LETTER OF AGREEMENT
For the Benefit of
The Georgia Department of Community Health and the Hospital

Hospital Name: _____ (the "Hospital")

As a Medicaid-designated disproportionate share hospital provider, the Hospital understands that it may receive a payment adjustment pursuant to the provisions of Chapter 111-3-6 of the Rules and Regulations of the Department of Community Health Division of Medical Assistance, Indigent Care Trust Fund.

By signing this Letter of Agreement, the Hospital acknowledges that:

(a) This agreement is effective for state fiscal year 2011.

(b) The hospital has reviewed a copy of the rules governing the Indigent Care Trust Fund as posted on the Secretary of State's website (http://rules.sos.state.ga.us, Chapter 111-3-6) and the policies and procedures of the ICTF Program in Appendix Q of Part II Policies and Procedures for Hospital Services (posted on www.ghp.georgia.gov) and understands that it must fully comply with such rules and policies and procedures in order to participate in the Indigent Care Trust Fund program.

(c) A transfer of funds to the Indigent Care Trust Fund is not a condition of receipt of a payment adjustment.

(d) It will comply with all requests for information relating to the expenditure of Indigent Care Trust Fund monies from the Department of Community Health or its agent(s).

(e) As a condition of eligibility, the hospital must have a Medicaid inpatient hospital utilization rate of at least one percent and must have two obstetricians with staff privileges who agree to provide obstetric services to Medicaid recipients. In rural areas, the term "obstetrician" includes any physician who has staff privileges to perform non-emergency obstetric procedures at the hospital. The obstetrical requirement does not apply if the hospital provides services primarily to individuals less than 18 years of age, or if the hospital did not provide non-emergency obstetric services as of December 22, 1987.

(f) By signing this agreement, Hospital agrees that no funds will be distributed to outside investors in the form of dividends or bonuses to contractors, sub-contractors or employees at any point while the hospital has any outstanding financial obligations to the State of Georgia and/or the Department of Community Health. Failure to comply with this requirement will serve as grounds for the immediate repayment of all debts owed to the State of Georgia by the Hospital.

(g) By signing this agreement, Hospital agrees to provide to the Department of Community Health any and all data necessary for the Department, and the state of Georgia, to be in compliance with the provisions of the American Recovery and Reinvestment Act of 2009 (ARRA).

_____	_____
Typed Name	Title
_____	_____
Signature	Date Signed