



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

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GOVERNOR

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DIRECTOR

FY 2015 Step 1: Initial Medicaid DSH Calculation Feedback Form

Your hospital has the opportunity to either decline DSH funds or reduce the DSH limit calculated as part of the FY 2015 Initial DSH Calculation (Step 1). **If your hospital declines DSH payments during this step, the decision is irrevocable and your hospital is not eligible for any FY 2015 DSH funds at any time in the future.**

In order for your feedback to apply to the Initial DSH Calculation, you must return a completed copy of this form to the State through the Michigan Department of Health and Human Services (MDHHS) File Transfer System (FTS) by the close of business on August 14, 2015. If the State does not receive feedback from your hospital by that time, the Step 1 DSH limit calculated by the State for your hospital will be used for your hospital's Initial DSH Calculation. **You should only complete this form if you intend to decline DSH funds or reduce your hospital's DSH limit.**

DSH Feedback

Hospital Medicare Number: _____

Hospital Name: _____

Section 1: Decline DSH Funds.

- ☐ Hospital chooses to decline FY 2015 Medicaid DSH. This decision is irrevocable and the hospital is not eligible for any FY 2015 DSH funds at any time in the future. (Note: If this box is checked, there is no need to complete Section 2 of this form.)

Section 2: Reduce DSH Limit.

Initial DSH Calculation (Step 1) Hospital DSH Limit (a): \$ _____

DSH Limit Reduction Amount (b): \$ _____

Reduced Hospital DSH Limit (c) = (a) – (b): \$ _____

Section 3: Authorized Signature.

Authorized Hospital Staff: _____

Authorized Hospital Staff Signature: _____

Date: _____