State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2019

Yes

6/30/1925

2/21/2020 DSH Version 6.00 A. General DSH Year Information 1. DSH Year: 07/01/2018 06/30/2019 2. Select Your Facility from the Drop-Down Menu Provided: JOHN D. ARCHBOLD MEMORIAL HOSPITAL Identification of cost reports needed to cover the DSH Year: Cost Report Cost Report Begin Date(s) End Date(s) 3. Cost Report Year 1 09/30/2019 10/01/2018 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: 000000063A 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 0 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab): 0 9. Medicare Provider Number: 110038 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 (07/01/18 -**During the DSH Examination Year:** 06/30/19) 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.) 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's No 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?

3b. What date did the hospital open?

State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2019

C. Disclosure of Other Medicaid Payments Received:		
•		
1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2018 - 0	06/30/2019	\$ 2,191,385
(Should include UPL and non-claim specific payments paid based on the state fiscal y	vear. However, DSH payments should NOT be included.)	
2. Medicaid Managed Care Supplemental Payments for hospital services for DSH	Year 07/01/2018 - 06/30/2019	\$ -
		rugity naymente, hanus
(Should include all non-claim specific payments for hospital services such as lump suppayments, capitation payments received by the hospital (not by the MCO), or other in		quality payments, bonus
NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Si		EV hasis
TVOTE. Hospital portion of supplemental payments reported on Don Guivey Fait II, of	ection E, Question 14 should be reported here if paid on a o	1 56313.
		0.00.005
3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital	Services07/01/2018 - 06/30/2019	\$ 2,191,385
Certification:		
		Answer
1. Was your bossital allowed to retain 1000/ of the DCU nayment it received for this	o DCH year?	Voc
 Was your hospital allowed to retain 100% of the DSH payment it received for thi Matching the federal share with an IGT/CPE is not a basis for answering this qu 		Yes
hospital was not allowed to retain 100% of its DSH payments, please explain wh		
	lat circumstances were	
present that prevented the hospital from retaining its payments.		
Explanation for "No" answers:		
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		
records of the hospital. All Medicaid eligible patients, including those who have private		
payment on the claim. I understand that this information will be used to determine the		
provisions. Detailed support exists for all amounts reported in the survey. These recor	ds will be retained for a period of not less than 5 years follow	ring the due date of the survey, and will be made
available for inspection when requested.		
	Senior Vice President and CFO	10/21/2020
Hospital CEO or CFO Signature	Title	Date
Greg Hembree	(229) 228-2880	gshembree@archbold.org
Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail
	Abia annuan	
Contact Information for individuals authorized to respond to inquiries related to	this survey:	
Hospital Contact:		Outside Preparer:
Name Patricia L. Barre		Name
Title Director of Reim	bursement	Title
Telephone Number (229) 228-8857		Firm Name
E-Mail Address pbarrett@archbo	old.org	Telephone Number
Mailing Street Address 920 Cairo Rd		E-Mail Address
Mailing City, State, Zip Thomasville, GA	x 31792-4255	

DSH Version	8.00	3/31/2020

D. General Cost Report Year Information 10/1/2018 9/30/2019 The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey. JOHN D. ARCHBOLD MEMORIAL HOSPITAL 1. Select Your Facility from the Drop-Down Menu Provided: 10/1/2018 through 9/30/2019 2. Select Cost Report Year Covered by this Survey (enter "X"): 3. Status of Cost Report Used for this Survey (Should be audited if available): 1 - As Submitted 3/17/2020 3a. Date CMS processed the HCRIS file into the HCRIS database: Correct? Data If Incorrect, Proper Information 4. Hospital Name: JOHN D. ARCHBOLD MEMORIAL HOSPITAL Yes 000000063A 5. Medicaid Provider Number: Yes 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): Yes 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab): Yes 8. Medicare Provider Number: 110038 Yes Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): Private Yes DSH Pool Classification (Small Rural, Non-Small Rural, Urban): Non-Small Rural Yes Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year State Name Provider No. 9. State Name & Number Florida 0102041 10. State Name & Number 11. State Name & Number 12. State Name & Number 14. State Name & Number 15. State Name & Number (List additional states on a separate attachment, E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2018 - 09/30/2019) 1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1) 2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 4. Total Section 1011 Payments Related to Hospital Services (See Note 1) 5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1) 6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1) 8. Out-of-State DSH Payments (See Note 2) Inpatient Outpatient Total 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) 218,872 1,160,404 \$1,379,276 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) 1,707,277 6,596,623 \$8,303,900 11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments) \$1,926,149 \$7,757,027 \$9,683,176 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments: 11.36% 14.96% 14.24% 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

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 thes 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 (10/01/2018 - 09/30/2019)

F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR) 59.961 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) (See Note in Section F-3, below) F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Chargegused 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 13,793,929 8. Outpatient Hospital Charity Care Charges 17,730,405 9. Non-Hospital Charity Care Charges 10. Total Charity Care Charges 31.524.334

F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR)(W/S G-2 and G-3 of Cost Report) NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost Contractual Adjustments (formulas below can be overwritten if amounts are report data. If the hospital has a more recent version of the cost report, the Total Patient Revenues (Charges) known) data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data 11. Hospital \$68,639,711.00 45,874,657 22,765,054 12. Subprovider I (Psych or Rehab) \$6,081,515.00 4,064,519 2,016,996 \$ \$5 174 783 00 3 458 514 1.716.269 13. Subprovider II (Psych or Rehab) \$ 14 Swing Bed - SNF \$0.00 15. Swing Bed - NF \$0.00 16. Skilled Nursing Facility \$4,672,340,00 3.122.711 17. Nursing Facility \$0.00 18. Other Long-Term Care \$0.00 19. Ancillary Services \$385,902,223.00 257,913,851 227,558,925 \$300.218.660.0 200.648.107 \$49,221,321.00 16,324,749 20. Outpatient Services 32.896.572 21. Home Health Agency \$0.00 22. Ambulance 23. Outpatient Rehab Providers \$0.00 24. ASC \$0.00 \$0.00 25. Hospice \$0.00 26. Other \$0.00 \$0.00 \$0.00 27. Total 380,114,669 \$ 435,123,544 4,672,340 \$ 254,045,798 \$ 290,810,423 \$ 3,122,711 270,381,992 29. Total Per Cost Report Total Patient Revenues (G-3 Line 1) 819,910,553 Total Contractual Adj. (G-3 Line 2) 547,978,932 30

30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on wo revenue)	ksheet G-3, Line 2 (impact is a decrease in net patient			
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLInet patient revenue)	JDED on worksheet G-3, Line 2 (impact is a decrease in			
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Rev decrease in net patient revenue)	enue INCLUDED on worksheet G-3, Line 2 (impact is a			
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes II increase in net patient revenue)	NCLUDED on worksheet G-3, Line 2 (impact is an			
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Chaon worksheet G-3, Line 2 (impact is an increase in net patient revenue				
35. Adjusted Contractual Adjustments 36. Unreconciled Difference	Unreconciled Difference (Should be \$0) \$	U	nreconciled Difference (Should be \$0)	547,978,932 \$

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2018-09/30/2019) JOHN

JOHN D. ARCHBOLD MEMORIAL HOSPITAL

	Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)		Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
hosp comple has a n be u	oital. If eted usi more re- updated	data in this section must be verified by the data is already present in this section, it was ng CMS HCRIS cost report data. If the hospital cent version of the cost report, the data should it to the hospital's version of the cost report. an be overwritten as needed with actual data.	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
	Routi	ne Cost Centers (list below):					•				
1		ADULTS & PEDIATRICS	\$ 36,174,484	\$ -	\$ 2.039	\$0.00	\$ 36,176,523	49.516	\$42,161,635.00		\$ 730.60
2	03100	INTENSIVE CARE UNIT	\$ 12,469,887	\$ -	\$ -	,	\$ 12,469,887	4,771	\$15,839,531.00		\$ 2,613.68
3	03200	CORONARY CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
4	03300		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
5	03400		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
6	03500		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
7	04000				\$ -		\$ 3,400,810	3,378	\$6,539,021.00		\$ 1,006.75
8		SUBPROVIDER II	\$ 3,448,274	•	\$ -		\$ 3,448,274	2,722	\$3,000,671.00		\$ 1,266.82
9		OTHER SUBPROVIDER	\$ -	\$ -	\$ -		\$ -	- 4 447	\$0.00		\$ -
10 11	04300	NURSERY	\$ 514,919 \$ -	\$ - \$ -	\$ - \$ -		\$ 514,919 \$ -	1,417	\$1,022,926.00 \$0.00		\$ 363.39 \$ -
12			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
13			\$ -	•	\$ -		\$ -	-	\$0.00		\$ -
14			\$ -	\$ -	\$ -		\$ -	_	\$0.00		\$ -
15			\$ -	\$ -	\$ -		\$ -	_	\$0.00		\$ -
16			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
17			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
18		Total Routine	\$ 56,008,374	\$ -	\$ 2,039	\$ -	\$ 56,010,413	61,804	\$ 68,563,784		
19		Weighted Average									\$ 906.26
		, , ,									
	Ohser	vation Data (Non-Distinct)		Hospital Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
20		Observation (Non-Distinct)		1,843			\$ 1,346,496	\$688,259.00	\$5,062,059.00	\$ 5,750,318	0.234160
20	09200	Observation (Non-Distinct)		1,843	-	-	\$ 1,346,496	\$688,259.00	\$5,062,059.00	\$ 5,750,318	0.234160
			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		Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
		ary Cost Centers (from W/S C excluding Observ									
21		OPERATING ROOM	\$20,563,907.00		\$0.00		\$ 20,563,907	\$37,867,062.00	\$51,688,885.00		0.229621
22		RECOVERY ROOM	\$3,570,405.00		\$0.00		\$ 3,570,405	\$2,998,667.00	\$6,127,938.00	\$ 9,126,605	0.391208
23	5200		\$2,922,210.00		\$0.00		\$ 2,922,210	\$2,714,325.00		\$ 3,374,895	0.865867
24 25	5300 5400		\$907,773.00 \$5.464.252.00		\$13,074.00 \$0.00		\$ 920,847 \$ 5,464,252	\$2,448,361.00 \$7.491.784.00	\$3,753,489.00 \$17.819.752.00	\$ 6,201,850 \$ 25,311,536	0.148479
25 26		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	\$5,464,252.00 \$2,814,156.00	•	\$0.00 \$960.00		\$ 5,464,252 \$ 2,815,116	\$7,491,784.00	\$17,819,752.00 \$22,980,935.00	\$ 25,311,536 \$ 24,084,165	0.215880 0.116887
27		RADIOISOTOPE	\$1.501.097.00		\$960.00		\$ 2,615,116	\$1,103,230.00		\$ 24,064,165	0.115287
28		CT SCAN	\$1,429,173.00	\$ -	\$0.00		\$ 1,429,173	\$16.430.927.00	\$32,298,593.00	\$ 48,729,520	0.029329
29	5800		\$799,034.00	\$ -	\$0.00		\$ 799,034	\$3,285,658.00	\$8,978,348.00	\$ 12,264,006	0.065153
	-										

