State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2018

DSH Version 5.25 4/17/2019 A. General DSH Year Information 1. DSH Year: 07/01/2017 06/30/2018 HOUSTON MEDICAL CENTER 2. Select Your Facility from the Drop-Down Menu Provided: Identification of cost reports needed to cover the DSH Year: Cost Report Cost Report Begin Date(s) End Date(s) 12/31/2018 3. Cost Report Year 1 01/01/2018 Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES 4. Cost Report Year 2 (if applicable) 5. Cost Report Year 3 (if applicable) Data 6. Medicaid Provider Number: 000000976A 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 0 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab): Λ 110069 9. Medicare Provider Number: B. DSH OB Qualifying Information Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act. DSH Examination Year (07/01/17 -06/30/18) **During the DSH Examination Year:** 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to Yes 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.) No 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-No 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? Yes 7/2/1960 3b. What date did the hospital open? Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act. **DSH Payment Year** (07/01/19 - 06/30/20) **During the Interim DSH Payment Year:** Yes 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.) List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services: Lafferty, Mark A Quang, David Stephen 5. Is the hospital exempt from the requirement listed under #1 above because the hospital's No inpatients are predominantly under 18 years of age? 6. Is the hospital exempt from the requirement listed under #1 above because it did not offer non-Nο emergency obstetric services to the general population when federal Medicaid DSH regulations

were enacted on December 22, 1987?

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. Disclosure of Other Medicaid Payments Received:		
Medicaid Supplemental Payments for DSH Year 07/01/2017 - 0 (Should include UPL and Non-Claim Specific payments paid based)	6/30/2018 I on the state fiscal year. However, DSH payments should NOT be include	\$ 3,990,957
Certification:		
Was your hospital allowed to retain 100% of the DSH payment Matching the federal share with an IGT/CPE is not a basis for a hospital was not allowed to retain 100% of its DSH payments, present that prevented the hospital from retaining its payment	nswering this question "no". If your please explain what circumstances were	Answer Yes
Explanation for "No" answers:	Other Protested Item: "New Hampshire Hospital Association v. Azar" - W	Ve protest the inclusion of Commercial and Medicare payments for
Dual Fligibles toward the Hospital's Specific limit for Medicaid DSH	and the payment calculation reduction of Uncompensated Care Cost.	
Buai Engibies toward the Floophar's openino limit for Wedicard Borr	and the payment edicalation reduction of oncompensated care cost.	
	d to determine the Medicaid program's compliance with federal Disproporti urvey. These records will be retained for a period of not less than 5 years f	
	Vice President / Chief Financial Officer	<u> </u>
Hospital CEO or CFO Signature	Title	Date
Sean Whilden	478-542-7959	swhilden@hhc.org
Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail
Titl Telephone Numbe	: B Amy Grube Reimbursement Analyst	Outside Preparer: Name Title: Firm Name:
E-Mail Addres		
	s agrube@hhc.org s 1601 Watson Blvd, Warner Robins, GA 31093	Telephone Number E-Mail Address

