General Cost Report Year Information	7/1/2017	- 6/30/2018			DSH Version	7.30	3/26/2019
e following information is provided based on the information we received froi i disagree with one of these items, please provide the correct information also	m the state. Please review this informatio	n for items 4 through 8 and s	elect "Yes" or "No" to either ag	ree or disagree with the accur	acy of the information. If		
	MEDICAL COLLEGE OF GA	UOOD A OLUMOO					
Select Your Facility from the Drop-Down Menu Provided:	7/1/2017	HOSP & CLINICS					
	7/1/2017 through 6/30/2018						
Select Cost Report Year Covered by this Survey (enter "X"):	X						
 Status of Cost Report Used for this Survey (Should be audited if available): Date CMS processed the HCRIS file into the HCRIS database: 	1 - As Submitted 1/31/2019	1					
a. Date CMS processed the HCRIS file Into the HCRIS database:	1/31/2019						
4. Hospital Name:	MEDICAL COLLEGE OF GAI		Correct?	If	Incorrect, Proper Information	1	
5. Medicaid Provider Number:	000000723A	TOOF & CLINICS					
Medicaid Subprovider Number 1 (Psychiatric or Rehab): Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0						
Medicare Provider Number:	110034						
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): DSH Pool Classification (Small Rural, Non-Small Rural, Urban):	State Govt. Urban						
Out-of-State Medicaid Provider Number. List all states where you	had a Medicaid provider agreement du	ring the cost report year.					
	State I		Provider No.				
9. State Name & Number 0. State Name & Number	South Carolina South Carolina		315846 358127				
1. State Name & Number 2. State Name & Number 3. State Name & Number							
13. State Name & Number 15. State Name & Number							
(List additional states on a separate attachment)							
Disclosure of Medicaid / Uninsured Payments Received: (0	7/01/2017 - 06/30/2018)						
Section 1011 Payment Related to Hospital Services Included in Exhibits	s B & B-1 (See Note 1)						
 Section 1011 Payment Related to Inpatient Hospital Services NOT Inclusion. Section 1011 Payment Related to Outpatient Hospital Services NOT Inclusion. Total Section 1011 Payments Related to Hospital Services (See Note Note). 	cluded in Exhibits B & B-1 (See Note 1)						
 Total Section 1011 Payments Related to Hospital Services (See No 5. Section 1011 Payment Related to Non-Hospital Services Included in Ex 6. Section 1011 Payment Related to Non-Hospital Services NOT Included 	hibits B & B-1 (See Note 1)			-			
7. Total Section 1011 Payments Related to Non-Hospital Services (S				\$-			
8. Out-of-State DSH Payments (See Note 2)				\$ 5,882,301			
Total Cash Basis Patient Payments from Uninsured (On Exhibit B)				Inpatient \$ 297,558	Outpatient \$ 574,669	Total \$872,227	
 Total Cash Basis Patient Payments from All Other Patients (On Exhibit Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Colu 		ortion of payments)		\$ 1,512,270 \$1,809,828	\$ 2,384 \$577,053	\$1,514,654 \$2,386,881	
2. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash	h Basis Patient Payments:			16.44%	99.59%	36.54%	
Did your hospital receive any Medicaid <u>managed care</u> payments no	ot paid at the claim level?						
Should include all non-claim-specific payments such as lump sum payments for t			on payments received by the <u>hosp</u>	ital (not by the MCO), or other ince	ntive payments.		
 Total Medicaid managed care non-claims payments (see question 13 a Total Medicaid managed care non-claims payments (see question 13 a 	above) received applicable to non-hospital						
 Total Medicaid managed care non-claims payments (see question 13 a 				\$-			
a 1: Subtitle B - Miscellaneous Provision, Section 1011 of the Medicare Pre order overed by the survey, they must be reported here. If you can docu- nerwise report 100 percent of the funds you received in the section related to	ment that a portion of the payment receive						
MIUR / LIUR Qualifying Data from the Cost Report (07/01/2 F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (CIR, WIS S:	tio (MIUR)	.03, 30, 31 less lines 5 & 6)		120,457	(See Note in Section F-3, be	elow)	
F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S- F-2. Cash Subsidies for Patient Services Received from State or L	tio (MIUR) 3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18		Jtilization Ratio (LIUR) Calculat	ion):	(See Note in Section F-3, be	elow)	
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS S- F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies O Outpatient Hospital Subsidies	tio (MIUR) 3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18		Utilization Ratio (LIUR) Calculat		(See Note in Section F-3, but	slow)	
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS S- F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified UP and O/P Hospital Subsidies 5. Non-Hospital Subsidies	tio (MIUR) 3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18		Utilization Ratio (LIUR) Calculat	2,281,393	(See Note in Section F-3, bu	slow)	
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS S- F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified UP and O/P Hospital Subsidies 5. Non-Hospital Subsidies 6. Total Hospital Subsidies	tio (MIUR) 3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18		Utilization Ratio (LIUR) Calculat	2,281,393 \$ 2,281,393	(See Note in Section F-3, bu	olow)	
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS S- F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Ortopatient Hospital Subsidies 4. Unspecified IVP and OIP Hospital Subsidies 5. Total Hospital Subsidies 6. Total Hospital Subsidies 7. Inpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges	tio (MIUR) 3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18		Utilization Ratio (LIUR) Calculat	2,281,393	(See Note in Section F-3, bu	olow)	
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (GR, WIS S- F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified IV and OP Hospital Subsidies 5. Total Hospital Subsidies 7. Inpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Nort-Hospital Charity Care Charges	tio (MIUR) 3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18		Willization Ratio (LIUR) Calculat	\$ 2,281,393 \$ 2,281,393 \$ 73,214,757	(See Note in Section F-3, bu	plow)	
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS S- F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified IP and OIP Hospital Subsidies 5. Total Hospital Subsidies 6. Total Hospital Subsidies 6. Total Hospital Charly Care Charges 8. Outpatient Hospital Charly Care Charges 9. Non-Hospital Charly Care Charges 9. Non-Hospital Charly Care Charges 19. All Charles Charges 19. Calculation of Net Hospital Revenue from Patient Services (U	tio (MIUR) 3. Pt. I. Cot. 8. Sum of Lns. 14, 16, 17, 18.00-18 cocal Governments and Charity Care Ch	narges (Used in Low-Income \(\)	Juliization Ratio (LIUR) Calculat	\$ 2,281,393 \$ 2,281,393 \$ 73,214,757 65,808,123	(See Note in Section F-3, bu	siow)	
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS S- F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified IVP and OIP Hospital Subsidies 5. Total Hospital Subsidies 6. Total Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Wort-Hospital Charity Care Charges 9. Wort-Hospital Charity Care Charges 1. Viort-Hospital Charity Care Charges F-3. Calculation of Net Hospital Revenue from Patient Services. (IL EE. All data in this section must be verified by the hospital. If data is ent in this section, twas completed using MS HCRIS Cost report did.	tio (MIUR) 3. Pt. I. Col. 8. Sum of Lns. 14, 16, 17, 18.00-18 cocal Governments and Charity Care Ch discount of the Charity Care Ch Jeed for LIUR) (W/S G-2 and G-3 of Cost R already	narges (Used in Low-Income t		\$ 2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880			
