

**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:

**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:	000001636A
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0
9. Medicare Provider Number:	113301

**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.)	<table border="1" style="margin: auto;"><tr><td><b>DSH Examination Year (07/01/17 - 06/30/18)</b></td></tr><tr><td>No</td></tr></table>	<b>DSH Examination Year (07/01/17 - 06/30/18)</b>	No
<b>DSH Examination Year (07/01/17 - 06/30/18)</b>			
No			
2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?	<table border="1" style="margin: auto;"><tr><td>Yes</td></tr></table>	Yes	
Yes			
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?	<table border="1" style="margin: auto;"><tr><td>No</td></tr></table>	No	
No			
3a. Was the hospital open as of December 22, 1987?	<table border="1" style="margin: auto;"><tr><td>Yes</td></tr></table>	Yes	
Yes			
3b. What date did the hospital open?	<table border="1" style="margin: auto;"><tr><td>6/1/1915</td></tr></table>	6/1/1915	
6/1/1915			

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.)  List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<table border="1" style="margin: auto;"><tr><td><b>DSH Payment Year (07/01/19 - 06/30/20)</b></td></tr><tr><td>No</td></tr></table>	<b>DSH Payment Year (07/01/19 - 06/30/20)</b>	No
<b>DSH Payment Year (07/01/19 - 06/30/20)</b>			
No			
5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?	<table border="1" style="margin: auto;"><tr><td>Yes</td></tr></table>	Yes	
Yes			
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?	<table border="1" style="margin: auto;"><tr><td>No</td></tr></table>	No	
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.)*

\$ 1,194,431

**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:

---



---



---

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.

	<b>SVP &amp; CFO</b>	
Hospital CEO or CFO Signature	Title	Date
<a href="#">Ruth Fowler</a>	<a href="#">404-785-7006</a>	<a href="mailto:Ruth.Fowler@choa.org">Ruth.Fowler@choa.org</a>
Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail

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

**Hospital Contact:**

Name	Arthur Kutner
Title	Reimbursement Manager
Telephone Number	404-785-7963
E-Mail Address	art.kutner@choa.org
Mailing Street Address	3375 NE Expressway Suite 100, Atlanta, GA 30341-4007

