



MEMORANDUM

Date: October 12, 2023

To: Chief Executive Officer
Chief Financial Officer

From: Kim S. Morris *Kim S. Morris*
Director of Reimbursement

Subject: FY 2024 Disproportionate Share Hospital (DSH) Payments

BY ELECTRONIC MAIL

This is notification that the Department will issue interim payments to public hospitals in Pool 1. Pool 1 includes critical access, rural hospitals with less than 100 beds, and state-owned and operated acute care hospitals. It is important to note that this initial payment is an interim estimate only. 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. The Department will be able to proceed with issuing an interim payment only if an intergovernmental transfer (IGT), equal to the matching funds needed to obtain the federal DSH funds, is provided by the hospital authority or other governmental entity which the hospital is affiliated.

No interim payments can be provided to private hospitals now due to the unavailability of state matching fund source. The Department requires state appropriations to match available federal DSH funds for private hospitals, so private hospital DSH payments are pending the appropriation of funds by the General Assembly in the amended FY 2024 Appropriations Act.

For the interim payments, attached is information about the schedule, payment, and intergovernmental transfer amount. This information will be available within the next week 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 Myers and Stauffer have 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 October 30, 2023, 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 October 19, 2023, to document the expected method of transfer.

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

An updated Letter of Agreement form for 2024 is also required. Before any DSH payments can be made, an updated agreement from each provider must be signed and submitted to the Department. Please review, sign, and submit the letter of agreement by October 19, 2023, to DCH Supplemental email address DCH.Supplemental@dch.ga.gov.

If you have any questions about this notice, please contact Annetta Smith at (404) 309-0527 or asmith@dch.ga.gov.

**Georgia Department of Community Health
Interim DSH Payments for SFY 2024
Schedule of Key Events**

Thursday	October 12, 2023	Notice to Hospitals
Thursday	October 19, 2023	Due Letter of Agreement & Notice of Intent to Transfer forms
Monday	October 30, 2023	Due Intergovernmental Transfers
Thursday	November 30, 2023	Payment

