N/A

N/A

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 report 3). The cost reporting periods must cover the entire DSH year.

NOTE: For the 2021 DSH Survey, if your hospital completed the DSH survey for 2020, the first cost report year should follow the last cost report year reported on the 2020 DSH survey. The last cost report year on the 2021 survey must end on or after the end of the 2021 DSH year. If your hospital did not complete the 2020 survey, your cost reports for 2021 must cover the entire 2021 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.

<u>N/A</u>

N/A N/A

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.

				DSH Version	6.01	2/10/2022
A. General DSH Year Information						
1. DSH Year:	Begin 07/01/2020	End 06/30/2021				
2. Select Your Facility from the Drop-Down Menu Provided:	JEFFERSON HOSPITAL					
Identification of cost reports needed to cover the DSH Year:						
 Cost Report Year 1 Cost Report Year 2 (if applicable) Cost Report Year 3 (if applicable) 	Cost Report Begin Date(s) 01/01/2021	Cost Report End Date(s) 12/31/2021	Must also complete a sepa	arate survey file for each co	st report period listed -	SEE DSH SURVEY PART II FILES
	Data	1				
6. Medicaid Provider Number:		000001031A				
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0					
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0					
9. Medicare Provider Number:		110100				

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:

- 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 nonemergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?
- 3b. What date did the hospital open?



No	
No	



1/29/1971

1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2020 - 06/30/2021 \$ 134,102 (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 07/01/2020 - 06/30/2021 \$ - (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 Services07/01/2020 - 06/30/2021 \$ 134,102				
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James Harrison 478-625-7000 x1207 jharrison@jeffersonhosp.com Hospital CEO or CFO Printed Name Hospital CEO or CFO Telephone Number Hospital CEO or CFO E-Mail Contact Information for individuals authorized to respond to inquiries related to this survey: Outside Preparer: Name Jim Harrison Name Title CFO Title Telephone Number 478-625-7000 x1207 Name E-Mail Address jharrison@jeffersonhosp.com Firm Name Mailing Street Address 1067 Peachtree Street E-Mail Address		Chief Financial Officer		
Hospital CEO or CFO Printed Name Hospital CEO or CFO Telephone Number Contact Information for individuals authorized to respond to inquiries related to this survey: Outside Preparer: Name Jim Harrison Title CFO Telephone Number Title 0FO E-Mail Address jharrison@jeffersonhosp.com Mailing Street Address 1067 Peachtree Street	Hospital CEO or CFO Signature	Title	Date	
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Outside Preparer: Name Jim Harrison Title CFO Outside Preparer: Telephone Number 478-625-7000 x 1207 Firm Name Keith Williams & Associates, Inc. E-Mail Address jharrison@jeffersonhosp.com Telephone Number 615-390-8006 Mailing Street Address 1067 Peachtree Street E-Mail Advisors@comcast.net				1
Hospital Contact: Outside Preparer: Name Jim Harrison Title CFO Title CFO Telephone Number 478-625-7000 x 1207 E-Mail Address jharrison@jeffersonhosp.com Mailing Street Addresss 1067 Peachtree Street	Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephor	ne Number Hospital CEO or CFO E-Mail	
Name Jim Harrison Name Keith Williams Title CFO Title President Telephone Number 478-625-7000 x 1207 Firm Name Firm Name E-Mail Address Iharrison@jeffersonhosp.com Telephone Number 615-390-8006 Mailing Street Address 1067 Peachtree Street E-Mail Address kgwhcadvisors@comcast.net	Contact Information for individuals authorized to respond to inq	uiries related to this survey:		
Title CO Title President Telephone Number 478-625-7000 x 1207 Firm Name Firth Williams & Associates, Inc. E-Mail Address jharrison@jeffersonhosp.com Telephone Number 615-390-8006 Mailing Street Address 1067 Peachtree Street E-Mail Address kgwhcadvisors@comcast.net	Hospital Contact:		Outside Preparer:	
Telephone Number 478-625-7000 x 1207 Firm Name Keith Williams & Associates, Inc. E-Mail Address jharrison@jeffersonhosp.com Telephone Number 615-390-8006 Mailing Street Address 1067 Peachtree Street E-Mail Address kgwhcadvisors@comcast.net	Name	Jim Harrison	Name Keith Williams	
E-Mail Address jharrison@jeffersonhosp.com Telephone Number 615-390-8006 Mailing Street Address 1067 Peachtree Street E-Mail Address kgwhcadvisors@comcast.net kgwhcadvisors@comcast.net				
Mailing Street Address 1067 Peachtree Street E-Mail Address kgwhcadvisors@comcast.net				
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	wailing City, State, Zip	Jenerson, GA 30434		

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 a	iduitional d	ocumentation requests.
Х	1.	Electronic copy of the DSH Survey Part I - DSH Year Data - 07/01/2020 - 06/30/2021
Х	2.	Electronic copy of the DSH Survey Part II - Cost Report Data - Cost Report Year 01/01/2021 - 12/31/2021
N/A	3.	N/A
N/A	4.	N/A
X	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)
X	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.
Х	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).
X	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.
Х	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).
Х	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.
N/A	8.	Copies of all <u>out-of-state</u> Medicaid fee-for-service PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)
N/A	9.	Copies of all <u>out-of-state</u> Medicaid managed care PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)
Х	10.	Copies of in-state Medicaid managed care PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)
N/A	11.	Support for Section 1011 (Undocumented Alien) payments if not applied at patient level in Exhibit B
N/A	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
X	14.	Revenue code cross-walk used to prepare cost report, or supporting grouping schedules
Х	15 (a).	A detailed working trial balance used to prepare each cost report (including revenues)
N/A	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).
Х	16.	Electronic copy of all cost reports used to prepare each DSH Survey Part II
X	17.	Documentation supporting cost report payments calculated for Medicaid/Medicare cross-overs (dual eligible cost report payments)
N/A	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.