

A. General DSH Year Information

	Begin	End
1. DSH Year:	07/01/2016	06/30/2017

2. Select Your Facility from the Drop-Down Menu Provided: CHILDREN'S HOSPITAL ATL AT EGGLESTON

Identification of cost reports needed to cover the DSH Year:

	Cost Report Begin Date(s)	Cost Report End Date(s)
3. Cost Report Year 1	01/01/2017	12/31/2017
4. Cost Report Year 2 (if applicable)		
5. Cost Report Year 3 (if applicable)		

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

	Data
6. Medicaid Provider Number:	00000943A
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0
9. Medicare Provider Number:	113300

B. DSH OB Qualifying Information

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the DSH Examination Year:

- Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)
- Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?
- 3b. What date did the hospital open?

DSH Examination Year (07/01/16 - 06/30/17)
 No

Yes

No

Yes

6/1/1928

Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the Interim DSH Payment Year:

- Does the hospital have at least two obstetricians who have staff privileges at the hospital who have agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)

DSH Payment Year (07/01/18 - 06/30/19)
 No

List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:

- Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?

Yes

- Is the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

No

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for DSH Year 07/01/2016 - 06/30/2017

(Should include UPL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

\$ 9,146,172

Certification:

Answer

Yes

1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.

Explanation for "No" answers:

The following certification is to be completed by the hospital's CEO or CFO:

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.

<hr/>	<u>SVP & CFO</u> Title	<hr/>
Hospital CEO or CFO Signature		Date
<u>Ruth Fowler</u> Hospital CEO or CFO Printed Name	<u>404-785-7006</u> Hospital CEO or CFO Telephone Number	<u>Ruth.Fowler@Choa.org</u> Hospital CEO or CFO E-Mail

Contact Information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:

Name	Art Kutner
Title	Reimbursement Manager
Telephone Number	404-785-7963
E-Mail Address	art.kutner@choa.org
Mailing Street Address	3375 NE Expressway
Mailing City, State, Zip	Atlanta, GA 30341-4007

Outside Preparer:

Name	
Title	
Firm Name	
Telephone Number	
E-Mail Address	

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

Cost Report Year (01/01/2017-12/31/2017) CHILDRENS HOSPITAL ATL AT EGGLESTON

ERROR! Reported cross-over days exceed total Medicare days on the cost report!

Table with 15 columns: Line #, Cost Center Description, Medicaid Per Diem Cost for Routine Cost Centers, Medicaid Cost to Charge Ratio for Ancillary Cost Centers, In-State Medicaid FFS Primary (Inpatient, Outpatient), In-State Medicaid Managed Care Primary (Inpatient, Outpatient), In-State Medicare FFS Cross-Overs (with Medicaid Secondary) (Inpatient, Outpatient), In-State Other Medicaid Eligibles (Not Included Elsewhere) (Inpatient, Outpatient), Uninsured (Inpatient, Outpatient), Total In-State Medicaid (Inpatient, Outpatient), % Survey to Cost Report Totals. Includes sub-totals for Routine Cost Centers and Total Days per PS&R or Exhibit Detail.

Table with 15 columns: Line #, Cost Center Description, and 13 columns of Ancillary Charges. Lists various medical services such as Observation, Operating Room, Anesthesia, Radiology, Laboratory, and others, with associated charges.

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

Cost Report Year (01/01/2017-12/31/2017)

CHILDRENS HOSPITAL ATL AT EGLESTON

ERROR! Reported cross-over days exceed total Medicare days on the cost report!

