

Provider Name	NGMC BARROW
Mcaid Provider Number	000002098A
Mcare Provider Number	110045

Below is the preliminary uncompensated care cost (UCC) and allocation factor used as a basis for the 2025 Georgia Disproportionate Share Hospital (DSH) Payment. An initial review of the provider submitted survey and detailed information was performed and adjustments made, as appropriate. Please review the proposed adjustments and adjusted survey included with the preliminary results and respond with concerns within 5 business days. Hospital specific preliminary results are subject to change based on revisions needed after initial results are reviewed and possible additional validation work.

NOTE: These are initial results only.

GA Medicaid DSH Payment Uncompensated Care Cost (UCC) For State Fiscal Year: 7/1/2024 - 6/30/2025

	(A)	(B)	(C)	(D)	(E)
	Cost Report Year Begin	Cost Report Year End	As-Filed DSH Uncompensated Care Cost (UCC)	Total Adjustments	Adjusted DSH Uncompensated Care Cost (UCC)
Cost Report Year UCC:	10/1/2022	- 9/30/2023	\$ 7,520,355	\$ -	\$ 7,520,355
Less: 2023 Net UPL Payments					\$ 520,463
Less: 2025 Net DPP Payments					\$ 1,172,234
Plus: 2024 Net DPP Recoupments					\$ -
Less: GME Payments					\$ -
Add: Net OP Settlement (Difference between provider submitted and estimated)					\$ (69,741)
Add: Provider tax excluded from the cost report (Medicaid primary & uninsured portion)					\$ -
Uncompensated Care Allocation Factor					\$ 5,757,917
Hospital Specific DSH Limit					\$ 5,757,918
2025 Eligibility					Eligible
DSH Year Low Income Utilization Ratio (LIUR):					22.67%
DSH Year Medicaid Inpatient Utilization Ratio (MIUR):					25.25%

If you disagree with the findings presented above please respond within five days of receipt with additional supporting documentation.

All inquiries and additional documentation should be sent to the following:

e-mail: [gadsh@mslc.com](mailto:gadsh@mslc.com)

Fax: 816-945-5301

Web Portal Address: <https://DSH.MSLC.com>

Phone Inquiries: 800-374-6858

EXAMINER ADJUSTED SURVEY

Workpaper #:		Reviewer:
Examiner:		
Date:		
DSH Version	9.00	9/11/2024

**D. General Cost Report Year Information** 10/1/2022 - 9/30/2023

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

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

2. Select Cost Report Year Covered by this Survey: **10/1/2022 through 9/30/2023**

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

3a. Date CMS processed the HCRIS file into the HCRIS database: **1 - As Submitted**

3a. Date CMS processed the HCRIS file into the HCRIS database: **3/4/2024**

	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	NGMC Barrow	Yes	
5. Medicaid Provider Number:	000002098A	Yes	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	Yes	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	Yes	
8. Medicare Provider Number:	110045	Yes	
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Private	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		
10. State Name & Number		
11. State Name & Number		
12. State Name & Number		
13. State Name & Number		
14. State Name & Number		
15. State Name & Number		

(List additional states on a separate attachment)

**E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2022 - 09/30/2023)**

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)	\$ 8,502	\$ 421,155	\$429,657
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$ 129,294	\$ 2,274,334	\$2,403,628
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B)	\$137,796	\$2,695,489	\$2,833,285
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	6.17%	15.62%	15.16%

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

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 \$ 584,318

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 \$584,318

<--These payments do NOT flow to Section H, and therefore do not impact the UCC. If these payments are not already considered in the UCC and should be, include the amount reported here on line 133 of Section H.

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

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

#### F. MIUR / LIUR Qualifying Data from the Cost Report (10/01/2022 - 09/30/2023)

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

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6) 4,130

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

2. Inpatient Hospital Subsidies	-
3. Outpatient Hospital Subsidies	-
4. Unspecified I/P and O/P Hospital Subsidies	-
5. Non-Hospital Subsidies	-
6. Total Hospital Subsidies	\$ -
7. Inpatient Hospital Charity Care Charges	4,402,928
8. Outpatient Hospital Charity Care Charges	14,865,771
9. Non-Hospital Charity Care Charges	-
10. Total Charity Care Charges	\$ 19,268,699