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (OR, WIS S- F-2. Cash Subsidies for Patient Services Received from State or L Papalent Hospital Subsidies O. Unspecification Subsidies O. Unspecified IPP and OIP Hospital Subsidies Non-Hospital Subsidies Total Hospital Subsidies O. Unspecified IPP and OIP Hospital Charges O. Undatient Hospital Charity Care Charges O. Undatient Hospital Charity Care Charges O. Total Charity Care Charges O. Total Charity Care Charges F-3. Calculation of Net Hospital Revenue from Patient Services (U E: All data in this section must be verified by the hospital. If data is one in this section, it was completed using CMS HRISS cost report did tall has a more recent version of the cost report, the data should be hospital's version of the cost report, formulas can be overwritten	tio (MIUR) 3. Pt. I. Col. 8. Sum of Lns. 14, 16, 17, 18.00-18 ocal Governments and Charity Care Ch discount of the Charity Care Ch Jacob for LIUR) (W/S G-2 and G-3 of Cost R already ata. If the	narges (Used in Low-Income \(\)		\$ 2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880	(See Note in Section F-3, bi		
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (OR, WIS S- 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (OR, WIS S- 1. Expatient Hospital Subsidies 2. Inpatient Hospital Subsidies 3. Unspacefold IP and OIP Hospital Subsidies 4. Unspecified IP and OIP Hospital Subsidies 5. Total Hospital Subsidies 6. Total Hospital Charity Care Charges 7. Inpatient Hospital Charity Care Charges 7. Unpatient Hospital Charity Care Charges 7. Unpatient Hospital Charity Care Charges 7. Uncal Charty Care Charges 7. Total Charity Care Charges 7. Salculation of Net Hospital Revenue from Patient Services (UE: All data in this section must be verified by the hospital. If data is 6. Total Patient Control of the Cost Report, the data in this section must be verified by the hospital. If data is 6. Total Charity Care Charges 7. Calculation of Net Hospital Revenue from Patient Services (UE: All data in this section was long CMS HRISS Cost report duties a more recent version of the cost report, the data should be hospital's version of the cost report. Formulas can be overwritten	tio (MIUR) 3. Pt. I. Col. 8. Sum of Lns. 14, 16, 17, 18.00-18 ocal Governments and Charity Care Ch discount of the Charity Care Ch Jacob for LIUR) (W/S G-2 and G-3 of Cost R already ata. If the	narges (Used in Low-Income t		\$ 2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880			Net Hospital R
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (OR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L Inpatient Hospital Subsidies 1. Unspecified IV and OIP Hospital Subsidies 1. Unspecified IV and OIP Hospital Subsidies 1. Total Hospital Subsidies 1. Outside Hospital Charity Care Charges 1. Total	tio (MIUR) 3, Pt. I. Col. 8, Sum of Lns. 14, 16, 17, 18.00-18 cocal Governments and Charity Care Ch Jeed for LLUR) (W/S G-2 and G-3 of Cost R already as a Lift the updated as 1 Impatient Hospital	narges (Used in Low-Income to the Company of the Co	15)	2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,898,123 \$ 139,022,880	ormulas below can be overwrit	ten if amounts are known)	\$ 46,
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (OR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified IVP and OIP Hospital Subsidies 5. Nort-Hospital Subsidies 6. Total Hospital Subsidies 6. Total Hospital Subsidies 7. Total Hospital Subsidies 7. Total Charity Care Charges 8. Outpatient Hespital Charity Care Charges 9. Work-Hospital Charity Care Charges 9. Work-Hospital Charity Care Charges 9. Total Charity Care Charges 1. Hospital Season of the cost report, the data should be to pospital yearing of the cost report. Formulas can be overwritten feel with actual data. 1. Hospital 2. Subprovider I (Peych or Rehab) 3. Subprovider I (Peych or Rehab)	tio (MIUR) 3, Pt. I, Cot. 8, Sum of Lns. 14, 16, 17, 18.00-18 Local Governments and Charity Care Ch Josed for LIUR) (W/S G-2 and G-3 of Cost R already ats. If the updated as	narges (Used in Low-Income to the Company of the Co	Non-Hospital	2.281,393 \$ 2.281,393 \$ 2.281,393 73.214,757 65.805,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital	ormulas below can be overwrit	ten if amounts are known)	
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (OR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified IP and OIP Hospital Subsidies 5. Non-Hospital Subsidies 6. Total Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Won-Hospital Charity Care Charges 1. Oral Charity Gare Charges 1. Oral Charity Care Charges F-3. Calculation of Net Hospital Revenue from Patient Services (U FE: All data in this section must be verified by the hospital. If data is ent in this section, it was completed using CMS HCRIS cost report di pital has a more recent version of the cost report, the data should be 1. Hospital 1. Hospital 2. Sideprovider I (Psych or Rehab) 1. Subprovider I (Psych or Rehab) 1. Swing Bed - NF	tio (MIUR) 3, Pt. I, Cot. 8, Sum of Lns. 14, 16, 17, 18.00-18 ocal Governments and Charity Care Ch Jacob for LIUR) (W/S G-2 and G-3 of Cost R already ata. If the updated as Inpatient Hospital \$174,967,782.00 \$0.00	narges (Used in Low-Income to the Company of the Co	15)	2.281,393 \$ 2.281,393 \$ 2.281,393 73.214,757 65.805,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital	ormulas below can be overwrit	ten if amounts are known)	\$ 46,
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (CIR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L. 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unepecified IV and CIP Hospital Subsidies 6. Unepecified IV and CIP Hospital Subsidies 7. Inpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 9. Total Charity Care Charges 1. Total Hospital Charity Care Charges F-3. Calculation of Net Hospital Revenue from Patient Services (IC and Charity Care Charges) 1. Hospital Section must be verified by the hospital. If data is sent in this section, it was completed using CMB HCRIS cost report diplat has a more rend version of the cost report. Hospital should be he hospital's version of the cost report. Formulas can be overwritten ded with a Cut and Care Charges 9. Subproder I (Psych or Rehab) 9. Subproder I (Psych or Rehab) 9. Swing Bed - NF 19. Swing Bed - NF 10. Swing Bed - NF 10. Swing Facility 10. Nursing Facility 10. Wind Facility 11. Hospital 12. Subproder I (Psych or Rehab) 13. Subproder I (Psych or Rehab) 14. Hospital 15. Swing Bed - NF 16. Other Long-Term Care	tio (MIUR) 3, Pt. I, Cot. 8, Sum of Lns. 14, 16, 17, 18.00-18 cocal Governments and Charity Care Ch Jised for LIUR) (WIS G-2 and G-3 of Cost R already ats. If the updated as Inpatient Hospital \$174,967,782.00 \$0.00 \$0.00	seport) tal Patient Revenues (Charge Outpatient Hospital	Non-Hospital S0.00 S0.00	2 281,393 2 281,393 \$ 2 281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 128,500,195 \$ - \$	ormulas below can be overwrit	ten if amounts are known)	\$ 46, \$ \$
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (CIR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified IP and Other 5. Wort-Hospital Distances 6. Total Mospital Subsidies 6. Total Mospital Subsidies 7. Hospital Subsidies 7. Non-Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Outpatient Hospital Charity Care Charges 10. Total Charity Care Charges 10. Total Charity Care Charges 11. Act Calculation of Net Hospital Revenue from Patient Services (L 12. All data in this section must be verified by the hospital. If data is sent in this section, it was completed using CMS HCRRS cost report of the hospital's version of the cost report. Formulas can be overwritten ded with actual data. 11. Hospital 12. Subprovider I (Psych or Rehab) 13. Subprovider I (Psych or Rehab) 14. Owing Bed - SW (1998) 15. Owing Bed - In Facility 17. Nursing Facility 18. Older Long-Term Care 19. Ancillary Services 10. Outpatient Services	tio (MIUR) 3, Pt. I, Cot. 8, Sum of Lns. 14, 16, 17, 18.00-18 ocal Governments and Charity Care Ch Jacob for LIUR) (W/S G-2 and G-3 of Cost R already ata. If the updated as Inpatient Hospital \$174,967,782.00 \$0.00	narges (Used in Low-Income to the Company of the Co	Non-Hospital \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	2.281,393 \$ 2.281,393 \$ 2.281,393 73.214,757 65.805,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital	ormulas below can be overwrit	ten if amounts are known)	\$ 46, \$ \$
