EXAMINER ADJUSTED SURVEY

Workpaper #:		Reviewer:
Examiner:		
Date:		
DSH \	Version 7.25	5/3/2018

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1/1/2017 9/30/2017

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:	BARROW REGIONAL ME	DICAL CENTER	
	1/1/2017		
	through		
	9/30/2017		
Select Cost Report Year Covered by this Survey:	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:

4. Hospital Name:
5. Medicaid Provider Number:
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):
8. Medicare Provider Number:
Owner/Operator (Private State Govt Non-State Govt HIS/Tribal)

8a.	Owner/Operator (Private, Star	e Govt.	, Non-State Gov	t., HIS/Tribal):
8b.	DSH Pool Classification (Sma	ıll Rural,	Non-Small Rura	al, Urban):

Data	Correct?
RROW REGIONAL MEDICAL CENTER	No
002098A	_
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	If Incorrect, Proper Information
NGMC Barrow	

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
- 11. State Name & Number
- 12 State Name & Number
- 13. State Name & Number
- 14. State Name & Number
- (List additional states on a separate attachment)

Provider No.

State Name

E. Disclosure of Medicaid / Uninsured Payments Received: (01/01/2017 - 09/30/2017)

- 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)
- 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:

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

I	Inpatient		Inpatient Outpatient		Outpatient	Total
\$	-	\$	27,418	\$27,418		
\$	15,687	\$	142,994	\$158,681		
	\$15,687		\$170,412	\$186,099		
	0.00%		16.09%	14.73%		

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.

- 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



7.020.971

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 (01/01/2017 - 09/30/2017)

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)

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
- 3. Outpatient Hospital Subsidies
- 4. Unspecified I/P and O/P Hospital Subsidies
- 5. Non-Hospital Subsidies
- 6. Total Hospital Subsidies
- 7. Inpatient Hospital Charity Care Charges
- 8. Outpatient Hospital Charity Care Charges
- 9. Non-Hospital Charity Care Charges
- 10. Total Charity Care Charges

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

	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital 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 20. Outpatient Services 21. Home Health Agency 22. Ambulance 23. Outpatient Rehab Providers 24. ASC	\$ 4,041,61 \$ \$ \$ \$ 18,892,04	- \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 3,457,965 \$ - \$ - \$ 16,163,866 \$ - \$ -	\$ - \$ - \$ - \$ 45,735,962 \$ 19,960,943	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 583,645 \$ - \$ - \$ 10,447,625 \$ 3,369,064 \$ - \$ -
25. Hospice 26. Other	\$	- \$ -	\$ - \$ -	\$ -	\$ -	\$ - \$ -	\$ -
27. Total 28. Total Hospital and Non Hospital	\$ 22,933,65	8 \$ 76,785,412 Total from Above	\$ - \$ 99,719,070	\$ 19,621,831	\$ 65,696,905 Total from Above	\$ - \$ 85,318,736	\$ 14,400,334
Total Per Cost Report Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on patient revenue)		tient Revenues (G-3 Line 1) pact is a decrease in net	\$ 99,719,070	Total Con	ntractual Adj. (G-3 Line 2)	\$ 85,318,736	
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH (impact is a decrease in net patient revenue)	Revenue INCLUDED on w	orksheet G-3, Line 2				+ \$ -	
 Decrease worksheet G-3, Line 2 to remove Medicaid Provider Tax increase in net patient revenue) 	es INCLUDED on workshe	et G-3, Line 2 (impact is an				\$ -	
 Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove INCLUDED on worksheet G-3, Line 2 (impact is an increase in net 		ted to insured patients				- \$ -	
35. Adjusted Contractual Adjustments 36. Unreconciled Difference	Unreconcile	d Difference (Should be \$0)	\$ -	Unreconciled D	Difference (Should be \$0)	85,318,736 \$	1

G. Cost Report - Cost / Days / Charges

Cost Report Year (01/01/2017-09/30/2017)