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2018-09/30/2019)

JOHN D. ARCHBOLD MEMORIAL HOSPITAL

Line		Total Allowable	Intern & Resident Costs Removed on	RCE and Therapy Add-Back (If			I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem /
#	Cost Center Description	Cost	Costs Removed on Cost Report *	Add-back (II		Total Cost	•	Ancillary Charges	Total Charges	Cost or Other Ratios
	CARDIAC CATHETERIZATION	\$3,093,878.00	\$ -	\$0.00	1\$		\$6,857,151.00	\$9,143,796.00	\$ 16,000,947	0.193356
	LABORATORY	\$11,321,561.00	\$ -	\$0.00	\$		\$54,553,448.00		\$ 91,668,248	0.123506
	BLOOD STORING PROCESSING & TRANS.		\$ -	\$0.00	\$		\$4,373,750.00	\$886,641.00		0.427359
	INTRAVENOUS THERAPY	\$1,311,255.00	\$ -	\$0.00	\$		\$1,527,265.00		\$ 2,462,874	0.532408
	RESPIRATORY THERAPY	\$3,367,140.00	•	\$2,849.00	\$		\$12,161,639.00	\$2,779,619.00		0.225549
	PHYSICAL THERAPY	\$4,362,663.00	\$ -	\$0.00	\$		\$7,622,072.00	\$2,432,138.00		0.433914
	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	\$153,088.00 \$796.050.00	•	\$0.00 \$0.00	\$		\$800,005.00 \$165.645.00	\$1,622,961.00 \$2,388,321.00	, , , , , , ,	0.063182 0.311692
	MEDICAL SUPPLIES CHARGED TO PATIENT	\$18,465,134.00	\$ -	\$0.00	\$		\$32,899,981.00	1 //-	\$ 2,553,966 \$ 55,363,367	0.333526
	IMPL. DEV. CHARGED TO PATIENTS	\$13.139.699.00	\$ -	\$0.00	\$		\$23,744,449.00		\$ 39.588.100	0.331910
	DRUGS CHARGED TO PATIENTS	\$31,287,391.00	\$ -	\$0.00	\$		\$64,690,241.00	,,	\$ 159,193,028	0.196537
7400	RENAL DIALYSIS	\$2,706,270.00		\$0.00	\$	2,706,270	\$2,879,530.00	\$0.00	\$ 2,879,530	0.939830
	CARDIOLOGY	\$3,751,598.00	\$ -	\$0.00	\$		\$12,815,123.00		\$ 33,819,989	0.110928
	ONCOLOGY	\$6,389,323.00	\$ -	\$32,255.00	\$		\$95,794.00	1 1 1 1 1 1 1 1 1 1 1	\$ 7,417,177	0.865771
	CARDIAC REHABILITATION	\$606,465.00	•	\$0.00	\$		\$6,834.00		\$ 732,537	0.827897
	WOUND CARE	\$1,301,031.00	\$ -	\$0.00	\$		\$19,263.00		\$ 1,354,929	0.960221
9100	EMERGENCY	\$14,512,376.00 \$0.00	\$ -	\$1,752,881.00 \$0.00	<u>\$</u>		\$10,333,178.00 \$0.00	, . ,	\$ 39,740,940 \$ -	0.409282
		\$0.00		\$0.00	 3		\$0.00	\$0.00	1	-
		\$0.00	\$ -	\$0.00	\$		\$0.00	·	\$ -	-
		\$0.00	T	\$0.00	\$		\$0.00	·	\$ -	-
		\$0.00	\$ -	\$0.00	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$0.00	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00		\$0.00	\$		\$0.00		\$ -	-
		\$0.00		\$0.00	\$		\$0.00	\$0.00	•	-
		\$0.00		\$0.00	\$		\$0.00	70.00	\$ -	-
		\$0.00 \$0.00		\$0.00 \$0.00	<u> \$</u> \$		\$0.00 \$0.00		\$ - \$ -	-
		\$0.00		\$0.00	 3		\$0.00	·	\$ -	-
		\$0.00		\$0.00	<u> </u>		\$0.00		\$ -	-
		\$0.00	•	\$0.00	\$		\$0.00		\$ -	-
		\$0.00		\$0.00	\$		\$0.00	\$0.00		-
		\$0.00	\$ -	\$0.00	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	•	\$0.00	\$		\$0.00	1 2 2 2 2	\$ -	-
		\$0.00	•	\$0.00	\$		\$0.00	1 2 2 2 2	\$ -	-
		\$0.00	\$ -	\$0.00	\$		\$0.00	1 2 2 2 2	\$ -	-
		\$0.00	\$ -	\$0.00	\$		\$0.00	70.00	\$ -	-
		\$0.00 \$0.00	\$ -	\$0.00 \$0.00	\$		\$0.00 \$0.00	\$0.00 \$0.00	\$ -	-
		·	\$ -	\$0.00	<u> </u>		\$0.00	·	\$ -	-
		\$0.00	•	\$0.00	\$		\$0.00	\$0.00		-
		\$0.00		\$0.00	\$		\$0.00	\$0.00		-
		\$0.00	\$ -	\$0.00	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$0.00	\$		\$0.00	\$0.00	\$ -	-
		\$0.00		\$0.00	\$		\$0.00	1 2 2 2 2	\$ -	-
		\$0.00		\$0.00	\$		\$0.00	\$0.00	•	-
		\$0.00		\$0.00	\$		\$0.00		\$ -	-
		\$0.00 \$0.00		\$0.00 \$0.00	\$		\$0.00 \$0.00	1.7.7.7	\$ - \$ -	-
		\$0.00		\$0.00	\$		\$0.00	\$0.00		-
		\$0.00		\$0.00	\$		\$0.00		\$ -	-
		\$0.00	\$ -	\$0.00	\$		\$0.00		\$ -	-
		\$0.00	\$ -	\$0.00	\$	-	\$0.00		\$ -	-
		\$0.00	\$ -	\$0.00	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$0.00	\$		\$0.00	70.00	\$ -	-
		\$0.00		\$0.00	\$		\$0.00	70.00	\$ -	-
		\$0.00		\$0.00	\$		\$0.00	\$0.00		-
\vdash		\$0.00	•	\$0.00	\$		\$0.00 \$0.00	70.00	\$ -	-
		\$0.00 \$0.00	•	\$0.00 \$0.00	<u>_\$</u>		\$0.00		\$ - \$ -	-
		\$0.00	φ -	\$U.00	\$		\$0.00	\$0.00	φ -	1 -

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2018-09/30/2019)

JOHN D. ARCHBOLD MEMORIAL HOSPITAL

			Intern & Resident					I/P Routine		
Line		Total Allowable	Costs Removed on	Add-Back (If			I/P Days and I/P	Charges and O/P		Medicaid Per Dier
#	Cost Center Description	Cost	Cost Report *	Applicable)		Total Cost	Ancillary Charges	Ancillary Charges	Total Charges	Cost or Other Rat
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	,
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00 \$0.00		\$0.00 \$0.00	\$	-	\$0.00 \$0.00	\$0.00	\$ - \$ -	
				\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00			\$	-		\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00 \$0.00		\$0.00 \$0.00	\$		\$0.00 \$0.00	\$0.00 \$0.00	\$ -	-
		\$0.00		\$0.00	\$	<u> </u>	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
	T-4-1 A	\$ 158.785.002			\$	400 507 004		·	,	
	Total Ancillary	\$ 158,785,002	\$ -	\$ 1,802,019	\$	160,587,021	\$ 311,972,455	\$ 410,901,416	\$ 722,873,871	
	Weighted Average									0.224
	Sub Totals	\$ 214,793,376	\$ -	\$ 1,804,058	\$	216,597,434	\$ 380,536,239	\$ 410,901,416	\$ 791,437,655	
	NF, SNF, and Swing Bed Cost for Medicaid (Su D, Part V, Title 19, Column 5-7, Line 200)					\$0.00	φ 300,330,239	\$ 410,901,410	φ /91,457,055	
1	NF, SNF, and Swing Bed Cost for Medicare (Su Worksheet D, Part V, Title 18, Column 5-7, Line		eport Worksheet D-3, 7	Title 18, Column 3, Lir	e 200 and	\$42,497.00				
	NF, SNF, and Swing Bed Cost for Other Payers	,	te. Submit support for c	alculation of cost)						
	•		.c. cabiiii oappoit ioi o	a.ca.a.ion or ood.)						
,	Other Cost Adjustments (support must be subm	iiiled)								
	Grand Total				\$	216,554,937				
	Total Intern/Resident Cost as a Percent of Othe	r Allowable Cost				0.00%				

^{*} 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 (10/01/2018-09/30/2019)