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified W and Of Hospital Subsidies 5. Worl-Hospital Subsidies 6. Total Hospital Subsidies 6. Total Hospital Subsidies 7. Total Charity Care Charges 8. Outpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 10. Total Charity Care Charges 10. Total Charity Care Charges 10. Total Charity Care Charges 11. Total Charity Care Charges 12. Calculation of Net Hospital Revenus from Patient Services (UR) 12. Total Charity Care Charges 13. Calculation of Net Hospital Revenus from Patient Services (UR) 14. Care Charges 15. Calculation of Net Hospital Revenus from Patient Services (UR) 16. Care Charges 17. Care Charges 18. J. Subproder (Peych or Rehab) 19. Subproder (Peych or Rehab) 19. Swing Bed - SNF 10. Sidied Nursing Facility 10. Variant Facility 10. Outpatient Services 10. Outpatient Services 10. Outpatient Services 11. Home Health Agency 2. Ambulance	tio (MIUR) 3, Pt. I, Cot. 8, Sum of Lns. 14, 16, 17, 18.00-18 cocal Governments and Charity Care Ch Jised for LIUR) (WIS G-2 and G-3 of Cost R already ats. If the updated as Inpatient Hospital \$174,967,782.00 \$0.00 \$0.00	sporti tal Pasent Revenues (Charge) Outpatient Hospital	Non-Hospital S0 00	2 281,393 2 281,393 \$ 2 281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 128,500,195 \$ - \$	Outpatient Hospital S - S - S - S - S - S - S - S - S - S	ten if amounts are known)	\$ 46, \$ \$ \$ \$ 272, \$ 334,
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (GIR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified IP and OiP Hospital Subsidies 5. Non-Hospital Subsidies 6. Total Hospital Subsidies 7. Total Charity Care Charges 8. Outpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Outpatient Hospital Charity Care Charges 9. Outpatient Hospital Charity Care Charges 10. Total Charity Care Charges 10. Total Charity Care Charges 11. Total Charity Care Charges 12. Calculation of Net Hospital Revenue from Patient Services (Utilization of Net Hospital Hospital In It alsa testing the Services of the Control of the cost report, the data should be that in this section, it was completed using CMS HCRIS cost report digital has a more recent version of the cost report, the data should be dead with actual data. 11. Hospital 12. Subprovider I (Ppsych or Rehab) 13. Subprovider I (Ppsych or Rehab) 14. Swing Bed - SNF 15. Swilde Ohard (Pasic) 16. Swilde Ohard (Pasic) 17. Varianty Facility 18. Swilde Ohard (Pasic) 19. Outpatient Services 19. Outpatient Services 20. Outpatient Services 20. Outpatient Rehab Providers 21. Home Health Agency 22. Outpatient Rehab Providers 23. Outpatient Rehab Providers	tio (MIUR) 3, Pt. I, Cot. 8, Sum of Lns. 14, 16, 17, 18.00-18 cocal Governments and Charity Care Ch Jised for LIUR) (WIS G-2 and G-3 of Cost R already ats. If the updated as Inpatient Hospital \$174,967,782.00 \$0.00 \$0.00	sporti tal Pasent Revenues (Charge) Outpatient Hospital	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	2 281,393 2 281,393 \$ 2 281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 128,500,195 \$ - \$	Outpatient Hospital S - S - S - S - S - S - S - S - S - S	ten if amounts are known)	\$ 46, \$ \$
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (CR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 4. Unspecified by and OIP Hospital Subsidies 5. Non-Hospital Subsidies 6. Total Hospital Subsidies 7. Inpatient Hospital Subsidies 8. Outpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 9. Total Charity Care Charges 9. Total Charity Care Charges F-3. Calculation of Net Hospital Revenue from Patient Services (it Care Charges) F-5. Calculation of Net Hospital Revenue from Patient Services (it Care Charges) F-6. Calculation of Net Hospital Revenue from Patient Services (it Care Charges) 1. Hospital 1. Hospital 2. Subprovider I (Poych or Rehab) 3. Subprovider I (Poych or Rehab) 3. Subprovider I (Poych or Rehab) 3. Subprovider I (Poych or Rehab) 4. Sour Services 5. Normal Services 6. Ancillary Services 6. Ancillary Services 6. Ancillary Services 6. Ancillary Services 7. Horner Health Agency 2. Ambulance 7. Hospice 7. Hospice	tio (MIUR) 3, Pt. I, Cot. 8, Sum of Lns. 14, 16, 17, 18.00-18 ocal Governments and Charity Care Ch Jised for LIUR) (W/S G-2 and G-3 of Cost R already ata. If the updated as Inpatient Hospital \$174,967,782.00 \$0.00 \$1.027,542,416.00	eport) State of Revenues (Charge Outpatient Hospital	Non-Hospital S0 00	2 281,393 2 281,393 \$ 2 281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 128,500,195 \$ - \$	Outpatient Hospital S - S - S - S - S - S - S - S - S - S	ten if amounts are known)	\$ 46, \$ \$ \$ \$ \$ 334,
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (CR. WIS S: F-2. Cash Subscilias for Patient Services Received from State or L Pradicart Hospital Subscilias 3. Outpatient Hospital Subscilias 4. Unappedied by and OIP Hospital Subscilias 5. Non-Hospital Subscilias 6. Non-Hospital Subscilias 7. Inpatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Orbital Charity Care Charges 9. Orbital Charity Care Charges 9. Orbital Charity Care Charges 9. Total Charity Care Charges 9. Total Charity Care Charges 1. Total Charly Care Charges 1. Total Charity Care Charges 1. Total Charly Care Charges 1. Total Charles 1. Total Charles 1. Total Charly Care Charges 1. Total Charles 1. Total Charles 1. Total Charly Care Charles 1. Total	tio (MIUR) 3, Pt. I, Cot. 8, Sum of Lns. 14, 16, 17, 18.00-18 ocal Governments and Charity Care Ch Jised for LIUR) (W/S G-2 and G-3 of Cost R already ata. If the updated as \$174,967,782.00 \$1,027,562,416.00	sport) Stall Patient Revenues (Charge Outpatient Hospital \$1,259,062,925,00 \$1,259,062,925,00	Non-Hospital	2 281,393 2 281,393 \$ 2 281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 128,500,195 \$ - \$	S - S - S - S - S - S - S - S - S - S -	ten if amounts are known)	\$ 46, \$ \$ \$ \$ \$ 272, \$ 334.
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (CIR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 2. Inpatient Hospital Subsidies 3. Non-Hospital Charley Care Charges 5. Non-Hospital Charly Care Charges 8. Outpatient Hospital Charly Care Charges 9. Orbal Charly Care Charges 9. Orbal Charly Care Charges 9. Non-Hospital Charly Care Charges 9. Total Hospital Charly Care Charges 9. Total Charly Care Charges 1. Total Hospital Charly Care Charges 9. Total Charly Care Charges 1. Total Hospital Revenue from Patient Services (It Care Charges) 1. Total Charly Care Charges 1. Hospital Services (It Care Charges) 1. Hospital Services (It Care Charges) 1. Hospital 1. Hospital 1. Hospital 1. Hospital 1. Hospital 1. Subprovider (Poych or Rehab) 2. Subprovider (Poych or Rehab) 3. Subprovider (Poych or Rehab) 4. So (Sibiled Nursing Facility 7. Horal Per Cost Report 9. Total Por Cost Report	Section Sect	sport) State of the state of t	Non-Hospital \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 125,500,196 \$	Comparison to exercise Comparison Control to San	In if amounts are known) Non-Hospital S S S S S S S S S S S S S S S S S S	\$ 46, \$ \$ \$ 272, \$ 334.
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS 5: F-2. Cash Subsidies for Patient Services Received from State or L 2. Inpatient Hospital Subsidies 2. Inpatient Hospital Subsidies 3. Non-Hospital Grant (Part of Part of	Social Governments and Charity Care Charity Chari	sporti State of the sport of the sporting of	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 125,500,196 \$	S - S - S - S - S - S - S - S - S - S -	Non-Hospital	\$ 46, \$ \$ \$ 272, \$ 334.
