

G. Cost Report - Cost / Days / Charges

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<sup>\*</sup> Note A - Final cost-to-charge ratios should include teaching cost. Only enter filtern & Resident costs if it was removed in Column 25 of Worl

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## L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment would not have been apportioned to the various payers through the step down altocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination

GOST REPORT YEAR (10/01/2016: 09/20/2017)

17 Gross Allowable Assessment Not Included in the Cost Report	DSH UCC Provider Tax Assessment Adjustment	16 Total Net Provider Tax Assessment Expense Included in the Cost Report	DSH UCC NON-ALLOWABLE Provider Tax Assessment 1.2 Reason for adjustment 1.3 Reason for adjustment 1.4 Reason for adjustment 1.5 Reason for adjustment	DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)  8 Reason for adjustment 9 Reason for adjustment 10 Reason for adjustment 11 Reason for adjustment	Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report).  4 Reclassification Code 5 Reclassification Code 6 Reclassification Code 7 Provider Tax Assessment Reclassification Code 8 Provider Tax Assessment Reclassification Code 9 Provider Tax Assessment Reclassification Code	1 Hospital Gross Provider Tax Assessment (from general ledge)  7a Working Thail Balance Account Type and Account # that includes Gross Provider Tay Assessment 2 Hospital Gross Provider Tax Assessment Included in Expense Costing Office Tax Assessment (12)  2 Hospital Gross Provider Tax Assessment Included in Expense Costing Office Tax Assessment (12)  3 Difference (Explain Here ———>)	Worksheet A Provider Tax Assessment Reconciliation:
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	<i>G</i>	9				69	Dollar Amount
				(Adjusted to / (from))  (Adjusted to / (from))  (Adjusted to / (from))  (Adjusted to / (from))	(Reclassified to / (from)) (Reclassified to / (from)) (Reclassified to / (from)) (Reclassified to / (from))	(Where is the cast included on w/s A?)	WIS A Cost Conter