BARROW REGIONAL MEDICAL CENTER

			Inton 9 Decident	RCE and Therapy				I/P Routine		
Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	Add-Back (If Applicable)		Net Cost	I/P Days and I/P Ancillary Charges	Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem
Routin	e Cost Centers (list below):									
	ADULTS & PEDIATRICS	\$ 3,787,223	\$ -	\$ -	\$ -	\$ 3,787,223	2,918	\$ 2,345,920		\$ 1,297.88
03100	INTENSIVE CARE UNIT	\$ 2,192,421	\$ -	\$ -		\$ 2,192,421	746	\$ 1,695,690		\$ 2,938.90
03200	CORONARY CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
03300	BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
	SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
	OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
	SUBPROVIDER I	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
	SUBPROVIDER II	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
	OTHER SUBPROVIDER	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
04300	NURSERY	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
\vdash		\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
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			Ψ	т	•	I T	0.004	0 4.044.040		ъ -
	Total Routine	\$ 5,979,644	\$ -	\$ -	\$ -	\$ 5,979,644	3,664	\$ 4,041,610	i	
	Weighted Average									\$ 1,632.00
			Hospital	Subprovider I	Subprovider II		Inpatient Charges -	Outpatient Charges -	Total Charges -	
			Observation Days -	Observation Days -	Observation Days -	Calculated (Per	Cost Report	Cost Report	Cost Report	Medicaid Calculated
			Cost Report W/S S-	Cost Report W/S S-	Cost Report W/S S-	Diems Above	Worksheet C, Pt. I,	Worksheet C, Pt. I,	Worksheet C, Pt. I,	Cost-to-Charge Ratio
			3, Pt. I, Line 28,	3, Pt. I, Line 28.01,	3, Pt. I, Line 28.02,	Multiplied by Days)	Col. 6	Col. 7	Col. 8	Cost-to-Charge Natio
Observ	ration Data (Non Distinct)		Col. 8	Col. 8	Col. 8		COI. 0	COI. 1	COI. 0	
	ration Data (Non-Distinct)	Í								
09200	Observation (Non-Distinct)		750	-	-	\$ 973,410	\$ 100,000	\$ 935,178	\$ 1,035,178	0.940331
						Ψ 373,410				
						φ 3/3,410				
						373,410				
			Cost Poport			373,410				
		Cost Papart	Cost Report	Cost Report		373,410	Inpatient Charges -	Outpatient Charges -	Total Charges -	
		Cost Report	Worksheet B,	Worksheet C,			Cost Report	Cost Report	Cost Report	Medicaid Calculated
		Worksheet B,	Worksheet B, Part I, Col. 25	Worksheet C, Part I, Col.2 and		Calculated	Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	Medicaid Calculated Cost-to-Charge Ratio
			Worksheet B, Part I, Col. 25 (Intern & Resident	Worksheet C,			Cost Report	Cost Report	Cost Report	
		Worksheet B,	Worksheet B, Part I, Col. 25	Worksheet C, Part I, Col.2 and			Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	
Ancilla	ry Cost Centers (from W/S C excluding Obs	Worksheet B, Part I, Col. 26	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Worksheet C, Part I, Col.2 and			Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	
	ury Cost Centers (from W/S C excluding Obs OPERATING ROOM	Worksheet B, Part I, Col. 26	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Worksheet C, Part I, Col.2 and			Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8	
5000		Worksheet B, Part I, Col. 26 ervation) (list below	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Worksheet C, Part I, Col.2 and Col. 4		Calculated	Cost Report Worksheet C, Pt. I, Col. 6	Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8	Cost-to-Charge Ratio
5000 (5300 /	OPERATING ROOM	Worksheet B, Part I, Col. 26 ervation) (list below \$ 4,031,085	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Worksheet C, Part I, Col.2 and Col. 4		Calculated \$ 4,031,085	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,258,910	Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8	Cost-to-Charge Ratio 0.445306
5000 (5300 / 5400 l	OPERATING ROOM ANESTHESIOLOGY	Worksheet B, Part I, Col. 26 ervation) (list below \$ 4,031,085 \$ 709,590	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Worksheet C, Part I, Col.2 and Col. 4		\$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,258,910 \$ 754,662	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,793,485 \$ 3,575,374 \$ 4,997,788 \$ 1,857,746	Cost Report Worksheet C, Pt. I, Col. 8 \$ 9,052,395 \$ 4,330,036 \$ 5,495,358 \$ 2,955,766	0.445306 0.163876 0.288727 0.117985
5000 (5300 / 5400 (5401 (OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	Worksheet B, Part I, Col. 26 ervation) (list below \$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ -		Calculated \$ 4,031,085 \$ 799,590 \$ 1,586,659	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,258,910 \$ 754,662 \$ 497,570	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,793,485 \$ 3,575,374 \$ 4,997,788	Cost Report Worksheet C, Pt. I, Col. 8 \$ 9,052,395 \$ 4,330,036 \$ 5,495,358 \$ 2,955,766 \$ 952,894	0.445306 0.163876 0.288727
5000 (5300 / 5400 / 5401 (5600 / 5700 (OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC ULTRASOUND RADIOISOTOPE CT SCAN	Worksheet B, Part I, Col. 26 ervation) (list below \$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,258,910 \$ 754,662 \$ 497,570 \$ 1,098,020 \$ 253,120 \$ 2,908,497	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,793,485 \$ 3,575,374 \$ 4,997,788 \$ 1,857,746 \$ 699,774 \$ 14,821,014	Cost Report Worksheet C, Pt. I, Col. 8 \$ 9,052,395 \$ 4,330,036 \$ 5,495,358 \$ 2,955,766 \$ 952,894 \$ 17,729,511	0.445306 0.163876 0.288727 0.117985 0.199176 0.018255
5000 (5300 / 5400 / 5401 (5600 / 5700 (OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC ULTRASOUND RADIOISOTOPE	Worksheet B, Part I, Col. 26 ervation) (list below \$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Worksheet C, Part I, Col.2 and Col. 4		\$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661 \$ 146,128	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,258,910 \$ 754,662 \$ 497,570 \$ 1,098,020 \$ 253,120	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,793,485 \$ 3,575,374 \$ 4,997,788 \$ 1,857,746 \$ 699,774	Cost Report Worksheet C, Pt. I, Col. 8 \$ 9.052,395 \$ 4,330,036 \$ 5,495,358 \$ 2,955,766 \$ 952,894 \$ 17,729,511 \$ 1,982,804	0.445306 0.163876 0.288727 0.117985 0.199176 0.018255 0.073698
5000 (5300 / 5400 (5401 (5600 (5700 (5800 (OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC ULTRASOUND RADIOISOTOPE CT SCAN MRI LABORATORY	Worksheet B, Part I, Col. 26 ervation) (list below \$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661 \$ 146,128 \$ 2,186,596	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)* S - S - S - S - S - S - S - S - S - S	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661 \$ 146,128 \$ 2,186,596	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,258,910 \$ 754,662 \$ 497,570 \$ 1,098,020 \$ 253,120 \$ 2,908,497 \$ 279,060 \$ 3,664,204	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,793,485 \$ 3,575,374 \$ 4,997,788 \$ 1,857,746 \$ 699,774 \$ 14,821,014 \$ 1,703,744 \$ 6,999,534	Cost Report Worksheet C, Pt. I, Col. 8 \$ 9,052,395 \$ 4,330,036 \$ 5,495,358 \$ 2,955,766 \$ 952,894 \$ 17,729,511 \$ 1,982,804 \$ 10,663,738	0.445306 0.163876 0.183876 0.288727 0.117985 0.199176 0.018255 0.073698 0.205050
5000 (5300 / 5400 (5401 (5600 (5700 (5800 (6000 (OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC ULTRASOUND RADIOISOTOPE CT SCAN MRI LABORATORY RESPIRATORY THERAPY	Worksheet B, Part I, Col. 26 ervation) (list below \$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661 \$ 146,128 \$ 2,186,596 \$ 1,178,711	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)* :: \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Worksheet C, Part I, Col.2 and Col. 4		\$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661 \$ 146,128 \$ 2,186,596 \$ 1,178,711	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,258,910 \$ 754,662 \$ 497,570 \$ 1,098,020 \$ 253,120 \$ 2,908,497 \$ 279,060 \$ 3,664,204 \$ 2,677,312	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,793,485 \$ 3,575,374 \$ 4,997,788 \$ 1,857,746 \$ 699,774 \$ 14,821,014 \$ 1,703,744 \$ 6,999,534 \$ 1,881,200	Cost Report Worksheet C, Pt. I, Col. 8 \$ 9,052,395 \$ 4,330,036 \$ 5,495,358 \$ 2,955,766 \$ 952,894 \$ 17,729,511 \$ 1,982,804 \$ 10,663,738 \$ 4,558,512	0.445306 0.163876 0.288727 0.117985 0.199176 0.018255 0.073698 0.205050 0.258574
5000 (5300 / 5400 (5401 (5600 (5700 (5800 (6600 (6600 (OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC ULTRASOUND RADIOISOTOPE CT SCAN MRI LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY	Worksheet B, Part I, Col. 26 \$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661 \$ 146,128 \$ 2,186,596 \$ 1,178,711 \$ 770,685	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)* S - S - S - S - S - S - S - S - S - S	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661 \$ 146,128 \$ 2,186,596 \$ 1,178,711 \$ 770,685	\$ 1,258,910 \$ 754,662 \$ 497,570 \$ 1,098,020 \$ 253,120 \$ 2,908,497 \$ 279,060 \$ 3,664,204 \$ 2,677,312 \$ 326,507	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,793,485 \$ 3,575,374 \$ 4,997,788 \$ 1,857,746 \$ 699,774 \$ 14,821,014 \$ 1,703,744 \$ 6,999,534 \$ 1,881,200 \$ 935,139	Cost Report Worksheet C, Pt. I, Col. 8 \$ 9,052,395 \$ 4,330,036 \$ 5,495,358 \$ 2,955,766 \$ 952,894 \$ 17,729,511 \$ 1,982,804 \$ 10,663,738 \$ 4,558,512 \$ 1,261,646	0.445306 0.163876 0.288727 0.117985 0.199176 0.018255 0.073698 0.205050 0.258574 0.610857
5000 (5300 / 5400 5401 5600 5700 (6500 6600 7100 7100	OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC ULTRASOUND RADIOISOTOPE CT SCAN MRI LABORATORY RESPIRATORY THERAPY	Worksheet B, Part I, Col. 26 ervation) (list below \$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661 \$ 146,128 \$ 2,186,596 \$ 1,178,711	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)* S: S - S - S - S - S - S - S - S - S - S -	Worksheet C, Part I, Col.2 and Col. 4		\$ 4,031,085 \$ 709,590 \$ 1,586,659 \$ 348,735 \$ 189,794 \$ 323,661 \$ 146,128 \$ 2,186,596 \$ 1,178,711	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,258,910 \$ 754,662 \$ 497,570 \$ 1,098,020 \$ 253,120 \$ 2,908,497 \$ 279,060 \$ 3,664,204 \$ 2,677,312	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,793,485 \$ 3,575,374 \$ 4,997,788 \$ 1,857,746 \$ 699,774 \$ 14,821,014 \$ 1,703,744 \$ 6,999,534 \$ 1,881,200 \$ 935,139 \$ 712,452	Cost Report Worksheet C, Pt. I, Col. 8 \$ 9,052,395 \$ 4,330,036 \$ 5,495,358 \$ 2,955,766 \$ 952,894 \$ 17,729,511 \$ 1,982,804 \$ 10,663,738 \$ 4,558,512	0.445306 0.163876 0.288727 0.117985 0.199176 0.018255 0.073698 0.205050 0.258574