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (CR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L 2. Impatient Hospital Subsidies 3. Impatient Hospital Subsidies 4. Impacified by and CIP Hospital Subsidies 5. Non-Hospital Charley 6. Total Hospital Subsidies 6. Total Hospital Subsidies 7. Impatient Hospital Charley Care Charges 8. Outpatient Hospital Charley Care Charges 9. Non-Hospital Charley Care Charges 9. Non-Hospital Charley Care Charges 9. Non-Hospital Charley Care Charges 9. Total Charley Gare Charges 10. Total Charley Care Charges 11. Total Charley Care Charges 12. Al data in this section must be verified by the hospital. If data is sent in this section, it was completed using CMB HCRIS cost report dipla has a more necent version of the cost report, the data should be hospital's version of the cost report. Formulas can be overwritten ded with actual data. 11. Hospital 12. Subprovider I (Psych or Rehab) 13. Subprovider II (Psych or Rehab) 14. Swing Bed - Shi Sidled Nursing Facility 17. Nursing Facility 18. Swing Bed - Shi Sidled Nursing Facility 19. Total Annual Charley Care Charges 19. Outpatient Rehab Providers 19. ASC 10. Outpatient Rehab Providers 19. Total Hospital and Non Hospital 19. Total Port Cost Report 10. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on word 10. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on word	Social Governments and Charity Care Charity Chari	sporti State of the sport of the sporting of	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 125,500,196 \$	Comparison to exercise Comparison Control to San	Non-Hospital	\$ 46, \$ \$ \$ 272, \$ 334.
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS 5: F-2. Cash Subsidies for Patient Services Received from State or L 2. Impatient Hospital Subsidies 3. Unspecified IP and OIP Hospital Subsidies 5. Non-Hospital Daysidies 6. Total Hospital Subsidies 7. Impatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 10. Total Charity Care Charges 10. Total Charity Care Charges 10. Total Charity Care Charges 17. Calculation of Net Hospital Revenue from Patient Services, (it is sent in this section, it was completed using CMB HCRIS cost report diplats has amore recent version of the cost report, the data is sent in this section, it was completed using CMB HCRIS cost report diplats are used to the cost report, the data should be he hospital's version of the cost report, the data should be he hospital's version of the cost report, the data which will be a more recent version of the cost report, the data should be he hospital's version of the cost report, the data of the North Care Charges 9. Subsprowder II (Psych or Rehab) 1. Hospital 1. Hospital 1. Hospital 2. Subsprowder II (Psych or Rehab) 3. Subprovder II (Psych or Rehab) 4. SSC 5. Swing Bed - NP 6. Sellide Nurning Facility 7. Wurning Facility 7. Wurning Facility 7. Wurning Facility 7. Wurning Facility 7. Home Health Agency 2. Ambulance 1. Home Health II (Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on word 1. Increase worksheet G-3, Line 2 for Chartly Care Write-Offs NOT INCLU- 1. Increase worksheet G-3, Line 2 for Chartly Care Write-Offs NOT INCLU-	Source S	sporti Sporti Outpatient Hospital State of the sporting of	Non-Hospital S0.00	2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 125,500,196 \$	Comparison to exercise Comparison Control to San	Non-Hospital	\$ 46, \$ \$ \$ 272, \$ 334.
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (UR, WIS 5: F-2. Cash Subsidies for Patient Services Received from State or L. Jampineth Hospital Subsidies 3. Impatient Hospital Subsidies 3. Impatient Hospital Subsidies 5. Non-Hospital Disbusidies 6. Total Hospital Subsidies 7. Impatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 10. Total Charity Care Charges 10. Total Charity Care Charges 10. Total Charity Care Charges 11. Experiment of the Hospital Revenue from Patient Services, (it is sent in this section, it was completed using CMB HCRIS cost report diplates are consecutives in of the cost report, the data is sent in this section, it was completed using CMB HCRIS cost report diplates are cere extremed to the cost proport, the data should be hospital's version of the cost report. Formulas can be overwritten ded with actual data. 1. Hospital 2. Subprovider II (Psych or Rehab) 3. Subprovider II (Psych or Rehab) 3. Subprovider II (Psych or Rehab) 4. Wing Bed - NF 5. Swing Bed - NF 6. Sellidel Nurning Facility 7. Warsing Facility 7. Warsing Facility 9. Architany Exercises 10. Outpatient Rehab Providers 4. ASC 1. Home Health Agency 2. Ambulance 1. Ortal Per Cost Report 10. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on work 11. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLU- 12. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLU- 13. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLU- 14. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLU- 15. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLU- 16. Total Hospital and Non Hospital	Source S	sperti tal Patent Revenues (Charge Outpatient Hospital \$0.00 \$1,259,082,925.00 \$0.00 \$1,259,082,925.00 \$0.00 \$1,259,082,925.00 acceptable of the patent Revenues (G-3 Line 1) in net patient revenue) a decrease in net patient climpact is a decrease in net	Non-Hospital S0.00	2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 125,500,196 \$	Comparison to exercise Comparison Control to San	Non-Hospital	\$ 46, \$ \$ \$ \$ \$ 272, \$ 334.
F-1. Total Hospital Days Used in Medicald Inpatient Utilization Rat 1. Total Hospital Days Per Cost Report Excluding Swing-Beat (UR, WIS 5: F-2. Cash Subsidies for Patient Services Received from State or L 2. Impatient Hospital Subsidies 3. Unspecified IP and OIP Hospital Subsidies 5. Non-Hospital Dubsidies 6. Total Hospital Subsidies 7. Impatient Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 10. Total data in this section must be verified by the hospital. If data is sent in this section, it was completed using CMB HCRIS Cost report of the part of the cost report, the data should be he hospital's version of the cost report, Formulas can be overwritten ded with actual data. 11. Hospital 12. Subprovider II (Psych or Rehab) 13. Subprovider II (Psych or Rehab) 14. Swing Bed. SNF 15. Swing Bed. SNF 15. Swing Bed. SNF 16. Selvide Nurning Facility 17. Nursing Facility 18. Journal Facility 29. Ambulance 19. Outpatient Services 19. Uncase worksheet Rehab Providers 19. Total Hospital and Non Hospital 19. Total Per Cost Report 19. Total Per Cost Report 19. Total Per Cost Report 20. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on word 19. Increase worksheet G-3, Line 2 for reverse offset of Medical DSH Revenuer of the Cost Report 20. Increase worksheet G-3, Line 2 for reverse offset of Medical DSH Revenuer of the Cost Report 21. Increase worksheet G-3, Line 2 for reverse offset of Medical DSH Revenuer of the Cost Report 22. Increase worksheet G-3, Line 2 fo	Source S	Seperti tal Patient Revenues (Charge Outpatient Hospital \$1,259,082,925 00 \$1,259,082,925 Total from Above tilent Revenues (G-3 Line 1) n net patient revenue) a decrease in net patient (Impact is a decrease in net worksheet G-3, Line 2	Non-Hospital S0.00	2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 125,500,196 \$	Comparison to exercise Comparison Control to San	Non-Hospital	\$ 46, \$ \$ \$ \$ \$ 272, \$ 334.
1. Total Hospital Days Per Cost Report Excluding Swing-Bed (CIR, WIS S: F-2. Cash Subsidies for Patient Services Received from State or L. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Urspecified IP and OIP Hospital Subsidies 5. Non-Hospital Subsidies 6. Total Hospital Charity Care Charges 8. Outpatient Hospital Charity Care Charges 9. Outpatient Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 10. Total Charity Care Charges 10. Total Charity Care Charges 11. Total Charity Care Charges 12. Accludation of Net Hospital Revenue from Patient Services (Little Charity Care Charges 13. Calculation of Net Hospital Revenue from Patient Services (Little Charity Care Charges 14. Accludation of Net Hospital Revenue from Patient Services (Little Charity Care Charges 15. Accludation of Net Hospital Revenue from Patient Services (Little Charity Care Charges (Little Charity Care Write-Offs NOT INCLUDED on word (Little Charity Care Write-Offs NOT INCLUDED on word (Little Charity Care Write-Offs NOT INCLUDED Charges (Lit	Source S	Scotl State (Charge to Scotland Scotlan	Non-Hospital S0.00	2,281,393 \$ 2,281,393 \$ 2,281,393 73,214,757 65,808,123 \$ 139,022,880 Contractual Adjustments (Inpatient Hospital \$ 125,500,196 \$	Comparison to exercise Comparison Control to San	Non-Hospital	\$ 272.8 \$ 334.3 \$ \$

