

**EXAMINER ADJUSTED SURVEY**

Workpaper #:
Examiner:
Date:

1302
FOY
4/28/2022

Reviewer:
BLB
7/6/2022

DSH Version

8.00

3/31/2020

**D. General Cost Report Year Information 7/1/2018 - 6/30/2019**

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided:

AU MEDICAL CENTER

2. Select Cost Report Year Covered by this Survey:

7/1/2018 through 6/30/2019
X

3. Status of Cost Report Used for this Survey (Should be audited if available):

1 - As Submitted

3a. Date CMS processed the HCRIS file into the HCRIS database:

5/13/2020

4. Hospital Name:

AU MEDICAL CENTER

5. Medicaid Provider Number:

00000723A

6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):

0

7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

0

8. Medicare Provider Number:

110034

Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):

State Govt.

DSH Pool Classification (Small Rural, Non-Small Rural, Urban):

Urban

Data	Correct?
AU MEDICAL CENTER	Yes
00000723A	Yes
0	-
0	-
110034	Yes
State Govt.	Yes
Urban	Yes

If Incorrect, Proper Information

**Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:**

9. State Name & Number
10. State Name & Number
12. State Name & Number
13. State Name & Number
14. State Name & Number
15. State Name & Number

(List additional states on a separate attachment)

State Name	Provider No.
South Carolina	315846
South Carolina	358127

**E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2018 - 06/30/2019)**

1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1)
2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
4. **Total Section 1011 Payments Related to Hospital Services (See Note 1)**
5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)
6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
7. **Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)**

\$	-
\$	-
\$	-
\$	\$-
\$	-
\$	-
\$	\$-

8. **Out-of-State DSH Payments (See Note 2)**

\$	6,950,953
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9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)

10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)

11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B)

12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

Inpatient	Outpatient	Total
\$ 158,452 5203	\$ 631,594 5203	\$790,046
\$ 1,575,629 5203	\$ 5,715,882 5203	\$7,291,511
\$1,734,081 9.14%	\$6,347,476 9.95%	\$8,081,557 9.78%

13. **Did your hospital receive any Medicaid managed care payments not paid at the claim level?**

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

No 1101.01

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services

15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services

16. Total Medicaid managed care non-claims payments (see question 13 above) received

\$	-
\$	-
\$	\$-

Note 1: Subtitle B - Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented aliens. If your hospital received these funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

## F. MIUR / LIUR Qualifying Data from the Cost Report (07/01/2018 - 06/30/2019)

### F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6) 119,314 1405

### F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ratio (LIUR) Calculation):

2. Inpatient Hospital Subsidies	2,140,814
3. Outpatient Hospital Subsidies	-
4. Unspecified I/P and O/P Hospital Subsidies	-
5. Non-Hospital Subsidies	-
6. Total Hospital Subsidies	\$ 2,140,814
7. Inpatient Hospital Charity Care Charges	108,203,363
8. Outpatient Hospital Charity Care Charges	97,257,172
9. Non-Hospital Charity Care Charges	-
10. Total Charity Care Charges	\$ 205,460,535

### F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report)

	Total Patient Revenues (Charges)			Contractual Adjustments			
	1405	1405					
11. Hospital	\$ 161,683,202	\$ -	\$ -	\$ 123,861,873	\$ -	\$ -	\$ 37,821,329
12. Psych Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Rehab. Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Swing Bed - NF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Skilled Nursing Facility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Nursing Facility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Other Long-Term Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Ancillary Services	\$ 1,112,306,942	\$ 1,321,080,250	\$ -	\$ 852,113,386	\$ 1,012,049,933	\$ -	\$ 569,223,873
20. Outpatient Services	\$ -	\$ 105,707,804	\$ -	\$ -	\$ 80,980,376	\$ -	\$ 24,727,428
21. Home Health Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Ambulance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Outpatient Rehab Providers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. ASC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Hospice	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Total Hospital and Non Hospital		Total from Above	\$ 2,700,778,198	Total from Above		\$ 2,069,005,568	
29. Total Per Cost Report		Total Patient Revenues (G-3 Line 1)	\$ 2,700,778,198	1405	Total Contractual Adj. (G-3 Line 2)	\$ 2,069,005,568	1405
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)					\$ -		
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)					\$ -		
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)					\$ -		
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)					\$ -		
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"					\$ -		
35. Adjusted Contractual Adjustments					\$ 2,069,005,568		
36. Unreconciled Difference		Unreconciled Difference (Should be \$0)	\$ -		Unreconciled Difference (Should be \$0)	\$ -	

