

			Year:	2025		Including Section L (provider tax form) in Part II?				Yes			
<b>NOTE: DO NOT overwrite formula in cell above. Update DSH Year by entering begin/end dates in cell E1 and E2, respectively.</b>													
Submission Information (Flows to Checklist Sheet)				Are you using the Myers and Stauffer DSH Web Portal?					Yes				
Myers and Stauffer LC													
ATTN: DSH Examinations													
700 W. 47th Street, Suite 1100													
Kansas City, Missouri 64112													
Fax: (816) 945-5301													
Phone: (800) 374-6858													
E-Mail: GADSH@mslc.com													
										Output Directory	U:\GA Payment DSH Survey Part I\		
1	2	3	4	5	6	7	8	9	10	11			
Hospital Name	Medicaid Provider ID	Medicaid SubProvider1 ID	Medicaid SubProvider2 ID	Medicare Provider ID	Report Period From	Reporting Period To	Report Period From	Reporting Period To	Report Period From	Reporting Period To			
<b>SELECT HOSPITAL NAME</b>	M'caid #	M'caid Sub 1 #	M'caid Sub 2 #	M'care #									
1 ADVENTHEALTH GORDON HOSPITAL	000000833A			110023	1/1/2023	12/31/2023							
2 ADVENTHEALTH MURRAY MEDICAL CENTER	000001383A			110050	1/1/2023	12/31/2023							
3 ADVENTHEALTH REDMOND	000001581A			110168	7/1/2022	6/30/2023							
4 APPLING HOSPITAL	000000052A			110071	9/1/2022	8/31/2023							
5 ATRIUM HEALTH NAVICENT BALDWIN	000000129A			110150	1/1/2023	12/31/2023							
6 ATRIUM HEALTH NAVICENT MEDICAL CTR	000001207A			110107	1/1/2023	12/31/2023							
7 ATRIUM HEALTH NAVICENT PEACH	000001449A			111310	1/1/2023	12/31/2023							
8 AU Medical Center	000000723A			110034	7/1/2022	6/30/2023							
9 BACON COUNTY HOSPITAL	000000118A			111327	7/1/2022	6/30/2023							
10 BLECKLEY MEMORIAL HOSPITAL	000000195A			111302	4/1/2022	3/31/2023							
11 BROOKS COUNTY HOSPITAL	000000239A			111332	10/1/2022	9/30/2023							
12 BURKE MEDICAL CENTER	000000283A			110113	1/1/2023	12/31/2023							
13 CANDLER COUNTY HOSPITAL	000000316A			111334	1/1/2023	12/31/2023							
14 CANDLER HOSPITAL	000000327A			110024	7/1/2022	6/30/2023							
15 CHATUGE REGIONAL HOSPITAL	000001933A			111324	5/1/2022	4/30/2023							
16 CHI MEMORIAL HOSPITAL - GEORGIA	003180661A			110236	7/1/2022	6/30/2023							
17 CHILDREN'S HEALTHCARE-SCOTTISH RITE	000001636A			113301	1/1/2023	12/31/2023							
18 CHILDREN'S HILTHCRE-HUGHES SPALDING	000679808A			110079	1/1/2023	12/31/2023							
19 CHILDREN'S HOSPITAL ATL AT EGGLESTON	000000943A			113300	1/1/2023	12/31/2023							
20 CLINCH MEMORIAL HOSPITAL	000000415A			111308	7/1/2022	6/30/2023							
21 COFFEE REGIONAL MEDICAL CENTER	000000448A			110089	1/1/2023	12/31/2023							
22 COLQUITT REGIONAL MEDICAL CENTER	000002021A			110105	10/1/2022	9/30/2023							
23 CRISP REGIONAL HOSPITAL	000000514A			110104	7/1/2022	6/30/2023							
