# State of Georgia
Disproportionate Share Hospital (DSH) Examination Survey Part I
For State DSH Year 2021

## All General DSH Year Information

<table>
<thead>
<tr>
<th>DSH Year</th>
<th>Begin</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>I POLK MEDICAL CENTER</td>
<td>07/01/2020</td>
<td>06/30/2021</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cost Report Year</th>
<th>Begin Date(s)</th>
<th>End Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>07/01/2020</td>
<td>06/30/2021</td>
</tr>
<tr>
<td>2 (if applicable)</td>
<td></td>
<td></td>
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<tr>
<td>3 (if applicable)</td>
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</tbody>
</table>

### Medicaid Provider Number:

- 000001526A

### Medicaid Subprovider Number 1 (Psychiatric or Rehab):

- 0

### Medicaid Subprovider Number 2 (Psychiatric or Rehab):

- 5

### Medicare Provider Number:

- 111330

## B. DSH Qualifying Information

Questions 1-3, below, should be answered in 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 who perform nonemergency obstetric procedures.)

   - 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?

   - Yes

3. Was the hospital exempt from the requirement listed under #1 above because it did not offer nonemergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

   - Yes

3a. Was the hospital open as of December 22, 1987?

   - Yes

3b. What date did the hospital open?

   - 9/30/1986
1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2020 - 06/30/2021
   
   (Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)
   
   **$ 110,556**

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), supplemental, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), 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 SFY basis.
   
   **$ -**

3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services 07/01/2020 - 06/30/2021
   
   **$ 110,556**

**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 IGTCPE 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.
   
   Explanation for “No” answers:

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

   **Yes**

   [Signature]

   **Hospital CEO or CFO Printed Name**

   **Chief Financial Officer**

   **Title**

   **Hospital CEO or CFO Telephone Number**

   **Date**

   **Hospital CEO or CFO E-Mail Address**

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

   - **Hospital Contact:**
     - **Name:** Philip Wheeler
     - **Title:** Chief Financial Officer
     - **Telephone Number:** 706-599-3012
     - **E-Mail Address:** Philip.Wheeler@Atriumhealth.org
     - **Mailing Street Address:** 304 Turner McCall Blvd.
     - **Mailing City, State, Zip:** Rome, GA 30162

   - **Outside Preparer:**
     - **Name:** Tim Beattie
     - **Title:** Senior Director
     - **Firm Name:** Southeast Reimbursement Group
     - **Telephone Number:** 770-315-5063
     - **E-Mail Address:** Tim.Beatty@ergics.org