	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		%
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Totals / Payments	\$ 230,765,967	\$ 92,638,231	\$ 258,479,082	\$ 172,673,938	\$ 3,984,271	\$ 2,743,163	\$ 74,733,958	\$ 39,749,105	\$ 13,697,307	\$ 12,856,389			
128 Total Charges (includes organ acquisition from Section J)	\$ 301,163,061	\$ 92,638,231	\$ 352,926,858	\$ 172,673,938	\$ 5,407,683	\$ 2,743,163	\$ 98,731,123	\$ 39,749,105	\$ 18,003,640	\$ 12,856,389	\$ 758,228,725	\$ 307,804,437	83.07%
129 Total Charges per PS&R or Exhibit Detail	\$ 301,163,061	\$ 92,638,231	\$ 352,926,858	\$ 172,673,938	\$ 5,407,683	\$ 2,743,163	\$ 98,731,123	\$ 39,749,105	\$ 18,003,640	\$ 12,856,389			
130 Unreconciled Charges (Explain Variance)													
131 Total Calculated Cost (includes organ acquisition from Section J)	\$ 96,281,913	\$ 22,471,630	\$ 120,247,629	\$ 41,877,654	\$ 2,086,319	\$ 671,523	\$ 30,860,229	\$ 9,872,042	\$ 5,798,067	\$ 3,309,330	\$ 249,476,090	\$ 74,892,849	73.35%
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 89,901,911	\$ 20,058,662	\$ 121,798,168	\$ 52,686,251	\$ 38,984	\$ 25,294					\$ 211,739,063	\$ 72,770,207	
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)											\$ -	\$ -	
134 Private Insurance (including primary and third party liability)							\$ 58,531,433	\$ 19,358,495			\$ 58,531,433	\$ 19,358,495	
135 Self-Pay (including Co-Pay and Spend-Down)	\$ 3,757,116	\$ 1,253,404	\$ 2,302,764	\$ 3,095,891							\$ 6,059,880	\$ 4,349,295	
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 93,659,027	\$ 21,312,066	\$ 124,100,932	\$ 55,782,142									
137 Medicaid Cost Settlement Payments (See Note B)		\$ (435,829)									\$ -	\$ (435,829)	
138 Other Medicaid Payments Reported on Cost Report Year (See Note C)											\$ -	\$ -	
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)					\$ 17,322	\$ 8,277					\$ 17,322	\$ 8,277	
143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis)					\$ 1,668,267	\$ 233,834					\$ 1,668,267	\$ 233,834	
144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)									\$ 119,487	\$ 535,375	\$ -	\$ -	
145 Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 2,622,886	\$ 1,595,393	\$ (3,853,303)	\$ (13,904,488)	\$ 361,746	\$ 404,118	\$ (27,671,204)	\$ (9,486,453)	\$ 5,678,580	\$ 2,773,955	\$ (28,539,875)	\$ (21,391,430)	
146 Calculated Payments as a Percentage of Cost	97%	93%	103%	133%	83%	40%	190%	196%	2%	16%	111%	129%	
147 Total Medicare Days from WS S-3 of the Cost Report Excluding Swing-Bed (CR, W/S S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)													0%
148 Percent of cross-over days to total Medicare days on 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 PS&R).
 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, bonus payments, capitation and sub-capitation payments.

A. General DSH Year Information

	Begin	End
1. DSH Year:	07/01/2016	06/30/2017

2. Select Your Facility from the Drop-Down Menu Provided: CHILDREN'S HEALTHCARE-SCOTTISH RITE

Identification of cost reports needed to cover the DSH Year:

	Cost Report Begin Date(s)	Cost Report End Date(s)
3. Cost Report Year 1	01/01/2017	12/31/2017
4. Cost Report Year 2 (if applicable)		
5. Cost Report Year 3 (if applicable)		

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

	Data
6. Medicaid Provider Number:	000001636A
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0
9. Medicare Provider Number:	113301

B. DSH OB Qualifying Information

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the DSH Examination Year:

1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)
2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?
- 3b. What date did the hospital open?

DSH Examination Year (07/01/16 - 06/30/17)
 No

Yes

No

Yes

6/1/1915

Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the Interim DSH Payment Year:

4. Does the hospital have at least two obstetricians who have staff privileges at the hospital who have agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)

DSH Payment Year (07/01/18 - 06/30/19)
 No

List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:

5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?

Yes

6. Is the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

No

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for DSH Year 07/01/2016 - 06/30/2017

(Should include UPL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

\$ 699,220

Certification:

Answer

Yes

1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.

Explanation for "No" answers:

The following certification is to be completed by the hospital's CEO or CFO:

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.

<hr/>	<u>SVP & CFO</u> Title	<hr/>
Hospital CEO or CFO Signature		Date
<u>Ruth Fowler</u> Hospital CEO or CFO Printed Name	<u>404-785-7006</u> Hospital CEO or CFO Telephone Number	<u>Ruth.Fowler@Choa.org</u> Hospital CEO or CFO E-Mail

Contact Information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:

Name	Arthur Kutner
Title	Reimbursement Manager
Telephone Number	404-785-7963
E-Mail Address	art.kutner@choa.org
Mailing Street Address	3375 NE Expressway Suite 100
Mailing City, State, Zip	Atlanta, GA 30341-4007

Outside Preparer:

Name	
Title	
Firm Name	
Telephone Number	
E-Mail Address	

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

Cost Report Year (01/01/2017-12/31/2017) CHILDRENS HEALTHCARE-SCOTTISH RITE

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	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			
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient				
				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			
1	03000 ADULTS & PEDIATRICS	\$ 1,386.57		12,550		13,200		7		4,265		2,373		30,022		69.74%			
2	03100 INTENSIVE CARE UNIT	\$ 1,535.01		6,537		12,776				2,923		612		22,236		75.76%			
3	03300 CORONARY CARE UNIT	\$ -																	
4	03300 BURN INTENSIVE CARE UNIT	\$ -																	
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -																	
6	03500 OTHER SPECIAL CARE UNIT	\$ -																	
7	04000 SUBPROVIDER I	\$ -																	
8	04100 SUBPROVIDER II	\$ -																	
9	04200 OTHER SUBPROVIDER	\$ -																	
10	04300 NURSERY	\$ 1,335.78		824		1,698				488		19		3,010		81.80%			
11		\$ -																	
12		\$ -																	
13		\$ -																	
14		\$ -																	
15		\$ -																	
16		\$ -																	
17		\$ -																	
18		\$ -																	
18	Total Days			19,911		27,674		7		7,676		3,004		55,268		64.30%			
19	Total Days per PS&R or Exhibit Detail			19,911		27,674		7		7,676		3,004							
20	Unreconciled Days (Explain Variance)			-		-		-		-		-		-					
21	Routine Charges			\$ 51,871,640		\$ 76,823,755		\$ 11,922		\$ 25,200,672		\$ 7,553,350		\$ 153,707,089		68.62%			
21.01	Calculated Routine Charge Per Diem			\$ 2,606.18		\$ 2,788.80		\$ 1,574.50		\$ 3,283.05		\$ 2,514.43		\$ 2,781.12					
Ancillary Cost Centers (from W/S C) (from Section G):				Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges			
22	09200 Observation (Non-Distinct)		0.762534	562,476	1,294,810	862,554	5,104,676	177,792	866,249	146,480	448,126	1,402,822	7,265,735	49.41%					
23	5000 OPERATING ROOM		0.258889	13,009,248	7,433,461	15,552,736	18,484,810	4,925	4,980,153	4,404,135	667,974	33,547,062	30,351,983	53.24%					
24	5100 RECOVERY ROOM		0.515159	684,106	736,855	793,849	1,971,144	29,577	234,055	406,634	68,245	1,712,010	3,114,633	59.64%					
25	5300 ANESTHESIOLOGY		0.086483	5,617,704	4,260,315	6,752,429	9,564,615	12,654	2,123,498	2,278,411	425,608	283,722	14,493,631	16,115,995	58.73%				
26	5400 RADIOLOGY-DIAGNOSTIC		0.155953	4,166,161	4,419,465	6,087,883	14,685,556	5,154	1,612,469	2,171,622	570,133	1,192,216	11,871,667	21,305,622	38.11%				
27	5500 RADIOLOGY-THERAPEUTIC		0.814750	293,048	712,232	171,565	1,039,469	28,879	1,796,402	1,796,402	56,709	144,296	685,109	3,548,103	50.93%				
28	5600 RADIOISOTOPE		0.422756	57,588	256,798	110,274	491,517	18,913	10,055	248,086	4,455	177,917	996,401	55.23%					
29	5800 MRI		0.141128	1,593,274	4,134,491	2,586,713	8,901,522	576,686	2,889,281	285,167	391,314	4,758,672	15,928,294	64.09%					
30	6000 LABORATORY		0.172336	20,209,394	10,799,700	23,937,242	19,955,905	5,138	8,005,622	4,976,774	2,080,327	2,636,238	35,751,292	60.85%					
31	6500 RESPIRATORY THERAPY		0.233984	28,017,899	322,360	25,666,555	516,497	17,653	9,591,625	177,799	2,260,164	54,330	63,293,732	1,016,656	77.39%				
32	6600 PHYSICAL THERAPY		0.555090	1,388,745	2,848,389	1,661,278	5,997,630	13,970	544,408	3,400,193	206,901	372,115	3,594,431	12,260,182	30.67%				
33	6800 SPEECH PATHOLOGY		0.530309	389,457	686,515	700,679	1,744,804	8,796	161,196	1,214,440	20,159	172,784	1,251,332	3,645,759	21.14%				
34	7000 ELECTROENCEPHALOGRAPHY		0.119790	6,023,431	3,297,901	6,714,885	7,408,723	31,848	2,136,663	2,024,283	628,196	207,224	14,906,827	12,739,703	66.11%				
35	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.199911	7,543,711	3,439,000	18,660,221	12,001,219	4,960	2,652,102	1,705,404	791,152	643,203	28,860,994	17,166,923	71.26%				
36	7200 IMPL. DEV. CHARGED TO PATIENTS		0.513095	5,809,813	1,348,201				819,290		56,225		8,563,378	2,166,481	25.18%				
37	7300 DRUGS CHARGED TO PATIENTS		0.216517	31,231,296	8,375,735	26,577,939	6,922,748	5,294	6,252,866	5,211,124	1,084,064	71,112,404	21,554,921	68.97%					
38	9000 CLINIC		2.034435	633	1,106,793	24,342	1,168,787	3,467	62,810	631,618	24,395	109,154	87,785	2,910,665	50.48%				
39	9100 EMERGENCY		0.259387	5,640,872	7,023,342	8,097,088	38,467,772	2,570	1,779,053	2,553,044	1,076,223	5,612,644	15,519,583	48,058,212	59.61%				
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (01/01/2017-12/31/2017) CHILDRENS HEALTHCARE-SCOTTISH RITE