**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) CHILDREN'S HEALTHCARE-SCOTTISH RITE

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	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		% Survey to Cost Report Totals							
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient								
				From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis	Inpatient	Outpatient								
<b>Routine Cost Centers (from Section G):</b>																							
				Days		Days		Days		Days		Days		Days									
1	03000 ADULTS & PEDIATRICS	\$ 1,276.76		12,172		12,971		22		3,925		1,072		29,090		59.14%							
2	03100 INTENSIVE CARE UNIT	\$ 2,155.54		5,503		9,818				2,019		183		17,340		99.62%							
3	03200 CORONARY CARE UNIT	\$ -																					
4	03300 BURN INTENSIVE CARE UNIT	\$ -																					
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -																					
6	03500 OTHER SPECIAL CARE UNIT	\$ -																					
7	04000 SUBPROVIDER I	\$ -																					
8	04100 SUBPROVIDER II	\$ -																					
9	04200 OTHER SUBPROVIDER	\$ -																					
10	04300 NURSERY	\$ 1,339.08		1,361		6,025				852		-		8,238		86.21%							
11		\$ -																					
12		\$ -																					
13		\$ -																					
14		\$ -																					
15		\$ -																					
16		\$ -																					
17		\$ -																					
18		\$ -																					
				<b>Total Days</b>		<b>19,036</b>		<b>28,814</b>		<b>22</b>		<b>6,796</b>		<b>1,255</b>		<b>54,668</b>	<b>60.97%</b>						
19	Total Days per PS&R or Exhibit Detail				<b>19,036</b>		<b>28,814</b>		<b>22</b>		<b>6,796</b>		<b>1,255</b>										
20	Unreconciled Days (Explain Variance)																						
21	Routine Charges				<b>\$ 51,589,477</b>		<b>\$ 82,069,761</b>		<b>\$ 64,518</b>		<b>\$ 22,086,271</b>		<b>\$ 2,942,747</b>		<b>\$ 155,810,027</b>								
21.01	Calculated Routine Charge Per Diem				\$ 2,710.10		\$ 2,848.26		\$ 2,932.64		\$ 3,249.89		\$ 2,344.82		\$ 2,850.11								
<b>Ancillary Cost Centers (from W/S C) (from Section G):</b>																							
22	09200 Observation (Non-Distinct)		0.711171	Ancillary Charges	518,164	Ancillary Charges	1,618,945	Ancillary Charges	1,104,797	Ancillary Charges	7,271,432	Ancillary Charges	226,214	Ancillary Charges	1,069,278	Ancillary Charges	78,883	\$ 1,849,175	\$ 9,959,655	50.68%			
23	5000 OPERATING ROOM		0.245217		13,740,711		8,254,035		18,414,227		21,689,278		66,175		4,260		4,381,802	4,686,672	\$ 589,027	\$ 677,018	\$ 36,602,915	\$ 34,634,245	51.90%
24	5100 RECOVERY ROOM		0.491643		625,741		932,082		774,851		2,237,888		4260		4,260		235,167	445,173	\$ 41,507	\$ 70,483	\$ 1,635,759	\$ 3,615,143	60.01%
25	5300 ANESTHESIOLOGY		0.087302		6,094,901		5,068,912		8,030,606		11,251,887		23,577		7,560		1,976,955	2,389,505	\$ 277,669	\$ 285,100	\$ 16,126,039	\$ 18,717,864	57.88%
26	5400 RADIOLOGY-DIAGNOSTIC		0.148974		4,553,614		4,781,132		5,721,857		16,776,342		5,579		14,381		1,540,023	2,326,150	\$ 363,033	\$ 1,276,208	\$ 11,821,073	\$ 23,898,005	37.06%
27	5500 RADIOLOGY-THERAPEUTIC		0.700796		224,948		757,654		157,986		1,135,375						186,949	1,638,317	\$ 88,942	\$ 109,913	\$ 569,883	\$ 3,531,346	46.82%
28	5600 RADIOISOTOPE		0.423559		260,858		177,676		172,026		616,085						6,519	228,905	\$ 8,598	\$ 12,232	\$ 439,403	\$ 1,022,666	56.38%
29	5800 MRI		0.139220		1,875,342		4,826,496		2,698,158		10,421,086						833,188	3,228,296	\$ 225,877	\$ 406,840	\$ 5,406,688	\$ 18,475,878	66.71%
30	6000 LABORATORY		0.162758		20,490,036		13,604,430		25,737,396		25,153,795		53,913		10,778		7,813,500	5,146,067	\$ 1,291,647	\$ 2,243,291	\$ 54,094,845	\$ 43,915,070	59.29%
31	6500 RESPIRATORY THERAPY		0.237468		27,257,933		469,761		27,468,863		1,032,894		41,121				8,990,674	268,795	\$ 852,773	\$ 77,418	\$ 63,758,591	\$ 1,771,450	76.26%
32	6600 PHYSICAL THERAPY		0.516388		1,637,230		3,069,306		1,899,144		6,776,320		2,680		3,764		535,248	3,034,546	\$ 56,339	\$ 364,695	\$ 4,074,302	\$ 12,883,936	28.67%
33	6800 SPEECH PATHOLOGY		0.528832		472,298		844,248		787,032		2,088,544						158,395	1,235,196	\$ 6,844	\$ 144,048	\$ 1,417,725	\$ 4,167,988	23.29%
34	7000 ELECTROENCEPHALOGRAPHY		0.133009		6,981,181		3,575,839		6,898,147		7,590,706		7,021		5,774		2,450,741	1,730,858	\$ 278,768	\$ 270,684	\$ 16,337,090	\$ 12,903,177	54.89%
35	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.194834		8,697,177		4,367,630		11,338,298		9,872,186		73,892		4,117		2,656,592	1,999,660	\$ 438,505	\$ 618,216	\$ 22,765,959	\$ 16,243,593	44.43%
36	7200 IMPL. DEV. CHARGED TO PATIENTS		0.501631		6,072,832		1,754,359		7,917,003		3,965,390						1,621,722	1,000,640	\$ 256,683	\$ 43,121	\$ 15,611,557	\$ 6,720,389	64.67%
37	7300 DRUGS CHARGED TO PATIENTS		0.226901		29,985,204		8,160,454		28,891,799		7,392,364		40,519		17,232		13,916,648	6,644,565	\$ 1,888,334	\$ 1,016,040	\$ 72,834,170	\$ 22,214,615	48.33%
38	9000 CLINIC		1.620284		422		1,148,724		23,540		1,340,099						65,052	564,721	\$ 9,221	\$ 105,001	\$ 89,014	\$ 3,054,837	48.33%
39	9100 EMERGENCY		0.248077		5,643,506		7,282,455		8,085,537		38,307,957		12,896		10,039		1,541,798	2,301,774	\$ 726,308	\$ 5,425,082	\$ 15,283,737	\$ 47,902,225	58.15%