G. Cost Report - Cost / Days / Charges

Cost Report Year (01/01/2017-09/30/2017)

BARROW REGIONAL 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	Total Charges	Medicaid Per Diem
7300 DRUGS CHARGED TO PATIENTS 7600 WOUND CARE	\$ 2,041,968 \$ 727,159			<u>\$</u>	2,041,968 727,159	\$ 3,626,132 \$ 21,612		\$ 8,115,314 \$ 2,072,832	0.25161 0.35080
9100 EMERGENCY	\$ 4,491,667		\$ -	\$	4,491,667	\$ 2,473,293		\$ 22,294,829	0.20146
9100 EMERGENCT	\$ 4,491,007		\$ -	- 3	4,491,007	\$ 2,473,293		\$ 22,294,629	0.20146
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G. Cost Report - Cost / Days / Charges

Cost Report Year (01/01/2017-09/30/2017) BARROW REGIONAL MEDICAL CENTER

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *		у	Net Cost		Days and I/P lary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem Cost or Other Ratio
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	Total Ancillary	\$ 20,468,10	0 \$ -	\$	- \$	20,468,	100 \$	21,485,340	\$ 74,192,120	\$ 95,677,460	
	Weighted Average										0.22410
				•		00.447		05 500 050	. 74 400 400		
	Sub Totals , SNF, and Swing Bed Cost for Medica orksheet D, Part V, Title 19, Column 5-			\$ -3, Title 19, Column	- \$ 3, Line 200 and \$		- \$	25,526,950	\$ 74,192,120	\$ 99,719,070	
NF	r, SNF, and Swing Bed Cost for Medica orksheet D, Part V, Title 18, Column 5-	are (Sum of applicable Co	st Report Worksheet D	-3, Title 18, Column	3, Line 200 and \$		-				
NF	, SNF, and Swing Bed Cost for Other I	Payors (Hospital must cal	culate. Submit support	for calculation of co	st.)		-				
	her Cost Adjustments (support must be				, s		_				
Oli	Grand Total	. Juliani			\$	26,447,7	744				
_	tal Intern/Resident Cost as a Percent o				Þ		00%				

^{*} 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 (01/01/2017-09/30/2017 BARROW REGIONAL MEDICAL CENTER

	_		In-State Medic	caid FFS Primary	In-State Medicaid I	Managed Care Primary	In-State Medicare F Medicaid	FFS Cross-Overs (with Secondary)	In-State Other Medical	id Eligibles (Not Included where)	Unir	nsured	_Total In-St	ate 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	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Survey to Cost Report Outpatient Totals
	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		
0 0 0 0	\$ 1,297.88 \$ 2,938.90 \$	Total Days	Days 229 82		Days 38 33		Days 179 84		Days 173 31		Days 256 84		Days 619 230	40.36% 42.09% 40.80%
Routine Charges Calculated Routine Charge Per Dien	I		Routine Charges \$ 423,228 \$ 1,360.86		Routine Charges \$ 116,178 \$ 1,636.31		Routine Charges \$ 509,662 \$ 1,937.88		Routine Charges \$ 258,248 \$ 1,265.92		Routine Charges \$ 468,696 \$ 1,378.52		Routine Charges \$ 1,307,316 \$ 1,539.83	43.94%
Ancillary Cost Centers (from Wis C) (from Section G 09200 Observation (Non-Distinct 5000 (DEPRATING ROOM 5000 ANESTHESIOL OCY 5400 RADIOLOGY-DIAGNOSTIC 5401 (LITARSOUND 5600 RADIOLOGY-DIAGNOSTIC 5700 (CT SCAN 5800 MRI 5600 (RADIOLAGNOSTOPE 5700 (LAGNOSTOPE 570		0.940331 0.445306 0.163876 0.288727 0.117985 0.199176 0.018255 0.073993 0.255504 0.255504 0.255505 0.201467 0.179443 1.008349 0.251619 0.350805 0.201467	Ancillary Charges \$ 291.671 \$ 76.203 \$ 50.109 \$ 119.990 \$ 10.513 \$ 319.043 \$ 344.563 \$ 344.563 \$ 357.040 \$ 10.513 \$ 37.040 \$ 10.513 \$ 37.040 \$ 10.513 \$ 37.040 \$ 10.513 \$ 37.040 \$ 10.513 \$ 10.	Ancillary Charges S	S	Ancillary Charges S	Second	Ancillary Charges \$ 551,403 \$ 756,163 \$ 186,613 \$ 965,176 \$ 1115,691 \$ 95,176 \$ 112,692 \$ 128,2	S	Ancillary Charges \$ 35,110. \$ 139,578. \$ 31,160. \$ 209,994. \$ 5,602. \$ 366,403. \$ 36,502. \$ 36,502. \$ 36,502. \$ 36,502. \$ 36,502. \$ 37,323. \$ 23,403. \$ 3,403	Ancillary Charges \$ 193,765 \$ 193,765 \$ 58,215 \$ 72,104 \$ 111,818 \$ 23,776 \$ 3 40,097 \$ 3 40,227 \$ 3 40,097 \$ 5 50,237 \$ 50,237 \$	Ancillary Charges S	Ancillary Charges \$ 2,495 \$ 603,539 \$ 167,541 \$ 175,972 \$ 524,497 \$ 785,557 \$ 786,555 \$ 787,555	\$ 949,479 11,47% 5 4,088,966 54,256 55 991,536 5 5,550,832 73,26% 5 15,508,832 73,26% 5 15,508,832 73,26%