JOHN D. ARCHBOLD MEMORIAL HOSPITAL

				In-State Medic	aid FFS Primary	In-State Medicaid M	lanaged Care Primary		FS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-Sta	ate Medicaid	%
Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicald Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	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			
	ost Centers (from Section G):			Days		Days		Days		Days		Days		Days		
	ADULTS & PEDIATRICS NTENSIVE CARE UNIT	\$ 730.60 \$ 2,613.68		7,550 947		1,566 115		6,049 1,019		2,341 392		3,045 912		17,506 2,473		43.24% 71.33%
03200 C	CORONARY CARE UNIT	\$ -												-		
	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	\$ - \$ -												-		A
	OTHER SPECIAL CARE UNIT	\$ - \$ 1,006,75												-		0.00%
04100 SI	SUBPROVIDER II	\$ 1,266.82												-		0.00%
	OTHER SUBPROVIDER NURSERY	\$ - \$ 363.39		58		807				15		51		880		65.70%
		\$ -												-		
		\$ -												-		
		\$ - \$ -												-		
		\$ -												-		
		\$ -	Total Days	8,555		2,488		7,068		2,748		4,008		20,859		40.37%
			Total Days											20,039		40.37 /6
Total Days	per PS&R or Exhibit Detail Unreconciled Days (E	xplain Variance)		8,555		2,488		7,068		2,748		4,008				
	, ,	. ,														
R	Routine Charges	7		Routine Charges \$ 7,081,594		Routine Charges \$ 2,275,076		Routine Charges \$ 9,270,317		Routine Charges \$ 3,076,504		Routine Charges \$ 4,643,689		Routine Charges \$ 21,703,491		38.57%
)1 C	Calculated Routine Charge Per Diem	_		\$ 827.77		\$ 914.42		\$ 1,311.59		\$ 1,119.54		\$ 1,158.61		\$ 1,040.49		
	Cost Centers (from W/S C) (from Section	G):		Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	
	Observation (Non-Distinct) OPERATING ROOM		0.234160 0.229621	53,634 2,762,210	398,578 1,896,550	108,142 1,604,740	648,755 2,906,499	676,033 4,861,066	922,471 7,023,901	138,905 1,763,091	395,401 982,380	13,660 2,363,200	67,817 2,574,507	\$ 976,714 \$ 10,991,107	\$ 2,365,205 \$ 12,809,330	5 60.01% 0 32.14%
	RECOVERY ROOM		0.391208	229,062	280,156	135,365	501,001	373,008	763,632	137,934	152,621	207,665	331,917	\$ 875,369	\$ 1,697,410	
5300 AI	DELIVERY ROOM & LABOR ROOM NESTHESIOLOGY		0.865867 0.148479	101,952 173,442	22,411 163,926	1,410,901 93,548	365,323 218,561	5,183 290,302	1,131 384,902	29,395 112,702	10,110 77,547	92,663 169,492	15,164 182,920	\$ 1,547,431 \$ 669,994	\$ 398,975 \$ 844,936	
	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC		0.215880 0.116887	664,182 42,230	960,976 1,687,309	157,938 23,487	1,163,577 773,943	1,228,468 209,446	2,233,671 2,975,762	411,291 54,163	810,609 1,248,040	449,718 30,499	1,696,609 776,703	\$ 2,461,879 \$ 329,326	\$ 5,168,833 \$ 6,685,054	
5600 R	RADIOISOTOPE		0.115287	114,546	423,964	10,860	179,496	221,647	1,674,574	84,859	834,075	206,266	648,272	\$ 431,912	\$ 3,112,109	33.84%
5700 C	CT SCAN MRI		0.029329 0.065153	1,459,397 288.815	1,853,320 462,905	329,703 71.808	1,529,854 363.653	2,471,929 484,076	4,000,495 1,159,092	734,485 140,646	1,647,336 546,019	690,534 262,078	5,104,015	\$ 4,995,514	\$ 9,031,005 \$ 2,531,669	
5900 C	CARDIAC CATHETERIZATION		0.193356	-	-	52,673	88,242	810,467					544 540	\$ 985.345		
	ABORATORY SLOOD STORING PROCESSING & TRANS		0.123506	5.442.559	2 514 714				1,105,358	359,211	436,708	596,060	544,540 723,729	\$ 985,345 \$ 1,222,351	\$ 1,630,308	8 26.08%
	NTRAVENOUS THERAPY		0.427359	229.322	34.708	1,432,945 79,771	3,094,730 11.074	8,469,962 598,518	1,105,358 4,183,572 146,253	359,211 2,766,323 205,148	436,708 1,438,615 34,955	596,060 4,183,334				B 26.08% 1 41.66%
			0.532408	229,322 261,747	34,708 637,021	79,771 32,931	11,074 368	8,469,962 598,518 366,698	4,183,572 146,253 140,038	2,766,323 205,148 98,391	1,438,615 34,955 7,324	596,060 4,183,334 299,795 134,495	723,729 4,482,085 47,862 6,568	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767	\$ 1,630,308 \$ 11,231,631 \$ 226,990 \$ 784,751	8 26.08% 1 41.66% 0 32.18% 1 68.56%
6600 PI	RESPIRATORY THERAPY PHYSICAL THERAPY		0.532408 0.225549 0.433914	229,322 261,747 1,314,013 463,197	34,708 637,021 169,057 90,850	79,771 32,931 107,731 89,575	11,074 368 169,748 131,218	8,469,962 598,518 366,698 2,109,777 824,599	4,183,572 146,253 140,038 394,550 265,173	2,766,323 205,148 98,391 719,591 293,200	1,438,615 34,955 7,324 173,245 72,192	596,060 4,183,334 299,795 134,495 568,727 318,653	723,729 4,482,085 47,862 6,568 418,522 57,679	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571	\$ 1,630,308 \$ 11,231,631 \$ 226,990 \$ 784,751 \$ 906,600 \$ 559,433	8 26.08% 1 41.66% 0 32.18% 1 68.56% 0 41.23% 3 25.98%
6600 PI 6900 EI	PHYSICAL THERAPY ELECTROCARDIOLOGY		0.532408 0.225549 0.433914 0.063182	229,322 261,747 1,314,013 463,197 72,717	34,708 637,021 169,057 90,850 89,095	79,771 32,931 107,731 89,575 10,176	11,074 368 169,748 131,218 58,894	8,469,962 598,518 366,698 2,109,777 824,599 137,132	4,183,572 146,253 140,038 394,550 265,173 198,178	2,766,323 205,148 98,391 719,591 293,200 44,734	1,438,615 34,955 7,324 173,245 72,192 69,961	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907	723,729 4,482,085 47,862 6,568 418,522 57,679 191,428	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759	\$ 1,630,308 \$ 11,231,631 \$ 226,990 \$ 784,751 \$ 906,600 \$ 559,433 \$ 416,128	8 26.08% 1 41.66% 0 32.18% 1 68.56% 0 41.23% 3 25.98% 8 37.13%
6600 PI 6900 EI 7000 EI 7100 M	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENT		0.532408 0.225549 0.433914 0.063182 0.311692 0.333526	229,322 261,747 1,314,013 463,197 72,717 15,680 2,622,055	34,708 637,021 169,057 90,850 89,095 294,880 1,114,601	79,771 32,931 107,731 89,575 10,176 1,470 910,748	11,074 368 169,748 131,218 58,894 165,379 1,189,755	8,469,962 598,518 366,698 2,109,777 824,599 137,132 31,850 4,632,439	4,183,572 146,253 140,038 394,550 265,173 198,178 338,535 3,209,645	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124	1,438,615 34,955 7,324 173,245 72,192 69,961 12,893 636,914	596.060 4,183.334 299.795 134.495 568,727 318.653 22,907 4,291 1,798.638	723,729 4,482,085 47,862 6,568 418,522 57,679 191,428 67,257 1,952,090	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366	\$ 1,630,308 \$ 11,231,631 \$ 226,990 \$ 784,751 \$ 906,600 \$ 559,433 \$ 416,128 \$ 811,687 \$ 6,150,915	B 26.08% 1 41.66% 0 32.18% 1 68.56% 0 41.23% 3 25.98% B 37.13% 7 36.79% 5 35.61%
6600 PI 6900 EI 7000 EI 7100 M 7200 IN	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS		0.532408 0.225549 0.433914 0.063182 0.311692 0.33526 0.331910	229,322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,645,350	34,708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431	8,469,962 598,518 366,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967	4,183,572 146,253 140,038 394,550 265,173 198,178 338,535 3,209,645 2,840,703	2,766,323 205,148 98,391 779,591 293,200 44,734 6,370 1,606,124 1,314,795	1,438,615 34,955 7,324 173,245 72,192 69,961 12,893 636,914 156,345	596.060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810	723,729 4,482,085 47,862 6,568 418,522 57,679 191,428 67,257 1,952,090 578,099	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288	\$ 1,630,308 \$ 11,231,631 \$ 226,990 \$ 784,751 \$ 906,600 \$ 559,433 \$ 416,128 \$ 811,687 \$ 6,150,915 \$ 4,007,277	B 26.08% 1 41.66% D 32.18% 1 68.56% D 41.23% 3 25.98% B 37.13% 7 36.79% 5 35.61% 7 31.01%
6600 PI 6900 EI 7000 EI 7100 M 7200 IN 7300 DI 7400 RI	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS ROUGS CHARGED TO PATIENTS RENAL DIALYSIS		0.532408 0.225549 0.433914 0.063182 0.311692 0.333526 0.331910 0.196537 0.939830	229,322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,645,350 6,477,113 180,532	34,708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166	11,074 388 199,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204	8,460,962 598,518 366,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967 9,202,413	4,183,572 146,253 140,038 394,550 265,173 198,178 338,535 3,209,645 2,840,703 14,052,623	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096	1,438,615 34,955 7,324 173,245 72,192 69,961 12,893 636,914 156,345 5,848,584	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266	723,729 4,482,085 47,862 6,588 418,522 57,679 191,428 67,257 1,952,090 578,099 4,394,336	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 19,592,788	\$ 1,630,308 \$ 11,231,631 \$ 226,990 \$ 784,751 \$ 906,600 \$ 559,433 \$ 416,128 \$ 811,687 \$ 6,150,915 \$ 4,007,277 \$ 28,619,174	8 26.08% 1 41.66% 0 32.18% 1 68.56% 0 41.23% 3 25.98% 8 7 36.79% 7 31.01% 4 36.10% - 8.50%
6600 PI 6900 EI 7000 EI 7100 M 7200 IN 7300 DI 7400 RI	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS PRUGS CHARGED TO PATIENTS		0.532408 0.225549 0.433914 0.063182 0.311692 0.333526 0.331910 0.196537	229,322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,645,350 6,477,113	34,708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431	8,469,962 598,518 366,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967	4,183,572 146,253 140,038 394,550 265,173 198,178 338,535 3,209,645 2,840,703	2,766,323 205,148 98,391 779,591 293,200 44,734 6,370 1,606,124 1,314,795	1,438,615 34,955 7,324 173,245 72,192 69,961 12,893 636,914 156,345	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222	723,729 4,482,085 47,862 6,568 418,522 57,679 191,428 67,257 1,952,090 578,099	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788	\$ 1,630,308 \$ 11,231,631 \$ 226,990 \$ 784,751 \$ 906,600 \$ 559,433 \$ 416,128 \$ 811,687 \$ 6,150,915 \$ 4,007,277	8 26.08% 1 41.66% 0 32.18% 1 0 41.23% 3 25.98% 8 37.13% 7 36.79% 5 35.61% 7 4 36.10% 4 35.49%
6600 PI 6900 EI 7000 EI 7100 M 7200 IN 7300 D 7400 R 7600 C 7601 O	HYSICAL THERAPY LECTROCANGIOLOGY LECTROCENEPHALOGRAPHY ELECIAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS RENAL DIALYSIS ZARDIOLOGY JARDIOLOGY JARDIOLOGY JARDIOLOGY JARDIOLOGY JARDIOLOGY JARDIOLOGY JARDIOL		0.532408 0.225549 0.433914 0.063182 0.311692 0.33526 0.331910 0.196537 0.938830 0.110928 0.865771	229,322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,645,350 6,477,113 180,532 1,130,154	34,708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166 	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204 430,786 77,745	8,469,962 598,518 366,698 2,109,777 824,599 137,132 31,850 4,632,439 9,202,413 1,861,548	4,183,572 146,253 140,038 394,550 265,173 199,178 338,535 2,264,703 14,052,623 2,975,637 789,030 30,150	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096	1,438,615 34,955 7,324 173,245 172,192 69,961 12,893 636,914 156,345 5,848,584 1,038,884 172,698 13,162	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266	723.729 4,482.085 47,862 6,568 418,522 57,679 191,428 67,257 1,952.090 578.099 4,394,336 1,371,293 410,907 15,354	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 19,592,783 \$ 9,521 \$ 9,521 \$ 9,521 \$ 1,608	\$ 1,630,508 \$ 11,231,631 \$ 226,990 \$ 784,751 \$ 996,600 \$ 559,433 \$ 416,128 \$ 811,687 \$ 4,007,277 \$ 28,619,174 \$	8 26.08% 1 41.66% 21.18% 21.18% 25.98% 3 25.98% 3 37.13% 36.79% 5 35.61% 4 36.10% 4 36.10% 4 35.49% 2 19.95% 2 8.31%
6600 PI 6900 EI 7000 EI 7100 M 7200 III 7300 D 7400 R 7600 C 7601 O 7603 C	PHYSICAL THERAPY LECTROBOLOGY LECTROBOLOGY LECTROBOLOGRAPHY LECTROBOLOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS RIUGS CHARGED TO PATIENTS EXHAL DIALYSIS ARDIOLOGY NOCOLOGY NOCOLOGY		0.532408 0.225549 0.433914 0.063182 0.331692 0.339526 0.331910 0.196537 0.939830 0.110928	229,322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,645,350 6,477,113 180,532 1,130,154	34,708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204	8,469,962 598,518 366,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967 9,202,413	4,183,572 146,253 140,038 394,550 285,173 198,178 338,535 3,209,645 2,840,703 14,052,623 2,975,637 789,030	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096	1,438,615 34,955 7,324 173,246 72,192 69,961 12,893 636,914 155,345 5,848,584 1,038,884 172,698	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266 1,375,588	723.729 4,482,085 47,862 6,568 418,522 57,679 191,428 67,257 1,952,090 578,099 4,394,394 1,371,293 410,907	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 180,532 \$ 3,867,042 \$ 9,521	\$ 1,630,308 \$ 11,231,631 \$ 226,990 \$ 784,751 \$ 906,600 \$ 559,433 \$ 416,128 \$ 811,687 \$ 6,150,915 \$ 4,007,277 \$ 28,619,174 \$ 5,383,604 \$ 5,383,604 \$ 1,058,972	B 26.08% 1 41.66% 32.18% 1 41.66% 32.18% 1 41.23% 3 3 25.98% 8 37.13% 7 36.79% 5 7 31.01% 4 36.10% - 8.50% 4 1 25.40% 35.49% 2 8.31% 3 81.53% 81.53%