130

41,708,869 \$ 1,163,455 \$ et D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title

1,193,443,232 \$ 1,259,017,141 \$ 2,452,460,373

668,330,706 \$ \$0.00

\$0.00

	oort Year (07/01/2017-06/20/2018)	MEDICAL COLLEGE O	# GAHOSP & CLINICS												
				In-State Medic	cald FFS Primary	In-State Medicald M	anaged Care Primary	In-State Medicare F Medicaid	FS Cross-Overs (with Secondary)	In-State Other Medical	id Eligiblex (Not Included where)	Unin	sured	Total In-Str	te Medicald
Line	Cost Center Description	Medicald Per Diem Cost for Routine Cost Centers	Medicald Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inputient	Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PSSR Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summery (Note A)	From PS&R Summery (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospitel's Own Internal Analysis		
Routin	Cost Centers (from Section G):			Days 11.422		Days 8.105		Days 7,940		Days 1.471		Days 7.112		28,938 4,561 385	
03100	ADULTS & PEDIATRICS INTENSIAE CARE UNIT CORONARY CARE UNIT	\$ 1,367.67 \$ 899.42 \$ 1,896.66		2,600 215	-	260		1,599		102		1,332		4,561 385	
03300	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	\$ 5 1.145.53				27		294		34		333		655	
	OTHER SPECIAL CARE UNIT SUBPROVIDER I SUBPROVIDER II	\$:												- :	
04100	SUBPROVIDER II OTHER SUBPROVIDER	5 .													
34300	OTHER SUSPROVIDER NURSERY PEDIATRE INTENSIVE CARE UNIT TRAUMA INTENSIVE CARE UNIT	\$ 3,079,79		864		500		10		142		33		1,876	
340	TRAUMA INTENSIVE CARE UNIT	\$ 3,079,79 \$ 1,882,49 \$ 1,597,47		320 907		108 5,542		142		78 388		536 43		548 6,837	
		5 -			-									-	
		\$.			-									- :	
	•		Total Days	16.328	1	14.917		10.435		2.220		9,575		43,900	
otal D	ys per PS&R or Exhibit Detail Unreconciled Days (I	Evelain Marianna)		16,328	1	14,917		10,435		2,220		9,575			
				Routine Charges	•	Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
	Chatter Charge Collision Find Lot Charge For Date Control Charge For Date Control Charge For Date Control Charge Control Contr			Routine Charges \$ 23,571,371 \$ 1,443.62		Routine Charges \$ 32,857,169 \$ 2,203.34				Routine Charges \$ 3,896,378 \$ 1,755.13		Routine Charges \$ 12,165,090 \$ 1,270.51		Routine Charges 5 72,512,428 \$ 1,651.76	
ncilla 2200	Cost Centers (from W/S C) (from Section G): Observation (Non-Distinct)		1.618364	Ancillary Charges 279,959	Ancillary Charges 985, 121	Ancillary Charges 57,708	Acciliary Charges. 1013.170. 1013.17	Ancillary Charges 115,104	Ancillary Charges 858.312	Ancillary Charges 12,048	Ancillary Charges 114,636	Ancillary Charges 60.912	Ancillary Charges		
500	DELIVERY ROOM & LABOR ROOM		1,618364 0,490305 1,213338 0,130323	279,959 10,395,235 390,938	7,464,060	7,312,493 2,219,004	10,953,989	5,448,385 31,029	5,048,843 254	1,181,493 416,941	114.636 1,235,743 7,497	6,495,046 209,445	4,134,884	\$ 24,337,606 \$ 3,057,962	\$ 24,702,635
530	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC		0.130323 0.229193	300,936 2,932,143 3,339,473 127,919 107,718 3,032,179 1,275,039 638,169 21,119,721 1,900,032	985 171 7.464.000 9.000 1.000 3.274.000 3.335 100 905 002 3.779.037 2.224.102 905 000 7.75.042 3.192.415 107.465 3.51.00 90.000 3.51.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.0000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.000 90.00	2.219.054 2.073.794 3.150,276	3.325.491 5,639,775	31,000 1,901,402 9,901,402 9,901,402 2,901,824 16,813,000 7,95,951 1,952,778	1 200 201 4 001 002 2 894 002 4 805 402 4 805 402 4 805 402 1 907 605 3 207 3 207 3 207 4 207 4 207 4 207 4 207 4 207 5 207 6 207	1,181,403 416,941 387,690 722,408 21,876 333,641 187,453 161,491 2,040,402 108,693 1,192,371 82,315 43,619 46,607 133,240 46,607 134,240	7,49/ 380,535 880,542 131,254 121,976 532,607 429,389 901,130 1,316,360 907,883 22,791	2,504,780 7,232,627	4,134,884 63,685 1,211,361 5,924,831 2,518,692	Second S	\$ 2.974.99.5 \$ 24.70.25.5 \$ 4.50.25.5 \$ 7.00.21.5 \$ 7.00.21.5 \$ 7.00.21.5 \$ 7.00.21.5 \$ 7.00.20.5 \$ 7.00.5 \$ 7.00.20.5 \$ 7.00.20.5 \$ 7.00.20.5 \$ 7.00.20.5 \$ 7.00.20.5 \$ 7.00.20.5 \$ 7.00.20.5 \$ 7.00.20.5 \$ 7.00.20.5 \$ 7.00.20.5 \$ 7.00.
500	RADIOLOGY-THERAPEUTIC RADIOSOTOPE		0.229193 0.171416 0.100208	127,919	3,335,120	133,874 45,814 1,437,573	1,431,956 503,641	69,528 253,816	2,684,005 1,846,714	21,876	131,254 121,975	120,452 177,636 5,407,002 1,405,773	2,518,692	\$ 353,197 \$ 420,535	\$ 7,582,33
570	CT SCAN		0.00008. 0.027909 0.038714. 0.121168. 0.115430. 0.454902. 0.109037. 0.332217. 0.332217. 0.296130. 0.276907. 0.276907.	3,623,157	3,279,937	1,437,573	3,044,834	3,784,108	4,668,432	333,641	532,607 429,340	5,407,002	2,318,692 1,100,696 9,903,572 2,275,567,7 9,904,647 300,129 507,116 344,476 133,383 30,983 1,992,001 427,249 2,110,163	\$ 9,178,479	\$ 11,525,81
ź	CARDIAC CATHETERIZATION		0.121166	638.169	908.086	802,365 757,903 13,804,029	3,012,107 430,716	2 901 824	2717.791	161,443 161,491	101,130	1,455,773 3,205,784 15,094,938 638,286 5,145,425 590,114 331,587	725.677	\$ 4,459,387	\$ 4,159.73
200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.115430 0.484982	1,690,022	9,504,385 718,942	1,292,922	10,142,546	10,013,000 788,681	7,833,112 128,526	2,049,482 108,688	1,310,390	15,094,938	306,129	\$ 3,880,313	\$ 1,002.46
20	PHYSICAL THERAPY		0.169637 0.332217	1,690,022 18,655,936 877,514 495,976 366,802 280,440 2,119,989 13,353,078 9,654,226	3,195,415 107,465	9,417,585 491,875 270,897 471,529 967,276 572,757	1,026,473 106,477	7.392,778 755,274	572.621 150,905	1.192.371 82,315	107.883 22,791	5,148,425 590,114	507.116 344,478	\$ 35,688,633 \$ 2,206,978	\$ 4,902,39 \$ 389,67