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

Cost Report Year (01/01/2018-12/31/2018) HOUSTON MEDICAL CENTER

					In-State Medica	aid FFS Primary	In-State Medicaid Ma	anaged Care Primary	In-State Medicare FF Medicaid S	S Cross-Overs (with Gecondary)		dicaid Eligibles (Not Elsewhere)	Unin	nsured	Total In-Sta		%
	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 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			
		st Centers (from Section G):			Days		Days		Days		Days		Days		Days		
		ULTS & PEDIATRICS FENSIVE CARE UNIT	\$ 910.32 \$ 1,542.97		4,520 966		3,349 108		4,772 1,253		4,287 670		4,760 577		16,928 2,997		43.69% 37.07%
		RONARY CARE UNIT	\$ - \$ -												-		
5 03	3400 SUF	RGICAL INTENSIVE CARE UNIT	\$ -												-		
7 04	4000 SUE	BPROVIDER I	\$ -												-		
9 04	4200 OTH	BPROVIDER II HER SUBPROVIDER	\$ - \$ -												-		
10 <u>04</u> 11	4300 NUI	IRSERY	\$ 514.04 \$ -		433		2,911		-		458		80		3,802		74.37%
12 13			\$ -												-		
14			\$ -												-		
15 16			\$ -												-		
17 18			\$ -	Total Days	5,919		6,368		6,025		5,415		5,417		23,727		40.26%
19 To	otal Davs pe	er PS&R or Exhibit Detail			5,919		6,368		6,025		5,415	· 	5,417				
20	otal Dayo po	Unreconciled Days (E	Explain Variance)		-		-		-		-						
			_		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
21 21.01		utine Charges Iculated Routine Charge Per Diem			\$ 7,062,955 \$ 1,193.27		\$ 8,002,660 \$ 1,256.70		\$ 8,519,316 \$ 1,413.99		\$ 7,405,544 \$ 1,367.60		\$ 8,741,988 \$ 1,613.81		\$ 30,990,475 \$ 1,306.13		44.61%
		ost Centers (from W/S C) (from Section servation (Non-Distinct)	(G):	0.776325	Ancillary Charges	Ancillary Charges 441,149	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges \$ 2,057,539	1
23	50 OPE	PERATING ROOM		0.120285	191,528 2,952,249	2,550,696	36,641 1,074,014	628,122 7,427,563	101,490 4,239,851	405,806 2,776,370	73,568 3,441,271	582,462 4,607,601	35,998 3,055,980	724,094 4,241,466	\$ 403,227 \$ 11,707,386	\$ 17,362,230	23.00%
24 25		LIVERY ROOM		0.537579				86,601	36,948		2,075,330	16.895				\$ 131,428	65.57%
26		DIOLOGY - DIAGNOSTIC		0.330255	712,748 563,336	27,932 993,305	6,151,383 238,664	1,782,434	964,049	906,456	637,739	1,289,140	143,027 532,233	6,561 2,547,537	\$ 8,976,409 \$ 2,403,787	\$ 4,971,335	27.56%
27	57 CT	DIOLOGY - DIAGNOSTIC SCAN		0.330255 0.122456	563,336 457,750	993,305 689,165	238,664 146,750	1,782,434 970,382	964,049 683,330	1,037,979	637,739 471,882	1,289,140 1,148,797	532,233 602,066	2,547,537 2,457,962	\$ 2,403,787 \$ 1,759,712	\$ 4,971,335 \$ 3,846,323	27.56% 27.96%
27 28	57 CT 58 MR 59 CAF	DIOLOGY - DIAGNOSTIC SCAN RI RIDAC CATHETERIZATION		0.330255 0.122456 0.213878 0.139436	563,336 457,750 107,000	993,305 689,165 89,000	238,664 146,750 25,000 205,100	1,782,434 970,382 118,529 306,575	964,049 683,330 138,000 763,156	1,037,979 116,000 871,325	637,739 471,882 126,000 416,460	1,289,140 1,148,797 169,000 1,188,400	532,233 602,066 123,000 1,248,330	2,547,537 2,457,962 260,529 829,820	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300	27.56% 27.96% 23.70% 14.22%
28 29 30	57 CT : 58 MR 59 CAF 60 LAB 65 RES	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY		0.330255 0.122456 0.213878 0.139436 0.301750 0.226090	563,336 457,750 107,000 - 1,958,967 1,619,073	993,305 689,165 89,000 - 1,523,825 114,810	238,664 146,750 25,000 205,100 1,881,174 570,925	1,782,434 970,382 118,529 306,575 2,233,277 307,232	964,049 683,330 138,000 763,156 2,239,613 1,928,050	1,037,979 116,000 871,325 867,047 134,226	637,739 471,882 126,000 416,460 1,683,839 1,650,882	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241	532,233 602,066 123,000 1,248,330 1,685,291 824,098	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510	27.56% 27.96% 23.70% 14.22% 43.32% 40.80%
28 29	57 CT : 58 MRI 59 CAF 60 LAB 65 RES 66 PH	DIOLOGY - DIAGNOSTIC SCAN RIDAC CATHETERIZATION BORATORY		0.330255 0.122456 0.213878 0.139436 0.301750	563,336 457,750 107,000 - 1,958,967	993,305 689,165 89,000 - 1,523,825 114,810 133,716 1,379	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958	1,782,434 970,382 118,529 306,575 2,233,277	964,049 683,330 138,000 763,156 2,239,613	1,037,979 116,000 871,325 867,047	637,739 471,882 126,000 416,460 1,683,839	1,289,140 1,148,797 169,000 1,188,400 1,198,027	532,233 602,066 123,000 1,248,330 1,685,291	2,547,537 2,457,962 260,529 829,820 3,706,159	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176	27.56% 27.96% 23.70% 14.22% 43.32%