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

	Total Patient Revenues (Charges)			Contractual Adjustments			Net Hospital Revenue
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$ 16,139,524	\$ -	\$ -	\$ 13,244,257	\$ -	\$ -	\$ 2,895,267
12. Psych Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Rehab. Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Swing Bed - NF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Skilled Nursing Facility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Nursing Facility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Other Long-Term Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Ancillary Services	\$ 34,345,411	\$ 177,537,243	\$ -	\$ 28,184,192	\$ 145,688,857	\$ -	\$ 38,009,605
20. Outpatient Services	\$ -	\$ 62,137,788	\$ -	\$ -	\$ 50,990,897	\$ -	\$ 11,146,891
21. Home Health Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Ambulance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Outpatient Rehab Providers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. ASC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Hospice	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26. Other	\$ -	\$ -	\$ 396,399	\$ -	\$ -	\$ 325,289	\$ -
27. Total	\$ 50,484,935	\$ 239,675,031	\$ 396,399	\$ 41,428,448	\$ 196,679,755	\$ 325,289	\$ 52,051,763
28. Total Hospital and Non Hospital		Total from Above	\$ 290,556,365		Total from Above	\$ 238,433,492	
29. Total Per Cost Report		Total Patient Revenues (G-3 Line 1)	\$ 290,556,365		Total Contractual Adj. (G-3 Line 2)	\$ 238,433,492	
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)						\$ -	
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)						\$ -	
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)						\$ -	
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)						\$ -	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)						\$ -	
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"						\$ -	
36. Adjusted Contractual Adjustments						238,433,492	
37. Unreconciled Difference		Unreconciled Difference (Should be \$0)	\$ -		Unreconciled Difference (Should be \$0)	\$ -	

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

Cost Report Year (10/01/2022-09/30/2023) NGMC Barrow

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net Cost	IP Days and IP Ancillary Charges	IP Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Rates
		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
<b>Routine Cost Centers (list below):</b>									
1	03000 ADULTS & PEDIATRICS	\$ 8,193,409	\$ -	\$ -	\$ -	\$ 8,193,409	5,651	\$ 12,788,499	\$ 1,449.90
2	03100 INTENSIVE CARE UNIT	\$ 2,794,687	\$ -	\$ -	\$ -	\$ 2,794,687	655	\$ 3,351,025	\$ 4,266.70
3	03200 CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
4	03300 BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
6	03500 OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
7	04000 SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
8	04100 SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
9	04200 OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
10	04300 NURSERY	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
18	Total Routine	\$ 10,988,096	\$ -	\$ -	\$ -	\$ 10,988,096	6,306	\$ 16,139,524	
19	Weighted Average								\$ 1,742.48
<b>Observation Data (Non-Distinct)</b>									
20	09200 Observation (Non-Distinct)		2,176	-	\$ 3,154,982	1,692,154	3,790,587	\$ 5,482,741	0.575439
<b>Ancillary Cost Centers (from W/S C excluding Observation) (list below):</b>									
21	5000 OPERATING ROOM	\$ 6,094,958	\$ -	\$ -	\$ -	\$ 6,094,958	\$ 586,929	\$ 16,844,250	\$ 0.349658
22	5300 ANESTHESIOLOGY	\$ 2,247,914	\$ -	\$ -	\$ -	\$ 2,247,914	\$ 344,342	\$ 17,566,386	\$ 0.125507
23	5400 RADIOLOGY-DIAGNOSTIC	\$ 2,316,578	\$ -	\$ -	\$ -	\$ 2,316,578	\$ 701,541	\$ 11,505,223	\$ 0.189778
24	5401 ULTRASOUND	\$ 1,041,493	\$ -	\$ -	\$ -	\$ 1,041,493	\$ 2,489,770	\$ 10,122,973	\$ 0.082575
25	5600 RADIOISOTOPE	\$ 744,998	\$ -	\$ -	\$ -	\$ 744,998	\$ 341,957	\$ 2,930,150	\$ 0.227681
26	5700 CT SCAN	\$ 1,110,297	\$ -	\$ -	\$ -	\$ 1,110,297	\$ 5,032,632	\$ 39,654,109	\$ 0.024846
27	5800 MRI	\$ 818,653	\$ -	\$ -	\$ -	\$ 818,653	\$ 519,940	\$ 6,348,412	\$ 0.119192
28	6000 LABORATORY	\$ 3,660,496	\$ -	\$ -	\$ -	\$ 3,660,496	\$ 6,405,355	\$ 19,177,671	\$ 0.143083
29	6500 RESPIRATORY THERAPY	\$ 2,106,087	\$ -	\$ -	\$ -	\$ 2,106,087	\$ 6,753,114	\$ 7,070,353	\$ 0.152356
30	6600 PHYSICAL THERAPY	\$ 445,213	\$ -	\$ -	\$ -	\$ 445,213	\$ 379,202	\$ 402,014	\$ 0.569897
31	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$ 1,361,498	\$ -	\$ -	\$ -	\$ 1,361,498	\$ 290,021	\$ 7,420,657	\$ 0.176573
32	7200 IMPL. DEV. CHARGED TO PATIENTS	\$ 2,785,951	\$ -	\$ -	\$ -	\$ 2,785,951	\$ 548,991	\$ 13,644,815	\$ 0.196279
33	7300 DRUGS CHARGED TO PATIENTS	\$ 6,613,796	\$ -	\$ -	\$ -	\$ 6,613,796	\$ 9,922,964	\$ 19,858,608	\$ 0.222077
34	7600 WOUND CARE	\$ 1,097,899	\$ -	\$ -	\$ -	\$ 1,097,899	\$ 28,833	\$ 4,991,622	\$ 0.218694
35	9100 EMERGENCY	\$ 8,262,536	\$ -	\$ -	\$ -	\$ 8,262,536	\$ 4,504,301	\$ 52,150,746	\$ 0.145839
126	Total Ancillary	\$ 40,708,367	\$ -	\$ -	\$ -	\$ 40,708,367	\$ 40,541,866	\$ 233,478,576	\$ 274,020,442
127	Weighted Average								0.160073
128	Sub Totals	\$ 51,696,463	\$ -	\$ -	\$ -	\$ 51,696,463	\$ 56,681,390	\$ 233,478,576	\$ 290,159,966
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$ -				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$ -				
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must calculate. Submit support for calculation of cost.)				\$ -				
131.01	Other Cost Adjustments (support must be submitted)				\$ -				
132	Grand Total				\$ 51,696,463				
133	Total Intern/Resident Cost as a Percent of Other 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 10/01/2022-09/30/2023 NCMC Barrow

		Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Medicaid Long-term Care (not included Elsewhere & with Medicaid Secondary - Exclude Medicaid Exhausted and Non-Covered)		Medicaid FFS & MCO Exhausted and Non-Covered (Not to be Included Elsewhere)		Uninsured		Total In-State Medicaid (Days Include Medicaid FFS & MCO Exhausted and Non-Covered)		% Survey to Cost Report Totals (includes all payers)	
Line #	Cost Center Description			Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	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)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis				
Routine Cost Centers (from Section G):				Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days		
1	03000 ADULTS & PEDIATRICS	\$ 1,448.90		329	109	524								414	962			40.0%	
2	03100 INTENSIVE CARE UNIT	\$ 4,266.70		66											66			10.53%	
3	03200 CORONARY CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-	-	-	-	-		
4	03300 BURN INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-	-	-	-	-		
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-	-	-	-	-		
6	03500 OTHER SPECIAL CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-	-	-	-	-		
7	04000 SUBPROVIDER I	\$ -		-	-	-	-	-	-	-	-	-	-	-	-	-	-		
8	04100 SUBPROVIDER II	\$ -		-	-	-	-	-	-	-	-	-	-	-	-	-	-		
9	04200 OTHER SUBPROVIDER	\$ -		-	-	-	-	-	-	-	-	-	-	-	-	-	-		
10	04300 NURSERY	\$ -		-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total Days				395	109	524								417	1,028			38.39%	
Total Days per PS&R or Exhibit Detail				395	109	524								417					
Unreconciled Days (Explain Variance)																			
Routine Charges				Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges			
21.01	Calculated Routine Charge Per Diem	\$ 753,623	\$ 215,151	\$ 1,907.86	\$ 1,973.59	\$ 1,996.32		\$ 409,200	\$ 802,203	\$ 1,923.75		\$ 2,453,978	\$ 2,357.08					20.14%	
Ancillary Cost Centers (from WIS G) (from Section Q):				Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges		
22	02020 Observation (Non-Distinct)	\$ 0.575430	\$ 177,364	\$ 188,937	\$ 95,130	\$ 153,530	\$ 238,300	\$ 106,748	\$ 84,000	\$ 369,180	\$ 203,700	\$ 358,995	\$ 594,794	\$ 618,795	\$ 36,46%				
23	5000 OPERATING ROOM	\$ 0.349659	\$ 49,656	\$ 815,960	\$ 6,211	\$ 2,919,604	\$ 58,669	\$ 537,629	\$ 15,818	\$ 487,778	\$ 25,231	\$ 540,359	\$ 130,354	\$ 4,754,970	\$ 31,30%				
24	5300 ANESTHESIOLOGY	\$ 0.125507	\$ 3,854	\$ 262,652	\$ 3,056,404	\$ 17,624	\$ 424,810	\$ 423,480	\$ 9,722	\$ 423,480	\$ 9,722	\$ 423,480	\$ 21,878	\$ 4,212,356	\$ 41,21%				
25	5400 RADIOLOGY-DIAGNOSTIC	\$ 0.189778	\$ 89,361	\$ 566,763	\$ 26,191	\$ 1,386,982	\$ 150,103	\$ 453,953	\$ 51,499	\$ 850,113	\$ 108,510	\$ 1,294,904	\$ 327,184	\$ 3,257,841	\$ 26,07%				
