Hospital Adequacy Report

Contractor _____

Report Period:_____through_____

1. Complete the following table for the above report period:

	Provided at Contracted Hospitals	Provided at Non-Contracted Hospitals	Total
Inpatient Hospital Services- Provide the number of admissions for the reporting period			
Outpatient Hospital Services- Provide the total paid for the reporting period			

Comments:

_____

_____

2. Complete the following table to provide detail by DRG for all admissions at Non-contracted hospitals for the report period above:

DRG Description	DRG Number	Quantity	Total Paid

I, the undersigned, hereby attest that I have authority to certify the data and information and I, the undersigned, hereby certify based on best knowledge, information and belief that the data and information submitted to OHA in this Hospital Adequacy Report is accurate, complete, and truthful.

_____ _____

Print Name Print Title

_____ _____

Signature Date