6600 PI 6900 EI 7000 EI 7100 M 7200 III 7300 D 7400 R 7600 C 7601 O 7603 C	PHYSICAL THERAPY LECTROADIOLOGY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY MPL DEV. CHARGED TO PATIENTS RRUGS CHARGED TO PATIENTS EVALUATION SEVALUATION SARDIOLOGY NOCOLOGY SARDIAG REHABILITATION VOUND CARE		0.532408 0.22549 0.433914 0.063182 0.311692 0.33558 0.108537 0.99830 0.110928 0.865771 0.827897 0.960221 0.409282	229.322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,4645,350 6,477,113 180,532 1,130,154 4,304	34.708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763 938,297 19,499	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204 430,786 77,745	8,469,962 598,518 386,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967 9,202,413 - 1,861,548 804 5,713	4,183,572 146,253 140,038 394,550 265,173 198,178 338,535 3,209,645 2,840,703 14,052,623 789,030 30,150 217,571	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096 - 560,366	1,438,615 34,955 7,324 173,245 172,192 69,961 12,893 636,914 156,345 5,845,584 172,698 13,162 132,442	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266 1,375,588	723.729 4,482.285 47,862 6,588 418,522 57,679 191,428 67,257 1,952.090 578.099 4,394,336 410,907 15,354 126,076	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 19,592,788 \$ 19,592,788 \$ 1,608 \$ 1,608 \$ 1,608	\$ 1,630,308 \$ 11231,631 \$ 226,990 \$ 794,751 \$ 906,600 \$ 559,433 \$ 416,125 \$ 8,150,915 \$ 4,007,277 \$ 28,619,174 \$ 5,338,604 \$ 1,058,972 \$ 43,312 \$ 965,553 \$ 97,42,107	B 26.08% 1 41.66% 32.18% 1 41.66% 32.18% 1 41.23% 3 3 25.98% 8 37.13% 7 36.79% 5 7 31.01% 4 36.10% - 8.50% 4 1 25.40% 35.49% 2 8.31% 3 81.53% 81.53%
6600 PI 6900 EI 7000 EI 7100 M 7200 III 7300 D 7400 R 7600 C 7601 O 7603 C	PHYSICAL THERAPY LECTROADIOLOGY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY MPL DEV. CHARGED TO PATIENTS RRUGS CHARGED TO PATIENTS EVALUATION SEVALUATION SARDIOLOGY NOCOLOGY SARDIAG REHABILITATION VOUND CARE		0.532408 0.22549 0.433914 0.063182 0.311692 0.335528 0.335528 0.110923 0.110923 0.827697 0.926221 0.409282	229.322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,4645,350 6,477,113 180,532 1,130,154 4,304	34.708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763 938,297 19,499	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204 430,786 77,745	8,469,962 598,518 386,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967 9,202,413 - 1,861,548 804 5,713	4,183,572 146,253 140,038 394,550 265,173 198,178 338,535 3,209,645 2,840,703 14,052,623 789,030 30,150 217,571	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096 - 560,366	1,438,615 34,955 7,324 173,245 172,192 69,961 12,893 636,914 156,345 5,845,584 1,038,884 172,698 13,162	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266 1,375,588	723.729 4,482.285 47,862 6,588 418,522 57,679 191,428 67,257 1,952.090 578.099 4,394,336 410,907 15,354 126,076	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 19,592,788 \$ 19,592,788 \$ 1,608 \$ 1,608 \$ 1,608	\$ 1.630,308 \$ 11,231,308 \$ 1226,990 \$ 794,715 \$ 906,600 \$ 559,433 \$ 416,128 \$ 611,629 \$ 615,915 \$ 4,007,27 \$ 28,619,174 \$ 5,388,604 \$ 10,568,972 \$ 96,535 \$ 97,42,107 \$ 9	B 26.08% 1 41.66% 32.18% 1 41.66% 32.18% 1 41.23% 3 3 25.98% 8 37.13% 7 36.79% 5 7 31.01% 4 36.10% - 8.50% 4 1 25.40% 35.49% 2 8.31% 3 81.53% 81.53%
6600 PI 6900 EI 7000 EI 7100 M 7200 III 7300 D 7400 R 7600 C 7601 O 7603 C	PHYSICAL THERAPY LECTROADIOLOGY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY MPL DEV. CHARGED TO PATIENTS RRUGS CHARGED TO PATIENTS EVALUATION SEVALUATION SARDIOLOGY NOCOLOGY SARDIAG REHABILITATION VOUND CARE		0.532408 0.225549 0.433914 0.063182 0.311692 0.333526 0.331910 0.196537 0.999830 0.110928 0.865771 0.827897 0.960221	229.322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,4645,350 6,477,113 180,532 1,130,154 4,304	34.708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763 938,297 19,499	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204 430,786 77,745	8,469,962 598,518 386,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967 9,202,413 - 1,861,548 804 5,713	4,183,572 146,253 140,038 394,550 265,173 198,178 338,535 3,209,645 2,840,703 14,052,623 789,030 30,150 217,571	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096 - 560,366	1,438,615 34,955 7,324 173,245 172,192 69,961 12,893 636,914 156,345 5,845,584 1,038,884 172,698 13,162	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266 1,375,588	723.729 4,482.285 47,862 6,588 418,522 57,679 191,428 67,257 1,952.090 578.099 4,394,336 410,907 15,354 126,076	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 19,592,788 \$ 19,592,788 \$ 1,608 \$ 1,608 \$ 1,608	\$ 1,630,308 \$ 11,231,308 \$ 11,231,308 \$ 12,69,90 \$ 794,71 \$ 906,600 \$ 596,400 \$ 596,400 \$ 11,128 \$ 61,150,915 \$ 61,50,915 \$ 26,619,174 \$ 5,383,604 \$ 1,086,972 \$ 965,563 \$ 97,42,107 \$ 97,42,107 \$ 97,42,107	B 26.08% 1 41.66% 32.18% 1 0 32.18% 1 0 0 41.23% 3 3 25.98% 8 37.13% 7 36.79% 2 5.61% 7 7 31.01% 4 36.10% - 8.50% 4 2 2 8.31% 3 81.53% 3 81.53%
6600 PI 6900 EI 7000 EI 7100 M 7200 III 7300 D 7400 R 7600 C 7601 O 7603 C	PHYSICAL THERAPY LECTROADIOLOGY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY MPL DEV. CHARGED TO PATIENTS RRUGS CHARGED TO PATIENTS EVALUATION SEVALUATION SARDIOLOGY NOCOLOGY SARDIAG REHABILITATION VOUND CARE		0.532408 0.22549 0.433914 0.063182 0.311692 0.335528 0.335528 0.110923 0.110923 0.827697 0.926221 0.409282	229.322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,4645,350 6,477,113 180,532 1,130,154 4,304	34.708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763 938,297 19,499	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204 430,786 77,745	8,469,962 598,518 386,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967 9,202,413 - 1,861,548 804 5,713	4,183,572 146,253 140,038 394,550 265,173 198,178 338,535 3,209,645 2,840,703 14,052,623 789,030 30,150 217,571	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096 - 560,366	1,438,615 34,955 7,324 173,245 172,192 69,961 12,893 636,914 156,345 5,845,584 1,038,884 172,698 13,162	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266 1,375,588	723.729 4,482.285 47,862 6,588 418,522 57,679 191,428 67,257 1,952.090 578.099 4,394,336 410,907 15,354 126,076	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 19,592,788 \$ 19,592,788 \$ 1,608 \$ 1,608 \$ 1,608	\$ 1.630,308 \$ 11,231,308 \$ 1226,990 \$ 794,715 \$ 906,600 \$ 559,433 \$ 416,128 \$ 611,629 \$ 615,915 \$ 4,007,27 \$ 28,619,174 \$ 5,388,604 \$ 10,568,972 \$ 96,535 \$ 97,42,107 \$ 9	B 26.08% 1 41.66% 32.18% 1 0 32.18% 1 0 0 41.23% 3 3 25.98% 8 37.13% 7 36.79% 2 5.61% 7 7 31.01% 4 36.10% - 8.50% 4 2 2 8.31% 3 81.53% 3 81.53%
6600 PI 6900 EI 7000 EI 7100 M 7200 III 7300 D 7400 R 7600 C 7601 O 7603 C	PHYSICAL THERAPY LECTROADIOLOGY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY MPL DEV. CHARGED TO PATIENTS RRUGS CHARGED TO PATIENTS EVALUATION SEVALUATION SARDIOLOGY NOCOLOGY SARDIAG REHABILITATION VOUND CARE		0.532408 0.22549 0.433914 0.063182 0.311692 0.333528 0.33528 0.33527 0.95830 0.110828 0.865771 0.827897 0.900221 0.409282	229.322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,4645,350 6,477,113 180,532 1,130,154 4,304	34.708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763 938,297 19,499	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204 430,786 77,745	8,469,962 598,518 386,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967 9,202,413 - 1,861,548 804 5,713	4,183,572 146,253 140,038 394,550 285,173 198,178 338,535 3,209,645 2,840,703 14,052,623 778,930 30,150 217,571	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096 - 560,366	1,438,615 34,955 7,324 173,245 172,192 69,961 12,893 636,914 156,345 5,845,584 1,038,884 172,698 13,162	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266 1,375,588	723.729 4,482.285 47,862 6,588 418,522 57,679 191,428 67,257 1,952.090 578.099 4,394,336 410,907 15,354 126,076	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 19,592,788 \$ 19,592,788 \$ 1,608 \$ 1,608 \$ 1,608	\$ 1.630,308 \$ 11,231,308 \$ 1226,990 \$ 798,471 \$ 906,600 \$ 559,433 \$ 416,128 \$ 611,691 \$ 6,150,915 \$ 4,007,27 \$ 28,619,174 \$ 5,388,604 \$ 10,568,972 \$ 96,535 \$ 97,742,107 \$ 9	B 26.08% 1 41.66% 32.18% 1 0 32.18% 1 0 0 41.23% 3 3 25.98% 8 37.13% 7 36.79% 2 5.61% 7 7 31.01% 4 36.10% - 8.50% 4 2 2 8.31% 3 81.53% 3 81.53%
6600 PI 6900 EI 7000 EI 7100 M 7200 III 7300 D 7400 R 7600 C 7601 O 7603 C	PHYSICAL THERAPY LECTROADIOLOGY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY MPL DEV. CHARGED TO PATIENTS RRUGS CHARGED TO PATIENTS EVALUATION SEVALUATION SARDIOLOGY NOCOLOGY SARDIAG REHABILITATION VOUND CARE		0.532408 0.22549 0.433914 0.003182 0.311692 0.331961 0.33528 0.33528 0.33528 0.1109237 0.939830 0.110928 0.409282	229.322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,4645,350 6,477,113 180,532 1,130,154 4,304	34.708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763 938,297 19,499	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204 430,786 77,745	8,469,962 598,518 386,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967 9,202,413 - 1,861,548 804 5,713	4,183,572 146,253 140,038 394,550 285,173 198,178 338,535 3,209,645 2,840,703 14,052,623 778,930 30,150 217,571	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096 - 560,366	1,438,615 34,955 7,324 173,245 172,192 69,961 12,893 636,914 156,345 5,845,584 1,038,884 172,698 13,162	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266 1,375,588	723.729 4,482.285 47,862 6,588 418,522 57,679 191,428 67,257 1,952.090 578.099 4,394,336 410,907 15,354 126,076	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 19,592,788 \$ 19,592,788 \$ 1,608 \$ 1,608 \$ 1,608	\$ 1,630,308 \$ 11,231,635 \$ 11,231,635 \$ 728,739,735 \$ 906,603 \$ 594,737 \$ 906,603 \$ 6115,915 \$ 906,603 \$ 6115,915 \$ 61,009,157 \$ 28,619,174 \$ 6,5383,604 \$ 10,589,735 \$ 94,077 \$ 29,742,107 \$ 9,742,107 \$ 9,742,107 \$ 9,742,107 \$ 9,742,107 \$ 9,742,107 \$ 9,742,107	8 26.08% 41.66% 1 1 41.66% 1 1 68.56% 21.8% 1 52.18% 2 53.88% 3 3 25.88% 7 36.79% 7 36.79% 6 5 35.61% 4 35.49% 2 1 9.95% 2 1 8.31% 3 81.53% 3 81.53%
6600 PI 6900 EI 7000 EI 7100 M 7200 III 7300 D 7400 R 7600 C 7601 O 7603 C	PHYSICAL THERAPY LECTROADIOLOGY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY LECTROENCEPHALOGRAPHY MPL DEV. CHARGED TO PATIENTS RRUGS CHARGED TO PATIENTS EVALUATION SEVALUATION SARDIOLOGY NOCOLOGY SARDIAG REHABILITATION VOUND CARE		0.532408 0.225649 0.433914 0.063182 0.311692 0.331970 0.196537 0.939830 0.110928 0.865771 0.827897 0.960221 0.409282	229.322 261,747 1,314,013 463,197 72,717 15,680 2,622,055 1,4645,350 6,477,113 180,532 1,130,154 4,304	34.708 637,021 169,057 90,850 89,095 294,880 1,114,601 680,798 5,581,763 938,297 19,499	79,771 32,931 107,731 89,575 10,176 1,470 910,748 403,176 1,598,166	11,074 368 169,748 131,218 58,894 165,379 1,189,755 329,431 3,136,204 430,786 77,745	8,469,962 598,518 386,698 2,109,777 824,599 137,132 31,850 4,632,439 3,359,967 9,202,413 - 1,861,548 804 5,713	4,183,572 146,253 140,038 394,550 285,173 198,178 338,535 3,209,645 2,840,703 14,052,623 778,930 30,150 217,571	2,766,323 205,148 98,391 719,591 293,200 44,734 6,370 1,606,124 1,314,795 2,315,096 - 560,366	1,438,615 34,955 7,324 173,245 172,192 69,961 12,893 636,914 156,345 5,845,584 1,038,884 172,698 13,162	596,060 4,183,334 299,795 134,495 568,727 318,653 22,907 4,291 1,798,638 965,810 4,771,222 64,266 1,375,588	723.729 4,482.285 47,862 6,588 418,522 57,679 191,428 67,257 1,952.090 578.099 4,394,336 410,907 15,354 126,076	\$ 1,222,351 \$ 18,111,789 \$ 1,112,759 \$ 759,767 \$ 4,251,112 \$ 1,670,571 \$ 264,759 \$ 55,370 \$ 9,771,366 \$ 6,723,288 \$ 19,592,788 \$ 19,592,788 \$ 19,592,788 \$ 1,608 \$ 1,608 \$ 1,608	\$ 1,630,308 \$ 11,231,308 \$ 11,231,308 \$ 226,900 \$ 794,715 \$ 906,600 \$ 599,500 \$ 599,500 \$ 599,500 \$ 591,500 \$ 811,500 \$ 811,500 \$ 811,500 \$ 811,500 \$ 1,086,972 \$ 26,619,174 \$ 5,383,604 \$ 1,086,972 \$ 965,553 \$ 97,42,107 \$ 5 9,742,107 \$ 5 9,742,107	8 26.08% 41.66% 1 1 41.66% 1 1 68.56% 21.8% 1 52.18% 2 53.88% 3 3 25.88% 7 36.79% 7 36.79% 6 5 35.61% 4 35.49% 2 1 9.95% 2 1 8.31% 3 81.53% 3 81.53%