2	OCCUPATIONAL THERAPY SPEECH PATHOLOGY		0.395130	495,976 366,800	35,195	270,897 471,579	38,451	458,055 282,690	84,079 30.767	43,619 46,047	22,791 11,500 18,854 358,759 274,588 350,258	331,587	133,363	\$ 1,258,556 \$ 1,157,088	\$ 170,23
ś	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	-	0.269398	280,440 2,110 080	243,544 868.7 M	967,276 572 747	2,028,955 3,171,040	1,805,789	3,775,994 1,027 468	134,249 423 130	358,759 274,488	180,545 1,976,686 749,167	1,952,091	\$ 3,187,753 \$ 3,856,858	\$ 6,407,25
15	MEDICAL SUPPLIES CHARGED TO PATIENT	-	0.097931	13.383.078	2,509,088	9.214.998 5,554,026 15,000,266	2,995,755	9,349,006	3235 900	1,502,907	350,258	9.622.502 9.695.303 14.353,088	2,150,163	\$ 33,449,989	\$ 9,092,00
Ě	DRUGS CHARGED TO PATIENTS		0.157340	9,684,226 31,735,298	17,578,930	15,030,266	10,350,218	16,347,689	22,485,720	1,296,940 2,871,035	589,632 2,045,860	14,353,088	2,211,886 8,257,510	\$ 65,984,288	\$ 52,460,72
	CLINIC CLINIC		0.192931 0.292786 0.157340 0.895922 0.553021 0.299381	306,009 499,716 2,665,423	6,385,532 6,605,205	55,269 343,975 1,780,754	10,275,813 11,144,267	597,257 160,682 3,000,398	87.208 7,407,730 5,092,164	17,732 51,520 391,980	4,955 753,740	102.014 125.614 4,539.984	2,973 5,213,996 18,874,595	\$ 1,055,893	\$ 24,822,81
	EMERGENCY KIDNEY ACQUISITION PANCREAS ACQUISITION		0.299381	2,665,423	6,605,205	1,780,754	11,144,267	3,000,398	5,092,164	391,980	1,110,880	4,539,984	18,874,595	2 7,838,555 S	\$ 23,952,51
	PANCREAS ACQUISITION													5 .	5
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	ements	-		\$ 127,039,912	\$ 75,603,478	\$ 77,279,012	\$ 84,252,110	\$ 86,077,804	\$ 84,052,939	\$ 13,660,244	\$ 10,910,379	\$ 90,218,710	\$ 79,187,464		
Pave		acquisition from Section J)		\$ 151,102,589	\$ 75.603.478	\$ 110,146,181	\$ 84,252,110	\$ 99,629,885	\$ 84,052,939	\$ 17,556,602	\$ 10,910,379	\$ 102.513.955	\$ 79,187,464	\$ 378,435,277	\$ 254,818,90
/ Payme				\$ 151,102,589	\$ 75,603,478	\$ 110,146,181 \$ 110,146,181	\$ 84,252,110	\$ 101,418,543	\$ 84,052,939	\$ 17,556,622	\$ 10,910,379	(Agrees to Exhibit A) \$ 102.513.965	(Agrees to Exhibit A) \$ 79,187,464		
		(Evelain Variance)		\$ 47,776,325			\$ 23,444,215					\$ 29,919,454			
	rges per PS&R or Exhibit Detail Unreconciled Charges	,,	don J)	5 47,776,325						\$ 6,392,308		5 29.919.454	5 18,671,088		
Chu	eges per PSSR or Exhibit Detail Unreconciled Charges Total Calculated Cost (includes or	gan acquisition from Sect			\$ 12,515,485	\$ 23,917,310	\$ 14,738,670	\$ 1,249,770	\$ 665,434	\$ 504,009	\$ 345,963			\$ 62,369,385	\$ 28,265,55
2	anges per PS&R or Exhibit Detail Unreconciled Charges Total Calculated Cost (includes or	gan acquisition from Sect		\$ 35,697,376			\$ 6,421	\$ 10,204,963	s .	\$ 5,594,087 \$ 88,723	\$ 2,602,331			\$ 15,082,692	\$ 3,231,205
	anges per PS&R or Exhibit Detail Unreconciled Charges Total Calculated Cost (includes or	gan acquisition from Sect		\$ 36,097,376 \$ 280,283	\$ 622,453	\$ 3,359		1 2 200	\$ 15,233	\$ 88,723	5 140.740				
	anges per PS&R or Exhibit Detail Unreconciled Charges Total Calculated Cost (includes or	gan acquisition from Sect			\$ 55,947	\$ 10,021	\$ 20,090	2,502						\$ 101,236	\$ 233,01
	anges per PS&R or Exhibit Detail Unreconciled Charges Total Calculated Cost (includes or	gan acquisition from Sect		\$ 36,697,376 \$ 260,283 \$ 36,977,659	\$ 622,453 \$ 56,947 \$ 13,194,885	\$ 3,359 \$ 10,021 \$ 23,930,690	\$ 20,090 \$ 14,765,181	130						\$ 101,236	\$ 233,010
	anges per PS&R or Exhibit Detail Unreconciled Charges Total Calculated Cost (includes or	gan acquisition from Sect			\$ 55,947	\$ 10,021	\$ 20,000 \$ 14,765,181							\$ 101,236 \$.	\$ 233,011
c	anges per PS&R or Exhibit Detail Unreconciled Charges Total Calculated Cost (includes or	gan acquisition from Sect			\$ 55,947	\$ 10,021	\$ 20,000 \$ 14,765,181	S 15,006,255	\$ 11,444,840					\$ 101,236 \$. \$ 15,006,215 \$.	\$ 233,01 \$ \$ \$ 11,444,840 \$
ch	anges per PS&R or Exhibit Detail Unreconciled Charges Total Calculated Cost (includes or	gan acquisition from Sect			\$ 55,947	\$ 10,021	\$ 20,000 \$ 14,765,181	\$ 15,006,255 \$ 006,271 \$ 1,322,452	\$ 11,444,840 \$ 923,458 \$ 1,290,00			(Arman IV Schild Burn P. V.)	Skorea to Dabbit Day 470 C	\$ 15.006.255 \$ 15.006.255 \$ 606.275	\$ 233.01 \$ \$ \$ 11.444.840 \$ \$ 223.438
Chus	anges per PS&R or Exhibit Detail Unreconciled Changes Total Calculated Cost (includes or	gan acquisition from Sect			\$ 55,947	\$ 10,021	\$ 20,000 \$ 14,785,181	\$ 15,005,255 \$ 606,271 \$ 1,322,653	\$ 11.444.840 \$ 923.458 \$ 1238.049			Agrees to Schild B and S-1). \$ 297,556	(Korean to Schöld B and B-1) \$ 574,600	\$ 15,006,255 \$ 15,006,255 \$ 066,271 \$ 1,322,663	\$ 233,010 \$ 11,444,840 \$ 223,430 \$ 1238,040
Medic Medic Irosa Wedic Irosa	ges per PSSR or Exhibit Detail Unreconciled Charges Total Calculated Cost (Includes or	gan acquisition from Sacti end-Down) Co-Pay and Spend-Down) (Payments) see Note C) rauranou/deductibles) souranosideductibles) (Cash Basis)	(See Note E)	\$ 36,977,650	\$ 55,947 \$ 13,194,885	\$ 10,021 \$ 23,930,690		\$ 15,006,235 \$ 906,271 \$ 1,322,663	\$ 923,458 \$ 1,238,049			(Agrees to Scribbl S and S-1): \$ 207,558	(Korean to Establic R and B-1) \$ 574,600	\$ 606.271 \$ 1,322.663	\$ 233,019 \$ \$ 11,444,849 \$ 223,439 \$ 1,238,049

