

		Year: 2025		Including Section L (provider tax form) in Part II?		Yes					
		NOTE: DO NOT overwrite formula in cell above. Update DSH Year by entering begin/end dates in cell E1 and E2, respectively.									
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		After entering state, click on "Run page setup" below to set-up the headers and footers with the state name and year (in all sheets). This is a slow process so be patient!									
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	
Hospital Name		Medicaid Provider ID		Medicaid SubProvider1 ID		Medicaid SubProvider2 ID		Medicare Provider ID		Report Period From	
SELECT HOSPITAL NAME		M'caid #		M'caid Sub 1 #		M'caid Sub 2 #		M'care #		Reporting Period To	
1 ADVENTHEALTH GORDON HOSPITAL		000000833A						110023		1/1/2023	
2 ADVENTHEALTH MURRAY MEDICAL CENTER		000001383A						110050		1/1/2023	
3 ADVENTHEALTH REDMOND		000001581A						110168		7/1/2022	
4 APPLING HOSPITAL		000000052A						110071		9/1/2022	
5 ATRIUM HEALTH NAVICENT BALDWIN		000000129A						110150		1/1/2023	
6 ATRIUM HEALTH NAVICENT MEDICAL CTR		000001207A						110107		1/1/2023	
7 ATRIUM HEALTH NAVICENT PEACH		000001449A						111310		1/1/2023	
8 AU Medical Center		000000723A						110034		7/1/2022	
9 BACON COUNTY HOSPITAL		000000118A						111327		7/1/2022	
10 BLECKLEY MEMORIAL HOSPITAL		000000195A						111302		4/1/2022	
11 BROOKS COUNTY HOSPITAL		000000239A						111332		10/1/2022	
12 BURKE MEDICAL CENTER		000000283A						110113		1/1/2023	
13 CANDLER COUNTY HOSPITAL		000000316A						111334		1/1/2023	
14 CANDLER HOSPITAL		000000327A						110024		7/1/2022	
15 CHATUGE REGIONAL HOSPITAL		000001933A						111324		5/1/2022	
16 CHI MEMORIAL HOSPITAL - GEORGIA		03180661A						110236		7/1/2022	
17 CHILDREN'S HEALTHCARE-SCOTTISH RITE		000001636A						113301		1/1/2023	
18 CHILDREN'S HLTHCRE-HUGHES SPALDING		000679808A						110079		1/1/2023	
19 CHILDREN'S HOSPITAL ATL AT EGGLESTON		000000943A						113300		1/1/2023	
20 CLINCH MEMORIAL HOSPITAL		000000415A						111308		7/1/2022	
21 COFFEE REGIONAL MEDICAL CENTER		000000448A						110089		1/1/2023	
22 COLQUITT REGIONAL MEDICAL CENTER		000002021A						110105		10/1/2022	
23 CRISP REGIONAL HOSPITAL		000000514A						110104		7/1/2022	
24 DOCTORS HOSPITAL-AUGUSTA		000000558A						110177		4/1/2022	
25 DODGE COUNTY HOSPITAL		000000591A						110092		10/1/2022	
26 DONALSONVILLE HOSPITAL		000206181A						110194		7/1/2022	
27 DORMINY MEDICAL CENTER		000000613A						110073		9/1/2022	
28 EAST GEORGIA MEDICAL CENTER		000000272A						110075		10/1/2022	
29 EFFINGHAM HOSPITAL		000000657A						111306		7/1/2022	
30 ELBERT MEMORIAL HOSPITAL		000000668A						111337		7/1/2022	
31 EMANUEL MEDICAL CENTER		000000701A						110109		7/1/2022	
32 EMORY DECATUR		000000536A						110076		9/1/2022	
33 EMORY HILLDALE HOSPITAL		000000536U						110226		9/1/2022	
34 EMORY JOHNS CREEK		344886600A						110230		9/1/2022	
35 EMORY LONG TERM ACUTE CARE		000000525A						112006		9/1/2022	
36 Emory Rehabilitation Hospital		003212414A						113031		9/1/2022	
37 EMORY UNIVERSITY HOSPITAL		000000712A		000000712B				110010		9/1/2022	
38 EMORY UNIVERSITY HOSPITAL MIDTOWN		000000503A						110078		9/1/2022	
39 Encompass Health Rehab of Newnan		003213641A						113032		10/1/2022	
40 Encompass Health Rehabilitation Hosp		003161381A						113033		4/1/2022	
41 EVANS MEMORIAL HOSPITAL		000000734A						110142		10/1/2022	
42 FAIRVIEW PARK HOSPITAL		000001141A						110125		5/1/2022	
43 FANNIN REGIONAL HOSPITAL		000134406A						110189		1/1/2023	
44 FANNIN REGIONAL HOSPITAL		000134406A						110780		7/1/2023	
45 FLINT RIVER HOSPITAL		000149487A						110190		1/1/2023	
46 FLOYD MEDICAL CENTER		000000756A						110054		1/1/2023	
47 GRADY GENERAL HOSPITAL		000000844A						110121		10/1/2022	
48 GRADY MEMORIAL HOSPITAL		000000855A						110079		1/1/2023	
49 HABERSHAM COUNTY MEDICAL CENTER		000000877A						110041		7/1/2022	
50 HAMILTON MEDICAL CENTER		000000899A						110001		10/1/2022	
51 HealthSouth Walton Rehab Hospital		000368387A						113030		4/1/2022	
52 HIGGINS GENERAL HOSPITAL		000000954A						111320		7/1/2022	
53 HOUSTON MEDICAL CENTER		000000976A						110069		1/1/2023	
54 IRWIN COUNTY HOSPITAL		000000987A						110130		12/1/2022	
55 JASPER MEMORIAL HOSPITAL		000000998A						111303		10/1/2022	
56 JEFF DAVIS HOSPITAL		000001009A						111333		10/1/2022	
57 JEFFERSON HOSPITAL		000001031A						110100		1/1/2023	
58 JENKINS MEMORIAL MEDICAL CENTER		000001042A						111311		1/1/2023	
59 John D. Archbold Memorial Hospital		000000063A						110038		10/1/2022	

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	MITCHELL 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	000315642A			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 Sprgs 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	000472513A			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 Cntr	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	TIFT 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 KENNESTONE 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						

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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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

	Begin	End
1 DSH Year:	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:

	Cost Report Begin Date(s)	Cost Report End Date(s)
3 Cost Report Year 1	09/01/2022	08/31/2023
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:	000000052A
7 Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0
8 Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0
9 Medicare Provider Number:	110071

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.)
- 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 non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

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

No

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

\$

383,754

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

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 Services07/01/2024 - 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.

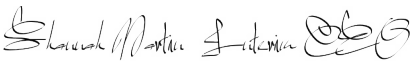
Answer

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

martinsp@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 <u>out-of-state</u> Medicaid fee-for-service PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)
	9 Copies of all <u>out-of-state</u> 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.