26	5401 ULTRASOUND	\$ 0.082575	\$ 199,367	\$ 115,431	\$ 59,860	\$ 786,482	\$ 268,375	\$ 250,854	\$ 107,210	\$ 375,363	\$ 285,377	\$ 745,094	\$ 634,812	\$ 1,530,160	\$ 20,20%				
27	5600 RADIOGRAPHY	\$ 0.227681	\$ 63,026	\$ 49,090	\$ 4,492	\$ 72,032	\$ 26,367	\$ 123,020	\$ 14,373	\$ 100,471	\$ 49,466	\$ 148,187	\$ 344,592	\$ 36,79%					
28	5700 CT SCAN	\$ 0.024846	\$ 553,160	\$ 1,421,707	\$ 190,325	\$ 2,527,617	\$ 662,507	\$ 1,772,028	\$ 295,040	\$ 2,158,421	\$ 729,387	\$ 5,262,526	\$ 1,701,941	\$ 7,879,775	\$ 26,39%				
29	5800 MRI	\$ 0.119162	\$ 76,691	\$ 181,148	\$ 17,762	\$ 436,584	\$ 54,548	\$ 246,582	\$ 18,399	\$ 307,769	\$ 77,345	\$ 426,556	\$ 178,720	\$ 1,168,162	\$ 60,36%				
30	6000 LABORATORY	\$ 0.143083	\$ 907,448	\$ 1,321,056	\$ 340,106	\$ 3,323,308	\$ 1,240,116	\$ 1,099,325	\$ 465,031	\$ 1,706,633	\$ -	\$ 1,050,881	\$ 3,842,496	\$ 2,379,662	\$ 7,451,232	\$ 26,63%			
31	6020 RESPIRATORY THERAPY	\$ 0.152556	\$ 245,961	\$ 545,034	\$ 103,808	\$ 391,949	\$ 429,682	\$ 190,208	\$ 263,352	\$ 460,618	\$ -	\$ 405,720	\$ 818,130	\$ 1,042,785	\$ 1,587,809	\$ 13,86%			
32	6200 PHYSICAL THERAPY	\$ 0.569897	\$ 35,017	\$ 908	\$ 13,489	\$ 61,671	\$ 13,489	\$ 19,760	\$ 21,664	\$ -	\$ -	\$ -	\$ 13,587	\$ 119,974	\$ 57,411	\$ 27,79%			
33	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$ 0.176573	\$ 4,432	\$ 215,281	\$ 884	\$ 325,462	\$ 26,140	\$ 189,085	\$ 2,216	\$ 172,473	\$ 5,201	\$ 194,217	\$ 35,672	\$ 902,301	\$ 14,79%				
34	7200 MPL DEV CHARGED TO PATIENTS	\$ 0.196279	\$ 2,377	\$ 38,525	\$ -	\$ 569,699	\$ 29,791	\$ 626,285	\$ -	\$ 277,225	\$ -	\$ -	\$ 423,315	\$ 32,167	\$ 1,512,135	\$ 13,86%			
35	7300 DRUGS CHARGED TO PATIENTS	\$ 0.223077	\$ 1,476,340	\$ 1,151,200	\$ 702,710	\$ 3,077,122	\$ 1,884,876	\$ 1,180,270	\$ 685,592	\$ 1,938,712	\$ 1,767,577	\$ 4,398,498	\$ 4,759,329	\$ 7,247,304	\$ 61,59%				
36	7600 WOUND CARE	\$ 0.218694	\$ 423	\$ 23,626	\$ -	\$ 251,257	\$ 937	\$ 373,885	\$ 2,214	\$ 504,869	\$ 4,187	\$ 109,952	\$ 2,974	\$ 1,153,684	\$ 25,45%				
37	9100 EMERGENCY	\$ 0.145836	\$ 356,684	\$ 2,224,644	\$ 128,481	\$ 8,964,776	\$ 421,419	\$ 1,375,580	\$ 165,195	\$ 2,254,151	\$ -	\$ -	\$ 466,864	\$ 7,844,266	\$ 1,071,779	\$ 14,815,151	\$ 43,11%		
				4,251,202	9,122,873	1,679,260	28,291,791	5,593,384	8,967,605	2,211,528	12,315,306	-	-	5,212,993	26,628,629				
Totals / Payments				Total Charges (includes organ acquisition from Section J)	\$ 5,004,805	\$ 9,122,873	\$ 1,894,381	\$ 28,291,791	\$ 6,639,458	\$ 8,967,605	\$ 2,619,808	\$ 12,315,306	\$ -	\$ -	\$ 6,015,196	\$ 26,628,629	\$ 16,158,451	\$ 58,697,678	37.30%
129	Total Charges per PS&R or Exhibit Detail			\$ 5,004,805	\$ 9,122,873	\$ 1,894,381	\$ 28,291,791	\$ 6,639,458	\$ 8,967,605	\$ 2,619,808	\$ 12,315,306	\$ -	\$ -	\$ 6,015,196	\$ 26,628,629	\$ 16,158,451	\$ 58,697,678		