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I. Out-of-State Medicaid Data:

	Cost Report Year (07/01/2	017-06/30/2018)	MEDICAL COLLEGE (OF GA HOSP & CLINICS										
					Out-of-State Med	licald FFS Primary	Out-of-State Medicald	Managed Care Primary	Out-of-State Medicare Medicaid	FFS Cross-Overs (with Secondary)	Out-of-State Other M	ledicaid Eligibles (Not Elsewhere)	Total Out-Of-St	tate Medicaid
	Line# Cost	t Center Description	Medicald Per Diem Cost for Routine Cost Centers	Medicald Cost to Charge Ratio for Ancillary Cost Centers	Inpatient		Inpatient	Contract	Inpatient	O-destinat	Inpatient	Outrotions	Inpatient	Outsettent
	Line # Cost	Center Description	From Section G	From Section G		Outpatient From PS&R Summary (Note A)		Outpatient From PS&R Summary (Note A)		Outpatient From PS&R Summary (Note A)	From PS&R Summary (Note A)	Outpatient From PS&R Summary	inpatient	Outpatient
	Routine Cost Center Ale	t below):			(Note A)	(Note A)	(Note A) Days	(Note A)	(Note A) Days	(Note A)	(Note A)	(Note A)	Days	
1 2	Routine Cost Centers (lis 03000 ADULTS & PEDI 03100 INTENSIVE CAR		\$ 1,367.67 \$ 899.42		1,797 435		2,351 281		2,066 367		649 29		6,863 1,112	
4	03200 CORONARY CAR 03300 BURN INTENSIV	RE UNIT E CARE UNIT	\$ 1,896.66 \$. \$ 1.145.53		- 11		21 52		49				81	
5 6 7	03400 SURGICAL INTE 03500 OTHER SPECIAL 04000 SUBPROVIDER	L CARE UNIT	S 1.145.53 S -				52		192		18		262	
8	04100 SUBPROVIDER	OVIDER	s .											
10	04300 NURSERY 3101 PEDIATRIC INTE 3401 TRAUMA INTEN	ENSIVE CARE UNIT	\$ - \$ 3,079.79 \$ 1,882.49				271 62		29		70		341	
12 13 14 15	3402 NEONATAL INTE	ENSIVE CARE UNIT	S 1,597.47		711		896		29		19 428		2,035	
15 16 17			s .											
18			s -	Total Days	2,954		3,934		2,703		1,213		10,804	
19 20	Total Days per PS&R or E	xhibit Detail Unreconciled Days (E:	eplain Variance)		2,954		3,934		2,703		1,213			
21	Routine Charges		1		Routine Charges \$ 5,610,167		Routine Charges \$ 7,638,247		Routine Charges \$ 3,028,114		Routine Charges \$ 2,602,276		Routine Charges \$ 18,878,804 \$ 1,747.39	
21.01	Routine Charges Calculated Routin				\$ 1,899.18		\$ 1,941.60		\$ 1,120.28		\$ 2,145.32			
22 23	Ancillary Cost Centers (fr 09200 Observation (Non 5000 OPERATING RO	-Distinct)		1.618364 0.490305	Ancillary Charges 13,632 892,235	Ancillary Charges 93,264 1,479,116	Ancillary Charges 14,112 1,918,106	Ancillary Charges 331,932 3,078,896	Ancillary Charges 31,632 1,528,671	Ancillary Charges 189,048 1,509,012	Ancillary Charges 7,152 565,264	Ancillary Charges 62,286 745,193	Ancillary Charges \$ 66,528 \$ 4,904,276 \$ 646,733	Ancillary Charges \$ 676,530 \$ 6,812,217
24 25	5200 DELIVERY ROOF 5300 ANESTHESIOLO	M & LABOR ROOM IGY		1.213338 0.130323	892,235 84,835 312,902	1,479,116 4,316 490,661	434,783 563,990	12,981 889 381	7,263 575,647	460 520	119,852 274,025	2,693		\$ 19,990 \$ 2,073,931
25 26 27 28	5400 RADIOLOGY-DIA 5500 RADIOLOGY-THI 5600 RADIOISOTOPE	IGNOSTIC ERAPEUTIC		0.229193 0.171416 0.100208	662,246 21,587 23,193	446,167 337,326 142,219	1,283,833 18,936 35,197	1,832,353 615,191 335,451	1,425,558 29,888 54,996	1,056,027 725,479 568,412	441,257 - 11,724	399,758 42,906 57,062	\$ 3,812,894 \$ 70,411 \$ 125,110	\$ 3,734,305 \$ 1,720,902 \$ 1,103,144
29 30 31	5700 CT SCAN			0.027929 0.058714 0.121166	455,341 102,054 123,969	382,972 247,465 141,830	789,778 287,251 470,264	1,561,495 872,780 358,500	1,099,988 242,472	1.325.419	144,873 70,476 80,422	270,387 278,598 101,814	\$ 2,489,980 \$ 702,253 \$ 1,561,925	\$ 3,540,273 \$ 2,078,565 \$ 1,166,315
32		ETERIZATION		0.121166 0.115430	123,969 2,940,867			3.099.569	4 763 691	679,722 564,173 2,250,313		101,814 729,733	\$ 1,561,925 \$ 13,213,326	\$ 1,166,315 \$ 6,279,115
33 34		& PACKED RED BLOOD CELL THERAPY		0.115430 0.484982 0.169637 0.332217	2,940,867 250,165 1,994,258 135,010	102,441 73,079 121,205	295,822 2,364,502 150,073	42,311 278,207 60,766	298,502 1,712,221 201,042	2,250,313 112,068 168,886 48,605	78,186 684,590 50,925	729,733 60,648 56,379 6,721	\$ 13,213,326 \$ 922,675 \$ 6,755,571 \$ 537,051	\$ 6,279,115 \$ 317,468 \$ 576,550
35 36 37	6700 OCCUPATIONAL 6800 SPEECH PATHO	. THERAPY DLOGY		0.396130 0.278977	76,725 80,709	48,717 76,032	76,448 101,983 346,856	25,279 31,685	120,235 61,234	26,196 9,382	31,344 26,942 116,839	6,852 6,434	\$ 304,753 \$ 270,867	\$ 237,299 \$ 107,055 \$ 123,533
38 39 40 41		PHALOGRAPHY LIES CHARGED TO PATIENT	-	0.269398 0.112591	198,560 169,413 1,639,807 908,553	256,104 93,403 265,103 403,526	346,856 164,614 2,705,825 1,770,919	778,777 539,102 1,390,594	501,834 156,654 2,796,074 2,287,639	877,003 274,483 1,220,497 2,216,410	116,839 69,377 810,531 198,124	238,115 139,353 238,843	\$ 1,164,090 \$ 560,058	\$ 2,149,999 \$ 1,046,341 \$ 3,115,037
41 42	7200 IMPL DEV. CHA 7300 DRUGS CHARGE	RGED TO PATIENTS		0.097931 0.212786 0.157340	908,553	403,526 1,722,214	1,770,919 4,498,236		2,796,074 2,287,639 5,186,874	2,216,410 7,723,035	198,124 1,584,359	241,869 1,424,186	\$ 7,952,237 \$ 5,165,235 \$ 14,837,908	\$ 3,733,384 \$ 16,695,369
42 43 44	9000 CLINIC	S		0.895922 0.553021	3,568,439 31,766 10,431	881,897	4,498,236 124,237 105,704	5.825.933 7.864 3,039,893	5.186.874 260.845 15,364	7,723,035 17,806 2,022,022	1,584,359 7,254 16,261	403,263	\$ 424,102 \$ 147,761	\$ 25,670 \$ 6,347,075
45 46 47	9100 EMERGENCY 10500 KIDNEY ACQUIS 10900 PANCREAS ACC	ITION NUMBER ON		0.299381	356,770	802,438	791,585	2,955,554	839,967	1,259,822	164,654	538,794	\$ 2,152,976 \$ -	\$ 5,556,607 \$ -
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120				- :									S -	S -
122 123													S -	S -
125 126													S -	S -
127					\$ 15,053,468	\$ 8,810,994	\$ 23,631,479	\$ 28,836,075	\$ 25,085,550	\$ 25,304,340	\$ 6,744,788	\$ 6,285,265	s -	\$ -
170	Totals / Payments	Fotal Chames (includes	caustion from C*	K)	g 90,000.00-1							g governor	g on one one of	\$ 60.792 em
128	Total Charges per PS&R o	Fotal Charges (includes organ a or Exhibit Detail Unreconciled Charges (n)	\$ 20,663,635 \$ 20,663,635			\$ 28,836,075 \$ 28,836,075	\$ 28,868,635 \$ 28,868,635	\$ 25,304,340 \$ 25,304,340	\$ 9,472,025 \$ 9,472,025		\$ 90,274,020	\$ 69,236,675
130		Unreconciled Charges (Il Calculated Cost (includes orga		tion K)	\$ 6,826,222	\$ 2,518,213			\$ 8,905,465			\$ 1,533,844	\$ 30,021,202	\$ 17,105,333
132	Total Medicaid Paid Amou	int (excludes TPL, Co-Pay and Sp	oend-Down)		\$ 3,497,551	\$ 1,308,034			\$ 224,808	\$ 130,465	\$ 456,901	\$ 179,964	\$ 4,179,260	\$ 1,618,463
133 134 135	Total Medicaid Managed C Private Insurance (including Self-Pay (including Co-Pay	Care Paid Amount (excludes TPL, g primary and third party liability) y and Spend Down)	Co-Pay and Spend-Dov	vn) (See Note E)	\$ 10,320 \$ 20,423	\$ 4,590	\$ 3,727,776 \$ 2,236,213 \$ 6,727	\$ 2,751,518 \$ 1,693,395 \$ 13,970	\$ 2,039,957 \$ 3,150	\$ 2015	\$ 2,230,998 \$ 64,817	\$ 1,489,885 \$ 95,098	\$ 3,727,776 \$ 6,517,488 \$ 95.117	\$ 2,751,518 \$ 3,187,870 \$ 111,883
135 136 137	Total Allowed Amount from Medicaid Cost Settlement	n Medicald PS&R or RA Detail (A Payments (See Note B)			\$ 3,528,294	S 1,312,624	\$ 5,970,716	\$ 4,458,883	3,150	2,015	04,017	90,098	\$ -	\$ -
138 139	Other Medicald Payments	Reported on Cost Report Year (\$ HMO) Paid Amount (excludes coi HMO) Paid Amount (excludes coi	See Note C) insurance/deductibles)						\$ 5,215,311	\$ 3,609,710			\$ - \$ 5,215,311	\$ - \$ 3,609,710
140 141 142	Medicare Managed Care (Medicare Cross-Over Bad Other Medicare Cross-Over		insurance/deductibles)						\$ 570.404	\$ 240.0*4	$\vdash \vdash \vdash$	=	\$ - \$ -	\$ - \$ - \$ 349,061
			O SUPPLEMENTAL DA	YMENTS AND DRHI	\$ 3,297,928	\$ 1.205.520	\$ 4 950 550	\$ 2,963,229	\$ 5/8,404 \$ 843,936	\$ 1,539,149	\$ 605.414	\$ (231.103)	\$ 578,404 \$ 9,707,846	
143 144	vylki	nt Shortfall / (Longfall) (PRIOR T Calculated Payments as a	Percentage of Cost		\$ 3,297,928 52%	\$ 1,205,589 52%	\$ 4,960,669 55%	\$ 2,963,223 60%	\$ 843,835 91%	\$ 1,539,119 73%	\$ 605,414 82%	\$ (231,103) 115%	68%	\$ 5,476,828 68%