**G. Cost Report - Cost / Days / Charges**

Cost Report Year (07/01/2018-06/30/2019) AU MEDICAL CENTER

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		<i>Cost Report Worksheet B, Part I, Col. 26</i>	<i>Cost Report Worksheet B, Part I, Col. 25 (Intern &amp; Resident Offset ONLY)*</i>	<i>Cost Report Worksheet C, Part I, Col. 2 and Col. 4</i>	<i>Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26</i>	<i>Calculated</i>	<i>Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults &amp; Peds; W/S D-1, Pt. 2, Lines 42-47 for others</i>	<i>Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)</i>	<i>Calculated Per Diem</i>
<b>Routine Cost Centers (list below):</b>									
		<b>1405</b>	<b>1405</b>	<b>1405</b>	<b>1405</b>	<b>1405</b>	<b>1405</b>		
1	03000 ADULTS & PEDIATRICS	\$ 115,102,703	\$ 23,421,354	\$ 341,227	\$ -	\$ 138,865,284	93,612	\$ 73,709,289	\$ 1,483.41
2	03100 INTENSIVE CARE UNIT	\$ 20,034,525	\$ -	\$ -	\$ -	\$ 20,034,525	13,317	\$ 30,686,434	\$ 1,504.43
3	03200 CORONARY CARE UNIT	\$ 3,265,789	\$ -	\$ -	\$ -	\$ 3,265,789	1,909	\$ 3,507,240	\$ 1,710.73
4	03300 BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ 6,057,574	\$ -	\$ -	\$ -	\$ 6,057,574	3,479	\$ 7,965,362	\$ 1,741.18
6	03500 OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	04000 SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	04100 SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	04200 OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	04300 NURSERY	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11	3101 PEDIATRIC INTENSIVE CARE UNIT	\$ 7,436,863	\$ -	\$ -	\$ -	\$ 7,436,863	3,034	\$ 12,583,992	\$ 2,451.17
12	3401 TRAUMA INTENSIVE CARE UNIT	\$ 5,950,581	\$ -	\$ -	\$ -	\$ 5,950,581	3,275	\$ 11,613,244	\$ 1,816.97
13	3402 NEONATAL INTENSIVE CARE UNIT	\$ 16,140,502	\$ 468,427	\$ -	\$ -	\$ 16,608,929	9,937	\$ 47,002,153	\$ 1,671.42
18	Total Routine	\$ 173,988,537	\$ 23,889,781	\$ 341,227	\$ -	\$ 198,219,545	128,563	\$ 187,067,714	
19	Weighted Average								\$ 1,541.81
		<b>1405</b>	<b>1405</b>	<b>1405</b>	<b>1405</b>	<b>1405</b>	<b>1405</b>		
		<i>Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. 8</i>	<i>Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8</i>	<i>Subprovider II Observation Days - Cost Report W/S S-3, Pt. I, Line 28.02, Col. 8</i>	<i>Calculated (Per Diems Above Multiplied by Days)</i>	<i>Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6</i>	<i>Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7</i>	<i>Total Charges - Cost Report Worksheet C, Pt. I, Col. 8</i>	<i>Medicaid Calculated Cost-to-Charge Ratio</i>
20	09200 Observation (Non-Distinct)	9,249	-	-	\$ 13,720,059	\$ 1,048,302	\$ 9,606,540	\$ 10,654,842	1.287683
		<b>1405</b>	<b>1405</b>	<b>1405</b>	<b>1405</b>	<b>1405</b>	<b>1405</b>		
		<i>Cost Report Worksheet B, Part I, Col. 26</i>	<i>Cost Report Worksheet B, Part I, Col. 25 (Intern &amp; Resident Offset ONLY)*</i>	<i>Cost Report Worksheet C, Part I, Col. 2 and Col. 4</i>	<i>Calculated</i>	<i>Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6</i>	<i>Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7</i>	<i>Total Charges - Cost Report Worksheet C, Pt. I, Col. 8</i>	<i>Medicaid Calculated Cost-to-Charge Ratio</i>
<b>Ancillary Cost Centers (from W/S C excluding Observation) (list below):</b>									
21	5000 OPERATING ROOM	\$ 85,479,351	\$ 7,611,940	\$ 19,197	\$ -	\$ 93,110,488	\$ 75,583,887	\$ 110,228,167	\$ 185,812,054
22	5200 DELIVERY ROOM & LABOR ROOM	\$ 6,305,550	\$ 2,576,349	\$ 36,729	\$ -	\$ 8,918,628	\$ 5,600,580	\$ 9,153	\$ 5,609,733
23	5300 ANESTHESIOLOGY	\$ 2,999,324	\$ 5,738,231	\$ 4,775	\$ -	\$ 8,742,330	\$ 32,115,524	\$ 36,313,851	\$ 68,429,375
24	5400 RADIOLOGY-DIAGNOSTIC	\$ 28,954,106	\$ 2,225,028	\$ -	\$ -	\$ 31,179,134	\$ 72,427,260	\$ 70,411,145	\$ 142,838,405
25	5500 RADIOLOGY-THERAPEUTIC	\$ 8,722,912	\$ -	\$ -	\$ -	\$ 8,722,912	\$ 1,287,559	\$ 43,054,798	\$ 44,342,357
26	5600 RADIOISOTOPE	\$ 3,613,665	\$ -	\$ -	\$ -	\$ 3,613,665	\$ 1,952,560	\$ 31,114,491	\$ 33,067,051
27	5700 CT SCAN	\$ 2,822,092	\$ -	\$ -	\$ -	\$ 2,822,092	\$ 43,263,527	\$ 68,732,225	\$ 111,995,752
28	5800 MRI	\$ 3,246,665	\$ -	\$ -	\$ -	\$ 3,246,665	\$ 13,549,028	\$ 44,211,679	\$ 57,760,707
29	5900 CARDIAC CATHETERIZATION	\$ 7,551,860	\$ -	\$ -	\$ -	\$ 7,551,860	\$ 31,810,920	\$ 29,385,121	\$ 61,196,041
30	6000 LABORATORY	\$ 38,059,369	\$ 1,288,175	\$ 64	\$ -	\$ 39,347,608	\$ 198,034,628	\$ 137,003,983	\$ 335,038,611
31	6200 WHOLE BLOOD & PACKED RED BLOOD CELL	\$ 5,315,041	\$ -	\$ -	\$ -	\$ 5,315,041	\$ 13,171,742	\$ 3,015,332	\$ 16,187,074

**G. Cost Report - Cost / Days / Charges**

Cost Report Year (07/01/2018-06/30/2019) AU MEDICAL CENTER

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
32	6500 RESPIRATORY THERAPY	\$ 14,756,700	\$ -	\$ -	\$ 14,756,700	\$ 84,677,530	\$ 7,421,181	\$ 92,098,711	0.160227
33	6600 PHYSICAL THERAPY	\$ 5,619,753	\$ -	\$ -	\$ 5,619,753	\$ 7,450,420	\$ 10,749,853	\$ 18,200,273	0.308773
34	6700 OCCUPATIONAL THERAPY	\$ 3,422,261	\$ -	\$ -	\$ 3,422,261	\$ 4,449,934	\$ 2,195,308	\$ 6,645,242	0.514994
35	6800 SPEECH PATHOLOGY	\$ 1,540,291	\$ -	\$ -	\$ 1,540,291	\$ 3,033,176	\$ 1,694,608	\$ 4,727,784	0.325796
36	6900 ELECTROCARDIOLOGY	\$ 17,404,581	\$ 1,053,961	\$ -	\$ 18,458,542	\$ 19,359,032	\$ 45,631,513	\$ 64,990,545	0.284019
37	7000 ELECTROENCEPHALOGRAPHY	\$ 2,296,011	\$ -	\$ -	\$ 2,296,011	\$ 9,114,569	\$ 15,143,473	\$ 24,258,042	0.094649
38	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$ 19,719,392	\$ -	\$ -	\$ 19,719,392	\$ 121,799,699	\$ 56,819,905	\$ 178,619,604	0.110399
39	7200 IMPL. DEV. CHARGED TO PATIENTS	\$ 41,397,232	\$ -	\$ -	\$ 41,397,232	\$ 113,275,519	\$ 86,294,320	\$ 199,569,839	0.207432
40	7300 DRUGS CHARGED TO PATIENTS	\$ 97,611,208	\$ -	\$ -	\$ 97,611,208	\$ 209,155,476	\$ 383,493,322	\$ 592,648,798	0.164703
41	7400 RENAL DIALYSIS	\$ 3,004,003	\$ -	\$ -	\$ 3,004,003	\$ 3,207,800	\$ 257,688	\$ 3,465,488	0.866834
42	9000 CLINIC	\$ 56,788,482	\$ 1,756,602	\$ 12,243	\$ 58,557,327	\$ 761,718	\$ 116,836,621	\$ 117,598,339	0.497943
43	9100 EMERGENCY	\$ 35,681,396	\$ 4,918,484	\$ 106,106	\$ 40,705,986	\$ 36,202,733	\$ 91,233,394	\$ 127,436,127	0.319423
44	10500 KIDNEY ACQUISITION	\$ 6,995,960	\$ -	\$ -	\$ 6,995,960	\$ 12,364,068	\$ 216,936	\$ 12,581,004	-
45	10900 PANCREAS ACQUISITION	\$ 370,478	\$ -	\$ -	\$ 370,478	\$ 1,186,599	\$ -	\$ 1,186,599	-
126	<b>Total Ancillary</b>	\$ 499,677,683	\$ 27,168,770	\$ 179,114	\$ 527,025,567	\$ 1,115,883,790	\$ 1,401,074,607	\$ 2,516,958,397	
127	<b>Weighted Average</b>								<b>0.213080</b>
128	<b>Sub Totals</b>	\$ 673,666,220	\$ 51,058,551	\$ 520,341	\$ 725,245,112	\$ 1,302,951,504	\$ 1,401,074,607	\$ 2,704,026,111	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$ -				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$ -				
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must calculate. Submit support for calculation of cost.)				\$ -				
131.01	Other Cost Adjustments (support must be submitted)				\$ -				
132	<b>Grand Total</b>				\$ 725,245,112				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost				<b>7.57%</b>				

