

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

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

Line #	Cost Center Description	Medicaid per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		% Survey to Cost Report Totals	
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient		
				From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis				
<b>Routine Cost Centers (from Section G):</b>				Days		Days		Days		Days		Days		Days			
1	03000 ADULTS & PEDIATRICS	\$ 886.09		231		256		765		514		233		1,766		32.25%	
2	03100 INTENSIVE CARE UNIT	\$ 2,560.44		59				88		16		17		163		27.78%	
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	\$ 1,573.22		13		239				11		13		263		82.93%	
11		\$ -															
12		\$ -															
13		\$ -															
14		\$ -															
15		\$ -															
16		\$ -															
17		\$ -															
18		\$ -															
				<b>Total Days</b>		<b>303</b>		<b>495</b>		<b>853</b>		<b>541</b>		<b>263</b>		<b>2,192</b>	29.52%
19	Total Days per PS&R or Exhibit Detail																
20	Unreconciled Days (Explain Variance)																
21				<b>Routine Charges</b>		<b>\$ 296,680</b>		<b>\$ 320,045</b>		<b>\$ 812,765</b>		<b>\$ 521,715</b>		<b>\$ 248,670</b>		<b>\$ 1,951,205</b>	30.11%
21.01				Calculated Routine Charge Per Diem		\$ 979.14		\$ 646.56		\$ 952.83		\$ 964.35		\$ 945.51		\$ 890.15	
<b>Ancillary Cost Centers (from WS C) (from Section G):</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>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	<b>Ancillary Charges</b>	
22	09200 Observation (Non-Distinct)	1.153039		24,323	177,850	38,901	118,184	1,328	67,648	1,328	67,648	97,162	97,162	\$ 25,851	\$ 401,781	60.18%	
23	5000 OPERATING ROOM	0.362115		33,545	272,135	110,532	484,591	207,308	721,582	145,855	407,525	94,057	603,653	\$ 497,240	\$ 1,885,833	41.30%	
24	5100 RECOVERY ROOM	0.305644		12,106	45,789	38,405	48,663	25,533	98,196	20,090	59,226	54,475	54,475	\$ 96,134	\$ 251,874	33.28%	
25	5200 DELIVERY ROOM & LABOR ROOM	6.219912		1,067	-	110,989	-	30,949	-	-	-	2,134	-	\$ 143,005	\$ -	81.55%	
26	5300 ANESTHESIOLOGY	0.027975		25,801	66,604	51,832	65,398	58,732	146,933	49,520	76,390	33,834	92,796	\$ 185,885	\$ 355,325	33.50%	
27	5400 RADIOLOGY-DIAGNOSTIC	0.358902		43,854	165,592	27,759	438,404	174,158	729,662	114,817	287,452	62,158	363,721	\$ 360,588	\$ 1,621,110	52.72%	
28	5600 RADIOISOTOPE	0.232427		11,449	29,718	-	29,133	26,472	120,212	11,156	73,647	10,155	49,507	\$ 49,077	\$ 252,710	27.17%	
29	5700 CT SCAN	0.031840		86,534	334,159	15,053	535,647	289,831	510,942	442,850	95,491	1,113,330	95,491	\$ 467,078	\$ 1,823,598	37.22%	
30	5800 MRI	0.216016		11,837	68,699	929	64,788	14,671	140,084	8,701	65,011	46,903	46,903	\$ 36,138	\$ 338,582	32.08%	
31	6000 LABORATORY	0.323832		166,071	447,503	212,510	844,303	458,916	551,148	280,692	394,696	154,733	774,833	\$ 1,118,189	\$ 2,237,650	45.31%	
32	6500 RESPIRATORY THERAPY	0.246761		261,818	32,815	21,435	57,238	484,253	71,406	341,654	48,166	76,154	64,943	\$ 1,109,160	\$ 209,625	33.36%	
33	6800 PHYSICAL THERAPY	0.724573		16,302	22,985	42,322	8,013	60,052	49,804	28,619	33,645	11,303	12,321	\$ 147,295	\$ 114,447	16.99%	
34	6900 ELECTROCARDIOLOGY	0.064776		14,373	51,047	11,411	52,416	46,314	154,274	26,237	74,605	140,710	140,710	\$ 98,335	\$ 332,342	32.83%	
35	6901 CARDIAC REHAB	0.436643		-	-	-	1,792	-	27,740	-	44,644	-	-	\$ 34,408	\$ 74,176	12.75%	
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.153648		300,592	275,094	330,595	335,864	834,064	564,523	577,205	293,861	199,848	407,781	\$ 2,042,456	\$ 1,469,342	33.17%	
37	7200 IMPL_DEV CHARGED TO PATIENTS	0.649001		5,293	4,117	2,361	10,796	63,038	68,397	59,155	33,710	20,301	11,353	\$ 129,847	\$ 117,020	29.27%	
38	7300 DRUGS CHARGED TO PATIENTS	0.387219		221,766	308,731	216,171	376,229	603,015	845,273	416,425	384,003	187,051	680,078	\$ 1,457,377	\$ 1,914,236	48.37%	
39	7600 DIALYSIS	0.995601		7,176	-	-	16,146	897	5,382	-	-	-	-	\$ 28,704	\$ 1,794	32.80%	
40	8001 WOUND CARE CENTER	0.300704		146	19,910	1,138	15,535	1,573	41,536	9,456	-	6,014	-	\$ 2,855	\$ 86,437	3.41%	
41	9100 EMERGENCY	0.268567		77,927	1,039,343	25,852	2,717,185	299,105	1,760,578	197,645	898,139	134,294	3,330,969	\$ 600,529	\$ 6,415,245	79.21%	
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Cost Report Year (10/01/2018-09/30/2019) STEPHENS COUNTY 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		%								
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			\$	1,321,980	\$	3,361,291	\$	1,219,292	\$	6,124,896	\$	3,643,181	\$	6,721,371	\$	2,431,090	\$	3,695,569	\$	1,119,094	\$	7,784,957	

