

DSH Version 7.25

5/3/2018

**D. General Cost Report Year Information** 7/1/2016 - 6/30/2017

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 of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided:

MEDICAL COLLEGE OF GA HOSP &amp; CLINICS

2. Select Cost Report Year Covered by this Survey (enter "X"):

7/1/2016 through 6/30/2017		
X		

3. Status of Cost Report Used for this Survey (Should be audited if available):

5 - Amended

3a. Date CMS processed the HCRIS file into the HCRIS database:

12/19/2017

4. Hospital Name:

MEDICAL COLLEGE OF GA HOSP &amp; CLINICS

5. Medicaid Provider Number:

000000723A

6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):

0

7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

0

8. Medicare Provider Number:

110034

8a. Owner/Operator (Private, State Govt., Non-State Govt., HIS/Tribal):

State Govt.

8b. DSH Pool Classification (Small Rural, Non-Small Rural, Urban):

Urban

Correct?

No

Yes

Yes

Yes

Yes

Yes

Yes

If Incorrect, Proper Information

MCG Health Inc., currently AU Medical Center

**Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:**

9. State Name &amp; Number

State Name	Provider No.
South Carolina	351846&358127

10. State Name &amp; Number

11. State Name &amp; Number

12. State Name &amp; Number

13. State Name &amp; Number

14. State Name &amp; Number

15. State Name &amp; Number

(List additional states on a separate attachment)

**E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2016 - 06/30/2017)**

1. Section 1011 Payment Related to Hospital Services Included in Exhibits B &amp; B-1 (See Note 1)

2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B &amp; B-1 (See Note 1)

3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B &amp; B-1 (See Note 1)

4. **Total Section 1011 Payments Related to Hospital Services (See Note 1)**

5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B &amp; B-1 (See Note 1)

6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B &amp; B-1 (See Note 1)

7. **Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)**8. **Out-of-State DSH Payments (See Note 2)**

9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)

10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)

11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments)

12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:


\$-


\$-

\$ 3,952,361

Inpatient

Outpatient

Total

\$ 41,316

\$ 224,263

\$265,579

\$ 332,032

\$ 1,352,726

\$1,684,758

\$373,348

\$1,576,989

\$1,950,337

11.07%

14.22%

13.62%

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services

15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services

16. Total Medicaid managed care non-claims payments (see question 13 above) received

\$-

Note 1: Subtitle 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 aliens. If your hospital received these 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-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report 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.

**F. MIUR / LIUR Qualifying Data from the Cost Report (07/01/2016 - 06/30/2017)****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 lines 5 & 6)

124,955

(See Note in Section F-3, below)

**F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ratio (LIUR) Calculation):**

2. Inpatient Hospital Subsidies  
3. Outpatient Hospital Subsidies  
4. Unspecified I/P and O/P Hospital Subsidies  
5. Non-Hospital Subsidies  
6. Total Hospital Subsidies

1,985,828

\$ 1,985,828

7. Inpatient Hospital Charity Care Charges  
8. Outpatient Hospital Charity Care Charges  
9. Non-Hospital Charity Care Charges  
10. Total Charity Care Charges

63,245,102

60,721,372

\$ 123,966,474

**F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report)**

**NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS 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 report. Formulas can be overwritten as needed with actual data.**

Total Patient Revenues (Charges)			Contractual Adjustments (formulas below can be overwritten if amounts are known)			Net Hospital Revenue
Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$191,685,842.00		\$ 141,230,191	\$ -	\$ -	\$ 50,455,651
12. Subprovider I (Psych or Rehab)	\$0.00		\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00		\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF		\$0.00			\$ -	
15. Swing Bed - NF		\$0.00			\$ -	
16. Skilled Nursing Facility		\$0.00			\$ -	
17. Nursing Facility		\$0.00			\$ -	
18. Other Long-Term Care		\$0.00			\$ -	
19. Ancillary Services	\$1,017,404,523.00	\$1,192,918,525.00	\$ 749,602,757	\$ 878,917,869	\$ -	\$ 581,802,422
20. Outpatient Services		\$0.00		\$ -	\$ -	\$ -
21. Home Health Agency		\$0.00			\$ -	
22. Ambulance		\$ -			\$ -	
23. Outpatient Rehab Providers		\$0.00	\$ -	\$ -	\$ -	\$ -
24. ASC	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
25. Hospice		\$0.00			\$ -	
26. Other	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
27. Total	\$ 1,209,090,365	\$ 1,192,918,525	\$ 890,832,948	\$ 878,917,869	\$ -	\$ 632,258,073
28. Total Hospital and Non Hospital		Total from Above		Total from Above	\$ 1,769,750,817	
		\$ 2,402,008,890				

29. Total Per Cost Report Total Patient Revenues (G-3 Line 1) 2,402,008,890
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"
35. Adjusted Contractual Adjustments

Total Contractual Adj. (G-3 Line 2)

1,769,750,817

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+

+

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1,769,750,817