28 29 30 31 32 33	57 CT 58 MR 59 CAR 60 LAB 65 RES 66 PHY 68 SPE 69 ELE	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY	TI TI	0.330255 0.12456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178	563,336 457,750 107,000 - 1,958,967 1,619,073 311,117 62,015 1,193,413	993,305 689,165 89,000 - 1,523,825 114,810 133,716 1,379 1,203,952	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246	1,782,434 970,382 118,529 306,575 2,233,277 307,232 549,030 5,062 631,773	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.04% 31.17% 56.98%
28 29 30 31 32 33 34 35	57 CT 58 MR 59 CAF 60 LAB 65 RES 66 PHY 68 SPE 69 ELE 71 MEL 72 IMP	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY EECH PATHOLOGY EOTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS	TT.	0.330255 0.122456 0.213878 0.139436 0.301750 0.26090 0.548263 0.447321 0.152178 0.406237 1.019982	563,336 457,750 107,000 	993,305 689,165 89,000 	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399	1,782,434 970,382 1118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,155 25,089 863,220 384,628 250,233	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 434,519	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.04% 31.17% 56.98% 26.23% 20.86%
28 29 30 31 32 33 34 35 36 37	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 ME 72 IMP 73 DRI 74 REF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS VIGS CHARGED TO PATIENTS NAL DIALYSIS	TT.	0.330255 0.122456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.019982 0.444249	563,336 457,750 107,000 	993,305 689,165 89,000 1,523,825 114,810 133,716 1,379 1,203,952 216,632	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 988 274,246	1,782,434 970,382 1118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421 1,450,041	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906 91,227	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 334,628	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 164,965 4,386,566	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 434,519 \$ 4,455,295 \$ 1,08,462	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.04% 31.17% 56.98% 26.23% 20.86% 34.71% 48.43%
28 29 30 31 32 33 34 35 36 37 38 39	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 MET 72 IMP 74 REF 76.97 CAF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENP L. DEV. CHARGED TO PATIENTS UGS CHARGED TO PATIENTS	17	0.330255 0.122456 0.213878 0.138438 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.01982	563,336 457,750 107,000 - 1,958,967 1,619,073 311,117 62,015 1,193,413 374,102 400,484 2,233,977	993,305 689,165 89,000 - 1,523,825 114,810 133,716 1,203,952 216,632 77,536 798,661	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399 1,168,331	1,782,434 970,382 1118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351 2,372,368	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 384,628 250,233 1,528,652	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 164,965 4,366,566	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834 \$ 7,447,638	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 444,519 \$ 4,455,295	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.04% 31.17% 56.99% 26.23% 20.86% 34.71%
28 29 30 31 32 33 34 35 36 37 38	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 MET 72 IMP 74 REF 76.97 CAF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS IUGS CHARGED TO PATIENTS NAL DIALYSIS IRDIAC REHABILITATION	TT	0.330255 0.122456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.019982 0.444249 0.562029	563,336 457,750 107,000 	993,305 689,165 89,000 	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399 1,168,331 2,912	1,782,434 970,382 118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421 1,450,041	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351 2,372,368 932,537	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906 91,227	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600 1,672,960 210,608	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687 17,225 35,808	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 384,628 250,233 1,528,652 84,434	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 4,386,566 5,823 12,752	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834 \$ 7,447,636 \$ 1,404,210	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 444,519 \$ 4,455,295 \$ 108,452 \$ 56,424	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.04% 31.17% 56.98% 26.23% 20.86% 34.71% 48.43% 6.90%