130	Unreconciled Charges (Explain Variance)																		
131.01	Sampling Cost Adjustment (if applicable)																		
131.02	Total Calculated Cost (includes organ acquisition from Section J)			\$ 1,619,581	\$ 1,615,755	\$ 474,002	\$ 4,714,717	\$ 1,771,752	\$ 1,408,399	\$ 383,541	\$ 2,091,551	\$ -	\$ -	\$ 1,511,141	\$ 3,883,153	\$ 4,148,876	\$ 9,640,422	37.40%	
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 927,719	\$ 1,143,406	\$ -	\$ 114	\$ 49,753	\$ 100,079	\$ 27,045	\$ 79,697	\$ -	\$ -	\$ -	\$ -	\$ 1,004,518	\$ 1,323,496	\$ -	\$ -		
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$ -	\$ 161,840	\$ 2,415,368	\$ -	\$ -	\$ -	\$ 62,169	\$ -	\$ -	\$ -	\$ -	\$ 161,840	\$ 2,477,534	\$ -	\$ -		
134	Private Insurance (including primary and third party liability)	\$ 21,258	\$ 2,027	\$ 120,374	\$ 912,872	\$ -	\$ -	\$ 73,261	\$ 60,454	\$ -	\$ -	\$ -	\$ -	\$ 214,896	\$ 1,378,353	\$ -	\$ -		
135	Self-Pay (including Co-Pay and Spend-Down)	\$ -	\$ -	\$ 890	\$ -	\$ -	\$ -	\$ -	\$ 990	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,856	\$ -	\$ -		
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 948,978	\$ 1,145,432	\$ 262,217	\$ 3,329,243	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
137	Medicaid Cost Settlement Payments (See Note B)	\$ -	\$ 65,621	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,621	\$ -	\$ -		
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) (See Note F)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 869,385	\$ -		
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)	\$ -	\$ -	\$ -	\$ -	\$ 1,427,222	\$ 708,541	\$ 221,141	\$ 162,844	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 171,471	\$ 564,839		
141	Medicare Cross-Over Bad Debt Payments	\$ -	\$ 58,188	\$ 15,249	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 58,188	\$ 15,249		
142	Other Medicare Cross-Over Payments (See Note D)	\$ -	\$ 376,653	\$ 151,044	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 376,653	\$ 151,044		
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,502	\$ 421,155	\$ -	\$ -		
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Calculated Payment Shortfall / (Longfall) PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH		\$ 570,603	\$ 304,791	\$ 191,785	\$ 1,385,474	\$ (140,072)	\$ 435,486	\$ (109,377)	\$ 687,384	\$ -	\$ -	\$ -	\$ -	\$ 1,502,630	\$ 3,461,898	\$ 512,939	\$ 2,793,046		
Calculated Payments as a Percentage of Cost		60%	80%	60%	71%	108%	69%	129%	67%	0%	0%	0%	0%	1%	11%	88%	71%		
Total Medicare Days from WIS S-3 of the Cost Report Excluding Swing-Bed (C/R, WIS S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)						2,193													
Percent of cross-over days to total Medicare days from the cost report						24%													

