

## A. General DSH Year Information

1. DSH Year: 

| Begin      | End        |
|------------|------------|
| 07/01/2017 | 06/30/2018 |

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

### Identification of cost reports needed to cover the DSH Year:

|                                       | Cost Report Begin Date(s) | Cost Report End Date(s) |
|---------------------------------------|---------------------------|-------------------------|
| 3. Cost Report Year 1                 | 07/01/2017                | 06/30/2018              |
| 4. Cost Report Year 2 (if applicable) |                           |                         |
| 5. Cost Report Year 3 (if applicable) |                           |                         |

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

|                                                          | Data       |
|----------------------------------------------------------|------------|
| 6. Medicaid Provider Number:                             | 000000723A |
| 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab): | 0          |
| 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab): | 0          |
| 9. Medicare Provider Number:                             | 110034     |

## B. DSH OB Qualifying Information

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

### During the DSH Examination Year:

- 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 hospital to perform nonemergency obstetric procedures.)
- Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 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?

DSH Examination  
Year (07/01/17 -  
06/30/18)

Yes

No

No

3a. Was the hospital open as of December 22, 1987?

Yes

3b. What date did the hospital open?

6/14/1966

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:

- 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:

DSH Payment Year  
(07/01/19 - 06/30/20)

Yes

No

No

- Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?

- 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?

**C. Disclosure of Other Medicaid Payments Received:**

**1. 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.)*

\$ 32,070,854

**Certification:**

**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.

Answer

Yes

Explanation for "No" answers:

The following certification is to be completed by the hospital's CEO or CFO:

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.

\_\_\_\_\_  
Hospital CEO or CFO Signature

\_\_\_\_\_  
CEO  
Title

\_\_\_\_\_  
11/4/2019  
Date

\_\_\_\_\_  
Katrina Keefer  
Hospital CEO or CFO Printed Name

\_\_\_\_\_  
706-721-6569  
Hospital CEO or CFO Telephone Number

\_\_\_\_\_  
kkeefer@augusta.edu  
Hospital CEO or CFO E-Mail

**Contact Information for individuals authorized to respond to inquiries related to this survey:**

**Hospital Contact:**  
Name: Angela Ashmore Bryant  
Title: Reimbursement Manager  
Telephone Number: (706) 721-4258  
E-Mail Address: aashmore@augusta.edu  
Mailing Street Address: 1120 15th Street Augusta, GA 30912

**Outside Preparer:**  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_