28	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 MET 72 IMP 74 REF 76.97 CAF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS IUGS CHARGED TO PATIENTS NAL DIALYSIS IRDIAC REHABILITATION		0.330255 0.122456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.019982 0.444249 0.562029	563,336 457,750 107,000 	993,305 689,165 89,000 	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399 1,168,331 2,912	1,782,434 970,382 118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421 1,450,041	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351 2,372,368 932,537	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906 91,227	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600 1,672,960 210,608	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687 17,225 35,808	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 384,628 250,233 1,528,652 84,434	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 4,386,566 5,823 12,752	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834 \$ 7,447,636 \$ 1,404,210	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 444,519 \$ 4,455,295 \$ 108,452 \$ 56,424	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.04% 31.17% 56.98% 26.23% 20.86% 34.71% 48.43% 6.90%
28	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 MET 72 IMP 74 REF 76.97 CAF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS IUGS CHARGED TO PATIENTS NAL DIALYSIS IRDIAC REHABILITATION	π	0.330255 0.122456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.019982 0.444249 0.562029	563,336 457,750 107,000 	993,305 689,165 89,000 	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399 1,168,331 2,912	1,782,434 970,382 118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421 1,450,041	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351 2,372,368 932,537	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906 91,227	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600 1,672,960 210,608	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687 17,225 35,808	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 384,628 250,233 1,528,652 84,434	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 4,386,566 5,823 12,752	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834 \$ 7,447,636 \$ 1,404,210	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 444,519 \$ 4,455,295 \$ 108,452 \$ 56,424	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.04% 31.17% 56.98% 26.23% 20.86% 34.71% 48.43% 6.90%
28	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 MET 72 IMP 74 REF 76.97 CAF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS IUGS CHARGED TO PATIENTS NAL DIALYSIS IRDIAC REHABILITATION	TT .	0.330255 0.122456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.019982 0.444249 0.562029	563,336 457,750 107,000 	993,305 689,165 89,000 	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399 1,168,331 2,912	1,782,434 970,382 118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421 1,450,041	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351 2,372,368 932,537	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906 91,227	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600 1,672,960 210,608	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687 17,225 35,808	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 384,628 250,233 1,528,652 84,434	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 4,386,566 5,823 12,752	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834 \$ 7,447,636 \$ 1,404,210	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 444,519 \$ 4,455,295 \$ 108,452 \$ 56,424	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.17% 56.98% 26.23% 20.86% 34.71% 48.43% 6.90%
28	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 MET 72 IMP 74 REF 76.97 CAF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS IUGS CHARGED TO PATIENTS NAL DIALYSIS IRDIAC REHABILITATION	TT TT	0.330255 0.122456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.019982 0.444249 0.562029	563,336 457,750 107,000 	993,305 689,165 89,000 	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399 1,168,331 2,912	1,782,434 970,382 118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421 1,450,041	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351 2,372,368 932,537	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906 91,227	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600 1,672,960 210,608	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687 17,225 35,808	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 384,628 250,233 1,528,652 84,434	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 4,386,566 5,823 12,752	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834 \$ 7,447,636 \$ 1,404,210	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 444,519 \$ 4,455,295 \$ 108,452 \$ 56,424	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.17% 56.98% 26.23% 20.86% 34.71% 48.43% 6.90%