	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		%
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Totals / Payments	\$ 132,038,856	\$ 62,496,363	\$ 144,960,232	\$ 154,427,394	\$ 77,541	\$ 151,281	\$ 50,920,122	\$ 38,819,521	\$ 15,581,356	\$ 13,587,963			
128 Total Charges (includes organ acquisition from Section J)	\$ 183,910,496	\$ 62,496,363	\$ 221,583,987	\$ 154,427,394	\$ 88,563	\$ 151,281	\$ 76,120,794	\$ 38,819,521	\$ 23,134,706	\$ 13,587,963	\$ 481,703,840	\$ 255,894,559	59.14%
129 Total Charges per PS&R or Exhibit Detail	\$ 183,910,496	\$ 62,496,363	\$ 221,583,987	\$ 154,427,394	\$ 88,563	\$ 151,281	\$ 76,120,794	\$ 38,819,521	\$ 23,134,706	\$ 13,587,963			
130 Unreconciled Charges (Explain Variance)													
131 Total Calculated Cost (includes organ acquisition from Section J)	\$ 58,645,734	\$ 17,175,003	\$ 71,225,656	\$ 40,083,086	\$ 23,420	\$ 40,268	\$ 22,994,201	\$ 12,264,680	\$ 7,770,354	\$ 3,697,930	\$ 152,889,011	\$ 69,563,037	58.23%
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 57,258,213	\$ 14,835,148	\$ 71,492,578	\$ 45,462,471	\$ 1,316	\$ 3,231					\$ 128,752,107	\$ 60,300,850	
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)											\$ -	\$ -	
134 Private Insurance (including primary and third party liability)							\$ 42,182,246	\$ 21,762,736			\$ 42,182,246	\$ 21,762,736	
135 Self-Pay (including Co-Pay and Spend-Down)	\$ 3,084,778	\$ 1,344,461	\$ 1,968,209	\$ 2,093,671		\$ 15					\$ 5,052,985	\$ 3,438,147	
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 60,342,989	\$ 16,179,609	\$ 73,460,787	\$ 47,556,142									
137 Medicaid Cost Settlement Payments (See Note B)		\$ 14,967									\$ -	\$ 14,967	
138 Other Medicaid Payments Reported on Cost Report Year (See Note C)											\$ -	\$ -	
139 Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 15,963	\$ 18,483					\$ 15,963	\$ 18,483	
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)											\$ -	\$ -	
143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis)											\$ 248,288	\$ 1,495,301	
144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)											\$ -	\$ -	
145 Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ (1,697,255)	\$ 980,427	\$ (2,235,131)	\$ (7,473,056)	\$ 6,141	\$ 18,539	\$ (19,188,045)	\$ (9,498,056)	\$ 7,522,066	\$ 2,202,629	\$ (23,114,290)	\$ (15,972,146)	
146 Calculated Payments as a Percentage of Cost	103%	94%	103%	119%	74%	54%	183%	177%	3%	40%	115%	123%	
147 Total Medicare Days from WS S-3 of the Cost Report Excluding Swing-Bed (CR, W/S S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)					21								33%
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 PS&R).
 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, bonus payments, capitation and sub-capitation payments.