\* Note A - Final cost-to-charge ratios should include teaching cost. Only enter Intern & Resident costs if it was removed in Column 25 of Worksheet B, Pt. I of the cost report you are using.

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

Cost Report Year (07/01/2018-06/30/2019) AU MEDICAL CENTER

		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		% Survey to Cost Report Totals	
Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)		Inpatient
		From Section G	From Section G	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		
Routine Cost Centers (from Section G):				Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	
1	03000 ADULTS & PEDIATRICS	\$ 1,483.41		10,163	6,968	8,023	1,013	9,252	26,167					51.49%	
2	03100 INTENSIVE CARE UNIT	\$ 1,504.43		214	226	1,704	86	1,400	4,150					52.62%	
3	03200 CORONARY CARE UNIT	\$ 1,710.73		182	17	278	-	218	377					38.08%	
4	03300 BURN INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-						
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ 1,741.18		-	43	297	20	242	360					20.81%	
6	03500 OTHER SPECIAL CARE UNIT	\$ -		-	-	-	-	-	-						
7	04000 SUBPROVIDER I	\$ -		-	-	-	-	-	-						
8	04100 SUBPROVIDER II	\$ -		-	-	-	-	-	-						
9	04200 OTHER SUBPROVIDER	\$ -		-	-	-	-	-	-						
10	04300 NURSERY	\$ -		-	-	-	-	-	-						
11	3101 PEDIATRIC INTENSIVE CARE UNIT	\$ 2,451.17		999	774	274	3	32	2,041					74.92%	
12	3401 TRAUMA INTENSIVE CARE UNIT	\$ 1,816.97		233	47	213	3	427	557					36.70%	
13	3402 NEONATAL INTENSIVE CARE UNIT	\$ 1,671.42		906	4,187	406	8	8	5,499					72.51%	
18	Total Days			14,617	12,262	10,479	1,793	11,579	39,151					52.45%	
19	Total Days per PS&R or Exhibit Detail			14,617	12,262	10,479	1,793	11,579							
20	Unreconciled Days (Explain Variance)			-	-	-	-	-	-						
Routine Charges				Routine Charges	Routine Charges	Routine Charges	Routine Charges	Routine Charges	Routine Charges			Routine Charges	Routine Charges		
21	Calculated Routine Charge Per Diem			\$ 22,345.045	\$ 2,177.34	\$ 12,120.782	\$ 1,252.10	\$ 3,751.633	\$ 1,202.24	\$ 65,916.003	\$ 1,683.64			53.36%	
21.01															
Ancillary Cost Centers (from W/S C) (from Section G):				Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	
22	09200 Observation (Non-Distinct)		1,287,683	\$ 254,130	\$ 1,017,819	\$ 1,026,874	\$ 1,349,768	\$ 137,580	\$ 860,214	\$ 21,936	\$ 153,532	\$ 114,144	\$ 1,078,576	\$ 516,320	55.92%
23	5000 OPERATING ROOM		0,501,100	\$ 8,342,439	\$ 8,153,784	\$ 6,393,831	\$ 11,359,099	\$ 948,687	\$ 6,317,036	\$ 6,458,761	\$ 5,706,891	\$ 20,912,423	\$ 27,037,561	\$ 29,912,423	39.08%
24	5200 DELIVERY ROOM & LABOR ROOM		1,589,949	\$ 548,753	\$ 922	\$ 2,214,392	\$ 712	\$ 22,181	\$ 594	\$ 351,467	\$ 99	\$ 97,946	\$ 3,138,793	\$ 2,027	67.96%
25	5300 ANESTHESIOLOGY		0,127,757	\$ 2,651,843	\$ 2,067,874	\$ 1,900,735	\$ 3,888,714	\$ 2,088,456	\$ 1,937,400	\$ 330,311	\$ 430,600	\$ 2,745,309	\$ 1,891,683	\$ 6,971,346	35.49%
26	5400 RADIOLOGY-DIAGNOSTIC		0,218,283	\$ 3,854,665	\$ 3,507,417	\$ 3,057,167	\$ 6,219,460	\$ 5,959,685	\$ 3,679,349	\$ 432,407	\$ 859,804	\$ 5,943,217	\$ 5,892,765	\$ 13,303,923	34.02%
27	5500 RADIOLOGY-THERAPEUTIC		0,196,717	\$ 120,623	\$ 2,575,620	\$ 93,024	\$ 1,033,388	\$ 134,592	\$ 2,688,035	\$ 189	\$ 100,414	\$ 42,761	\$ 1,602,731	\$ 8,397,455	22.62%
28	5600 RADIOISOTOPE		0,109,283	\$ 108,717	\$ 513,949	\$ 31,831	\$ 835,949	\$ 238,899	\$ 1,283,016	\$ 129,657	\$ 185,217	\$ 129,657	\$ 1,557,824	\$ 391,880	20.94%
29	5700 CT SCAN		0,025,198	\$ 3,732,451	\$ 3,376,346	\$ 1,157,588	\$ 2,953,479	\$ 4,340,647	\$ 4,826,791	\$ 243,393	\$ 614,789	\$ 5,504,407	\$ 9,914,803	\$ 9,474,079	39.02%
30	5800 MRI		0,056,209	\$ 1,275,230	\$ 2,166,395	\$ 555,937	\$ 3,281,636	\$ 1,039,226	\$ 2,153,443	\$ 175,355	\$ 416,657	\$ 1,361,996	\$ 2,336,037	\$ 3,045,748	31.23%
31	5900 CARDIAC CATHETERIZATION		0,123,404	\$ -	\$ -	\$ 1,751,505	\$ 1,920,511	\$ 3,111,624	\$ 204,556	\$ 167,588	\$ 5,030,717	\$ 941,321	\$ 4,297,437	\$ 5,030,717	26.63%
32	6000 LABORATORY		0,117,442	\$ 22,948,963	\$ 10,007,326	\$ 12,793,070	\$ 11,648,859	\$ 19,641,601	\$ 8,296,446	\$ 1,718,164	\$ 1,339,855	\$ 17,599,306	\$ 11,946,251	\$ 57,011,799	42.29%
33	6200 WHOLE BLOOD & PACKED RED BLOOD CELL		0,328,351	\$ 1,560,313	\$ 683,874	\$ 1,498,444	\$ 272,217	\$ 958,850	\$ 146,493	\$ 74,495	\$ 22,478	\$ 758,904	\$ 192,103	\$ 4,092,102	47.72%
34	6500 RESPIRATORY THERAPY		0,160,227	\$ 11,814,593	\$ 569,602	\$ 7,873,571	\$ 885,788	\$ 7,959,273	\$ 530,359	\$ 1,957,024	\$ 92,164	\$ 5,556,130	\$ 465,143	\$ 29,604,462	51.00%