28	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 MET 72 IMP 74 REF 76.97 CAF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS IUGS CHARGED TO PATIENTS NAL DIALYSIS IRDIAC REHABILITATION	TT T	0.330255 0.122456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.019982 0.444249 0.562029	563,336 457,750 107,000 	993,305 689,165 89,000 	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399 1,168,331 2,912	1,782,434 970,382 118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421 1,450,041	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351 2,372,368 932,537	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906 91,227	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600 1,672,960 210,608	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687 17,225 35,808	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 384,628 250,233 1,528,652 84,434	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 4,386,566 5,823 12,752	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834 \$ 7,447,636 \$ 1,404,210	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 444,519 \$ 4,455,295 \$ 108,452 \$ 56,424	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.17% 56.98% 26.23% 20.86% 34.71% 48.43% 6.90%
28	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 MET 72 IMP 74 REF 76.97 CAF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS IUGS CHARGED TO PATIENTS NAL DIALYSIS IRDIAC REHABILITATION		0.330255 0.122456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.019982 0.444249 0.562029	563,336 457,750 107,000 	993,305 689,165 89,000 	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399 1,168,331 2,912	1,782,434 970,382 118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421 1,450,041	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351 2,372,368 932,537	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906 91,227	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600 1,672,960 210,608	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687 17,225 35,808	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 384,628 250,233 1,528,652 84,434	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 4,386,566 5,823 12,752	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834 \$ 7,447,636 \$ 1,404,210	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 444,519 \$ 4,455,295 \$ 108,452 \$ 56,424	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.04% 31.17% 56.98% 26.23% 20.86% 34.71% 48.43% 6.90%
28	57 CT 58 MR 59 CAF 60 LAE 65 RES 66 PH 68 SPE 69 ELE 71 MET 72 IMP 74 REF 76.97 CAF	DIOLOGY - DIAGNOSTIC SCAN II RIDAC CATHETERIZATION BORATORY SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIEN PL. DEV. CHARGED TO PATIENTS IUGS CHARGED TO PATIENTS NAL DIALYSIS IRDIAC REHABILITATION		0.330255 0.122456 0.213878 0.139436 0.301750 0.226090 0.548263 0.447321 0.152178 0.406237 1.019982 0.444249 0.562029	563,336 457,750 107,000 	993,305 689,165 89,000 	238,664 146,750 25,000 205,100 1,881,174 570,925 25,884 958 274,246 246,052 99,399 1,168,331 2,912	1,782,434 970,382 118,529 306,575 2,233,277 307,232 549,030 5,062 631,773 480,272 108,421 1,450,041	964,049 683,330 138,000 763,156 2,239,613 1,928,050 363,113 80,865 1,115,992 708,929 456,351 2,372,368 932,537	1,037,979 116,000 871,325 867,047 134,226 226,708 14,127 673,900 232,388 81,338 1,189,906 91,227	637,739 471,882 126,000 416,460 1,683,839 1,650,882 334,203 74,228 821,659 543,861 579,600 1,672,960 210,608	1,289,140 1,148,797 169,000 1,188,400 1,198,027 194,241 369,478 15,212 708,030 349,839 167,225 1,016,687 17,225 35,808	532,233 602,066 123,000 1,248,330 1,685,291 824,098 147,158 25,089 863,220 384,628 250,233 1,528,652 84,434	2,547,537 2,457,962 260,529 829,820 3,706,159 256,975 404,303 18,565 1,731,371 364,968 4,386,566 5,823 12,752	\$ 2,403,787 \$ 1,759,712 \$ 396,000 \$ 1,384,716 \$ 7,763,594 \$ 5,768,931 \$ 1,034,317 \$ 218,066 \$ 3,405,310 \$ 1,872,944 \$ 1,535,834 \$ 7,447,636 \$ 1,404,210	\$ 4,971,335 \$ 3,846,323 \$ 492,529 \$ 2,366,300 \$ 5,822,176 \$ 750,510 \$ 1,278,932 \$ 35,779 \$ 3,217,656 \$ 1,279,132 \$ 444,519 \$ 4,455,295 \$ 108,452 \$ 56,424	27.56% 27.96% 23.70% 14.22% 43.32% 40.80% 31.04% 31.17% 56.98% 26.23% 20.86% 34.71% 48.43% 6.90%