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

Cost Report Year (10/01/2018-09/30/2019	JOHN D. ARCHBOLD MEMORIAL HOSPITAL

	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	%
61 -						\$ - \$ -	
62						\$ - \$ -	
63						\$ - \$ -	
						S - S -	
65						\$ - \$ -	
						\$ - \$ -	
67						\$ - \$ -	
68						\$ - \$ -	
69						\$ - \$ -	
70 -						\$ - \$ -	
71 -						\$ - \$ -	
72						\$ - \$ -	
73						\$ - \$ -	
74						\$ - \$ -	
						\$ - \$	
76						\$ - \$ -	
78							
79 -						\$ - \$ -	
80 81 -						\$ - \$ -	
81 -						\$ - \$ -	
82 83						\$ - \$ -	
83 -						\$ - \$ -	
84 85 -						\$ - \$ - \$ -	
85 -						\$ - \$ -	
86 -						\$ - \$ -	
87 -						\$ -	
						\$ - \$ -	
89 -						\$ - \$ -	
90 -						\$ - \$ -	
91 -						\$ - \$ -	
92						\$ - \$ -	
93						\$ - \$ -	
94 -						\$ -	
95						\$ -	
96 -						\$ - \$ -	
97						\$ - \$ -	
98						\$ -	
99 -						\$ -	
100						\$ - \$ -	
101						\$ - \$ -	
102						\$ - \$ -	
103						\$ - \$ -	
104						\$ - \$ -	
105						\$ - \$ -	
106						\$ - \$ -	
107						\$ - \$ -	
108						\$ - \$ -	
109						\$ - \$ -	
110 -						\$ - \$ -	
- 111						\$ - \$ -	
- 112						\$ -	
- 113						\$ - \$ -	
114						\$ - \$ -	
115						\$ - \$ -	
116						\$ - \$ -	
117						\$ - \$ -	
- 118						\$ - \$ -	
119						\$ - \$ -	
120						\$ - \$ -	
121						\$ - \$ -	
122						\$ - \$ -	
123						\$ - \$ -	
124						\$ - \$ -	
125						\$ - \$ -	
126						\$ - \$ -	
127						\$ - \$ -	
	\$ 27,037,258 \$ 22,536,780	\$ 9,245,555 \$ 21,522,032	\$ 45,149,483 \$ 55,063,550	\$ 14,542,871 \$ 18,060,606	\$ 19,590,164 \$ 33,760,307		

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

Cost Report Year (10/01/2018-09/30/2019) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

		In-State Medica	id FFS Primary	In-State Medicaid	Managed Care Primary		are FFS Cross-Overs (with cald Secondary)		dicaid Eligibles (Not Elsewhere)	Uninsi	ured	Total In-Stat	te Medicaid	%
	Totals / Payments													
128	Total Charges (includes organ acquisition from Section J)	\$ 34,118,852	\$ 22,536,780	\$ 11,520,631	\$ 21,522,032	\$ 54,419,8	\$ 55,063,550	\$ 17,619,375	\$ 18,060,606	\$ 24,233,853	\$ 33,760,307	\$ 117,678,658	\$ 117,182,968	37.11%
										(Agrees to Exhibit A)	(Agrees to Exhibit A)			
129	Total Charges per PS&R or Exhibit Detail	\$ 34,118,852	\$ 22,536,780	\$ 11,520,631	\$ 21,522,032	\$ 54,419,8	300 \$ 55,063,550	\$ 17,619,375	\$ 18,060,606	\$ 24,233,853	\$ 33,760,307			
130	Unreconciled Charges (Explain Variance)		-						-					
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 14,022,311	\$ 4,976,928	\$ 4,678,763	\$ 5,366,427	\$ 16,941,9	974 \$ 11,856,470	\$ 6,009,889	\$ 3,530,400	\$ 8,693,762	\$ 7,566,876	\$ 41,652,937	\$ 25,730,225	38.75%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 11,067,186	\$ 4,648,789	\$ -	\$ -	\$ 1,110,	1,035,435	\$ 497,294	\$ 544,300			\$ 12,674,635	\$ 6,228,524	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$ -	\$ 3,988,369	\$ 5,257,534	\$	- \$ -	\$ -	\$ -			\$ 3,988,369	\$ 5,257,534	
134	Private Insurance (including primary and third party liability)	\$ -	•	\$ -	\$ -	\$	- \$ -	\$ -	\$ - \$ 1902			\$ -	\$ -	
135	Self-Pay (including Co-Pay and Spend-Down)	\$ -	\$ 4.648.789	\$ 3.988.369	\$ 5.257.534	\$ 2,3	295 \$ 14,265	\$ 733	\$ 1,902			\$ 3,028	\$ 16,167	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 11,067,186		\$ 3,988,369	\$ 5,257,534								. (1.040)	
137	Medicaid Cost Settlement Payments (See Note B)	\$ -	\$ (4,043)	\$ -	\$ -							\$ -	\$ (4,043)	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 13,681,7	762 \$ 9,016,928	\$ 4,161,950	\$ 2.407.425			\$ 13,681,762 \$ 4,161,950	\$ 9,016,928 \$ 2,407,425	
141	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Debt Payments					\$ 195.9	996 \$ 292,719	\$ 4,101,950	\$ 2,407,425			\$ 195,996	\$ 2,407,425	
141	Other Medicare Cross-Over Payments (See Note D)					\$ 195,5	990 \$ 292,719	\$ -	\$ -	(Agrees to Exhibit B and B-1)	(Agrees to Exhibit B and	\$ 195,990	\$ 292,719	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)					ų.	- 0	• -	Φ -	\$ 218,872	\$ 1,160,404	Φ -	· -	
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from \$	Continu E)								¢ 210,072	\$ 1,100,404 e			
144	Section 1011 Payment Related to inpatient Hospital Services NOT included in Exhibits 6 & 6-1 (from s	Section E)								5 -	\$ -			
145	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 2,955,125	\$ 332,182	\$ 690,394	\$ 108,893	\$ 1,951,7	766 \$ 1,497,123	\$ 1,349,912	\$ 576,773	\$ 8,474,890	\$ 6,406,472	\$ 6,947,197	\$ 2,514,971	
146	Calculated Payments as a Percentage of Cost	79%	93%	85%	98%		87%	78%	84%	3%	15%	83%	90%	
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, Percent of cross-over days to total Medicare days from the cost report	Col. 6, Sum of Lns. 2, 3,	4, 14, 16, 17, 18 less	lines 5 & 6)		36,	684 9%							