35	6600 PHYSICAL THERAPY		0,308,773	\$ 876,029	\$ 108,056	\$ 492,399	\$ 142,167	\$ 733,690	\$ 197,117	\$ 85,220	\$ 23,398	\$ 557,393	\$ 151,858	\$ 2,167,330	23.72%
36	6700 OCCUPATIONAL THERAPY		0,514,994	\$ 315,107	\$ 10,586	\$ 337,121	\$ 27,027	\$ 426,380	\$ 44,852	\$ 47,021	\$ 4,586	\$ 315,469	\$ 34,818	\$ 1,325,629	33.27%
37	6800 SPEECH PATHOLOGY		0,325,796	\$ 326,173	\$ 39,798	\$ 397,108	\$ 88,608	\$ 262,919	\$ 26,741	\$ 30,861	\$ 13,488	\$ 174,594	\$ 12,669	\$ 1,017,061	38.50%
38	6900 ELECTROCARDIOLOGY		0,284,019	\$ 4,637,265	\$ 2,179,553	\$ 271,243	\$ 913,105	\$ 1,817,714	\$ 3,052,372	\$ 337,853	\$ 375,621	\$ 1,773,569	\$ 1,803,516	\$ 6,874,075	39.89%
39	7000 ELECTROENCEPHALOGRAPHY		0,094,469	\$ 1,508,604	\$ 784,880	\$ 322,802	\$ 4,680,423	\$ 687,713	\$ 1,419,244	\$ 343,826	\$ 190,852	\$ 2,862,945	\$ 7,075,399	\$ 886,904	54.73%
40	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0,110,399	\$ 18,189,512	\$ 7,136,713	\$ 2,815,527	\$ 3,298,307	\$ 10,207,448	\$ 3,929,421	\$ 1,393,520	\$ 572,659	\$ 10,985,259	\$ 3,432,194	\$ 37,606,007	44.79%
41	7200 IMPL. DEV. CHARGED TO PATIENTS		0,207,432	\$ -	\$ -	\$ 3,626,443	\$ 2,715,179	\$ 7,084,198	\$ 4,989,883	\$ 600,468	\$ 1,106,655	\$ 7,431,852	\$ 2,905,105	\$ 11,311,109	8.81171%
42	7300 DRUGS CHARGED TO PATIENTS		0,164,703	\$ 25,360,988	\$ 25,633,712	\$ 13,300,726	\$ 16,555,886	\$ 17,675,262	\$ 27,118,423	\$ 2,464,412	\$ 2,402,197	\$ 17,057,609	\$ 12,249,006	\$ 58,801,388	33.04%
43	7400 RENAL DIALYSIS		0,866,934	\$ 214,420	\$ -	\$ 68,295	\$ 991	\$ 674,971	\$ 84,178	\$ 14,047	\$ 5,947	\$ 118,361	\$ 5,761	\$ 969,738	91.14%
44	9000 CLINIC		0,407,943	\$ 16,409	\$ 5,322,187	\$ 115,007	\$ 8,181,526	\$ 73,111	\$ 7,068,619	\$ 17,790	\$ 788,594	\$ 6,757,246	\$ 222,318	\$ 21,340,923	29.35%
45	9100 EMERGENCY		0,319,423	\$ 3,350,532	\$ 7,326,553	\$ 1,894,167	\$ 12,611,397	\$ 3,933,145	\$ 5,557,828	\$ 358,398	\$ 1,297,299	\$ 5,329,341	\$ 20,401,361	\$ 26,793,076	65.78%
46	10500 KIDNEY ACQUISITION		-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,815	\$ -	0.12%
47	10900 PANCREAS ACQUISITION		-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Totals / Payments				112,205,760	83,182,664	67,972,707	94,564,198	94,436,611	89,279,815	11,928,775	12,389,505	93,869,142	92,183,223		
128	Total Charges (includes organ acquisition from Section J)		\$ 134,818,493	\$ 83,182,664	\$ 94,671,250	\$ 94,564,198	\$ 110,435,525	\$ 89,279,815	\$ 15,680,408	\$ 12,389,505	\$ 107,789,914	\$ 92,183,223	\$ 355,600,676	\$ 279,416,182	37.87%
129	Total Charges per PS&R or Exhibit Detail		\$ 134,818,493	\$ 83,182,664	\$ 94,671,250	\$ 94,564,198	\$ 110,555,486	\$ 89,279,815	\$ 15,680,408	\$ 12,389,505	\$ 107,789,914	\$ 92,183,223			
130	Unreconciled Charges (Explain Variance)		0	0	0	0	(124,961)	0	0	(0)	0	0	0	0	
131.01	Sampling Cost Adjustment (if applicable)														
131.02	Total Calculated Cost (includes organ acquisition from Section J)		\$ 44,556,305	\$ 19,433,407	\$ 36,159,992	\$ 24,189,104	\$ 34,751,728	\$ 20,107,546	\$ 5,729,685	\$ 2,958,814	\$ 34,857,820	\$ 21,852,395	\$ 121,197,710	\$ 66,668,871	41.07%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)		\$ 33,754,914	\$ 14,533,135	\$ 22,222,786	\$ 16,008,366	\$ 748,289	\$ 794,590	\$ 340,581	\$ 364,247			\$ 34,843,784	\$ 15,691,973	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)		\$ -	\$ -	\$ 22,222,786	\$ 16,008,366	\$ -	\$ -	\$ -	\$ -			\$ 22,222,786	\$ 16,008,366	
134	Private Insurance (including primary and third party liability)		\$ 168,280	\$ 56,264	\$ 54,933	\$ 9,510	\$ 12,684,001	\$ 6,307,170	\$ 3,022,227	\$ 3,022,227			\$ 19,214,264	\$ 3,086,011	
135	Self-Pay (including Co-Pay and Spend-Down)		\$ 2,188	\$ 58,828	\$ 416	\$ 42,359	\$ 18,320	\$ 15,490	\$ 9,381	\$ 330,474			\$ 30,305	\$ 330,481	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)		\$ 33,925,361	\$ 14,644,228	\$ 22,278,045	\$ 16,058,235									
137	Medicaid Cost Settlement Payments (See Note B)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)						\$ 16,389,714	\$ 11,793,007	\$ -	\$ -			\$ 16,389,714	\$ 11,793,007	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)						\$ -	\$ -	\$ -	\$ -			\$ -	\$ -	
141	Medicare Cross-Over Bad Debt Payments						\$ 601,322	\$ 751,937	\$ -	\$ -			\$ 601,322	\$ 751,937	
142	Other Medicare Cross-Over Payments (See Note D)						\$ 2,531,949	\$ 905,740	\$ -	\$ -			\$ 2,531,949	\$ 905,740	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)														
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)														

