

A. General DSH Year Information

1. DSH Year:

Begin 07/01/2020	End 06/30/2021
Perry Hospital	

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

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) 07/01/2021	Cost Report End Date(s) 12/31/2021
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Must also complete a separate survey fee for each cost report period listed - SEE DSH SURVEY PART II FILES

DATA	
Medicaid Provider Number:	000001471A
Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0
Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0
Medicare Provider Number:	110153

B. DSH 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?
- 3b. What date did the hospital open?

DSH Examination Year (01/01/20 - 06/30/21)	<input type="checkbox"/> No
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No	<input type="checkbox"/>
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No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

7/1/1986	<input type="text"/>
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C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2020 - 06/30/2021
 (Should include UPF and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)
 \$ 220,822
2. Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2020 - 06/30/2021
 (Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (FMP), supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCCO), or other incentive payments.
 NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Section E, Question 14 should be reported here if paid on a SFRY basis.)
 \$ -
3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services 07/01/2020 - 06/30/2021
 \$ 220,822

Certification:

1. Was your hospital allowed to retain 100% of the DSH payment if received for this DSH year?
 Was the federal share with an IOTCPE in 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	<input type="checkbox"/>

Explanation for "No" answers:

Other protested item: Year: Hampshire Hospital Association vs. Azar. We protest the inclusion of Commercial and Medicare payments for dual eligibles towards the hospital's 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: *Sean Whilden* Title: CFO Date: 11/9/2022
 Hospital CEO or CFO Printed Name: Sean Whilden Hospital CEO or CFO Telephone Number: 478-542-7959 Hospital CEO or CFO E-Mail: swhilden@bellsofthnet

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

Hospital Contact:	
Name	
Title	
Telephone Number	
E-Mail Address	
Mailing Street Address	
Mailing City, State, Zip	

Outside Preparer:	
Name	Dennis Willis
Title	Senior Manager
Firm Name	Southeast Reimbursement Group
Telephone Number	615-333-0655 ext 205
E-Mail Address	dennis.willis@srpic.org