



MEMORANDUM

Date: November 29, 2022

To: Chief Executive Officer
Chief Financial Officer

From: Kim S. Morris
Director of Reimbursement

Subject: Interim FY 2023 Disproportionate Share Hospital (DSH) Payments

BY ELECTRONIC MAIL

As you may be aware, the Georgia Department of Community Health (“Department” or “DCH”) received federal Centers for Medicare and Medicaid Services (CMS) approval for several directed payment programs, and several other-directed payments are pending CMS approval. The Department has also submitted changes to its DSH payment allocation methodology. The collective outcome of these changes results in substantially different DSH payment amounts to hospitals statewide, with many hospitals receiving higher payments. However, due to increased Medicaid payments allowed under the directed payment programs, some hospitals will no longer be eligible to receive a DSH payment or may receive a smaller DSH payment.

With portions of the directed payment programs still pending final approval but recognizing the need to disburse all available funding timely, the Department intends to make Interim DSH payments available to some hospitals. The amounts will be based on the new allocation methodology, which allocates DSH payments first to hospitals in Pool 1, then Pool 2. Pool 1 includes critical access, rural hospitals with less than 100 beds, and state-owned and operated acute care hospitals.

The Department plans to make interim DSH payments available to public hospitals in Pool 1 in December. Interim payments for other hospitals are contingent upon further CMS approval of the pending direct payment programs.

It is important to note that this initial payment is an interim estimate only and only for a partial amount. When a final payment amount has been determined, an additional payment will be issued for the difference between the final payment amount and the initial payment. If the interim payment



exceeds the final payment amount, an immediate repayment will be due from the hospital for the excess amount.

Interim payments to private hospitals will be determined later. Interim payments are currently only available to hospitals that use Inter-governmental transfers to fund the required state match on the DSH funds. Once the Amended FY 2023 budget is finalized, which routinely includes the state funds match for private hospitals, interim payments for those private hospitals will be considered.

For the current interim payments, attached is information about the schedule, payment, and intergovernmental transfer amount. This information will be available on the Department's web site at www.dch.georgia.gov by selecting options for "Provider," "Provider Types," "Hospital," then "Indigent Care Trust Fund." After DCH's contractor, Myers and Stauffer, has reviewed the as-filed surveys and made any necessary adjustments, a separate notification from Myers & Stauffer will be sent related to your facility's data elements.

You are encouraged to review your facility's data elements to ensure the Department has accurately recorded your facility's information. If you find an error, please let us know as soon as possible by contacting Judy Hatfield of Myers & Stauffer at (800) 374-6858 or by e-mail at gadsh@mslc.com.

Please note that the required intergovernmental transfer must be received by 12 p.m. on December 5, 2022, for an interim payment to be issued. To assure that the timely receipt of intergovernmental transfers can be confirmed, a Notice of Intent to Transfer must be submitted by November 30, 2022, to document the expected method of transfer.

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

An updated Letter of Agreement form for 2023 is also required from each provider seeking an interim payment. Please review, sign, and submit the letter of agreement by November 30, 2022, to the DCH Supplemental email address DCH.Supplemental@dch.ga.gov.

If you have any questions about this notice, please contact Annetta Smith at (404) 463-6669 or asmith@dch.ga.gov.

**Georgia Department of Community Health
Interim DSH Payments for SFY 2023
Schedule of Key Events**

Tuesday	November 29, 2022	Notice to Hospitals
Wednesday	November 30, 2022	Due Letter of Agreement & Notice of Intent to Transfer forms
Monday	December 5, 2022	Due Intergovernmental Transfers
Thursday	December 29, 2022	Payment

