

A. General DSH Year Information

	Begin	End
1. DSH Year:	07/01/2017	06/30/2018

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

Identification of cost reports needed to cover the DSH Year:

	Cost Report Begin Date(s)	Cost Report End Date(s)
3. Cost Report Year 1	01/01/2018	12/31/2018
4. Cost Report Year 2 (if applicable)		
5. Cost Report Year 3 (if applicable)		

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

	Data
6. Medicaid Provider Number:	000000976A
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0
9. Medicare Provider Number:	110069

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.) DSH Examination Year (07/01/17 - 06/30/18)
Yes
- 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age? No
- 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? No
- 3a. Was the hospital open as of December 22, 1987? Yes
- 3b. What date did the hospital open? 7/2/1960

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 (07/01/19 - 06/30/20)
Yes
- List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:

Lafferty, Mark A
Quang, David Stephen
- 5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age? No
- 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? No

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.)

\$ 3,990,957

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 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
 Hospital CEO or CFO Printed Name

Vice President / Chief Financial Officer
 Title

478-542-7959
 Hospital CEO or CFO Telephone Number

Date

swhilden@hhc.org
 Hospital CEO or CFO E-Mail

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

Hospital Contact:
 Name: Amy Grube
 Title: Reimbursement Analyst
 Telephone Number: 478-975-5320
 E-Mail Address: agrube@hhc.org
 Mailing Street Address: 1601 Watson Blvd, Warner Robins, GA 31093

Outside Preparer:
 Name: _____
 Title: _____
 Firm Name: _____
 Telephone Number: _____
 E-Mail Address: _____

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (01/01/2018-12/31/2018)

HOUSTON MEDICAL CENTER

			In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		%
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (01/01/2018-12/31/2018)

HOUSTON MEDICAL CENTER

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In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		%												
\$	16,288,898	\$	15,777,390	\$	13,217,446	\$	30,460,044	\$	20,435,643	\$	13,980,134	\$	17,099,242	\$	18,815,203	\$	15,479,522	\$	42,710,373	\$	-	\$	-	-

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (01/01/2018-12/31/2018) HOUSTON MEDICAL CENTER

	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		%
Totals / Payments													
128 Total Charges (includes organ acquisition from Section J)	\$ 23,351,853	\$ 15,777,390	\$ 21,220,106	\$ 30,460,044	\$ 28,954,959	\$ 13,980,134	\$ 24,504,786	\$ 18,815,203	\$ 24,221,510 <small>(Agrees to Exhibit A)</small>	\$ 42,710,373 <small>(Agrees to Exhibit A)</small>	\$ 98,031,704	\$ 79,032,771	35.02%
129 Total Charges per PS&R or Exhibit Detail	\$ 23,351,853	\$ 15,777,390	\$ 21,220,106	\$ 30,460,044	\$ 28,954,959	\$ 13,980,134	\$ 24,504,786	\$ 18,815,203	\$ 24,221,510	\$ 42,710,373			
130 Unreconciled Charges (Explain Variance)	-	(0)	-	0	0	(0)	-	0	0	(0)			
131 Total Calculated Cost (includes organ acquisition from Section J)	\$ 10,500,076	\$ 3,520,699	\$ 9,961,480	\$ 6,540,683	\$ 11,827,744	\$ 3,245,459	\$ 10,391,739	\$ 4,270,049	\$ 8,904,963	\$ 9,791,513	\$ 42,681,039	\$ 17,576,890	37.29%
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 8,446,694	\$ 3,403,437	\$ -	\$ -	\$ 957,798	\$ 242,456	\$ 331,607	\$ 200,560			\$ 9,736,099	\$ 3,846,453	
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			\$ 7,093,453	\$ 5,891,150	\$ -	\$ -	\$ 138,229	\$ 110,777			\$ 7,231,682	\$ 6,001,927	
134 Private Insurance (including primary and third party liability)	\$ 49,130	\$ 11,721	\$ -	\$ 1,149	\$ 20,978	\$ -	\$ 2,630,115	\$ 1,644,406			\$ 2,700,223	\$ 1,657,276	
135 Self-Pay (including Co-Pay and Spend-Down)		\$ 8,881	\$ 207	\$ 1,326	\$ -	\$ 1,368	\$ 2,129	\$ 3,049			\$ 2,336	\$ 14,624	
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 8,495,824	\$ 3,424,039	\$ 7,093,660	\$ 5,893,625									
137 Medicaid Cost Settlement Payments (See Note B)		\$ (205,727)									\$ -	\$ (205,727)	
138 Other Medicaid Payments Reported on Cost Report Year (See Note C)											\$ -	\$ -	
139 Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 8,712,243	\$ 2,123,747	\$ 589,249	\$ 90,004			\$ 9,301,492	\$ 2,213,751	
140 Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 5,878	\$ -	\$ 4,226,400	\$ 1,937,285			\$ 4,232,278	\$ 1,937,285	
141 Medicare Cross-Over Bad Debt Payments					\$ 139,313	\$ 96,998					\$ 139,313	\$ 96,998	
142 Other Medicare Cross-Over Payments (See Note D)					\$ 254,486	\$ 61,303					\$ 254,486	\$ 61,303	
143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									\$ 136,172	\$ 1,043,574			
144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)									\$ -	\$ -			
145 Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 2,004,252	\$ 302,387	\$ 2,867,820	\$ 647,058	\$ 1,737,048	\$ 719,587	\$ 2,474,010	\$ 283,968	\$ 8,768,791	\$ 8,747,939	\$ 9,083,130	\$ 1,953,000	
146 Calculated Payments as a Percentage of Cost	81%	91%	71%	90%	85%	78%	76%	93%	2%	11%	79%	89%	
147 Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)					33,514								
148 Percent of cross-over days to total Medicare days from the cost report					18%								

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include *all* Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

NOTE: Inpatient uninsured payment rate is outside normal ranges, please verify this is correct.