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

Cost Report Year (07/01/2018-06/30/2019) AU MEDICAL CENTER

		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		%												
145	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$	10,630,944	\$	1,627,610	\$	13,881,947	\$	8,130,869	\$	1,778,133	\$	5,846,782	\$	(927,447)	\$	(645,464)	\$	34,699,368	\$	21,220,801	\$	25,363,577	\$	14,959,797	
146	Calculated Payments as a Percentage of Cost		76%		92%		62%		66%		95%		71%		116%		122%		0%		3%		79%		78%	
147	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 & 6	37,529													36%											
148	Percent of cross-over days to total Medicare days from the cost report																									

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 PSA).

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 payment).

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 payment.

NOTE: Inpatient uninsured payment rate is outside normal ranges, please verify this is correct.

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

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2018-06/30/2019) AU MEDICAL CENTER

		Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		From Section G	From Section G	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)
Routine Cost Centers (list below):				Days	Days	Days	Days	Days	Days	Days	Days
1	03000 ADULTS & PEDIATRICS	\$ 1,483.41		2,376		2,774		2,442		430	
2	03100 INTENSIVE CARE UNIT	\$ 1,504.43		665		249		517		27	
3	03200 CORONARY CARE UNIT	\$ 1,710.73		28		25		74		5	
4	03300 BURN INTENSIVE CARE UNIT	\$ -		-		-		-		-	
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ 1,741.18		-		29		92		1	
6	03500 OTHER SPECIAL CARE UNIT	\$ -		-		-		-		-	
7	04000 SUBPROVIDER I	\$ -		-		-		-		-	
8	04100 SUBPROVIDER II	\$ -		-		-		-		-	
9	04200 OTHER SUBPROVIDER	\$ -		-		-		-		-	
10	04300 NURSERY	\$ -		-		-		-		-	
11	3101 PEDIATRIC INTENSIVE CARE UNIT	\$ 2,451.17		-		133		4		63	
12	3401 TRAUMA INTENSIVE CARE UNIT	\$ 1,816.97		-		114		81		23	
13	3402 NEONATAL INTENSIVE CARE UNIT	\$ 1,671.42		392		123		73		218	
18	Total Days			3,461 4603		4,557 4603		3,210 4703		622 4803	
19	Total Days per PS&R or Exhibit Detail			3,461		4,557		3,210		622	
20	Unreconciled Days (Explain Variance)			-		-		-		-	
21	Routine Charges			Routine Charges		Routine Charges		Routine Charges		Routine Charges	
21.01	Calculated Routine Charge Per Diem	\$ 5,641,526 4603		\$ 9,244,789 4603		\$ 4,012,176 4703		\$ 1,090,713 4803		\$ 19,989,204	
		\$ 1,630.03		\$ 2,028.70		\$ 1,249.90		\$ 1,753.56		\$ 1,686.85	
Ancillary Cost Centers (from WIS C) (list below):				Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges
22	09200 Observation (Non-Distinct)	1.287683		13,530		30,906		29,628		225,882	
23	5000 OPERATING ROOM	0.501100		1,577,972		1,919,537		1,792,605		5,618,972	
24	5200 DELIVERY ROOM & LABOR ROOM	1.589849		79,748		418,092		10,672		64,966	
25	5300 ANESTHESIOLOGY	0.127757		498,841		732,959		642,815		635,530	
26	5400 RADIOLOGY-DIAGNOSTIC	0.218283		1,438,362		1,752,352		2,027,197		1,062,092	
27	5500 RADIOLOGY-THERAPEUTIC	0.196717		31,890		163,048		67,510		50,503	
28	5600 RADIOISOTOPE	0.109283		17,576		60,758		98,104		710,650	
29	5700 CT SCAN	0.025198		883,778		880,228		1,281,676		1,596,303	
30	5800 MRI	0.056209		318,423		270,881		421,567		770,477	
31	5900 CARDIAC CATHETERIZATION	0.123404		408,347		129,710		614,572		721,958	
32	6000 LABORATORY	0.117442		5,272,041		226,919		5,830,955		2,507,801	
33	6200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.328351		453,809		109,182		389,384		82,167	
34	6500 RESPIRATORY THERAPY	0.160227		2,536,702		88,716		2,510,732		146,551	
35	6600 PHYSICAL THERAPY	0.308773		188,787		135,190		70,240		51,618	
36	6700 OCCUPATIONAL THERAPY	0.514984		121,547		42,742		14,260		9,318	
37	6800 SPEECH PATHOLOGY	0.325796		99,601		57,046		30,080		7,525	
38	6900 ELECTROCARDIOLOGY	0.284019		195,898		80,317		669,017		540,210	
39	7000 ELECTROENCEPHALOGRAPHY	0.094649		194,537		357,313		110,514		169,983	
40	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.110399		2,611,097		342,784		3,588,428		1,428,078	
41	7200 IMPL. DEV. CHARGED TO PATIENTS	0.207432		1,379,864		407,491		2,284,099		725,101	
42	7300 DRUGS CHARGED TO PATIENTS	0.164703		6,779,390		1,097,838		5,656,144		9,764,988	
43	7400 RENAL DIALYSIS	0.866834		161,047		959		302,758		9,663	
44	9000 CLINIC	0.497943		7,415		638,946		2,987,232		2,095,211	
45	9100 EMERGENCY	0.319423		611,285		929,821		1,188,802		1,314,097	
46	10500 KIDNEY ACQUISITION	-		-		-		-		-	
47	10900 PANCREAS ACQUISITION	-		-		-		-		-	
				25,902,087		7,993,753		28,903,196		28,869,135	
Totals / Payments											
128	Total Charges (includes organ acquisition from Section K)	\$ 31,543,613 4603		\$ 7,993,753 4603		\$ 38,147,985 4603		\$ 28,869,135 4603		\$ 34,254,393 4703	
129	Total Charges per PS&R or Exhibit Detail	\$ 31,543,613		\$ 7,993,753		\$ 38,147,985		\$ 28,869,135		\$ 34,379,354	
130	Unreconciled Charges (Explain Variance)	0		0		0		0		0	
131.01	Sampling Cost Adjustment (if applicable)										
131.02	Total Calculated Cost (includes organ acquisition from Section K)	\$ 10,089,000		\$ 2,183,980		\$ 13,118,821		\$ 7,326,190		\$ 11,027,310	
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 4,941,130 4603		\$ 1,291,952 4603		\$ -		\$ 277,036 4703		\$ 113,941 4703	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -		\$ -		\$ 3,090,409 4603		\$ 2,829,234 4603		\$ -	
134	Private Insurance (including primary and third party liability)	\$ -		\$ 9,934		\$ 2,755,264 4603		\$ 3,228,219 4703		\$ 1,876,759 4803	
135	Self-Pay (including Co-Pay and Spend-Down)	\$ -		\$ -		\$ 978 4603		\$ 7,194 4603		\$ 553 4803	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 4,941,130		\$ 1,301,886		\$ 5,846,651		\$ 5,196,971		\$ 41,630 4803	
137	Medicaid Cost Settlement Payments (See Note B)	\$ -		\$ -		\$ -		\$ -		\$ -	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ -		\$ -		\$ -		\$ -		\$ -	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)	\$ -		\$ -		\$ -		\$ 5,072,304		\$ 3,976,203	
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)	\$ -		\$ -		\$ -		\$ 281,395 4304		\$ -	