Note A - These amounts must agree to your inpatient and outpatient Medicaid 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&F).  
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.  
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payment).  
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payment.

Note F - Medicare payments reported in FFS, MCO, MCD Exhausted/Non-covered, and uninsured payor buckets should only include Medicare Part B payments for inpatient, Medicaid primary claims with Medicare Part B only coverage for Medicaid covered ancillary services. Such claims should not have Medicare Part A benefits (due to no coverage or exhausted benefits).

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

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

Cost Report Year (10/01/2022-09/30/2023) NGMC Barrow

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	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 Cross-Overs (not Included Elsewhere & with Medicaid Secondary)		Total Out-Of-State Medicaid	
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
				From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	Inpatient	Outpatient
		From Section G	From Section G										
<b>Routine Cost Centers (list below):</b>				<b>Days</b>	<b>Days</b>	<b>Days</b>	<b>Days</b>	<b>Days</b>	<b>Days</b>	<b>Days</b>	<b>Days</b>	<b>Days</b>	<b>Days</b>
1	03000 ADULTS & PEDIATRICS	\$ 1,449.90		7	-	-	-	-	-	8	-	15	-
2	03100 INTENSIVE CARE UNIT	\$ 4,266.70		-	-	-	-	-	-	-	-	-	-
3	03200 CORONARY CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
4	03300 BURN INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
6	03500 OTHER SPECIAL CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
7	04000 SUBPROVIDER I	\$ -		-	-	-	-	-	-	-	-	-	-
8	04100 SUBPROVIDER II	\$ -		-	-	-	-	-	-	-	-	-	-
9	04200 OTHER SUBPROVIDER	\$ -		-	-	-	-	-	-	-	-	-	-
10	04300 NURSERY	\$ -		-	-	-	-	-	-	-	-	-	-
18			<b>Total Days</b>	7	-	-	-	-	-	8	-	15	-
19	Total Days per PS&R or Exhibit Detail			7	-	-	-	-	-	8	-		
20	Unreconciled Days (Explain Variance)			-	-	-	-	-	-	-	-		
21	Routine Charges			<b>Routine Charges</b>	<b>Routine Charges</b>	<b>Routine Charges</b>	<b>Routine Charges</b>	<b>Routine Charges</b>	<b>Routine Charges</b>	<b>Routine Charges</b>	<b>Routine Charges</b>	<b>Routine Charges</b>	<b>Routine Charges</b>
21.01	Calculated Routine Charge Per Diem			\$ 1,701.00	\$ -	\$ -	\$ -	\$ 1,701.00	\$ -	\$ 1,701.00	\$ -	\$ 1,701.00	\$ -
<b>Ancillary Cost Centers (from W/S C) (list below):</b>				<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>
22	09200 Observation (Non-Distinct)	\$ 0.575439		2,415	10,815	-	-	-	-	5,040	4,620	\$ 7,455	\$ 15,435
23	5000 OPERATING ROOM	\$ 0.349656		5,376	-	-	-	-	-	-	-	\$ 5,376	\$ -
24	5300 ANESTHESIOLOGY	\$ 0.125507		6,771	-	-	-	-	-	-	-	\$ 6,771	\$ -
25	5400 RADIOLOGY-DIAGNOSTIC	\$ 0.189778		1,041	33,595	-	-	-	-	1,383	5,817	\$ 2,424	\$ 39,412
26	5401 ULTRASOUND	\$ 0.082575		5,063	9,583	-	-	-	-	9,769	5,701	\$ 14,832	\$ 15,284
27	5600 RADIOISOTOPE	\$ 0.227681		-	9,490	-	-	-	-	2,254	-	\$ 2,254	\$ 9,490
28	5700 CT SCAN	\$ 0.024846		6,291	90,844	-	-	-	-	-	-	\$ 27,784	\$ 124,368