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

Cost Report Year (01/01/2017-09/30/2017 BARROW REGIONAL MEDICAL CENTER

			y In-State Medicaid Managed Care Primary		In-State Medicare FF	S Cross-Overs (with	In-State Other Medic	aid Eligibles (Not Included							
			In-State Medica	id FFS Primary	In-State Medicaid N	Managed Care Primary	Medicaid S	econdary)	Else	ewhere)	Uni	nsured		te Medicaid	%
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			\$ - 2,659,138	\$ - \$ - 5,221,340	\$ - \$ - 602,428	\$ - \$ - 11,295,178	\$ - 2,548,084	\$ - \$ - 6,982,262	\$ - \$ - 1,221,450	\$ - \$ - 1,711,711	\$ - 2,526,618	\$ - \$ - 5,044,931	\$ -	-	-]
127	Totals / Payments	-			, <u></u>							\$ - \$ - 5,044,931		-]
	Totals / Payments Total Charges (includes organ acquisition from Section.	-	\$ - 2,659,138 \$ 3,082,366	\$ - \$ 5,221,340 \$ 5,221,340	, <u></u>		\$ - \$ 2,548,084 \$ 3,057,746		\$ - \$ 1,221,450 \$ 1,479,698		\$ 2,995,314	\$ - \$ 5,044,931 \$ 5,044,931		\$ 25,210,492	41.71%
127		-			, <u></u>							\$ - \$ - 5,044,931		\$ 25,210,492	41.71%
127 128 129		-			\$ 718,606	\$ 11,295,178				\$ 1,711,711	\$ 2,995,314	\$ - \$ 5,044,931 \$ 5,044,931 (Agrees to Exhibit A)		\$ 25,210,492	41.71%
127	Total Charges (includes organ acquisition from Section .	-	\$ 3,082,366	\$ 5,221,340	\$ 718,606	\$ 11,295,178	\$ 3,057,746	\$ 6,982,262	\$ 1,479,698	\$ 1,711,711	\$ 2,995,314 (Agrees to Exhibit A)	\$ - \$ 5,044,931 \$ 5,044,931 (Agrees to Exhibit A)		\$ 25,210,492	41.71%
127 128 129	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	-	\$ 3,082,366	\$ 5,221,340	\$ 718,606	\$ 11,295,178	\$ 3,057,746	\$ 6,982,262	\$ 1,479,698	\$ 1,711,711	\$ 2,995,314 (Agrees to Exhibit A)	\$ - \$ 5,044,931 \$ 5,044,931 (Agrees to Exhibit A)		\$ 25,210,492	41.71%
127 128 129 130	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable)	- J)	\$ 3,082,366	\$ 5,221,340	\$ 718,606 \$ 718,606	\$ 11,295,178	\$ 3,057,746	\$ 6,982,262	\$ 1,479,698	\$ 1,711,711 \$ 1,711,711	\$ 2,995,314 (Agrees to Exhibit A)	\$ - \$ 5,044,931 \$ 5,044,931 (Agrees to Exhibit A)		\$ -	<u> </u>
127 128 129 130 131.01 131.02	Total Charges (includes organ acquisition from Section Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Se	- J)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641	\$ 5,221,340 \$ 5,221,340 \$ 1,401,644	\$ 718,606 \$ 718,606 \$ 312,835	\$ 11,295,178 \$ 11,295,178 - - \$ 2,807,234	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425	\$ 1,479,698 \$ 1,479,698 \$ 570,315	\$ 1,711,711 \$ 1,711,711 \$ 371,482	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ 8,338,416 \$ - \$ 3,269,800	\$ - \$ 6,380,785	- 5 44.88%
127 128 129 130 131.01 131.02	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Section Paid Amount (excludes TPL, Co-Pay and Spend-Down)	J)	\$ 3,082,366 \$ 3,082,366	\$ 5,221,340 \$ 5,221,340	\$ 718,606 \$ 718,606	\$ 11,295,178 \$ 11,295,178	\$ 3,057,746 \$ 3,057,746	\$ 6,982,262 \$ 6,982,262	\$ 1,479,698 \$ 1,479,698	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,369	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ 8,338,416	\$ - \$ 6,380,785 \$ 1,285,741	- 5 44.88%
127 128 129 130 131.01 131.02 132 133	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Section Se	J)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 \$ 312,835	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 857,439 \$ -	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ -	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ -	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,369 \$ 15,862	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ - \$ 3,269,800 \$ 1,001,992 \$ -	\$ - \$ 6,380,785 \$ 1,285,741 \$ 15,862	- 5 44.88% 1 2
127 128 129 130 131.01 131.02 132 133 134	Total Charges (includes organ acquisition from Section . Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Section . Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Private Insurance (including primary and third party liability)	J)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641	\$ 5,221,340 \$ 5,221,340 - \$ 1,401,644 \$ 401,491 \$ - \$ 451	\$ 718,606 \$ 718,606 \$ 312,835	\$ 11,295,178 \$ 11,295,178 	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425	\$ 1,479,698 \$ 1,479,698 \$ 570,315	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,369 \$ 15,862 \$ 142,331	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ 8,338,416 \$ - \$ 3,269,800 \$ 1,001,992 \$ 25,578	\$ - \$ 6,380,785 \$ 1,285,741 \$ 15,862 \$ 153,804	- 5 44.88% 1 2 4
127 128 129 130 131.01 131.02 132 133 134 135	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail	J)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641 \$ 845,699 \$ - \$ 5	\$ 5,221,340 \$ 5,221,340 \$ 1,401,644 \$ 401,491 \$ -5 \$ 451,507	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ - \$ 3	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 857,439 \$ 10,432 \$ 10,432 \$ 30,135	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ -	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ -	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,369 \$ 15,862	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ - \$ 3,269,800 \$ 1,001,992 \$ -	\$ - \$ 6,380,785 \$ 1,285,741 \$ 15,862	- 5 44.88% 1 2 4
127 128 129 130 131.01 131.02 132 133 134	Total Charges (includes organ acquisition from Section . Total Charges per PS&R or Exhibit Detail	J)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641	\$ 5,221,340 \$ 5,221,340 \$ 1,401,644 \$ 401,491 \$ -5 \$ 451 \$ 1,507	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ - \$ 3	\$ 11,295,178 \$ 11,295,178 	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ -	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ -	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,369 \$ 15,862 \$ 142,331	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ 8,338,416 \$ - \$ 3,269,800 \$ 1,001,992 \$ 25,578	\$ - \$ 6,380,785 \$ 1,285,741 \$ 15,862 \$ 153,804	- 5 44.88% 1 2 4
127 128 129 130 131.01 131.02 132 133 134 135 136	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Section Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B)	J)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641 \$ 845,699 \$ - \$ 5	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ - \$ 3	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 857,439 \$ 10,432 \$ 10,432 \$ 30,135	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ -	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ -	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,369 \$ 15,862 \$ 142,331	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ 8,338,416 \$ - \$ 3,269,800 \$ 1,001,992 \$ 25,578	\$ 6,380,785 \$ 1,285,741 \$ 15,862 \$ 153,804 \$ 34,812	- 5 44.88% 1 2 4
127 128 129 130 131.01 131.02 132 133 134 135 136 137	Total Charges (includes organ acquisition from Section . Total Charges per PS&R or Exhibit Detail	J) ction J) -Down) (See Note E)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641 \$ 845,699 \$ - \$ 5	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ - \$ 3	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 657,439 \$ -: \$ 10,432 \$ 30,135 \$ 896,006 \$ -:	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ -	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ -	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,369 \$ 15,862 \$ 142,331	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ 8,338,416 \$ - \$ 3,269,800 \$ 1,001,992 \$ 25,578 \$ 3	\$ 6,380,785 \$ 1,285,741 \$ 15,862 \$ 153,804 \$ 34,812	- 5 44.88% 1 2 2 4 2
127 128 129 130 131.01 131.02 132 133 134 135 136 137 138	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Section Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B)	ction J) -Down) (See Note E)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641 \$ 845,699 \$ - \$ 5	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ - \$ 3	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 657,439 \$ -: \$ 10,432 \$ 30,135 \$ 896,006 \$ -:	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$ - \$ 113	\$ 6,982,262 \$ 6,982,262 	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ 5 \$ 25,465 \$ -	\$ 1,711,711 \$ 1,711,711 \$ 3,71,482 \$ 3,369 \$ 15,862 \$ 142,331 \$ 3,170	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ 8,338,416 \$ 3,269,800 \$ 1,001,992 \$ 25,578 \$ 3 \$ 5 \$ 5	\$ 6,380,785 \$ 1,285,741 \$ 15,862 \$ 153,804 \$ 34,812 \$ 699,272 \$ -	44.88% 1 2 4 2 2 -