**I. Out-of-State Medicaid Data:**

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

AU MEDICAL CENTER

		Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 5,147,870	\$ 882,094	\$ 7,272,170	\$ 2,129,219	\$ 1,224,930	\$ 1,920,841	\$ (150,425)	\$ (191,588)	\$ 13,494,545	\$ 4,740,566
144	Calculated Payments as a Percentage of Cost	49%	60%	45%	71%	89%	69%	108%	114%	63%	72%

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 P).  
 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 pay).  
 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.



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

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

AU MEDICAL CENTER

	Total Organ Acquisition Cost			Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	Total Useable Organs (Count)	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	
	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost				Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	<i>Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61</i>	<i>Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost</i>	<i>Sum of Cost Report Organ Acquisition Cost and the Add-On Cost</i>	<i>Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over &amp; uninsured). See Note C below.</i>	<i>Cost Report Worksheet D-4, Pt. III, Line 62</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Hospital's Own Internal Analysis</i>	<i>From Hospital's Own Internal Analysis</i>
<b>Organ Acquisition Cost Centers (list below):</b>															
	1405					3005				3005	3005				
1	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
2	Kidney Acquisition	\$ 8,647,244	\$ 654,887	\$ 9,302,131	\$ 111,761	111	\$ 267,688	2	\$ -	2,123,738	16	\$ -	0	\$ -	0
3	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0	\$ -	0
4	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0	\$ -	0
5	Pancreas Acquisition	\$ 379,111	\$ 28,711	\$ 407,822	\$ 3,374	7	\$ -	0	\$ -	\$ 749,394	5	\$ -	0	\$ -	0
6	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0	\$ -	0
7	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0	\$ -	0
8		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0	\$ -	0
9	Totals	\$ 9,026,355	\$ 683,598	\$ 9,709,953	\$ 115,135	118	\$ 267,688	2	\$ -	\$ 2,873,132	21	\$ -	-	\$ -	-
10	Total Cost						159,009		-	1,560,562		-		-	-

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

Note B: Enter Organ Acquisition Payments in Section D as part of your In-State Medicaid total payments.

Note C: Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

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

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

AU MEDICAL CENTER

	Total Organ Acquisition Cost			Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	Total Useable Organs (Count)	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Over (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	
	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost				Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	<i>Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61</i>	<i>Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost</i>	<i>Sum of Cost Report Organ Acquisition Cost and the Add-On Cost</i>	<i>Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over &amp; uninsured). See Note C below.</i>	<i>Cost Report Worksheet D-4, Pt. III, Line 62</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>	<i>From Paid Claims Data or Provider Logs (Note A)</i>
<b>Organ Acquisition Cost Centers (list below):</b>													
11	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
12	Kidney Acquisition	\$ 8,647,244	\$ 654,887	\$ 9,302,131	\$ 111,761	111	\$ -	0	\$ -	1,017,454	8	\$ -	0
13	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0
14	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0
15	Pancreas Acquisition	\$ 379,111	\$ 28,711	\$ 407,822	\$ 3,374	7	\$ -	0	\$ -	\$ 145,735	1	\$ -	0
16	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0
17	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0
18		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	\$ -	0	\$ -	0
19	Totals	\$ 9,026,355	\$ 683,598	\$ 9,709,953	\$ 115,135	118	\$ -	-	\$ -	\$ 1,163,189	9	\$ -	-
20	Total Cost						-		-	693,734		-	-

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

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

## 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) AU MEDICAL CENTER

### Worksheet A Provider Tax Assessment Reconciliation:

		3001	
		Dollar Amount	W/S A Cost Center Line
1	Hospital Gross Provider Tax Assessment (from general ledger)*	\$ -	
1a	Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	\$ -	0 (WTB Account #)
2	Hospital 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	Difference (Explain Here ----->)	\$ -	
<b>Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)</b>			
4	Reclassification Code	\$ -	- (Reclassified to / (from))
5	Reclassification Code	\$ -	- (Reclassified to / (from))
6	Reclassification Code	\$ -	- (Reclassified to / (from))
7	Reclassification Code	\$ -	- (Reclassified to / (from))
<b>DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)</b>			
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))
<b>DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)</b>			
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 Provider Tax Assessment Adjustment:

17	Gross Allowable Assessment Not Included in the Cost Report	\$ -
<b>Apportionment of Provider Tax Assessment Adjustment to Medicaid &amp; Uninsured:</b>		
18	Medicaid Hospital Charges Sec. G	815,815,679
19	Uninsured Hospital Charges Sec. G	199,973,138
20	Total Hospital Charges Sec. G	2,704,026,111
21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC	30.17%
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	7.40%
23	Medicaid Provider Tax Assessment Adjustment to DSH UCC	\$ -
24	Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ -
25	Provider Tax Assessment Adjustment to DSH UCC	\$ -

\* 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.

