State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part II 9/30/2019

L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (07/01/2018-06/30/2019) CRISP REGIONAL HOSPITAL

Worksheet A Provider Tax Assessment Reconciliation:

		W/S A Cost Center Dollar Amount Line	
1 Hospi	ital Gross Provider Tax Assessment (from general ledger)*	\$ 721,477	
1a Work	ing Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	(WTB Account #)	
2 Hospi	ital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)	(Where is the cost included on w/s A?)	
3 Differ	rence (Explain Here>)	\$ 721,477	
Provi	ider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)		
4	Reclassification Code	(Reclassified to / (from))	
5	Reclassification Code	(Reclassified to / (from))	
6	Reclassification Code	(Reclassified to / (from))	
7	Reclassification Code	(Reclassified to / (from))	
	UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
8	Reason for adjustment	(Adjusted to / (from))	
9	Reason for adjustment	(Adjusted to / (from))	
10	Reason for adjustment	(Adjusted to / (from))	
11	Reason for adjustment	(Adjusted to / (from))	
	UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost rep	port)	
12	Reason for adjustment		
13	Reason for adjustment		
14	Reason for adjustment		
15	Reason for adjustment		
16 Total	Net Provider Tax Assessment Expense Included in the Cost Report	\$ -	
DSH UCC Provi	ider Tax Assessment Adjustment:		
17 Gross	s Allowable Assessment Not Included in the Cost Report	\$ 721,477	
Арро	ortionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured:		
18	Medicaid Hospital Charges Sec. G	60,774,214	
19	Uninsured Hospital Charges Sec. G	20,555,674	
20	Total Hospital Charges Sec. G	206,884,540	
21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC	29.38%	
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	9.94%	
23	Medicaid Provider Tax Assessment Adjustment to DSH UCC	\$ 211,940	
24	Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ 71,685	
25 Provid	der Tax Assessment Adjustment to DSH UCC	\$ 283,625	



^{*} Assessment must exclude any non-hospital assessment such as Nursing Facility.

^{**} The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and uninsured based on charges sec. g unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.