



**MEMORANDUM**

Date: July 12, 2022

To: Chief Executive Officer  
Chief Financial Officer

From: Kim S. Morris, Director of Reimbursement  
Division of Financial Management

Subject: 2022 Disproportionate Share Hospital Data Review

**BY ELECTRONIC MAIL**

Final DSH eligibility and payment data for State Fiscal Year (SFY) 2022 will be available on the Department's web site at [www.dch.georgia.gov](http://www.dch.georgia.gov) by selecting options for "Provider," "Provider Types," "Hospital Providers," then "Indigent Care Trust Fund." Please note that the final DSH data will present some changes from the preliminary data previously posted on the Department's web site in June 2022.

A hospital's signed Letter of Agreement form for FY2022 is a condition to receive payment, the form is attached. If your hospital has not submitted the required form for this year, please complete by July 20, 2022, and send to DCH Supplemental email address [DCH.Supplemental@dch.ga.gov](mailto:DCH.Supplemental@dch.ga.gov).

The DSH payment to hospitals will be issued through Georgia Medicaid Management Information System (GAMMIS). The same system that currently processes and pays Georgia Medicaid claims.

If you have any questions about this notice, please contact Annetta Smith, Senior Manager Office of Reimbursement, at [asmith@dch.ga.gov](mailto:asmith@dch.ga.gov).

Attachment

**Georgia Department of Community Health  
Schedule of Key Events**

**SFY 2022 Disproportionate Share Hospital (DSH) Payments**

<b>Tuesday</b>	<b>July 12, 2022</b>	<b>Notice to Hospitals</b>
<b>Wednesday</b>	<b>July 20, 2022</b>	<b>Due Letter of Agreement form</b>
<b>Thursday</b>	<b>August 11, 2022</b>	<b>Payment</b>

**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 2022.
- (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](http://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 through intergovernmental transfer (IGT) to the Indigent Care Trust Fund is not a condition of receipt of a payment adjustment. The use of IGTs to fund the non-federal share of DSH is only available to eligible public, state-owned or non-state-government-owned hospitals. For these publicly owned hospitals, signing this form is an attestation that the hospital will operate under the auspices of a local hospital authority, developmental authority or other governmental entity **at the time of the transfer of funds**.
- (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 currently** 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).

**LETTER OF AGREEMENT**  
**For the Benefit of**  
**The Georgia Department of Community Health and the Hospital**  
**State Fiscal Year 2022**

**Hospital Name:** \_\_\_\_\_ (the "Hospital")

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Contact Email Address