127 128 129 130 131.01 131.02 132 133 134 135 136 137 138 139	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Section Acquisition from Section Acquisition from Section Acquisition Form Section Acquisition Form Section Acquisition Form Section Acquisition Form Section Acquisition Acquisition Acquisition Form Section Acquisition Acquisi	ction J) -Down) (See Note E)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641 \$ 845,699 \$ - \$ 5	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ - \$ 3	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 657,439 \$ -: \$ 10,432 \$ 30,135 \$ 896,006 \$ -:	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$ - \$ 113	\$ 6,982,262 \$ 6,982,262 	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ 22,465 \$ 235,789	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,389 \$ 15,862 \$ 142,331 \$ 3,170	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314 \$ \$ 1,096,938	\$ - 5,044,931 \$ 5,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931 \$ 1,121,639	\$ 8,338,416	\$ 6,380,785 \$ 1,285,741 \$ 15,862 \$ 153,804 \$ 34,812 \$ 699,272 \$	44.88% 1 2 4 4 2 2 2 5 6
128 129 130 131.01 131.02 133 134 135 136 137 138 139 140	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail	ction J) -Down) (See Note E)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641 \$ 845,699 \$ - \$ 5	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ - \$ 3	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 657,439 \$ -: \$ 10,432 \$ 30,135 \$ 896,006 \$ -:	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 67,024 \$ - \$ 113 \$ -	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ 5 590 \$ 713,142 \$ 713,142	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ 22,465 \$ 235,789	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,389 \$ 15,862 \$ 142,331 \$ 3,170	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314	\$ - \$,044,931 \$ 5,044,931 (Agrees to Exhibit A) \$ 5,044,931	\$ 8,338,416	\$ 6,380,785 \$ 1,285,741 \$ 15,882 \$ 155,882 \$ 34,812 \$ 699,272 \$ 746,026 \$ 32,476	44.88% 1 2 2 4 4 2 2 2 5 6
127 128 129 130 131.01 131.02 132 133 134 135 136 137 138 139 140	Total Charges (includes organ acquisition from Section . Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Section . Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Private Insurance (including primary and thirt party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C) Medicare Traditional (non-HMO) Paid Amount (excludes coinsuranceideductible Medicare Managed Care (HMO) Paid Amount (excludes coinsuranceideductible Medicare Coss-Over Bad Dett Payments	ction J) -Down) (See Note E)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641 \$ 845,699 \$ - \$ 5	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ - \$ 3	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 657,439 \$ -: \$ 10,432 \$ 30,135 \$ 896,006 \$ -:	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 67,024 \$ - \$ 113 \$ -	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ 5 590 \$ 713,142 \$ 713,142	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ 22,465 \$ 235,789	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,389 \$ 15,862 \$ 142,331 \$ 3,170	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314 \$ 1,096,938	\$ 5,044,931 \$ 5,044,931 \$ 5,044,931 \$ 5,044,931 \$ 1,121,639	\$ 8,338,416	\$ 6.380.785 \$ 1,285,741 \$ 15,862 \$ 153,804 \$ 34,812 \$ 699,272 \$ 699,272 \$ 746,026 \$ 3,24,76 \$ 3,24,76 \$ 28,360	44.88% 1 2 4 4 2 2 2 6 6
127 128 129 130 131.01 131.02 133 134 135 136 137 138 139 140 141	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Section) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Paida (Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid PS&Settlement Payments (See Note B) Medicair Cost Settlement Payments (See Note B) Medicair Cost Settlement Payments (See Note C) Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductible Medicare Cross-Over Fad Dett Payments Medicaire Cross-Over Fad Dett Payments Other Medicaire Cross-Over Payments (See Note D)	ction J) -Down) (See Note E)	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641 \$ 845,699 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ - \$ 3	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 657,439 \$ -: \$ 10,432 \$ 30,135 \$ 896,006 \$ -:	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 67,024 \$ - \$ 113 \$ -	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ 5 590 \$ 713,142 \$ 713,142	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 8,185 \$ 22,465 \$ 235,789	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 3,389 \$ 15,862 \$ 142,331 \$ 3,170	\$ 2,995,314 (Agrees to Exhibit A) \$ 2,995,314 \$ 1,096,938	\$	\$ 8,338,416	\$ 6.380.785 \$ 1,285,741 \$ 15,862 \$ 153,804 \$ 34,812 \$ 699,272 \$ 699,272 \$ 746,026 \$ 3,24,76 \$ 3,24,76 \$ 28,360	44.88% 1 2 2 4 4 2 2 2 5 6
127 128 129 130 131.01 131.02 132 133 134 135 136 137 138 139 140 141 142 143 144	Total Charges (includes organ acquisition from Section . Total Charges per PS&R or Exhibit Detail	J) ction J) -Down) (See Note E) ss) Exhibits B & B-1 (from Sec	\$ 3,082,366 \$ 3,082,366 \$ 1,277,841 \$ 845,699 \$ - \$ - \$ - \$ 45,699 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 857,439 \$ 10,432 \$ 30,135 \$ 898,006 \$ - \$ -	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$ - \$ 113 \$ - \$ 705,864 \$ - \$ 9,221 \$ -	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ 5 - \$ 590 \$ - \$ 590 \$ - \$ 28,300 \$ -	\$ 1,479,698 \$ 1,479,698 \$ 570,318 \$ 8,185 \$ -\$ \$ 25,465 \$ -\$ \$ 96,884 \$ -\$ \$ 96,884	\$ 1,711,711 \$ 1,711,711 \$ 3,71,482 \$ 3,369 \$ 15,862 \$ 142,331 \$ 3,170 \$ 32,884 \$ 32,476 \$ 5	\$ 2,995,314 (Agrees to Exhibit 8 \$ 1,096,936 \$ 1,096,936 (Agrees to Exhibit 8 ### ### ############################	\$ \$	\$ 8,338,416	\$ 6,380,785 \$ 1,285,741 \$ 15,862 \$ 153,804 \$ 34,812 \$ 699,272 \$ 746,026 \$ 32,476 \$ 28,360 \$.	- 44.88% 1 2 4 2 2 2 3 3 3
127 128 129 130 131.01 131.02 132 133 134 135 136 137 138 139 140 141 142 143 144	Total Charges (includes organ acquisition from Section. Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable) Total Calculated Cost (includes organ acquisition from Section. Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Drivate Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductible Medicare Coss-Over Bad Debt Payments Other Medicaid Cross-Over Pad Debt Payments Other Medicaid Cross-Over Pad Debt on Insulation Hospital Services NOT included in E Section 1011 Payment Related to Inpatient Hospital Services NOT included in E Calculated Payment Shortfail / (Longfail) (PRIOR TO SUPPLEMENTAL P	J) ction J) -Down) (See Note E) ss) Exhibits B & B-1 (from Sec	\$ 3,082,366 \$ 3,082,366 \$ 1,277,641 \$ 045,699 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 5,221,340 \$ 5,221,340 \$ 1,401,644 \$ 401,401 \$ 451 \$ 451 \$ 1,507 \$ 403,449 \$ 699,272 \$ 5	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ 3 \$ 61,087 \$ - \$ - \$ 3 \$ 61,087	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 857,439 \$ 10,432 \$ 30,135 \$ 898,006 \$ - \$ -	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$ -1 \$ 113 \$ 9,221 \$ 9,221 \$ -2 \$ 9,221 \$ -3	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$	\$ 1,479,698 \$ 1,479,698 \$ 570,315 \$ 570,315 \$ 25,405 \$ 25,405 \$ 96,884 \$ 96,884 \$ 98,884	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 371,482 \$ 3,369 \$ 15,662 \$ 142,331 \$ 3,170 \$ 32,844 \$ 32,476 \$ 5	\$ 2,995,314 (Agrees to Exhibit B) \$ 2,995,314 \$ 1,096,938 (Agrees to Exhibit B and B-1) \$ 5 \$ 1,096,938	\$ 5,044,931 \$ 5,044,931 \$ 5,044,931 \$ 5,044,931 \$ 1,121,639 (Agrees to Exhibit B and B-1) \$ 27,418 \$ 27,418 \$ 1,094,221	\$ 8,338,416 S \$ 3.269,800 S 1,001,992 S \$ 2,5,788 S \$ 941,653 S 96,884 S 9,221 S 1,194,469	\$ 6,380,785 \$ 1,285,741 \$ 15,862 \$ 153,804 \$ 34,812 \$ 699,272 \$ 746,026 \$ 22,476 \$ 28,360 \$ -	44.88% 1 1 2 2 4 4 2 2
127 128 129 130 131.01 131.02 132 133 134 135 136 137 138 139 140 141 142 143 144	Total Charges (includes organ acquisition from Section . Total Charges per PS&R or Exhibit Detail	J) ction J) -Down) (See Note E) ss) Exhibits B & B-1 (from Sec	\$ 3,082,366 \$ 3,082,366 \$ 1,277,841 \$ 845,699 \$ - \$ - \$ - \$ 45,699 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 5,221,340 \$ 5,221,340 	\$ 718,606 \$ 718,606 \$ 312,835 \$ 61,084 \$ - \$ 3 \$ 61,087 \$ - \$ - \$ 3 \$ 61,087	\$ 11,295,178 \$ 11,295,178 \$ 2,807,234 \$ 857,439 \$ 10,432 \$ 30,135 \$ 898,006 \$ - \$ -	\$ 3,057,746 \$ 3,057,746 \$ 1,109,009 \$ 87,024 \$ - \$ 113 \$ - \$ 705,864 \$ - \$ 9,221 \$ -	\$ 6,982,262 \$ 6,982,262 \$ 1,800,425 \$ 23,442 \$ 5 - \$ 590 \$ - \$ 590 \$ - \$ 28,300 \$ -	\$ 1,479,698 \$ 1,479,698 \$ 570,318 \$ 8,185 \$ -\$ \$ 25,465 \$ -\$ \$ 96,884 \$ -\$ \$ 96,884	\$ 1,711,711 \$ 1,711,711 \$ 371,482 \$ 371,482 \$ 3,369 \$ 15,662 \$ 142,331 \$ 3,170 \$ 32,844 \$ 32,476 \$ 5	\$ 2,995,314 (Agrees to Exhibit 8 \$ 1,096,936 \$ 1,096,936 (Agrees to Exhibit 8 ### ### ############################	\$ \$	\$ 8,338,416	\$ 6,380,785 \$ 1,285,741 \$ 15,862 \$ 153,804 \$ 34,812 \$ 699,272 \$ 746,026 \$ 32,476 \$ 28,360 \$.	44.88% 1 1 2 2 4 4 2 2