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 2 - inhecitated was sequenced by the sequence of the sequ

I. Out-of-State Medicaid Data:

21.01

	rt Year (10/01/2018-09/30/2019)	JOHN D. ARCHBOL											
		Medicaid Per	Medicaid Cost to	Out-of-State Med	dicaid FFS Primary		icaid Managed Care mary		care FFS Cross-Overs aid Secondary)		Medicaid Eligibles (Not Elsewhere)	Total Out-Of-S	State Medicaid
Line #	Cost Center Description	Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)		
Routine Co	ost Centers (list below):			Days		Days		Days		Days		Days	
	ULTS & PEDIATRICS	\$ 730.60		12		30				21		63	
	FENSIVE CARE UNIT PRONARY CARE UNIT	\$ 2,613.68		3		11				4		18	
	RN INTENSIVE CARE UNIT	\$ -										-	
	RGICAL INTENSIVE CARE UNIT	\$ -										-	
	HER SPECIAL CARE UNIT	\$ - \$ 1,006.75										-	
	BPROVIDER II	\$ 1,266.82										-	
	HER SUBPROVIDER	\$ -										-	
04300 NU	IRSERY	\$ 363.39 \$ -										-	
		\$ -										-	
		\$ -										-	
-		\$ - \$ -										-	
		\$ -										-	
		\$ -										-	
			Total Days	15		41		-		25		81	
Total Davs	per PS&R or Exhibit Detail			15		41			1		1		
•						41		-		25			
	Unreconciled Days (Explain Variance)		-		-				25			
	Unreconciled Days (Explain Variance)		Routine Charges		Routine Charges		- Routine Charges	:	Routine Charges	:	Routine Charges	
	utine Charges	Explain Variance)		Routine Charges \$ 19,154		Routine Charges \$ 48,736		Routine Charges		Routine Charges \$ 29,939		Routine Charges \$ 97,829	
		Explain Variance)		Routine Charges		Routine Charges		Routine Charges	:	Routine Charges			
Cal	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below):			Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges	Ancillary Charges	Routine Charges \$ 48,736	Ancillary Charges	Routine Charges \$ - Ancillary Charges	Ancillary Charges	Routine Charges \$ 29,939	Ancillary Charges	\$ 97,829 \$ 1,207.77 Ancillary Charges	Ancillary Charges
Ancillary C	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct)		0.234160	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51	13,199	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges	12,822	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56	1,112	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51	\$ 27,133
Ancillary C 09200 Obs 5000 OP	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below):		0.229621	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211	13,199 3,959	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges	12,822 9,390	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56	1,112 9,390	\$ 97,829 \$ 1,207.77 Ancillary Charges	
Ancillary 0 09200 Obs 5000 OPI 5100 RE6 5200 DEI	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM COVERY ROOM LIVERY ROOM & LABOR ROOM		0.229621 0.391208 0.865867	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 556	13,199 3,959 6,775	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges 	12,822 9,390 1,132 1,736	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56	1,112 9,390 1,132 2,113	\$ 97,629 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849
Ancillary C 09200 Obs 5000 OP 5100 RE0 5200 DEI 5300 ANI	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM COVERY ROOM LIVERY ROOM ESTHESIOLOGY		0.229621 0.391208 0.865867 0.148479	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 556 380	13,199 3,959 6,775 - 166	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges 15,804 1,112 3,995 1,229	12,822 9,390 1,132 1,736 546	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges	1,112 9,390 1,132 2,113 380	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995 \$ 1,609	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092
Ancillary C 09200 Obs 5000 OP 5100 RE 5200 DE 5300 ANI 5400 RAI	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC		0.229621 0.391208 0.865867 0.148479 0.215880	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 556	13,199 3,959 6,775	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges 	12,822 9,390 1,132 1,736	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56	1,112 9,390 1,132 2,113	\$ 97,629 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849
Ancillary C 09200 Obs 5000 OPI 5100 REI 5200 DEI 5300 ANI 5400 RAI 5500 RAI 5600 RAI	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM COVERY ROOM LIVERY ROOM ESTHESIOLOGY		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287	Routine Charges \$ 19,154 \$ 1,276,93 Ancillary Charges 51 7,211 556 - 380 1,630	13,199 3,959 6,775 - 166 5,194 - 4,658	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges 15,804 1,112 9,3995 1,229 2,549 - 2,587	12,822 9,390 1,132 1,736 546 11,618	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339	1,112 9,390 1,132 2,113 380 7,048	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,688 \$ 3,995 \$ 1,609 \$ 7,518 \$ 2,587	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092 \$ 23,860 \$ - \$ 4,658
Ancillary C 09200 Obs 5000 OP 5100 RE 5200 DE 5300 ANI 5400 RA 5600 RA 5700 CT	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) IERATING ROOM ILIVERY ROOM ILIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-JUAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.029329	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 556	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges	12,822 9,390 1,132 1,736 546 11,618	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339	1,112 9,390 1,132 2,113 380 7,048 - - 14,275	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995 \$ 1,609 \$ 7,518 \$ 2,587 \$ 20,078	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092 \$ 23,860 \$ -
Ancillary C 09200 Obs 5000 OP 5100 RE 5200 DEI 5300 ANI 5400 RAI 5500 RAI 5600 RAI 5700 CT 5800 MR	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): Servation (Non-Distinct) ERATING ROOM COVERY ROOM LUVERY ROOM LUVERY ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOISOTOPE SCAN RI		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.029329 0.065153	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 556 380 1,630 5,542	13,199 3,959 6,775 166 5,194 4,658 10,210	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges - 15,804 1,112 3,995 1,229 2,549 - 2,587 10,647 2,006	12,822 9,390 1,132 1,736 546 11,618 - - - 32,876	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339	1,112 9,390 1,132 2,113 380 7,048 - - 14,275	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,688 \$ 3,995 \$ 1,609 \$ 7,518 \$ 2,587	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092 \$ 23,860 \$ - \$ 4,658
Ancillary C 09200 Obs 5000 OPI 5100 RE 5200 DEI 5300 ANI 5400 RAI 5600 RAI 5700 CT 5800 MR	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) IERATING ROOM ILIVERY ROOM ILIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-JUAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.029329	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 556	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges	12,822 9,390 1,132 1,736 546 11,618	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339	1,112 9,390 1,132 2,113 380 7,048 - - 14,275	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995 \$ 1,609 \$ 7,518 \$ 2,587 \$ 20,078	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092 \$ 23,860 \$ - \$ 4,658
Ancillary C 09200 Obs 5000 OPI 5100 REI 5200 DEI 5300 ANI 5400 RAI 5500 RAI 5700 CT 5800 MR 5900 CAI 6000 LAE 6300 BLC	utine Charges iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): Servation (Non-Distinct) ERATING ROOM COVERY ROOM LUVERY ROOM LUVERY ROOM LUVERY ROOM ESTHESIOLOGY DIOLOGY-THERAPEUTIC DIOLOGY-THORAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THORAPEUTIC DI		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.029329 0.065153 0.193356 0.123506	Routine Charges \$ 19,154 \$ 1,276,93 Ancillary Charges 51 7,211 556 - 380 1,630 5,542	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges	12,822 9,390 1,132 1,736 546 11,618 - - 32,876 - - 57,945	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966	1,112 9,390 1,132 2,113 380 7,048 - - 14,275	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995 \$ 1,509 \$ 7,518 \$ 2,587 \$ 20,078 \$ 7,772 \$ 5,772 \$ 5,608	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092 \$ 23,860 \$ 5 \$ 57,361 \$ 5 \$ 5 \$ 4,658 \$ 57,361 \$ 5 \$ 5
Ancillary C 09200 Obs 5000 OPI 5100 RE4 5200 DE1 5300 ANI 5400 RA4 5600 RAI 5600 MR 5900 CAI 6000 LAE 6300 BLG	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ICOVERY ROOM LIVERY ROOM LIVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-JUAGNOSTIC DIOLOGY-JUAGNOSTIC DIOLOGY-THERAPEUTIC BORATORY OND STORING PROCESSING & TRANS		0.299621 0.391208 0.865867 0.148479 0.215880 0.116887 0.15287 0.065153 0.193356 0.123506 0.427359 0.532408	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 656 380 1,630 5,542 9,648	13,199 3,959 6,775 	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges 15,804 1,112 3,995 1,229 2,549 - 2,567 10,647 2,806 - 34,774 5,608	12,822 9,390 1,132 1,736 546 11,618 - 32,876 - 57,945 - 1,353	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966 12,377	1,112 9,390 1,132 2,113 380 7,048 - - 14,275 - 26,189	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995 \$ 1,609 \$ 7,518 \$ 2,078 \$ 7,772 \$ 5 20,078 \$ 7,772 \$ 5 56,799 \$ 5 5,608 \$ 184	\$ 27,133 \$ 22,733 \$ 9,039 \$ 9,039 \$ 1,092 \$ 23,860 \$ - \$ 4,658 \$ 57,361 \$ - \$ 122,762 \$ 2,706
Ancillary C 09200 Obs 5000 Opp 5100 RE(5200 DEI 5300 ANI 5400 RAI 5500 RAI 5600 RAI 5700 CT 5800 MR 5900 CAI 6300 BLC 6400 INT	utine Charges iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): Servation (Non-Distinct) ERATING ROOM COVERY ROOM LUVERY ROOM LUVERY ROOM LUVERY ROOM ESTHESIOLOGY DIOLOGY-THERAPEUTIC DIOLOGY-THORAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THORAPEUTIC DI		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.029329 0.065153 0.193356 0.123506	Routine Charges \$ 19,154 \$ 1,276,93 Ancillary Charges 51 7,211 556 - 380 1,630 5,542	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges	12,822 9,390 1,132 1,736 546 11,618 - - 32,876 - - 57,945	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966	1,112 9,390 1,132 2,113 380 7,048 - - 14,275	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995 \$ 1,509 \$ 7,518 \$ 2,587 \$ 20,078 \$ 7,772 \$ 5,772 \$ 5,608	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092 \$ 23,860 \$ 5 \$ 57,361 \$ 5 \$ 5 \$ 4,658 \$ 57,361 \$ 5 \$ 5
