

**A. General DSH Year Information**

1. DSH Year:

Begin	End
07/01/2017	06/30/2018

2. Select Your Facility from the Drop-Down Menu Provided:

DEKALB MEDICAL CENTER-HILLENDALE

**Identification of cost reports needed to cover the DSH Year:**

- 3. Cost Report Year 1
- 4. Cost Report Year 2 (if applicable)
- 5. Cost Report Year 3 (if applicable)

Cost Report Begin Date(s)	Cost Report End Date(s)
07/01/2017	06/30/2018

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

- 6. Medicaid Provider Number:
- 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):
- 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):
- 9. Medicare Provider Number:

Data	
	000000536U
	0
	0
	110226

**B. DSH OB Qualifying Information**

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

**During the DSH Examination Year:**

- 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)
- 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?

**DSH Examination Year (07/01/17 - 06/30/18)**

3b. What date did the hospital open?

Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

**During the Interim DSH Payment Year:**

- 4. Does the hospital have at least two obstetricians who have staff privileges at the hospital who have agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)

**DSH Payment Year (07/01/18 - 06/30/20)**

List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:

Dr. Kathleen Johnson, MD  
 Dr. Albert Scott, MD

- 5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 6. Is the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

**C. Disclosure of Other Medicaid Payments Received:**

**1. Medicaid Supplemental Payments for DSH Year 07/01/2017 - 06/30/2018**

*(Should include UPL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)*

\$ 1,278,280

**Certification:**

**1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year?**

Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.

**Answer**  
 Yes

**Explanation for "No" answers:**

Other Protested Item: "New Hampshire Hospital Association v. Azar" We protest the inclusion of Commercial and Medicare payments for Dual Eligibles toward the Hospitals Specific limit for Medicaid DSH and the payment calculation reduction of Uncompensated Care Cost

**The following certification is to be completed by the hospital's CEO or CFO:**

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.

  
 Hospital CEO or CFO Signature  
 Liz Daunt-Samford  
 Hospital CEO or CFO Printed Name

Chief Financial Officer  
 Title  
 404-686-3316  
 Hospital CEO or CFO Telephone Number

10/24/2019  
 Date  
 liz.daunt@emoryhealthcare.org  
 Hospital CEO or CFO E-Mail

**Contact Information for individuals authorized to respond to inquiries related to this survey:**

**Hospital Contact:**  
 Name: Liz Daunt-Samford  
 Title: Chief Financial Officer  
 Telephone Number: 404-686-3316  
 E-Mail Address: liz.daunt@emoryhealthcare.org  
 Mailing Street Address: 550 Peachtree ST, NE, Suite 908

**Outside Preparer:**  
 Name: Tim Beatty  
 Title: Director  
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