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 & 0 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 s 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 PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claims Pspecific payments. DSHI 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 cost report settlement (e.g., Medicare Graduate Medicaid Education pay Note E - Medicaid Managed Care payments should have payments should niculdue all Medicaid Managed Care payments should not the services profit on this feet to incremble payments, box pours payments, capitation and sub-capitation pay.

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:

			Out-of-State Med	dicaid FFS Primary		caid Managed Care nary		are FFS Cross-Overs id Secondary)		Medicaid Eligibles (Not Elsewhere)	Total Out-Of-S	tate Medicaid
ine# 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	Outpatie
	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	
03000 ADULTS & PEDIATRICS	\$ 1,297.88		-		-		-		-		-	
03100 INTENSIVE CARE UNIT	\$ 2,938.90		-		-		-		-		-	
03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	\$ -		-		-		-		-			
03400 SURGICAL INTENSIVE CARE UNIT	\$ -		 						-		-	
03500 OTHER SPECIAL CARE UNIT	\$ -		-		-		-		-		-	
04000 SUBPROVIDER I	\$ -		-		-		-		-		-	
04100 SUBPROVIDER II	\$ -		-		-		-		-		-	
04200 OTHER SUBPROVIDER	\$ -		-		-		-		-			
04300 NURSERY	\$ - \$ -		-		-		-		-		-	
	\$ -				-		-				-	
	\$ -				-		-					
	\$ -		-		-		-		-		-	
	\$ -		-		-		-		-		-	
	\$ -		-		-		-		-		-	
	\$ -		-		-		-		-			
		Total Days	-		-		-		-		-	
Total Days per PS&R or Exhibit Detail			-		-		-		-			
Unreconciled Days (Explain Variance)											
			Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
Routine Charges			\$ -		\$ -		\$ -		\$ -		\$ -	
Calculated Routine Charge Per Diem			\$ -		\$ -		\$ -		\$ -		\$ -	
Ancillary Cost Centers (from W/S C) (list below):			Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary C
09200 Observation (Non-Distinct) 5000 OPERATING ROOM		0.940331 0.445306	-	-	-	-	-	-	-	-	\$ -	\$
5300 ANESTHESIOLOGY		0.163876							-		T	7
											\$ -	
		0.288727	_	-	-	-	-	-	-	-		\$
5400 RADIOLOGY-DIAGNOSTIC 5401 ULTRASOUND		0.288727 0.117985	-	-	-	-	-		-	-		,
5400 RADIOLOGY-DIAGNOSTIC 5401 ULTRASOUND 5600 RADIOISOTOPE		0.288727 0.117985 0.199176	-		-		-	-	-	-	\$ - \$ - \$	\$
5400 RADIOLOGY-DIAGNOSTIC 5401 ULTRASOUND 5600 RADIOISOTOPE 5700 CT SCAN		0.288727 0.117985 0.199176 0.018255	- - -	-	-		-	-	-	-	\$ - \$ - \$ -	\$ \$ \$
5400 RADIOLOGY-DIAGNOSTIC 5401 ULTRASOUND 5600 RADIOISOTOPE 5700 CT SCAN 5800 MRI		0.288727 0.117985 0.199176 0.018255 0.073698	-	-	-	-		-	-	-	\$ - \$ - \$ - \$ -	\$ \$ \$ \$
5400 RADIOLOGY-PIAGNOSTIC 5401 ULTRASOUND 5600 RADIOISOTOPE 5700 CT SCAN 5800 MRI 6000 LABORATORY		0.288727 0.117985 0.199176 0.018255 0.073698 0.205050	-	-	-	-	-	-	-	-	\$ - \$ - \$ - \$ -	\$ \$ \$
5400 RADIOLOGY-DIAGNOSTIC 5401 ULTRASOUND 5600 RADIOISOTOPE 5700 CT SCAN 5800 MRI 6000 LABORATORY 6500 RESPIRATORY THERAPY		0.288727 0.117985 0.199176 0.018255 0.073698 0.205050 0.258574	-		-	-	- - - - -	-	-	-	S	\$ \$ \$ \$ \$ \$ \$ \$
5400 RADIOLOGY-PIAGNOSTIC 5401 ULTRASOUND 5600 RADIOISOTOPE 5700 CT SCAN 5800 MRI 6000 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY	T	0.288727 0.117985 0.199176 0.018255 0.073698 0.205050 0.258574 0.610857	-		-	-		-	-	-	S	\$ \$ \$ \$ \$ \$
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I. Out-of-State Medicaid Data:

Cost Report Year (01/01/2017-09/30/2017)

BARROW REGIONAL MEDICAL CENTER

	Cost Re	eport Year (01/01/2017-09/30/2017)	BARROW REGIONAL MEDICAL CENTER	3								
						Out-of-State Med	licaid Managed Care	Out-of-State Medic	are FFS Cross-Overs	Out-of-State Other N	Medicaid Eligibles (Not	
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	otals /	/ Payments										
128		Total Charges (includes organ a	acquisition from Section K)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - \$ -
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129	Total Ch	harges per PS&R or Exhibit Detail		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
130		Unreconciled Charges	(Explain Variance)	-	-		-			-		
	Complia											\$ - \$ -
	Samplin	ng Cost Adjustment (if applicable)				l L						· · · · · · · · · · · · · · · · · · ·
131.02		Total Calculated Cost (includes org	an acquisition from Section K)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - \$ -
		edicaid Paid Amount (excludes TPL, Co-Pay a		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - \$ -
			s TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - \$ -
134		Insurance (including primary and third party lia		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - \$ -
		y (including Co-Pay and Spend-Down)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - \$ -
136		llowed Amount from Medicaid PS&R or RA De	etail (All Payments)	\$ -	\$ -	\$ -	\$ -				<u> </u>	
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Cost Report Year (01/01/2017-09/30/2017) BARROW REGIONAL MEDICAL CENTER Out-of-State Medicaid FFS Primary Total Out-Of-State Medicaid (with Medicaid Secondary) Included Elsewhere Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C) 138 139 Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) 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)

- 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 PS&R).

I. Out-of-State Medicaid Data:

Calculated Payment Shortfall / (Longfall)

Calculated Payments as a Percentage of Cost

143.02

144

- 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 payments).
- 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, capitation and sub-capitation payments.

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

Cost Report Year (01/01/2017-09/30/2017) BARROW REGIONAL MEDICAL CENTER

	Total			Revenue for	Total	In-State Medi	caid FFS Primary	In-State Medicaid N	lanaged Care Primary		FS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unir	nsured
	Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	133 x Total Cont	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 Medicaid/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 Hospital's Own Internal Analysis	From Hospital's O Internal Analysis							
an Acquisition Cost Centers (list below):			1-				1		-		-		_		
Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
	S -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	_	\$ -	_	\$ -	_	\$ -	_	\$ -	
Total Cost	7								_		_		_		

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 organ providers, 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 the accrual method of accounting. If organs are 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 the accrual method of accounting. If organs are 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 the accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients (but where organs 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 (01/01/2017-09/30/2017) BARROW REGIONAL MEDICAL CENTER

	Total	Additional Add-In Total Adjusted Me	Revenue for	Total	Out-of-State Med	licaid FFS Primary	Out-of-State Medicaid	d Managed Care Primary		are FFS Cross-Overs aid Secondary)	Out-of-State Other M	ledicaid Eligibles (Not Isewhere)	
	Organ Acquisition Cost	Intern/Posident	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable 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 Acquistion 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 Medicaid/ 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)							
Organ Acquisition Cost Centers (list below):													
11 Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
12 Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
13 Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
14 Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
15 Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
16 Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
17 Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
18	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
19 Totals	\$ -	\$ -	\$ -	\$ -	_	\$ -	_	\$ -		\$ -	_	\$ -	_
20 Total Cost]						_		-		_		

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.

ost Re	port Year	(01/01/2017-09/30/2017)	

BARROW REGIONAL MEDICAL CENTER

				W/S A Cost Center	
			Dollar Amount	Line	
	oital Gross Provider Tax Assessment (from gene		\$ 464,467		-
	king Trial Balance Account Type and Account #		Expense	308001-69760	(WTB Account #)
2 Hosp	oital Gross Provider Tax Assessment Included i	Expense on the Cost Report (W/S A, Col. 2)	\$ 464,467	5.00	(Where is the cost included on w/s A:
3 Diffe	rence (Explain Here>)	0	\$ -		
Prov	rider Tax Assessment Reclassifications (fro	m w/s A-6 of the Medicare cost report)			_
4	Reclassification Code	0	\$ -	-	(Reclassified to / (from))
5	Reclassification Code	0	\$ -	_	(Reclassified to / (from))
6	Reclassification Code	0	\$ -	-	(Reclassified to / (from))
7	Reclassification Code	0	\$ -	-	(Reclassified to / (from))
9 10 11	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment	0 0 0	\$ - \$ - \$	-	(Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from))
		ement Adjustments (from w/s A & of the Medicare cost ren	ort)		
DSH	UCC NON-ALLOWABLE Provider Tax Asses	sinent Aujustinents (nom w/s A-o or the Medicale Cost rep			1
DSH	UCC NON-ALLOWABLE Provider Tax Asses Reason for adjustment	0	\$ -		
		·	\$ - \$ -	-	
12	Reason for adjustment	0	\$ - \$ - \$ -	-	
12 13	Reason for adjustment Reason for adjustment	0	\$ - \$ - \$ - \$	-	
12 13 14 15	Reason for adjustment Reason for adjustment Reason for adjustment	0 0 0 0	\$ - \$ - \$ - \$ -	-	
12 13 14 15 16 Tota	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment	0 0 0 0	\$ - \$ - \$ - \$ - \$ -	-	