## DSH Examination Eligibility Summary

Hospital Name	<b>AU MEDICAL CENTER</b>		
Hospital Medicaid Number	<b>000000723A</b>		
Cost Report Period	From	<b>7/1/2018</b>	To <b>6/30/2019</b>

		As-Reported	Adjustments	As-Adjusted
<b>LIUR</b>				
1 Medicaid Hospital Net Revenue	Survey H & I (Sum all In-State & Out-of-State Medicaid Payments)	\$ 105,836,542	\$ 4,389,043	\$ 110,225,585
2 Hospital Cash Subsidies	Survey F-2	\$ 2,140,814	\$ -	\$ 2,140,814
3 Total		\$ 107,977,356	\$ 4,389,043	\$ 112,366,399
4 Net Hospital Patient Revenue	Survey F-3	\$ 631,772,630	\$ -	\$ 631,772,630
5 Medicaid Fraction		17.03%	0.70%	17.73%
6 Inpatient Charity Care Charges	Survey F-2	\$ 108,203,363	\$ -	\$ 108,203,363
7 Inpatient Hospital Cash Subsidies	Survey F-2	\$ 2,140,814	\$ -	\$ 2,140,814
8 Unspecified Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
9 Adjusted Inpatient Charity Care		\$ 106,062,549	\$ -	\$ 106,062,549
10 Inpatient Hospital Charges	Survey F-3	\$ 1,273,990,144	\$ -	\$ 1,273,990,144
11 Inpatient Charity Fraction		8.33%	0.00%	8.33%
12 LIUR		25.36%	0.70%	26.06%
<b>MIUR</b>				
13 In-State Medicaid Eligible Days	Survey H	39,151	-	39,151
14 Out-of-State Medicaid Eligible Days	Survey I	11,850	-	11,850
15 Total Medicaid Eligible Days		51,001	-	51,001
16 Total Hospital Days (excludes swing-bed)	Survey F-1	119,314	-	119,314
17 MIUR		42.75%	0.00%	42.75%

*NOTE: LIUR calculated above does not include other Medicaid or supplemental payments reported on DSH Survey Part I and may not reconcile to DSH results letter as a result.*

DSH Examination UCC Cost & Payment Summary Georgia

Hospital Name **AU MEDICAL CENTER**  
Hospital Medicaid Number **000000723A**  
Cost Report Period From **7/1/2018** To **6/30/2019**

As-Reported:		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co-Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
		Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey E			
1 Medicaid Fee for Service	Inpatient	44,635,810	32,760,066	-	168,260	-	-	-	-	-	-	-	-	-	32,928,326	11,707,484	73.77%
2 Medicaid Fee for Service	Outpatient	19,433,407	14,308,555	-	51,530	53,704	-	-	-	-	-	-	-	-	14,413,789	5,019,618	74.17%
3 Medicaid Managed Care	Inpatient	36,159,992	-	22,222,796	54,833	416	-	-	-	-	-	-	-	-	22,278,045	13,881,947	61.61%
4 Medicaid Managed Care	Outpatient	24,189,104	-	16,006,366	9,510	42,359	-	-	-	-	-	-	-	-	16,058,235	8,130,869	66.39%
5 Medicare Cross-over (FFS)	Inpatient	34,672,223	748,289	-	12,684,001	18,320	-	-	16,389,714	-	601,322	2,531,949	-	-	32,973,595	1,698,628	95.10%
6 Medicare Cross-over (FFS)	Outpatient	20,107,546	794,590	-	-	15,490	-	-	11,793,007	-	751,937	905,740	-	-	14,260,764	5,846,782	70.92%
7 Other Medicaid Eligibles	Inpatient	5,729,685	340,581	-	6,307,170	9,381	-	-	-	-	-	-	-	-	6,657,132	(927,447)	116.19%
8 Other Medicaid Eligibles	Outpatient	2,958,814	364,247	-	3,022,227	217,804	-	-	-	-	-	-	-	-	3,604,278	(645,464)	121.81%
9 Uninsured	Inpatient	34,857,820	-	-	-	-	-	-	-	-	-	-	158,452	-	158,452	34,699,368	0.45%
10 Uninsured	Outpatient	21,852,395	-	-	-	-	-	-	-	-	-	-	631,594	-	631,594	21,220,801	2.89%
11 In-State Sub-total	Inpatient	156,055,530	33,848,936	22,222,796	19,214,264	28,117	-	-	16,389,714	-	601,322	2,531,949	158,452	-	94,995,550	61,059,980	60.87%
12 In-State Sub-total	Outpatient	88,541,266	15,467,392	16,006,366	3,083,267	329,357	-	-	11,793,007	-	751,937	905,740	631,594	-	48,968,660	39,572,606	55.31%
13 Out-of-State Medicaid	Inpatient	36,083,315	5,339,463	3,090,409	7,860,242	3,174	-	-	5,072,304	-	-	1,223,178	-	-	22,588,770	13,494,545	62.60%
14 Out-of-State Medicaid	Outpatient	17,193,972	1,517,421	2,829,234	3,796,835	52,318	-	-	3,976,203	-	-	281,395	-	-	12,453,406	4,740,566	72.43%
15 Sub-Total	I/P and O/P	297,874,083	56,173,212	44,148,805	33,954,608	412,966	-	-	37,231,228	-	1,353,259	4,942,262	790,046	-	179,006,386	118,867,697	60.09%

Adjustments:		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co-Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service	Inpatient	(79,505)	994,848	-	-	2,188	-	-	-	-	-	-	-	-	997,035	(1,076,540)	2.37%
2 Medicaid Fee for Service	Outpatient	-	224,581	-	4,734	1,124	3,161,569	-	-	-	-	-	-	-	3,392,008	(3,392,008)	17.45%
3 Medicaid Managed Care	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
4 Medicaid Managed Care	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
5 Medicare Cross-over (FFS)	Inpatient	79,505	-	-	-	-	-	-	-	-	-	-	-	-	-	79,505	-0.22%
6 Medicare Cross-over (FFS)	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
7 Other Medicaid Eligibles	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
8 Other Medicaid Eligibles	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
9 Uninsured	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
10 Uninsured	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
11 In-State Sub-total	Inpatient	-	994,848	-	-	2,188	-	-	-	-	-	-	-	-	997,035	(997,035)	0.64%
12 In-State Sub-total	Outpatient	-	224,581	-	4,734	1,124	3,161,569	-	-	-	-	-	-	-	3,392,008	(3,392,008)	3.83%
13 Out-of-State Medicaid	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
14 Out-of-State Medicaid	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
15 Sub-Total	I/P and O/P	-	1,219,429	-	4,734	3,312	3,161,569	-	-	-	-	-	-	-	4,389,043	(4,389,043)	1.47%