Note A. These amounts must appear by pour register and outpointed Medical paid claims assuming. For Managed Case, Cross-Core data, and other eligibits, use the hospitable logar FRSAR summittees are not evaluable (plantif

J. Transplant Facilities Only: Organ Acquisition Cost In-State Medicaid and Uninsured

Cost Report Year (07/01/2017-05/30/2018) MEDICAL COLLEGE OF GA HOSP & CLINICS

		Total			Revenue for	Total	In-State Medica	ed FFS Primary	In State Medicald M	Ianaced Care Primary	In-State Medicare F	ES Consu-Ouers (with	In-State Other Medica	id Elimbles (Not Included	Heir	naured
		Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicald/ Cross-Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. IX, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add-On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicald/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Date or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis						
Organ Ar	coulsition Cost Centers (list below):															
1	Lung Acquisition	\$0.00	5 .	5 .		0										
2	Kidney Acquisition	\$8,591,230,00		\$ 9.163,075		96	\$ 491,306	2			\$ 1,374,571	14			\$ 130,166	
3	Liver Acquisition	\$0.00		5 .		0										
4	Heart Acquisition	\$0.00		5 .		0										
5	Pancreas Acquisition	\$105,983.00		\$ 114,104		2										
6	Intestnal Acquisition	\$0.00		5 .		0										
7	Islet Acquisition	\$0.00		5 .		0							$\overline{}$			
8		\$0.00		15 .		0										
9	Totals	\$ 8,695,213	\$ 578,966	\$ 9,277,179	s .	25	\$ 491,306	2	s .		\$ 1,374,571	14	s .		\$ 130,166	1
	Total Cost	1						190,897				1.335.282				95.449
10	These amounts must scree to your inpatient an															

No. C. Data in Section of secting section of sections of the section of the secti

K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medica

Contillation New (VIDEONIA RESIDENCE) MEDICAL COLLECTION OF A MORR & CLASSES

Cost Repo	ort Year (07/01/2017-06/30/2018)	MEDICAL COLLEG	E OF GAHOSP & CLIR	ics										
			Total Additional Add-In Total Adjusted		Revenue for Medicaid' Cross-Over	Total Useable	Out-of-State Me	Scald FFS Primary	Out-of-State Medicals	Managed Care Primary	Out-of-State Medicare	FFS Cross-Overs (with	Out-of-State Other M	ledicald Eligibles (Not
		Organ Acquisition Cost	Intern/Resident Cost	Organ Acquisition Cost	/ Uninsured Organs Sold	Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add-On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicard Cross-Over & uninsured), See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 52	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Date or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)				
Organ Ac	outsition Cost Centers (list below):											=	=	
11	Lung Acquisition Kidney Acquisition	\$ 8.591,230	\$ 571.845	\$ 9.163.075	5 -	96					\$ 754,971		\$ 124,951	
13	Liver Acquisition	\$	\$.	5	\$.	0					2 /2021			
14	Heart Acquisition	s .	\$.	s .	s .									
	Pancreas Acquisition	\$ 105,983	\$ 7.121	\$ 114,104	š .	2								
16	Intestinal Acquisition	5 .	5 .	5 .	5									
17	Islet Acquistion	5 .	5 .	5 .	5 -	- 0								
10	1	13 .		15 -										
19	Totala	\$ 8,695,213	\$ 578,966	\$ 9,277,179	s .	98	s .		s .		\$ 754,971	7	\$ 124,951	1
20	Total Cost											655,141		25,449

20 Total Cost

Note A - These amounts must agree to your inpatient and outpatient Medicald paid claims summary, if available (if not, use hospital's logs and submit with survey).

Note B: Enter Organ Acquisition Payments in Section I as part of your Out-of-State Medicald total payments.

70b

L. Provider Tax Assessment Reconciliation / Adjustment

MEDICAL COLLEGE OF GA HOSP & CLINICS

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.

Worksheet A Pi	ovider Tax Assessment Reconciliation:			
1a Wor 2 Hos	ital Gross Provider Tax Assessment (from general ledging Trial Balance Account Type and Account # that included in Expenitate Gross Provider Tax Assessment Included in Expenience (Explain Here>)	ludes Gross Provider Tax Assessment	Dollar Amount	W/S A Cost Center Line (WTB Account #) (Where is the cost included on w/s A?)
Prov	ider Tax Assessment Reclassifications (from w/s	A-6 of the Medicare cost report)		
4 5 6 7	Reclassification Code Reclassification Code Reclassification Code Reclassification Code Reclassification Code	the medicale cost reporty		(Reclassified to / (from)) (Reclassified to / (from)) (Reclassified to / (from)) (Reclassified to / (from))
8 9 10 11	UCC ALLOWABLE - Provider Tax Assessment Adj Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment	ustments (from w/s A-8 of the Medicare cost report)		(Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from))
DSH	UCC NON-ALLOWABLE Provider Tax Assessment	Adjustments (from w/s A-8 of the Medicare cost report)		
12 13 14 15	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment			
16 Tota	Net Provider Tax Assessment Expense Included in the	Cost Report	\$ -	
DSH UCC Provi	der Tax Assessment Adjustment:			
17 Gros	s Allowable Assessment Not Included in the Cost Repo	rt	\$ -	
18 19 20 21 22 23 24	ortionment of Provider Tax Assessment Adjustmen Medicald Hospital Uninsured Hospital Charges Sec. (Charges Sec	intent to include in DSH Medicaid UCC Imment to include in DSH Uninsured UCC to DSH UCC	792,764,878 181,701,430 2,452,460,373 32,33% 7,41% \$ - \$ -	

^{*} 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.