24 DOCTORS HOSPITAL-AUGUSTA	000000558A			110177	4/1/2022	3/31/2023							
25 DODGE COUNTY HOSPITAL	000000591A			110092	10/1/2022	9/30/2023							
26 DONALSONVILLE HOSPITAL	000206181A			110194	7/1/2022	6/30/2023							
27 DORMINY MEDICAL CENTER	000000613A			110073	8/1/2022	7/31/2023							
28 EAST GEORGIA MEDICAL CENTER	000000272A			110075	10/1/2022	9/30/2023							
29 EFFINGHAM HOSPITAL	000000657A			111306	7/1/2022	6/30/2023							
30 ELBERT MEMORIAL HOSPITAL	000000668A			111337	7/1/2022	6/30/2023							
31 EMANUEL MEDICAL CENTER	000000701A			110109	7/1/2022	6/30/2023							
32 EMORY DECATUR	000000536A			110076	9/1/2022	8/31/2023							
33 EMORY HILLANDALE HOSPITAL	000000536U			110226	9/1/2022	8/31/2023							
34 EMORY JOHNS CREEK	344886600A			110230	9/1/2022	8/31/2023							
35 EMORY LONG TERM ACUTE CARE	000000525A			112006	9/1/2022	8/31/2023							
36 Emory Rehabilitation Hospital	003212414A			113031	9/1/2022	8/31/2023							
37 EMORY UNIVERSITY HOSPITAL	000000712A	000000712B		110010	9/1/2022	8/31/2023							
38 EMORY UNIVERSITY HOSPITAL MIDTOWN	000000503A			110078	9/1/2022	8/31/2023							
39 Encompass Health Rehab of Newnan	003213641A			113032	10/1/2022	9/30/2023							
40 Encompass Health Rehabilitation Hosp	003161381A			113033	4/1/2022	3/31/2023							
41 EVANS MEMORIAL HOSPITAL	000000734A			110142	10/1/2022	9/30/2023							
42 FAIRVIEW PARK HOSPITAL	000001141A			110125	5/1/2022	4/30/2023							
43 FANNIN REGIONAL HOSPITAL	000134406A			110189	1/1/2023	6/30/2023							
44 FANNIN REGIONAL HOSPITAL	000134406A			110780	7/1/2022	12/31/2023							
45 FLINT RIVER HOSPITAL	000149487A			110190	1/1/2023	12/31/2023							
46 FLOYD MEDICAL CENTER	000000756A			110054	1/1/2023	12/31/2023							
47 GRADY GENERAL HOSPITAL	000000844A			110121	10/1/2022	9/30/2023							
48 GRADY MEMORIAL HOSPITAL	000000855A			110079	1/1/2023	12/31/2023							
49 HABERSHAN COUNTY MEDICAL CENTER	000000877A			110041	7/1/2022	6/30/2023							
50 HAMILTON MEDICAL CENTER	000000899A			110001	10/1/2022	9/30/2023							
51 HealthSouth Walton Rehab Hospital	00368387A			113030	4/1/2022	3/31/2023							
52 HIGGINS GENERAL HOSPITAL	000000954A			111320	7/1/2022	6/30/2023							
53 HOUSTON MEDICAL CENTER	000000976A			110069	1/1/2023	12/31/2023							
54 IRWIN COUNTY HOSPITAL	000000987A			110130	12/1/2022	1/31/2023							
55 JASPER MEMORIAL HOSPITAL	000000998A			111303	10/1/2022	9/30/2023							
56 JEFF DAVIS HOSPITAL	000001009A			111333	10/1/2022	9/30/2023							
57 JEFFERSON HOSPITAL	000001031A			110100	1/1/2023	12/31/2023							
58 JENKINS MEMORIAL MEDICAL CENTER	000001042A			111311	1/1/2023	12/31/2023							
59 John D. Archbold Memorial Hospital	00000063A			110038	10/1/2022	9/30/2023							