Ancillary C 99200 Obs 5000 OP 5000 OP 5100 Ref 5200 De 5300 AN 5500 RA 5500 RA 5500 RA 6500 RB 6500 RB 6500 RB	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) EERATING ROOM LIVERY ROOM LIVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-JUAGNOSTIC DIOLOGY-JUAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN BI ROUAC CATHETERIZATION BORATORY OOD STORING PROCESSING & TRANS TRAVENOUS THERAPY SPIRATORY THERAPY SPIRATORY THERAPY SPIRATORY THERAPY SCHROARDIOLOGY		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.029329 0.065153 0.123506 0.427359 0.532408 0.225549 0.433914 0.633182	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210 - 38,628	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges	12,822 9,390 1,132 1,736 546 11,618 - 32,876 - 57,945 - 1,353 3,036	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966 12,377 184 184 2,795 192	1,112 9,390 1,132 2,113 380 7,048 - 14,275 - 26,189 - 1,353 1,355	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,609 \$ 7,518 \$ 2,587 \$ 20,078 \$ 7,772 \$ 20,078 \$ 7,772 \$ 5 66,799 \$ 5 5,608 \$ 184 \$ 8,823 \$ 6,092 \$ 768	\$ 27,133 \$ 22,733 \$ 9,039 \$ 9,039 \$ 1,092 \$ 23,860 \$ - \$ 4,658 \$ 57,361 \$ - \$ 122,762 \$ 2,706
Ancillary C 99200 Obs 6900 Obs	utine Charges Cualeted Routine Charge Per Diem Cost Centers (from W/S C) (list below): Servation (Non-Distinct) ERATING ROOM COVERY ROOM LUVERY ROOM LUVERY ROOM LUVERY ROOM LOUGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC RODIAG CATHETERIZATION BORATORY OOD STORING PROCESSING & TRANS TRAVENOUS THERAPY SPIRATORY THERAPY SICAL THERAPY SECTAL THERAPY ECTROCARDIOLOGY ECTROCHOCEPHALOGRAPHY		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.065153 0.193356 0.123506 0.427359 0.532408 0.225249 0.433914 0.03182	Routine Charges \$ 19,154 \$ 1,276,93 Ancillary Charges 51 7,211 556 - 380 1,630 5,542 - 9,648 2,453	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210 - - 38,628 - 2,452 - 1,056	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges 15,804 1,112 3,995 1,229 2,549 2,5649 2,567 10,647 2,806 34,746 5,608 6,186 3,297 288 490	12,822 9,390 1,132 1,736 546 11,618 - - - 57,945 - 1,353 3,036	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966 12,377 184 184 2,795 192 490	1,112 9,390 1,132 2,113 380 7,048 - - - - 26,189 - 1,353 1,355	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995 \$ 1,699 \$ 7,518 \$ - \$ 2,587 \$ 20,078 \$ 7,772 \$ - \$ 56,799 \$ 5,608 \$ 184 \$ 8,823 \$ 6,092 \$ 768 \$ 768 \$ 980	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092 \$ 23,860 \$ 5 \$ 4,658 \$ 57,361 \$ 5 \$ 122,762 \$ 2,706 \$ 6,843 \$ 3,648
Ancillary C 99200 Obs 109200 Obs 10920 Obs 109200 Obs 1	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) EERATING ROOM LIVERY ROOM LIVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-JUAGNOSTIC DIOLOGY-JUAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN BI ROUAC CATHETERIZATION BORATORY OOD STORING PROCESSING & TRANS TRAVENOUS THERAPY SPIRATORY THERAPY SPIRATORY THERAPY SPIRATORY THERAPY SCHROARDIOLOGY		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.029329 0.065153 0.123506 0.427359 0.532408 0.225549 0.433914 0.633182	Routine Charges \$ 19,154 \$ 1,276,93 Ancillary Charges 51 7,211 556 380 1,630 5,542 - 9,9648 2,453	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210 - 38,628	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges	12,822 9,390 1,132 1,736 546 11,618 - 32,876 - 57,945 1,353 3,036	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966 12,377 184 184 2,795 192	1,112 9,390 1,132 2,113 380 7,048 - - - 14,275 - - 26,189 - 1,353 1,355	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,609 \$ 7,518 \$ 2,587 \$ 20,078 \$ 7,772 \$ 20,078 \$ 7,772 \$ 5 66,799 \$ 5 5,608 \$ 184 \$ 8,823 \$ 6,092 \$ 768	\$ 27,133 \$ 22,739 \$ 9,039 \$ 1,092 \$ 23,860 \$ - \$ 4,658 \$ 57,361 \$ - \$ 122,762 \$ 2,706 \$ 6,843 \$ -
Ancillary C 99200 Obs 6900 Obs	utine Charges		0.29621 0.391208 0.865867 0.148479 0.215880 0.116887 0.12329 0.065153 0.193356 0.123506 0.427359 0.532408 0.225549 0.433914 0.063182 0.331692 0.331526 0.331910	Routine Charges \$ 19,154 \$ 1,276,93 Ancillary Charges 51 7,211 5566 380 1,630 5,542 9,648 2,453 - 2,453 - 288 5,709	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210 - 38,628 - 2,452 - 1,056 - 3,817	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges	12,822 9,390 1,132 1,736 546 11,618 - 57,945 - 1,353 3,036 - 2,112 - 11,524 406 13,180	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966 12,377 184 184 2,795 192 490	1,112 9,390 1,132 2,113 380 7,048 - - - 26,189 - 1,353 1,355 - - 480 - - - 480 - - - 480 - - - - - - - - - - - - - - - - - - -	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,688 \$ 3,995 \$ 1,609 \$ 7,518 \$ 2,587 \$ 20,078 \$ 7,772 \$ 5 \$ 56,799 \$ 5,608 \$ 184 \$ 8,823 \$ 6,092 \$ 768 \$ 788 \$ 980 \$ 980 \$ 21,817	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092 \$ 23,860 \$ - \$ 4,658 \$ 57,361 \$ - \$ 122,762 \$ 2,706 \$ 6,843 \$ - \$ 3,648 \$ - \$ 21,155
Ancillary C 09200 Observed 5000 OP 5100 Ref- 5200 Delic 5300 ANI 5400 RAI 5500 RAI 5500 RAI 5600 LAI 6300 BLC 6300 BLC 6400 INT 6500 RE 6700 CT 6700 C	utine Charges cualeted Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM LIVERY LIVERY ROOM LIVERY ROOM		0.29621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.065163 0.193256 0.123506 0.427359 0.532408 0.225549 0.43914 0.063182 0.311692 0.31526 0.331526	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 556 380 1,630 5,542 9,648 2,453 2,453 2,88	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210 - 38,628 - 2,452 - 1,056 - 3,817 - 10,038	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges 15,804 1,112 3,995 1,229 2,549 - 2,567 10,647 2,806 - 3,4,774 5,608 - 6,186 3,297 288 490 13,885 - 3,3,112	12,822 9,390 1,132 1,736 546 11,618 - 32,876 - 57,945 1,353 3,036 - 2,112 - 11,524 406 13,180	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966 12,377 184 184 2,795 192 490 2,223	1,112 9,390 1,132 2,113 380 7,048 - - 14,275 - - 26,189 - 1,353 1,355 - 480 - - 480 - - - - - - - - - - - - - - - - - - -	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,668 \$ 3,995 \$ 1,609 \$ 7,518 \$ 22,078 \$ 7,772 \$ 20,078 \$ 7,772 \$ 5 66,799 \$ 5 5,608 \$ 184 \$ 8,823 \$ 6,092 \$ 768 \$ 980 \$ 21,817 \$	\$ 27,133 \$ 22,739 \$ 9,039 \$ 3,849 \$ 1,092 \$ 23,860 \$ 5 \$ 4,658 \$ 57,361 \$ - \$ 122,762 \$ 2,706 \$ 6,843 \$ 5 \$ 3,648 \$ 5 \$ 3,648 \$ 5
Ancillary C 99200 Obs 6900 Obs	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): Servation (Non-Distinct) FERATING ROOM COVERY ROOM LIVERY ROOM LIVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOISOTOPE SCAN RI RDIAC CATHETERIZATION BORATORY OOD STORING PROCESSING & TRANS TRAVENOUS THERAPY SPIRATORY THERAPY SPIRATORY THERAPY SECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLAGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGINION OF THE		0.229621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.025329 0.065153 0.193356 0.123506 0.427359 0.532408 0.225549 0.433914 0.063182 0.331526 0.333526 0.333910 0.196537 0.99830 0.110928	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 556 - 380 1,630 - 5,542 - 9,648 - 2,453 - 2,453 - 5,709 - 17,108	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210 - - 38,628 - 1,056 - 1,056 - 1,056 - 1,038	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges 15,804 1,112 3,995 1,229 2,549 2,549 3,977 2,806 34,774 5,508 6,186 3,297 288 490 13,885 13,817 3,112 2,742	12,822 9,390 1,132 1,736 546 11,618 - - - - 57,945 - 1,953 3,036 - 2,112 - 11,524 406 13,180	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966 12,377 184 184 2,795 192 490 2,223	1,112 9,390 1,132 2,113 380 7,048 - - 14,276 - - 26,189 - 1,353 1,355 - 480 - - 480 - - - - - - - - - - - - - - - - - - -	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,698 \$ 3,995 \$ 1,609 \$ 7,518 \$ 2,587 \$ 20,078 \$ 7,772 \$ 5 \$ 56,799 \$ 5,608 \$ 184 \$ 8,823 \$ 6,092 \$ 768 \$ 980 \$ 980 \$ 21,817 \$ -	\$ 27,133 \$ 22,739 \$ 9,039 \$ 1,092 \$ 23,860 \$ - \$ 4,658 \$ 57,361 \$ - \$ 122,762 \$ 2,706 \$ 6,843 \$ - \$ 3,648 \$ 5,7361 \$ 12,762 \$ 1,762 \$
Ancillary C 99200 Obs 109200 Obs 10920 Obs 109200 Obs 10920 Obs	utine Charges cualeted Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM LIVERY LIVERY ROOM LIVERY ROOM		0.29621 0.391208 0.865867 0.148479 0.215880 0.116887 0.115287 0.065163 0.193256 0.123506 0.427359 0.532408 0.225549 0.43914 0.063182 0.311692 0.31526 0.331526	Routine Charges \$ 19,154 \$ 1,276.93 Ancillary Charges 51 7,211 556 380 1,630 5,542 9,648 2,453 2,453 2,88	13,199 3,959 6,775 - 166 5,194 - 4,658 10,210 - 38,628 - 2,452 - 1,056 - 3,817 - 10,038	Routine Charges \$ 48,736 \$ 1,188.68 Ancillary Charges 15,804 1,112 3,995 1,229 2,549 - 2,567 10,647 2,806 - 3,4,774 5,608 - 6,186 3,297 288 490 13,885 - 3,3,112	12,822 9,390 1,132 1,736 546 11,618 - 32,876 - 57,945 1,353 3,036 - 2,112 - 11,524 406 13,180	\$ -	Ancillary Charges	Routine Charges \$ 29,939 \$ 1,197.56 Ancillary Charges 3,339 3,889 4,966 12,377 184 184 2,795 192 490 2,223	1,112 9,390 1,132 2,113 380 7,048 - - 14,275 - - 26,189 - 1,353 1,355 - 480 - - 480 - - - - - - - - - - - - - - - - - - -	\$ 97,829 \$ 1,207.77 Ancillary Charges \$ 51 \$ 23,015 \$ 1,698 \$ 3,995 \$ 1,609 \$ 7,518 \$ - \$ 2,587 \$ 20,078 \$ 7,772 \$ 5 \$ 56,799 \$ 5,608 \$ 184 \$ 8,823 \$ 6,092 \$ 7,768 \$ 20,878 \$ 184 \$ 8,823 \$ 6,992 \$ 7,772 \$ 5,608 \$ 184 \$ 8,823 \$ 5,608 \$ 184 \$ 8,823 \$ 5,608 \$ 184 \$ 8,823 \$ 5,608 \$ 184 \$ 8,823 \$ 5,608 \$ 184 \$ 8,823 \$ 5,608 \$ 184 \$ 8,823 \$ 5,608 \$ 184 \$ 8,823 \$ 5,608 \$ 184 \$ 8,823 \$ 5,608 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$ 185 \$	\$ 27,133 \$ 22,739 \$ 9,039 \$ 1,092 \$ 23,860 \$ 23,860 \$ 57,361 \$ 5 4,658 \$ 57,361 \$ 122,762 \$ 5 2,706 \$ 6,843 \$ 5,3648 \$ 5,155 \$ 3,648 \$ 5,3648 \$ 5,3