DSH Examination UCC Cost & Payment Summary Georgia

Hospital Name		AU MEDICAL CENTER															
Hospital Medicaid Number		000000723A															
Cost Report Period		From	7/1/2018	To	6/30/2019												
As-Adjusted:		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type																	
		Total Costs Survey H & I	Medicaid Basic Rate Payments Survey H & I	Medicaid Managed Care Payments Survey H & I	Private Insurance Payments Survey H & I	Self-Pay Payments (Includes Co-Pay and Spenddown) Survey H & I	Medicaid Cost Settlement Payments Survey H & I	Other Medicaid Payments (Outliers, etc.) ** Survey H & I	Medicare Traditional (non-HMO) Payments Survey H & I	Medicare Managed Care (HMO) Payments Survey H & I	Medicare Cross-over Bad Debt Survey H & I	Other Medicare Cross-over Payments (GME, etc.) Survey H & I	Uninsured Payments Survey H & I	Uninsured Payments Not On Exhibit B (1011 Payments) Survey E	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service	Inpatient	44,556,305	33,754,914	-	168,260	2,188	-	-	-	-	-	-	-	-	33,925,361	10,630,944	76.14%
2 Medicaid Fee for Service	Outpatient	19,433,407	14,533,136	-	56,264	54,828	3,161,569	-	-	-	-	-	-	-	17,805,797	1,627,610	91.62%
3 Medicaid Managed Care	Inpatient	36,159,992	-	22,222,796	54,833	416	-	-	-	-	-	-	-	-	22,278,045	13,881,947	61.61%
4 Medicaid Managed Care	Outpatient	24,189,104	-	16,006,366	9,510	42,359	-	-	-	-	-	-	-	-	16,058,235	8,130,869	66.39%
5 Medicare Cross-over (FFS)	Inpatient	34,751,728	748,289	-	12,684,001	18,320	-	-	16,389,714	-	601,322	2,531,949	-	-	32,973,595	1,778,133	94.88%
6 Medicare Cross-over (FFS)	Outpatient	20,107,546	794,590	-	-	15,490	-	-	11,793,007	-	751,937	905,740	-	-	14,260,764	5,846,782	70.92%
7 Other Medicaid Eligibles	Inpatient	5,729,685	340,581	-	6,307,170	9,381	-	-	-	-	-	-	-	-	6,657,132	(927,447)	116.19%
8 Other Medicaid Eligibles	Outpatient	2,958,814	364,247	-	3,022,227	217,804	-	-	-	-	-	-	-	-	3,604,278	(645,464)	121.81%
9 Uninsured	Inpatient	34,857,820	-	-	-	-	-	-	-	-	-	-	158,452	-	158,452	34,699,368	0.45%
10 Uninsured	Outpatient	21,852,395	-	-	-	-	-	-	-	-	-	-	631,594	-	631,594	21,220,801	2.89%
11 In-State Sub-total	Inpatient	156,055,530	34,843,784	22,222,796	19,214,264	30,305	-	-	16,389,714	-	601,322	2,531,949	158,452	-	95,992,585	60,062,945	61.51%
12 In-State Sub-total	Outpatient	88,541,266	15,691,973	16,006,366	3,088,001	330,481	3,161,569	-	11,793,007	-	751,937	905,740	631,594	-	52,360,668	36,180,598	59.14%
13 Out-of-State Medicaid	Inpatient	36,083,315	5,339,463	3,090,409	7,860,242	3,174	-	-	5,072,304	-	-	1,223,178	-	-	22,588,770	13,494,545	62.60%
14 Out-of-State Medicaid	Outpatient	17,193,972	1,517,421	2,829,234	3,796,835	52,318	-	-	3,976,203	-	-	281,395	-	-	12,453,406	4,740,566	72.43%
15 Cost Report Year Sub-Total	I/P and O/P	297,874,083	57,392,641	44,148,805	33,959,342	416,278	3,161,569	-	37,231,228	-	1,353,259	4,942,262	790,046	-	183,395,429	114,478,654	61.57%
16																	
17																	
Less: Out of State DSH Payments from Adjusted Survey																6,950,953	
Adjusted Sub-Total UCC Prior to Supplemental Medicaid Payments																107,527,701	

Medicaid DSH Survey Adjustments

PROVIDER: AU MEDICAL CENTER  
FROM: 7/1/2018

TO: 6/30/2019

Mcaid Number: 000000723A  
Mcare Number: 110034

Myers and Stauffer DSH Survey Adjustments

Adj. #	Schedule	Line #	Line Description	Column	Column Description	Explanation for Adjustment	Original Amount	Adjustment	Adjusted Total	W/P Ref.
1	E - Disclosure of Medicaid / Uninsured Payments	13	Did your hospital receive any Medicaid managed care payments not paid at the claim level	2.00	Amount - Outpatient	Adjust to hospital's data	\$ -	No	No	1101
2	H - In-State	132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	5.00	Inpatient In-State Medicaid FFS Primar	Adjust to paid claims data	\$ 32,760,066	\$ 994,848	\$ 33,754,914	4103
2	H - In-State	135	Self-Pay (including Co-Pay and Spend-Down)	5.00	Inpatient In-State Medicaid FFS Primar	Adjust to paid claims data	\$ -	\$ 2,188	\$ 2,188	4103
2	H - In-State	132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	6.00	Outpatient In-State Medicaid FFS Primar	Adjust to paid claims data	\$ 14,308,555	\$ 224,581	\$ 14,533,136	4103
2	H - In-State	134	Private Insurance (including primary and third party liability)	6.00	Outpatient In-State Medicaid FFS Primar	Adjust to paid claims data	\$ 51,530	\$ 4,734	\$ 56,264	4103
2	H - In-State	135	Self-Pay (including Co-Pay and Spend-Down)	6.00	Outpatient In-State Medicaid FFS Primar	Adjust to paid claims data	\$ 53,704	\$ 1,124	\$ 54,828	4103
2	H - In-State	137	Medicaid Cost Settlement Payments (See Note B)	6.00	Outpatient In-State Medicaid FFS Primar	Adjust to Medicaid cost settlements per state's listing	\$ -	\$ 3,161,569	\$ 3,161,569	4901
5	I - Out-of-State	46	KIDNEY ACQUISITION	9.00	Inpatient Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)	Adjust to paid claims data	\$ 1,161,210	\$ (1,161,210)	\$ -	4703
5	I - Out-of-State	47	PANCREAS ACQUISITION	9.00	Inpatient Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)	Adjust to paid claims data	\$ 126,940	\$ (126,940)	\$ -	4703
8	J - Organ Acquisition In-State	2	Kidney Acquisitor	9.00	In-State Medicaid FFS Primary Useable Organs (Count	Adjust to paid claims data	3	(1)	2	3005
8	J - Organ Acquisition In-State	2	Kidney Acquisitor	13.00	In-State Medicare FFS Cross-Overs (with Medicaid Secondary) Useable Organs (Count	Adjust to paid claims data	15	1	16	3005

**Medicaid DSH Report Notes**

PROVIDER: AU MEDICAL CENTER

Mcaid Number: 000000723A

FROM: 7/1/2018

TO: 6/30/2019

Mcare Number: 110034

**Myers and Stauffer DSH Report Notes**

Note #	Note for Report	Amounts
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