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

Cost Report Year (01/01/2018-12/31/2018) CHILDREN'S HEALTHCARE-SCOTTISH RITE

				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		%
88																
89																
90																
91																
92																
93																
94																
95																
96																
97																
98																
99																
100																
101																
102																
103																
104																
105																
106																
107																
108																
109																
110																
111																
112																
113																
114																
115																
116																
117																
118																
119																
120																
121																
122																
123																
124																
125																
126																
127																
128																
129																
130																
131																
132																
133																
134																
135																
136																
137																
138																
139																
140																
141																
142																
143																
144																
145																
146																
0																
1																
0																
1																
147																
148																

**Totals / Payments**

128	<b>Total Charges (includes organ acquisition from Section J)</b>	\$ 186,721,575	\$ 70,694,138	\$ 238,191,028	\$ 174,919,628	\$ 391,891	\$ 79,198	\$ 71,223,458	\$ 39,939,118	\$ 10,421,705	\$ 13,612,187	\$ 496,527,952	\$ 285,632,082	68.42%
129	Total Charges per PS&R or Exhibit Detail	\$ 186,721,575	\$ 70,694,138	\$ 238,191,028	\$ 174,919,628	\$ 391,891	\$ 79,198	\$ 71,223,458	\$ 39,939,118	\$ 10,421,705	\$ 13,612,187			
130	Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-	-	-	-	-	
131	<b>Total Calculated Cost (includes organ acquisition from Section J)</b>	\$ 59,787,215	\$ 18,149,888	\$ 81,393,163	\$ 44,796,233	\$ 94,853	\$ 17,610	\$ 21,576,515	\$ 11,615,292	\$ 3,480,143	\$ 3,459,094	\$ 162,851,746	\$ 74,579,023	58.32%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 54,192,408	\$ 16,006,671	\$ 74,979,934	\$ 54,603,090							\$ 129,172,342	\$ 70,609,761	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)											\$ -	\$ -	
134	Private Insurance (including primary and third party liability)							\$ 45,651,453	\$ 23,407,996			\$ 45,651,453	\$ 23,407,996	
135	Self-Pay (including Co-Pay and Spend-Down)	\$ 3,439,721	\$ 1,219,095	\$ 2,579,920	\$ 3,186,118							\$ 6,019,641	\$ 4,405,213	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 57,632,129	\$ 17,225,766	\$ 77,559,854	\$ 57,789,208									
137	Medicaid Cost Settlement Payments (See Note B)		\$ (820,458)										\$ (820,458)	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)													
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)													
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)													
141	Medicare Cross-Over Bad Debt Payments													
142	Other Medicare Cross-Over Payments (See Note D)					\$ 60,993	\$ 12,250					\$ 60,993	\$ 12,250	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									\$ 1,086,403	\$ 2,242,148			
144	Section 1011 Payment Related to Inpatient Hospital Services NOT included in Exhibits B & B-1 (from Section E)									\$ -	\$ -			
145	<b>Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)</b>	\$ 2,155,086	\$ 1,744,580	\$ 3,833,309	\$ (12,992,975)	\$ 33,860	\$ 5,360	\$ (24,074,938)	\$ (11,792,704)	\$ 2,393,740	\$ 1,216,946	\$ (18,052,683)	\$ (23,035,739)	
146	<b>Calculated Payments as a Percentage of Cost</b>	96%	90%	95%	129%	64%	70%	212%	202%	31%	65%	111%	131%	
0	<b>Add Back Private Insurance Payments from line 134 above</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,651,453	\$ 23,407,996			\$ 45,651,453	\$ 23,407,996	
1	<b>Add Back Medicare Payments from lines 139, 140, 141, and 142 above</b>	\$ -	\$ -	\$ -	\$ -	\$ 60,993	\$ 12,250	\$ -	\$ -			\$ 60,993	\$ 12,250	
0	<b>Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Adding Back Medicare and Private Insurance Payments</b>	\$ 2,155,086	\$ 1,744,580	\$ 3,833,309	\$ (12,992,975)	\$ 94,853	\$ 17,610	\$ 21,576,515	\$ 11,615,292	\$ 2,393,740	\$ 1,216,946	\$ 27,659,763	\$ 384,507	
1	<b>Calculated Payments (excluding Medicare and Private Insurance payments) as a Percentage of Cost</b>	96%	90%	95%	129%	0%	0%	0%	0%	31%	65%	83%	99%	
147	<b>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 &amp; 6)</b>					28								
148	<b>Percent of cross-over days to total Medicare days from the cost report</b>					79%								

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: Outpatient uninsured payment rate is outside normal ranges, please verify this is correct.**