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2018-09/30/2019))	JOHN D. ARCHBOLD MEMORIAL HOSPITAL

			Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
48	9100 EMERGENCY	0.409282	4,828	34,055	10,801	82,018			3,816	38,215	\$ 19,445	\$ 154,288
49		-									\$ -	\$ -
50	İ	-									\$ -	\$ -
51		-									\$ -	\$ -
52		-									\$ -	\$ -
53		-									\$ -	\$ -
54		-									\$ -	\$ -
55		-									\$ -	\$ -
56		-									\$ -	\$ -
57		-									\$ -	\$ -
58		-									\$ -	-
59		-									\$ -	<u> </u>
60		-									\$ -	\$ -
61		-										\$ -
62		-									\$ -	7
63		-									\$ -	\$ -
64		-									\$ -	\$ -
65		-									\$ -	\$ -
66		-									\$ -	\$ -
67		-									\$ -	\$ -
68		-									\$ -	\$ -
69		-									\$ -	\$ -
70		-									\$ -	\$ -
71 72		-									\$ -	\$ -
73		-									\$ - \$ -	
73 74											Ţ.	\$ -
74 75		-									\$ - \$ -	-
76											\$ -	
77		-									\$ -	\$ -
78		-									\$ -	\$ -
79											\$ -	\$ -
80		-									\$ -	\$ -
81		-									\$ -	\$ -
82		-									7	\$ -
83		-									\$ -	
84		-									\$ -	\$ -
85		-									s -	\$ -
86		-									\$ -	\$ -
87		-									\$ -	\$ -
88		-									\$ -	
89		-									\$ -	-
90		-									\$ -	\$ -
91		-									\$ -	\$ -
92		-									\$ -	\$ -
93		-									\$ -	\$ -
94		-									\$ -	\$ -
95		-									\$ -	\$ -
96		-										\$ -
97		-									\$ -	\$ -
98		-									\$ -	\$ -
99		-									\$ -	\$ -
100		-									\$ -	\$ -
101		-									\$ -	\$ -
102		-									\$ -	\$ -
103		-									\$ -	<u> </u>
104		-									\$ -	\$ -
105		-									\$ -	\$ -
106		-									\$ -	\$ -
107	 	-									\$ -	\$ -
108 109	 	-									\$ - \$ -	\$ - \$ -
109	<u> </u>										٠ -	- ¢

I. Out-of-State Medicaid Data:

	Cost Report Year (10/01/2018-09/30/2019) JOHN D. ARCHBOLD MEMORIAL HOSPITAL	-						
		Out-of-State Medi	caid FFS Primary		icaid Managed Care mary	Out-of-State Medicare FFS Cross-Ove (with Medicaid Secondary)	ers Out-of-State Other Medicaid Eligibles Included Elsewhere)	(Not Total Out-Of-State Medicaid
110	-							\$ - \$ -
111	-							\$ - \$ -
112	-							\$ - \$ -
113	-						—	<u> </u>
114 115							<u> </u>	- \$ - \$ -
116								- s - s -
117								- s -
118	-							\$ - \$ -
119	-							\$ - \$ -
120	-							\$ - \$ -
121	-							\$ - \$ -
122	-							\$ - \$ -
123 124								3 - 3 -
125								
126								- s - s -
127	-							\$ - \$ -
		\$ 55,404	\$ 137,748	\$ 151,912	\$ 244,275	\$ - \$	- \$ 49,151 \$ 117	7,879
	Totals / Payments							
128	Total Charges (includes organ acquisition from Section K)	\$ 74,558	\$ 137,748	\$ 200,648	\$ 244,275	\$ -	- \$ 79,090 \$ 117	(,879 \$ 354,296 \$ 499,902
129	Total Charges per PS&R or Exhibit Detail	\$ 74,558	\$ 137,748	\$ 200,648	\$ 244,275	\$ - \$	- \$ 79,090 \$ 117	,879
130	Unreconciled Charges (Explain Variance)		-		-			
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 28,070	\$ 31,600	\$ 85,269	\$ 60,024	\$ - \$	- \$ 34,762 \$ 30	\$ 148,101 \\$ 122,299
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 30,980	\$ 12,817					\$ 30,980 \$ 12,817
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			\$ 26,219	\$ 20,094			\$ 26,219 \$ 20,094
134	Private Insurance (including primary and third party liability)							\$ - \$ -
135	Self-Pay (including Co-Pay and Spend-Down)							\$ - \$ -
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 30,980	\$ 12,817	\$ 26,219	\$ 20,094			
137	Medicaid Cost Settlement Payments (See Note B)							\$ - \$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)							\$ - \$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)							\$ - \$ -
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)							\$ - \$ -
141	Medicare Cross-Over Bad Debt Payments							3 - 3 -
142	Other Medicare Cross-Over Payments (See Note D)							\$ - \$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ (2,910)	\$ 18,783	\$ 59,050	\$ 39,930	s - Is	- \$ 34,762 \$ 30	0.675 \$ 90,902 \$ 89,388
143	Calculated Payment Shortian / (Longian) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	110%	41%	31%	33%	0%	- \$ 34,762 \$ 30 0%	0% 39% 27%
	Caroniatou . ayonc ao a . o.comago o. coot	. 1070	4170	5170	3370	0,0		2 27.0

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.

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

Cost Report Year (10/01/2018-09/30/2019) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

		Total		Revenue for	Total	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		
		Organ Acquisition Cos	Intern/Posident	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	122 v Total 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)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
Org	an Acquisition Cost Centers (list below):															
1	Lung Acquisition	\$0.00	\$ -	\$ -		0										
2	Kidney Acquisition	\$0.00	\$ -	\$ -		0										
3	Liver Acquisition	\$0.00	\$ -	\$ -		0										
4	Heart Acquisition	\$0.00	\$ -	\$ -		0										
5	Pancreas Acquisition	\$0.00	\$ -	\$ -		0										
6	Intestinal Acquisition	\$0.00	\$ -	\$ -		0										
7	Islet Acquisition	\$0.00	\$ -	\$ -		0										
8		\$0.00	\$ -	\$ -		0										
	Totals	1.														
9	iotais			a -	- ·		5 -		-	l	3 -		5 -	-	a -	
10 Note A -	Total Cost These amounts must agree to your inpatien	nt and outpatient M	ledicaid paid claims	summary, if available	e (if not, use hospital's lo	ogs and submit w	ith survey).	-		-		-		-		-

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 H as part of your in-State Medicaid total payments.

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

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

Cost Report Year (10/01/2018-09/30/2019) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

				Revenue for	Total	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Priman		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		
				Organ Acquisition	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	122 v Total Coat	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 Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)			
	Organ Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$ -	- \$ -	\$ -	\$ -	0								
12	Kidney Acquisition	\$ -	- \$ -	\$ -	\$ -	0								
13	Liver Acquisition	\$ -	- \$ -	\$ -	\$ -	0								
14	Heart Acquisition	\$.	- \$ -	\$ -	\$ -	0								
15	Pancreas Acquisition	\$.	- \$ -	\$ -	\$ -	0								
16	Intestinal Acquisition	\$ -	- \$ -	\$ -	\$ -	0								
17	Islet Acquisition	\$ -	- \$ -	\$ -	\$ -	0								
18		\$	- \$ -	\$ -	\$ -	0								
19	Totals	\$ -	- \$ -	\$ -	\$ -	-	\$ -	-	\$ -	_	\$ -	-	\$ -	-
20	Total Cost	1										_		_

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 I as part of your Out-of-State Medicaid total payments.

L. Provider Tax Assessment Reconciliation / Adjustment

JOHN D. ARCHBOLD MEMORIAL HOSPITAL

Cost Report Year (10/01/2018-09/30/2019)

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 of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Worksheet A Provider Tax Assessment Reconciliation: W/S A Cost Center **Dollar Amount** Line 1 Hospital Gross Provider Tax Assessment (from general ledger)* 3,540,220 1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment 18700-711478 (WTB Account #) Expense 2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2) 5.00 (Where is the cost included on w/s A?) 3 Difference (Explain Here ---->) 3.540.220 Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report) (Reclassified to / (from)) Reclassification Code Reclassification Code (Reclassified to / (from)) (Reclassified to / (from)) 6 Reclassification Code Reclassification Code (Reclassified to / (from)) DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report) Reason for adjustment (Adjusted to / (from)) Reason for adjustment (Adjusted to / (from)) (Adjusted to / (from)) 10 Reason for adjustment 11 Reason for adjustment (Adjusted to / (from)) DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report) 12 Reason for adjustment 13 Reason for adjustment 14 Reason for adjustment Reason for adjustment 15 16 Total Net Provider Tax Assessment Expense Included in the Cost Report **DSH UCC Provider Tax Assessment Adjustment:** 17 Gross Allowable Assessment Not Included in the Cost Report 3,540,220 Apportionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured: 18 Medicaid Hospital Charges Sec. G 235,715,824 Uninsured Hospital Charges Sec. G 57,994,160 19 791,437,655 20 Total Hospital Charges Sec. G 21 29.78% Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC 22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC 7.33% 23 Medicaid Provider Tax Assessment Adjustment to DSH UCC 1.054.392 Uninsured Provider Tax Assessment Adjustment to DSH UCC 259.417 25 Provider Tax Assessment Adjustment to DSH UCC 1.313.809

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

^{**} The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and uninsured based on charges sec. g unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.