State of Georgia x000D Disproportionate Share Hospital (DSH) Examination Survey Part I x000D For State DSH Year 2025

60	LIBERTY REGIONAL MEDICAL CENTER	000001152A		111335	12/1/2022	11/30/2023						
61	LIFE BRITE COMMUNITY HOSPITAL OF EAR	000000635A		111314	1/1/2023	12/31/2023						
62	MEADOWS REGIONAL MEDICAL CENTER	000001086A		110128	3/1/2022	2/28/2023						
63	MEMORIAL HEALTH UNIV MEDICAL CENTER	000001273A		110036	1/1/2023	12/31/2023						
64	MEMORIAL HOSPITAL & MANOR-BAINBRIDGE	000001262A		110132	4/1/2022	3/31/2023						
65	MEMORIAL SATILLA HEALTH	000001229A		110003	1/1/2023	12/31/2023						
66	MILLER COUNTY HOSPITAL	000001317A		111305	7/1/2022	6/30/2023						
67	MICHEL COUNTY HOSPITAL	000001339A		111331	10/1/2022	9/30/2023						
68	MONROE COUNTY HOSPITAL	000001361A		111318	10/1/2022	9/30/2023						
69	MORGAN MEMORIAL HOSPITAL	000694229A		111304	7/1/2022	6/30/2023						
70	MOUNTAIN LAKES MEDICAL CENTER	000001559A		111336	1/1/2023	12/31/2023						
71	NGMC Barrow	000002098A		110045	10/1/2022	9/30/2023						
72	NORTHEAST GEORGIA MC LUMPKIN	003229414A		110237	10/1/2022	9/30/2023						
73	NORTHEAST GEORGIA MEDICAL CENTER	000000888A	000000888S	110029	10/1/2022	9/30/2023						
74	NORTHSIDE HOSPITAL	000001405A		110161	10/1/2022	9/30/2023						
75	Northside Hospital, Inc. - Duluth	000001064A		110252	10/1/2022	9/30/2023						
76	Northside Hospital, Inc. - Gwinnett	000000294A		110087	10/1/2022	9/30/2023						
77	NORTHSIDE HOSPITAL-CHEROKEE	000001108A		110008	10/1/2022	9/30/2023						
78	NORTHSIDE HOSPITAL-FORSYTH	000000767A		110005	10/1/2022	9/30/2023						
79	OPTIM MEDICAL CENTER - SCREVEN	000001647A		111312	1/1/2023	12/31/2023						
80	OPTIM MEDICAL CENTER - TATTNALL	000001878A		111323	1/1/2023	12/31/2023						
81	Perry Hospital	000001471A		110153	1/1/2023	12/31/2023						
82	PHOEBE PUTNEY MEMORIAL HOSPITAL	000001482A	000001416A	110007	8/1/2022	7/31/2023						
83	PHOEBE SUMTER MEDICAL CENTER	000000019A		110044	8/1/2022	7/31/2023						
84	PHOEBE WORTH MEDICAL CENTER	000002109A		111328	8/1/2022	7/31/2023						
85	PIEDMONT ATHENS REGIONAL MED CTR	000000074A		110074	7/1/2022	6/30/2023						
86	PIEDMONT CARTERSVILLE MEDICAL CENTER	000001625A		110030	7/1/2022	6/30/2023						
87	PIEDMONT COLUMBUS REGIONAL MIDTOWN	000001196A	000148233A	110064	7/1/2022	6/30/2023						
88	PIEDMONT COLUMBUS REGIONAL NORTHSIDE	00315642A		110200	7/1/2022	6/30/2023						
89	PIEDMONT EASTSIDE MEDICAL CENTER	000190088A		110192	7/1/2022	6/30/2023						
90	PIEDMONT FAYETTE HOSPITAL	000755323A		110215	7/1/2022	6/30/2023						
91	PIEDMONT HENRY HOSPITAL	000182388A		110191	7/1/2022	6/30/2023						
92	PIEDMONT HOSPITAL	000001504A		110083	7/1/2022	6/30/2023						
93	PIEDMONT MACON MEDICAL CENTER	000000459A		110164	7/1/2022	6/30/2023						
94	PIEDMONT MACON NORTH HOSPITAL	000295358A		110201	7/1/2022	6/30/2023						
95	PIEDMONT MOUNTAINSIDE HOSPITAL	000001493A		110225	7/1/2022	6/30/2023						
96	PIEDMONT NEWNAN HOSPITAL	000000492A		110229	7/1/2022	6/30/2023						
97	PIEDMONT NEWTON HOSPITAL	000001394A		110018	7/1/2022	6/30/2023						
98	PIEDMONT ROCKDALE MEDICAL CENTER	000001603A		110091	7/1/2022	6/30/2023						
99	PIEDMONT WALTON	000020677A		110046	7/1/2022	6/30/2023						