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

Cost Report Year (01/01/2018-12/31/2018) HOUSTON MEDICAL CENTER

							In-State Medicare FF	S Cross-Overs (with	In-State Other Med	dicaid Eligibles (Not			Total In-State Medicaid		
			In-State Medica	aid FFS Primary	In-State Medicaid Managed Care Primary		Medicaid S	econdary)	Included E	Elsewhere)	Unin	sured	Total In-Sta	e Medicaid	
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (01/01/2018-12/31/2018) HOUSTON MEDICAL CENTER

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

Cost Report Year (01/01/2018-12/31/2018) HOUSTON MEDICAL CENTER

		In-State Medicaid FFS Primary			In-State Medicaid Managed Care Primary			In-State Medicare FFS Cross-Overs (with Medicaid Secondary)			In-State Other Medicaid Eligibles (Not Included Elsewhere)			Uninsured			Total In-State Medicaid			%
	Totals / Payments																			-
128	Total Charges (includes organ acquisition from Section J)	\$ 23,351,853	\$	15,777,390	\$ 21.	220,106 \$	30,460,044	\$	28,954,959 \$	13,980,134	\$	24,504,786 \$	18,815,203	\$ 24,221,5 (Agrees to Exhibit A		42,710,373 les to Exhibit A)	\$ 98,03	\$1,704	79,032,771	35.02%
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 23,351,853	\$	15,777,390 (0)	\$ 21.	220,106 \$	30,460,044	\$	28,954,959 \$	13,980,134 (0)	\$	24,504,786 \$	18,815,203 0	\$ 24,221,5	0 \$	42,710,373 (0)				
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 10,500,076	\$	3,520,699	\$ 9	961,480 \$	6,540,683	\$	11,827,744 \$	3,245,459	\$	10,391,739	4,270,049	\$ 8,904,96	\$	9,791,513	\$ 42,68	\$1,039	17,576,890	37.29%
132 133 134 135 136 137 138 139 140 141 142 143	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) 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 Payments Reported on Cost Report Year (See Note C) Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Debt Payments Other Medicare Cross-Over Payments (See Note D) Payment from Hospital Uninsured During Cost Report Year (Cash Basis) Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Se	\$ 8,446,694 \$ 49,130 \$ 8,495,824	\$ \$ \$ \$	3,403,437 11,721 8,881 3,424,039 (205,727)	\$	- \$ 093,453 \$ \$ 207 \$ \$093,660 \$	5,891,150 1,149 1,326 5,893,625	\$ \$ \$ \$ \$ \$	957,798 \$ \$ 20,978 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	242,456 - - 1,368 2,123,747 - 96,998 61,303	\$ \$	331,607 \$ 138,229 \$ 2,630,115 \$ 2,129 \$ \$ 589,249 \$ 4,226,400 \$	200,560 110,777 1,644,406 3,049 90,004 1,937,285	(Agrees to Exhibit B an 1) \$ 136,1' \$ -		to Exhibit B and B-1) 1,043,574	\$ 7,23 \$ 2,70 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$6,099 \$ \$1,682 \$ \$0,223 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,846,453 6,001,927 1,657,276 14,624 (205,727) - 2,213,751 1,937,285 96,998 61,303	
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$ 2,004,252 819		302,387 91%	\$ 2	867,820 \$ 71%	647,058 90%	\$	1,737,048 \$ 85%	719,587 78%	\$	2,474,010 \$ 76%	283,968 93%	\$ 8,768,79	91 \$ 2%	8,747,939 11%	\$ 9,08	33,130 \$ 79%	1,953,000 89%	
147 148	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6) Percent of cross-over days to total Medicare days from the cost report								33,514 18%											

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

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.