

Georgia Department of Community Health SFY2005 DSH Allocation Methodology

1. For each fiscal year, the maximum amount of DSH allotment funds available for DSH payment adjustments was determined.
2. For each fiscal year, eligibility was determined based on a hospital meeting minimum federal DSH criteria and at least one DCH criterion.
3. Each hospital's DSH limit was measured as the loss incurred for services provided to Medicaid and uninsured patients. The loss incurred on services to Medicaid patients was determined by comparing the cost of care provided and claim payments that a hospital received; amounts that a hospital received as Upper Payment Limit (UPL) payments were not considered.
4. For private hospitals that are in urban areas or that have more than 199 beds, 50% of the DSH limit was used as the basis for allocation. For all other eligible hospitals, 100% of the DSH limit was used as the basis for any allocation.
5. Hospitals with less than 100 beds and located in rural counties received a DSH payment equal to their DSH limit.
6. For all other eligible hospitals, the DSH payment amount was determined by allocating remaining aggregate DSH funds remaining based on the ratio of each hospital's DSH limit, after the 50% adjustment if applicable, to the total adjusted DSH limits for these hospitals. For SFY2005, these hospitals received DSH payments that were approximately 52% of their adjusted DSH limits.