100	POLK MEDICAL CENTER	000001526A		111330	1/1/2023	12/31/2023						
101	PUTNAM GENERAL HOSPITAL	000001537A		111313	10/1/2022	9/30/2023						
102	REGENCY HOSPITAL OF MACON	003225152A		112016	11/1/2022	10/31/2023						
103	REHAB Hospital, Navicent Health	003213433A		113029	1/1/2023	12/31/2023						
104	Roosevelt Warm Spgs LTAC Hosp	003214227A		112000	1/1/2023	12/31/2023						
105	ROOSEVELT WARM SPRGS REHAB HOSPITAL	000000778A		113028	7/1/2022	6/30/2023						
106	SAINT FRANCIS HOSPITAL	000001768A		110129	1/1/2023	12/31/2023						
107	SAINT MARY'S HOSPITAL	000001823A		110006	7/1/2022	6/30/2023						
108	SELECT SPECIALTY AUGUSTA	003222162A		112013	4/1/2022	3/31/2023						
109	SELECT SPECIALTY MIDTOWN ATL	00472513A		112004	9/1/2022	8/31/2023						
110	SELECT SPECIALTY SAVANNAH	003229133A		112011	5/1/2022	4/30/2023						
111	SHEPHERD CENTER	000248069A		112003	4/1/2022	3/31/2023						
112	South Georgia Med Ctr - Berrien	000000173A		110234	10/1/2022	9/30/2023						
113	SOUTH GEORGIA MED CTR - LANIER	000001163A		111326	10/1/2022	9/30/2023						
114	SOUTH GEORGIA MEDICAL CENTER	000001724A	000001724G	110122	10/1/2022	9/30/2023						
115	SOUTHEAST GA HLTH SYS-CAMDEN CAMPUS	000000811A		110146	5/1/2022	4/30/2023						
116	SOUTHEAST GEORGIA MEDICAL CENTER	000000822A		110025	5/1/2022	4/30/2023						
117	Southeastern Regional Medical Ctr	003136026A		110233	10/1/2022	9/30/2023						
118	SOUTHERN REGIONAL MEDICAL CENTER	000000404A		110165	1/1/2023	12/31/2023						
119	SOUTHWELL MEDICAL	000001251A		110101	7/1/2022	6/30/2023						
120	St. Joseph Hospital Savannah	000001801A		110043	7/1/2022	6/30/2023						
121	St. Joseph Hospital-Atlanta	000001812A		110082	9/1/2022	8/31/2023						
122	ST. MARYS GOOD SAMARITAN	000001328A		111329	7/1/2022	6/30/2023						
123	ST. MARYS SACRED HEART HOSPITAL	000000437A		110027	7/1/2022	6/30/2023						
124	STEPHENS COUNTY HOSPITAL	000001834A		110032	10/1/2022	9/30/2023						
125	TANNER MEDICAL CENTER-CARROLLTON	000001867A		110011	7/1/2022	6/30/2023						
126	TANNER MEDICAL CENTER-VILLA RICA	000002032A		110015	7/1/2022	6/30/2023						
127	TAYLOR REGIONAL HOSPITAL	000001548A		110135	4/1/2022	3/31/2023						
128	TIFF REGIONAL MEDICAL CENTER	000001922A		110095	10/1/2022	9/30/2023						
129	UNION GENERAL HOSPITAL	000001966A		110051	5/1/2022	4/30/2023						
130	UNIVERSITY HOSPITAL	000001977A		110028	1/1/2023	6/30/2023						
131	UNIVERSITY HOSPITAL McDUFFIE	000001185A		110111	1/1/2023	6/30/2023						
132	UPSON REGIONAL MEDICAL CENTER	000001988A		110002	1/1/2023	12/31/2023						
133	WARM SPRINGS MEDICAL CENTER	000001284A		111316	1/1/2023	12/31/2023						
134	WASHINGTON COUNTY REGIONAL MED CTR	000001218A		110086	9/1/2022	8/31/2023						
135	WAYNE MEMORIAL HOSPITAL	000002054A		110124	7/1/2022	6/30/2023						
136	WELLSTAR COBB HOSPITAL	000000426A		110143	7/1/2022	6/30/2023						
137	WELLSTAR DOUGLAS HOSPITAL	000000624A		110184	7/1/2022	6/30/2023						
138	WELLSTAR KENNSTONE HOSPITAL	000001119A		110035	7/1/2022	6/30/2023						
139	WELLSTAR NORTH FULTON REGIONAL HOSP	000275976A		110198	7/1/2022	6/30/2023						
140	WELLSTAR PAULDING HOSPITAL	000001438A		110042	7/1/2022	6/30/2023						