29	5800 MRI	\$ 0.119192		2,816	5,810	-	-	-	-	21,493	33,522	\$ 2,816	\$ 5,810
30	6000 LABORATORY	\$ 0.143083		11,289	76,292	-	-	-	-	22,978	13,348	\$ 34,267	\$ 89,640
31	6500 RESPIRATORY THERAPY	\$ 0.152356		404	12,447	-	-	-	-	11,204	2,279	\$ 11,608	\$ 14,726
32	6600 PHYSICAL THERAPY	\$ 0.569897		-	800	-	-	-	-	2,030	-	\$ 2,030	\$ 800
33	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$ 0.176573		2,830	-	-	-	-	-	-	277	\$ 2,830	\$ 277
34	7200 IMPL. DEV. CHARGED TO PATIENTS	\$ 0.196279		-	-	-	-	-	-	-	-	\$ -	\$ -
35	7300 DRUGS CHARGED TO PATIENTS	\$ 0.222077		16,364	90,800	-	-	-	-	41,347	22,678	\$ 57,711	\$ 113,478
36	7600 WOUND CARE	\$ 0.218694		-	7,051	-	-	-	-	-	-	\$ -	\$ 7,051
37	9100 EMERGENCY	\$ 0.145839		5,418	190,351	-	-	-	-	8,127	20,538	\$ 13,545	\$ 210,889
				66,078	537,878	-	-	-	-	125,625	108,780		
<b>Totals / Payments</b>													
128	<b>Total Charges (includes organ acquisition from Section K)</b>			<b>\$ 77,985</b>	<b>\$ 537,878</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 139,233</b>	<b>\$ 108,780</b>	<b>\$ 217,218</b>	<b>\$ 646,658</b>
129	Total Charges per PS&R or Exhibit Detail			\$ 77,985	\$ 537,878	\$ -	\$ -	\$ -	\$ -	\$ 139,233	\$ 108,780		
130	Unreconciled Charges (Explain Variance)			-	-	-	-	-	-	-	-		
131.01	Sampling Cost Adjustment (if applicable)			-	-	-	-	-	-	-	-		
131.02	<b>Total Calculated Cost (includes organ acquisition from Section K)</b>			<b>\$ 21,977</b>	<b>\$ 81,236</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 33,135</b>	<b>\$ 15,404</b>	<b>\$ 55,112</b>	<b>\$ 96,640</b>
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note I)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
134	Private Insurance (including primary and third party liability)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
135	Self-Pay (including Co-Pay and Spend-Down)			\$ -	\$ 59	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,077	\$ -	\$ 6,077
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)			\$ -	\$ 59	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,077	\$ -	\$ 6,077
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) (See Note F)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27,861	\$ 2,685	\$ 27,861	\$ 2,685
141	Medicare Cross-Over Bad Debt Payment			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142	Other Medicare Cross-Over Payments (See Note D)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
143	<b>Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)</b>			<b>\$ 21,977</b>	<b>\$ 81,177</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,274</b>	<b>\$ 5,561</b>	<b>\$ 27,251</b>	<b>\$ 86,738</b>
144	<b>Calculated Payments as a Percentage of Cost</b>			0%	0%	0%	0%	0%	0%	84%	64%	51%	10%

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 payer).

Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payment.

Note F - Medicare payments reported in FFS, MCO, MCD Exhausted/Non-covered, and uninsured payor buckets should only include Medicare Part B payments for inpatient, Medicaid primary claims with Medicare Part B only coverage for Medicaid covered ancillary services. Such claims should not have Medicare Part A benefits (due to no coverage or exhausted benefits).