Georgia Department of Community Health
SFY 2024 Interim DSH Payment

Hospital Name	Ownership Category	Total Gross DSH Payment for SFY 2023	SFY 2023 interim DSH payment 50% of SFY 2023	IGT Amount
APPLING HOSPITAL	Non-State Govt.	1,815,020	907,510	295,939
ATRIUM HEALTH FLOYD POLK MEDICAL CENTER	Non-State Govt.	2,408,937	1,204,468	392,777
ATRIUM HEALTH NAVICENT PEACH	Non-State Govt.	3,171,162	1,585,581	517,058
BACON COUNTY HOSPITAL	Non-State Govt.	2,617,612	1,308,806	426,802
BLECKLEY MEMORIAL HOSPITAL	Non-State Govt.	1,038,016	519,008	169,249
BROOKS COUNTY HOSPITAL	Non-State Govt.	1,408,158	704,079	229,600
CANDLER COUNTY HOSPITAL	Non-State Govt.	1,264,122	632,061	206,115
CHATUGE REGIONAL HOSPITAL	Non-State Govt.	882,977	441,489	143,970
CLINCH MEMORIAL HOSPITAL	Non-State Govt.	1,421,287	710,644	231,741
COFFEE REGIONAL MEDICAL CENTER	Non-State Govt.	7,655,243	3,827,621	1,248,187
COLQUITT REGIONAL MEDICAL CENTER	Non-State Govt.	-	-	0
CRISP REGIONAL HOSPITAL	Non-State Govt.	3,706,606	1,853,303	604,362
DODGE COUNTY HOSPITAL	Non-State Govt.	757,162	378,581	123,455
DORMINY MEDICAL CENTER	Non-State Govt.	1,717,783	858,891	280,084
EFFINGHAM HOSPITAL	Non-State Govt.	2,849,469	1,424,735	464,606
ELBERT MEMORIAL HOSPITAL	Non-State Govt.	1,546,349	773,175	252,132
EMANUEL MEDICAL CENTER	Non-State Govt.	2,408,978	1,204,489	392,784
EVANS MEMORIAL HOSPITAL	Non-State Govt.	1,169,551	584,775	190,695
GRADY GENERAL HOSPITAL	Non-State Govt.	1,987,001	993,501	323,981
HABERSHAM COUNTY MEDICAL CENTER	Non-State Govt.	2,740,749	1,370,375	446,879
HIGGINS GENERAL HOSPITAL	Non-State Govt.	3,997,065	1,998,533	651,722
IRWIN COUNTY HOSPITAL	Non-State Govt.	1,057,889	528,945	172,489
JASPER MEMORIAL HOSPITAL	Non-State Govt.	413,573	206,787	67,433
JEFF DAVIS HOSPITAL	Non-State Govt.	2,269,184	1,134,592	369,990
JEFFERSON HOSPITAL	Non-State Govt.	458,627	229,314	74,779
JENKINS COUNTY HOSPITAL	Non-State Govt.	676,563	338,282	110,314
LIBERTY REGIONAL MEDICAL CENTER	Non-State Govt.	5,170,498	2,585,249	843,050
LIFE BRITE COMMUNITY HOSPITAL OF EARLY	Non-State Govt.	1,046,527	523,264	170,636
MEMORIAL HOSPITAL	Non-State Govt.	4,126,976	2,063,488	672,903
MILLER COUNTY HOSPITAL	Non-State Govt.	1,741,128	870,564	283,891
MITCHELL COUNTY HOSPITAL	Non-State Govt.	560,780	280,390	91,435
MONROE COUNTY HOSPITAL	Non-State Govt.	1,621,854	810,927	264,443
MORGAN MEMORIAL HOSPITAL	Non-State Govt.	2,627,726	1,313,863	428,451
PHOEBE SUMTER MEDICAL CENTER	Non-State Govt.	6,119,826	3,059,913	997,838
PIEDMONT MCDUFFIE HOSPITAL	Non-State Govt.	2,308,696	1,154,348	376,433
PUTNAM GENERAL HOSPITAL	Non-State Govt.	1,759,247	879,624	286,845
SGHS - CAMDEN CAMPUS	Non-State Govt.	3,037,238	1,518,619	495,222
SOUTH GEORGIA MED CTR - BERRIEN	Non-State Govt.	1,205,647	602,823	196,581
SOUTH GEORGIA MED CTR - LANIER	Non-State Govt.	1,356,383	678,192	221,158
SOUTHWELL MEDICAL CENTER	Non-State Govt.	573,102	286,551	93,444
STEPHENS COUNTY HOSPITAL	Non-State Govt.	4,490,788	2,245,394	732,223
UNION GENERAL HOSPITAL	Non-State Govt.	626,434	313,217	102,140
WARM SPRINGS MEDICAL CENTER	Non-State Govt.	663,537	331,769	108,190
WASHINGTON COUNTY REGIONAL MED CTR	Non-State Govt.	931,977	465,988	151,959
WAYNE MEMORIAL HOSPITAL	Non-State Govt.	6,406,911	3,203,455	1,044,647

Georgia Department of Community Health

SFY 2024 Interim DSH Payment

Hospital Name	Ownership Category	Total Gross DSH Payment for SFY 2023	SFY 2023 interim DSH payment 50% of SFY 2023	IGT Amount
WELLSTAR SYLVAN GROVE HOSPITAL	Non-State Govt.	2,066,464	1,033,232	336,937
WILLS MEMORIAL HOSPITAL	Non-State Govt.	906,986	453,493	147,884
			50,393,908	16,433,453

Georgia Department of Community Health
SFY 2024 Interim DSH - Notice of Intent to Transfer Form

Notice of Intent to Transfer form for DSH payment is **due by Thursday, October 19, 2023.**
Intergovernmental transfer for DSH payment is **due no later than 12 p.m. on Monday, October 30, 2023.**

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
October 2023**

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

- Intergovernmental transfer for DSH is **due by 12 p.m. on Monday, October 30, 2023.** **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. Rochella Chimedza, Revenue Manager, Revenue Section, by e-mail at Rochella.Chimedza@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 2024.
- (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 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 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).

- SIGNATURES -

IN WITNESS WHEREOF, the Hospital Entity states and affirms that its representative is duly authorized to bind it to this Letter of Agreement as of this.

_____ day of _____, 2023.

Hospital Entity Name

Signatory's Printed Name

Signatory's Title

Signature

Signatory's E-mail Address

Signatory's Phone Number

_____ Date

On behalf of the Georgia Department of Community Health:

Signature of Director of Reimbursement or Authorized Representative

Date