State of Georgia\_x000D\_Disproportionate Share Hospital (DSH) Examination Survey Part I\_x000D\_For State DSH Year 2025

141	WELLSTAR SPALDING REGIONAL HOSPITAL	000000866A			110031	7/1/2022	6/30/2023					
142	WELLSTAR SYLVAN GROVE HOSPITAL	000001856A			111319	7/1/2022	6/30/2023					
143	WELLSTAR WEST GEORGIA HOSPITAL	000002065A			110016	7/1/2022	6/30/2023					
144	WELLSTAR WINDY HILL HOSPITAL	000001999A			112007	7/1/2022	6/30/2023					
145	WILLS MEMORIAL HOSPITAL	000002087A			111325	5/1/2022	4/30/2023					
146												
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161												

If more providers are needed, insert rows above this line. DO NOT delete this line and continue the list.

**A. General Instructions and Identification of Cost Reports that Cover the DSH Year:**

- 1 Select the "Sec. A-C DSH Year Data" tab in Excel workbook. In row 1, select your facility from the drop-down menu provided (if not already populated). When your facility is selected, the following fields will be populated: in-state Medicaid provider number and Medicare provider number. Review information and indicate whether it is correct or incorrect. If incorrect, provide correct information.
- 2 Provide your cost reporting periods that are needed to completely cover the DSH year. If the end date for cost report period 1 is before the end date of the DSH year, report your next cost reporting period (cost report 2). If this cost report ends prior to the end of the DSH year, report your next cost reporting period (cost report 3). The cost reporting periods must cover the entire DSH year.

**NOTE: For the 2025 DSH Survey, if your hospital completed the DSH survey for 2024, the first cost report year should follow the last cost report year reported on the 2024 DSH survey. The last cost report year on the 2025 survey must end on or after the end of the 2025 DSH year. If your hospital did not complete the 2024 survey, your cost reports for 2025 must cover the entire 2025 DSH year.**

- 3 Supporting documentation for all data elements provided within the DSH survey must be maintained for a minimum of five years from the date of survey submission.

**B. DSH Qualifying Information:**

- 1 Answer "B. DSH Qualifying Information" questions 1, 2 and 3 to determine if your hospital is eligible to receive DSH payments.

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

- 1 Medicaid and Medicaid Managed Care supplemental payments should include all non-claims payments for hospital services paid on the state fiscal year. This includes, but is not limited to) UPL payments, Medicaid GME payments, bonus payments, incentive payments, full Medicaid pricing (FMP) payments, etc. However, DSH payments should NOT be included.

**Certification:**

- 1 The hospital CEO or CFO must certify the accuracy of the survey responses. Provide hospital and outside preparer contacts who can respond to requests for additional information and answer questions related to the hospital's responses.

**Please submit your completed survey Sections A through C and the certification electronically to Myers and Stauffer LC. Also include Sections D-L included in the separate DSH Survey Part II file.**

**A. General DSH Year Information**

1 DSH Year:

Begin	End
07/01/2024	06/30/2025

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

APPLING HOSPITAL

**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)

Cost Report Begin Date(s)	Cost Report End Date(s)
09/01/2022	08/31/2023

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

6 Medicaid Provider Number:

Data
000000052A
0
0
110071

7 Medicaid Subprovider Number 1 (Psychiatric or Rehab):

8 Medicaid Subprovider Number 2 (Psychiatric or Rehab):

9 Medicare Provider Number:

**B. DSH 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:**

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 hospital to perform nonemergency obstetric procedures.)

DSH Examination Year  
(07/01/24 - 06/30/25)

Yes

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

No

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?

No

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

Yes

3b. What date did the hospital open?

**C. Disclosure of Other Medicaid Payments Received:****1 Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2024 - 06/30/2025**

(Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

\$ 383,754

**2 Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2024 - 06/30/2025**

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

NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Section E, Question 14 should be reported here if paid on a SFY basis.