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

Cost Report Year (10/01/2022-09/30/2023) NGMC Barrow

	Total Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	Total Useable Organs (Count)	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Unmet Medicaid Expenses (Not Included Elsewhere & with Medicaid Secondary - Exclude Medicaid Exhausted and Non-Covered)		Medicaid FFS & MCO Exhausted and Non-Covered (Not to be Included Elsewhere)		Uninsured	
						Charges	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	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition 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 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
<b>Organ Acquisition Cost Centers (list below):</b>																	
1	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
2	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
3	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
4	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
5	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
6	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
7	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
8		\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
9	Totals	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
10	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 D as part of your In-State Medicaid total payments

Note C: Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under 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 (10/01/2022-09/30/2023) NGMC Barrow

	Total Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	Total Useable Organs (Count)	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Over (with Medicaid Secondary)		Included Elsewhere & with Medicaid Secondary	
						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	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition 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 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)
<b>Organ Acquisition Cost Centers (list below):</b>													
11	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
12	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
13	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
14	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
15	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
16	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
17	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
18		\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
19	Totals	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
20	Total Cost												

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

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

**L. Provider Tax Assessment Reconciliation / Adjustment**

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (10/01/2022-09/30/2023) NGMC Barrow

**Worksheet A Provider Tax Assessment Reconciliation:**

	Dollar Amount	W/S A Cost Center Line	
1 Hospital Gross Provider Tax Assessment (from general ledger)*	\$ 506,973		
1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Expense	308001-69000	(WTB Account #)
2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)	\$ 506,973	5.00	(Where is the cost included on w/s A?)
3 Difference (Explain Here ----->)	\$ -		
<b>Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)</b>			
4 Reclassification Code	0	-	(Reclassified to / (from))
5 Reclassification Code	0	-	(Reclassified to / (from))
6 Reclassification Code	0	-	(Reclassified to / (from))
7 Reclassification Code	0	-	(Reclassified to / (from))
<b>DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)</b>			
8 Reason for adjustment	0	-	(Adjusted to / (from))
9 Reason for adjustment	0	-	(Adjusted to / (from))
10 Reason for adjustment	0	-	(Adjusted to / (from))
11 Reason for adjustment	0	-	(Adjusted to / (from))
<b>DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)</b>			
12 Reason for adjustment	0	-	
13 Reason for adjustment	0	-	
14 Reason for adjustment	0	-	
15 Reason for adjustment	0	-	
16 Total Net Provider Tax Assessment Expense Included in the Cost Report	\$ 506,973		

**DSH UCC Provider Tax Assessment Adjustment:**

17 Gross Allowable Assessment Not Included in the Cost Report	\$ -
<b>Apportionment of Provider Tax Assessment Adjustment to All Medicaid Eligible &amp; Uninsured:</b>	
18 Medicaid Eligible*** Charges Sec. G	75,720,005
19 Uninsured Hospital Charges Sec. G	32,643,825
20 Total Hospital Charges Sec. G	290,159,966
21 Medicaid Eligible Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***	26.10%
22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	11.25%
23 Medicaid Eligible Provider Tax Assessment Adjustment to DSH UCC***	\$ -
24 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ -
25 Provider Tax Assessment Adjustment to DSH UCC including all Medicaid eligibles***	\$ -
<b>Apportionment of Provider Tax Assessment Adjustment to Medicaid Primary &amp; Uninsured:</b>	
26 Medicaid Primary*** Charges Sec. G	44,929,813
27 Uninsured Hospital Charges Sec. G	32,643,825
28 Total Hospital Charges Sec. G	290,159,966
29 Medicaid Primary Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***	15.48%
30 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	11.25%
31 Medicaid Primary Provider Tax Assessment Adjustment to DSH UCC***	\$ -
32 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ -
33 Medicaid Primary Tax Assessment Adjustment to DSH UCC***	\$ -

\* Assessment must exclude any non-hospital assessment such as Nursing Facility.

\*\* The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and Uninsured based on Charges Sec. G unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.

\*\*\*For state plan rate years (SPRY) beginning on or after October 1, 2021, Medicaid UCC includes only Medicaid primary cost and payments, unless a provider qualifies for 97th percentile exception and it benefits them. The exception is based on SPRY. For cost report periods overlapping SPRYs beginning on or after effective date, the Medicaid primary tax assessment adjustment to DSH UCC (line 33, above) will be utilized unless the provider qualifies for the 97th percentile exception and the SPRY UCC is greater utilizing total Medicaid eligible population. In which case, the provider tax assessment adjustment to DSH UCC including all Medicaid eligibles (line 25, above) will be utilized.