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

DSH Examination Eligibility Summary

Hospital Name Hospital Medicaid Number Cost Report Period NGMC Barrow 000002098A

From 1/1/2017

To **9/30/2017**

		As-Reported	Adjustments	As-Adjusted
LIUR				
1 Medicaid Hospital Net Revenue	Survey H & I (Sum all In-State & Out-of-State Medicaid Payments)	\$ 3,045,395	\$ -	\$ 3,045,395
2 Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
3 Total		\$ 3,045,395	\$ -	\$ 3,045,395
4 Net Hospital Patient Revenue	Survey F-3	\$ 14,400,334	\$ -	\$ 14,400,334
5 Medicaid Fraction		21.15%	0.00%	21.15%
6 Inpatient Charity Care Charges	Survey F-2	\$ 2,496,464	\$ -	\$ 2,496,464
7 Inpatient Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
8 Unspecified Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
9 Adjusted Inpatient Charity Care		\$ 2,496,464	\$ -	\$ 2,496,464
10 Inpatient Hospital Charges	Survey F-3	\$ 22,933,658	\$ -	\$ 22,933,658
11 Inpatient Charity Fraction		10.89%	0.00%	10.89%
12 LIUR		32.04%	0.00%	32.04%
MIUR		0.40		242
13 In-State Medicaid Eligible Days	Survey H	849	-	849
14 Out-of-State Medicaid Eligible Days	Survey I	-	-	-
15 Total Medicaid Eligible Days		849	-	849
16 Total Hospital Days (excludes swing-bed)	Survey F-1	2,914	_	2,914
17 MIUR		29.14%	0.00%	29.14%

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

Hospital Name Hospital Medicaid Number NGMC Barrow 000002098A

Hospital Medicaid Number Cost Report Period	000002098A From	1/1/2017	То	9/30/2017	I												
As-Reported:																	
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	Uncomp. Care Costs	Payment to Cost Ratio
1 Medicaid Fee for Service	Inpatient	1,277,641	Survey H & I 845,699	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	845,699	431,942	66.19%
2 Medicaid Fee for Service	Outpatient	1,401,644	401,491		451	1,507	699,272								1,102,721	298,923	78.67%
Medicaid Managed Care Medicaid Managed Care	Inpatient Outpatient	312,835 2,807,234	61,084 857,439	:	10,432	3 30,135		:							61,087 898,006	251,748 1,909,228	19.53% 31.99%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	1,109,009 1,800,425	87,024 23,442	:	113 590				705,864 713,142	:	9,221 28,360	-			802,222 765,534	306,787 1,034,891	72.34% 42.52%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	570,315 371,482	8,185 3,369	15,862	25,465 142,331	3,170			235,789 32,884	96,884 32,476		-			366,323 230,092	203,992 141,390	64.23% 61.94%
9 Uninsured 10 Uninsured	Inpatient Outpatient	1,096,938 1,121,639				:			:		:		27,418		27,418	1,096,938 1,094,221	0.00% 2.44%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	4,366,738 7,502,424	1,001,992 1,285,741	15,862	25,578 153,804	3 34,812	699,272	-	941,653 746,026	96,884 32,476	9,221 28,360	-	27,418	- :	2,075,331 3,023,771	2,291,407 4,478,653	47.53% 40.30%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	-	:	:	:	:		:	:	:	:				-	-	n/a n/a
15 Sub-Total	I/P and O/P	11,869,162	2,287,733	15,862	179,382	34,815	699,272	-	1,687,679	129,360	37,581	-	27,418		5,099,102	6,770,060	42.96%
Adjustments: 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	Uncomp. Care Costs	Payment to Cost Ratio
Medicaid Fee for Service Medicaid Fee for Service	Inpatient Outpatient	-	:	:		:	:								-	-	0.00% 0.00%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	-	:	:		:	:	:							-	-	0.00% 0.00%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	:	:	:		:		:	:	:	:	•			•	:	0.00% 0.00%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	:	:	:		:			:	:	:	•			•	:	0.00% 0.00%
9 Uninsured 10 Uninsured	Inpatient Outpatient	:						:		:				-		-	0.00% 0.00%
11 In-State Sub-total	Innationt	$\overline{}$												$\overline{}$			0.00%

DSH Examination UCC Cost & Payment Summary

Hospital Name Hospital Medicaid Number Cost Report Period

NGMC Barrow 000002098A 1/1/2017 9/30/2017 From То

As-Adjusted:	
Service Type	
1 Medicaid Fee for Service	
2 Medicaid Fee for Service	

Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments Survey H & I	Self-Pay Payments (Includes Co- Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments Survey H & I	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt Survey H & I	Other Medicare Cross-over Payments (GME, etc)	Uninsured Payments Survey H & I	Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments	Uncomp. Care Costs	Payment to Cost Ratio
		ourvey in a r	curvey in a r	curvey in a r	curvey in a r	curvey ir a r	curvey in a r	ourvey ir a r	ourvey ir a r	ourvey in a r	ourvey in a r	ourvey ir a r	curvey in a r	ourvey L			
Medicaid Fee for Service Medicaid Fee for Service	Inpatient Outpatient	1,277,641 1,401,644	845,699 401,491		- 451	1,507	699,272			-		-			845,699 1,102,721	431,942 298,923	66.19% 78.67%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	312,835 2,807,234	61,084 857,439	-	10,432	3 30,135	-	-							61,087 898,006	251,748 1,909,228	19.53% 31.99%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	1,109,009 1,800,425	87,024 23,442	-	113 590	-		:	705,864 713,142		9,221 28,360	:			802,222 765,534	306,787 1,034,891	72.34% 42.52%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	570,315 371,482	8,185 3,369	15,862	25,465 142,331	3,170			235,789 32,884	96,884 32,476		:			366,323 230,092	203,992 141,390	64.23% 61.94%
9 Uninsured 10 Uninsured	Inpatient Outpatient	1,096,938 1,121,639	-	-	-	-		:	-	-	-	:	27,418		- 27,418	1,096,938 1,094,221	0.00% 2.44%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	4,366,738 7,502,424	1,001,992 1,285,741	15,862	25,578 153,804	3 34,812	699,272	-	941,653 746,026	96,884 32,476	9,221 28,360		27,418	•	2,075,331 3,023,771	2,291,407 4,478,653	47.53% 40.30%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient			:				:		:		-			•	:	n/a n/a
15 Cost Report Year Sub-Total	I/P and O/P	11,869,162	2,287,733	15,862	179,382	34,815	699,272		1,687,679	129,360	37,581		27,418		5,099,102	6,770,060	42.96%

16 17

Less: Out of State DSH Payments from Adjusted Survey Adjusted Sub-Total UCC Prior to Supplemental Medicaid Payments

6,770,060

Medicaid DSH Survey Adjustments

 PROVIDER:
 BARROW REGIONAL MEDICAL CENTER
 Mcaid Number:
 000002098A

 FROM:
 1/1/2017
 TO:
 9/30/2017
 Mcare Number:
 10045

		myore and elauner Berr early rajustments				
Adj. # Schedule	Line # Line Description	Column Column Description	Explanation for Adjustmen	Original Amount Adjustment	Adjusted Total	W/P Ref.

Medicaid DSH Report Notes

PROVIDER: BARROW REGIONAL MEDICAL CENTER Mcaid Number: 000002098A

FROM: <u>1/1/2017</u> TO: <u>9/30/2017</u> Mcare Number: <u>110045</u>

Myers and Stauffer DSH Report Notes

e # Note for Report	Amounts
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