**3 Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services 07/01/2024 - 06/30/2025**

\$ 383,754

**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.

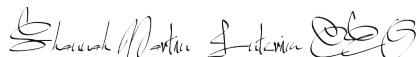
Answer

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

Shannah Martin

Hospital CEO or CFO Printed Name

Interim CEO

Title

912-367-9841 ext 3202

Hospital CEO or CFO Telephone Number

11/20/2024

Date

martin@applinghospital.org

Hospital CEO or CFO E-Mail

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

Name	Robin Crosby
Title	Chief Operating Officer
Telephone Number	912-367-9841-5305
E-Mail Address	crosbyr@applinghospital.org
Mailing Street Address	163 E. Tollison St
Mailing City, State, Zip	Baxley, GA 31513

**Outside Preparer:**

Name	Jesus F. Ruiz, CPA
Title	Consultant
Firm Name	Reimbursement Consulting Group, LLC
Telephone Number	404-788-4861
E-Mail Address	jesus.ruiz@rsgga.com

## DSH Survey Submission Checklist

Please indicate with an "X" each item included or a "N/A" if not included. Consider a separate cover letter to explain any "N/A" answers to avoid additional documentation requests.

1 Electronic copy of the DSH Survey Part I - DSH Year Data - 07/01/2024 - 06/30/2025

2 Electronic copy of the DSH Survey Part II - Cost Report Data - Cost Report Year 09/01/2022 - 08/31/2023

3 N/A

4 N/A

5 (a). Electronic copy of Exhibit A - Uninsured Charges / Days  
- Must be in Excel (.xls or .xlsx) or CSV (.csv) using either a TAB or | (pipe symbol above the ENTER key)

5 (b). Description of logic used to compile Exhibit A. Include a copy of all financial classes and payer plan codes utilized during the cost report period and a description of which codes were included or excluded if applicable.

6 (a). Electronic copy of Exhibit B - Self-Pay Payments  
- Must be in Excel (.xls or .xlsx) or CSV (.csv) using either a TAB or | (pipe symbol above the ENTER key).

6 (b). Description of logic used to compile Exhibit B. Include a copy of all transaction codes utilized to post payments during the cost reporting period and a description of which codes were included or excluded if applicable.

7 (a). Electronic copy of Exhibit C for hospital-generated data (includes Medicaid eligibles, Medicare crossover, Medicaid MCO, or Out-Of-State Medicaid data that isn't supported by a state-provided or MCO-provided report)  
- Must be in Excel (.xls or .xlsx) or CSV (.csv) using either a TAB or | (pipe symbol above the ENTER key).

7 (b). Description of logic used to compile each Exhibit C. Include a copy of all financial classes and payer plan codes utilized during the cost report period and a description of which codes were included or excluded if applicable.

8 Copies of all out-of-state Medicaid fee-for-service PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)

9 Copies of all out-of-state Medicaid managed care PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)

10 Copies of in-state Medicaid managed care PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)

11 Support for Section 1011 (Undocumented Alien) payments if not applied at patient level in Exhibit B

12 Documentation supporting out-of-state DSH payments received  
- Examples may include remittances, detailed general ledgers, or add-on rates.

13 Financial statements or other documentation to support total charity care charges and subsidies reported on Section F of DSH Survey Part II

14 Revenue code cross-walk used to prepare cost report, or supporting grouping schedules

15 (a). A detailed working trial balance used to prepare each cost report (including revenues)

15 (b). A detailed revenue working trial balance by payer/contract based on final primary payment category. The schedule should show charges, contractual adjustments, and revenues by payer plan and contract (e.g., Medicare, each Medicaid agency payer, each Medicaid Managed care contract).

16 Electronic copy of all cost reports used to prepare each DSH Survey Part II

17 Documentation supporting cost report payments calculated for Medicaid/Medicare cross-overs (dual eligible cost report payments)

18 Documentation supporting Medicaid Managed Care Quality Incentive Payments, or any other Medicaid Managed Care lump sum payments

*Please upload all checklist items above to the Myers and Stauffer Web Portal. If you are unable to access the Web Portal, please call or email. Web Portal Address:*

<https://dsh.mslc.com>

All electronic (CD or DVD - CDs or DVDs must be encrypted and/or password protected) and paper documentation can be mailed (using certified or other traceable delivery) to:

**Myers and Stauffer LC**  
**ATTN: DSH Examinations**  
**700 W. 47th Street, Suite 1100**  
**Kansas City, Missouri 64112**  
**Fax: (816) 945-5301**  
**Phone: (800) 374-6858**  
**E-Mail: GADSH@mslc.com**

Please Call Myers and Stauffer if you have any questions on completing the DSH survey.