Georgia Department of Community Health

SFY 2023 Interim DSH Payment

Hospital Name	Ownership Category	Pending SPA changes based on DSH Payment for SFY 2022	SFY2023 Interim Payment	Transfer Amount - IGT
Appling Hospital	Non-State Govt.	1,284,244	449,485	124,867
Atrium Health Floyd Polk Medical Center	Non-State Govt.	3,168,653	1,109,029	308,088
Atrium Health Navicent Peach	Non-State Govt.	2,591,633	907,072	251,985
Bacon County Hospital	Non-State Govt.	1,500,567	525,198	145,900
Bleckley Memorial Hospital	Non-State Govt.	1,114,526	390,084	108,365
Brooks County Hospital	Non-State Govt.	1,569,251	549,238	152,578
Candler County Hospital	Non-State Govt.	1,732,525	606,384	168,453
Chatuge Regional Hospital	Non-State Govt.	850,768	297,769	82,720
Clinch Memorial Hospital	Non-State Govt.	1,269,742	444,410	123,457
Coffee Regional Medical Center	Non-State Govt.	7,212,835	2,524,492	701,304
Crisp Regional Hospital	Non-State Govt.	4,548,049	1,591,817	442,207
Dodge County Hospital	Non-State Govt.	1,398,650	489,528	135,991
Dorminy Medical Center	Non-State Govt.	1,829,129	640,195	177,846
Effingham Hospital	Non-State Govt.	4,418,548	1,546,492	429,615
Elbert Memorial Hospital	Non-State Govt.	1,238,591	433,507	120,428
Emanuel Medical Center	Non-State Govt.	2,087,195	730,518	202,938
Evans Memorial Hospital	Non-State Govt.	1,332,610	466,414	129,570
Grady General Hospital	Non-State Govt.	2,509,809	878,433	244,029
Habersham County Medical Center	Non-State Govt.	2,498,224	874,378	242,902
Higgins General Hospital	Non-State Govt.	5,004,658	1,751,630	486,603
Irwin County Hospital	Non-State Govt.	1,433,539	501,739	139,383
Jasper Memorial Hospital	Non-State Govt.	-	-	-
Jeff Davis Hospital	Non-State Govt.	1,861,466	651,513	180,990
Jefferson Hospital	Non-State Govt.	569,273	199,246	55,351
Jenkins County Hospital	Non-State Govt.	776,109	271,638	75,461
Liberty Regional Medical Center	Non-State Govt.	3,942,343	1,379,820	383,314
Life Brite Community Hospital of Early	Non-State Govt.	1,442,208	504,773	140,226
Memorial Hospital and Manor	Non-State Govt.	3,972,341	1,390,319	386,231
Miller County Hospital	Non-State Govt.	1,142,770	399,970	111,112
Mitchell County Hospital	Non-State Govt.	701,696	245,594	68,226
Monroe County Hospital	Non-State Govt.	1,567,005	548,452	152,360
Morgan Memorial Hospital	Non-State Govt.	2,013,113	704,590	195,735
Phoebe Sumter Medical Center	Non-State Govt.	6,986,647	2,445,326	679,312
Piedmont McDuffie Hospital	Non-State Govt.	2,373,089	830,581	230,735
Putnam General Hospital	Non-State Govt.	1,337,932	468,276	130,087
SGHS - Camden Campus	Non-State Govt.	4,190,914	1,466,820	407,483

Georgia Department of Community Health

SFY 2023 Interim DSH Payment

Hospital Name	Ownership Category	Pending SPA changes based on DSH Payment for SFY 2022	SFY2023 Interim Payment	Transfer Amount - IGT
South Georgia Med Ctr - Berrien	Non-State Govt.	1,472,606	515,412	143,181
South Georgia Med Ctr - Lanier	Non-State Govt.	1,179,807	412,932	114,713
Southwell Medical Center	Non-State Govt.	607,732	212,706	59,090
Stephens County Hospital	Non-State Govt.	3,664,813	1,282,685	356,330
Union General Hospital	Non-State Govt.	2,068,406	723,942	201,111
Warm Springs Medical Center	Non-State Govt.	972,906	340,517	94,596
Washington County Regional Med Ctr	Non-State Govt.	1,021,216	357,426	99,293
Wayne Memorial Hospital	Non-State Govt.	5,000,287	1,750,100	486,178
Wellstar Sylvan Grove Hospital	Non-State Govt.	2,121,385	742,485	206,262
Wills Memorial Hospital	Non-State Govt.	580,036	203,013	56,397
AU Medical Center	State Govt.	40,455,689	14,159,491	3,933,507
Roosevelt Warm Sprgs LTAC Hospital	State Govt.	-	-	-
Total		194,772,389	49,915,439	13,866,510

**Georgia Department of Community Health
SFY 2023 Interim DSH - Notice of Intent to Transfer Form**

Notice of Intent to Transfer form for DSH payment is **due by Wednesday, November 30, 2022.**
Intergovernmental transfer for DSH payment is **due no later than 12 p.m. on Monday,
December 5, 2022.**

Name of Governmental Unit Making IGT: _____

(IGT can only be accepted from hospital authorities or other governmental entities.)

Name of affiliated hospital	IGT amount
1.	
2.	
3.	
Total IGT amount due	

Expected method of transfer (select one):

EFT _____ ACH _____

Designated contact if additional information is needed:

Name _____

Title / Organization _____

E-mail address _____

Telephone number _____

Return completed form by e-mail to DCH.Supplemental@dch.ga.gov

**Georgia Department of Community Health
Instructions for DSH Intergovernmental Transfers
Interim DSH SFY 2023**

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Hospital UPL is **due by 12 p.m. on Monday, December 5, 2022. NO EXCEPTIONS**
- Intergovernmental Transfers can only be accepted from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**

- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33
General Bank Ref Address: JPM Chase New York, NY 10017
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the hospital affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the hospital affiliated with the hospital authority or governmental entity.

- Questions regarding *transfer procedures* should be directed to Ms. Marquita Cain, Sr. Manager 2, Grants Management & Revenue, by e-mail at MCain@dch.ga.gov .

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 2023.
- (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 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 2023

Hospital Name: _____ (the "Hospital")

Typed Name

Title

Signature

Date Signed

Contact Telephone Number

Contact Email Address