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	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		%
<b>Totals / Payments</b>													
128 <b>Total Charges (includes organ acquisition from Section J)</b>	\$ 1,618,660	\$ 3,361,291	\$ 1,539,337	\$ 6,124,896	\$ 4,455,946	\$ 6,721,371	\$ 2,952,805	\$ 3,695,569	\$ 1,367,764	\$ 7,784,957	\$ 10,566,748	\$ 19,903,127	43.16%
129 Total Charges per PS&R or Exhibit Detail	\$ 1,618,660	\$ 3,361,291	\$ 1,539,337	\$ 6,124,896	\$ 4,455,946	\$ 6,721,371	\$ 2,952,805	\$ 3,695,569	\$ 1,367,764	\$ 7,784,957			
130 Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-	-	-	-	-	-
131 <b>Total Calculated Cost (includes organ acquisition from Section J)</b>	\$ 745,984	\$ 1,033,986	\$ 1,605,892	\$ 1,671,150	\$ 1,882,471	\$ 1,968,738	\$ 1,362,062	\$ 1,044,209	\$ 583,535	\$ 2,034,382	\$ 5,596,409	\$ 5,718,083	44.08%
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 655,998	\$ 1,105,504	\$ -	\$ -	\$ 93,399	\$ 187,379	\$ -	\$ -	\$ -	\$ -	\$ 749,397	\$ 1,292,883	
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$ -	\$ 771,584	\$ 1,724,782	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 771,584	\$ 1,724,782	
134 Private Insurance (including primary and third party liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,036,285	\$ 1,046,606	\$ 1,036,285	\$ 1,046,606	
135 Self-Pay (including Co-Pay and Spend-Down)	\$ 1,162	\$ 24,954	\$ 25	\$ 1,093	\$ -	\$ 2,523	\$ 251	\$ 7,258	\$ -	\$ -	\$ 1,438	\$ 35,828	
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 657,160	\$ 1,130,458	\$ 771,609	\$ 1,725,875	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
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)	\$ -	\$ -	\$ -	\$ -	\$ 1,754,582	\$ 1,172,187	\$ -	\$ -	\$ -	\$ -	\$ 1,754,582	\$ 1,172,187	
140 Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
141 Medicare Cross-Over Bad Debt Payments	\$ -	\$ -	\$ -	\$ -	\$ 11,417	\$ 8,515	\$ -	\$ -	\$ -	\$ -	\$ 11,417	\$ 8,515	
142 Other Medicare Cross-Over Payments (See Note D)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 71,438	\$ 270,510	\$ 71,438	\$ 270,510	
144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
145 <b>Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)</b>	\$ 88,824	\$ (96,472)	\$ 834,283	\$ (54,725)	\$ 23,073	\$ 598,134	\$ 325,526	\$ (9,655)	\$ 512,097	\$ 1,763,872	\$ 1,271,706	\$ 437,282	
146 <b>Calculated Payments as a Percentage of Cost</b>	88%	109%	48%	103%	99%	70%	76%	101%	12%	13%	77%	92%	
147 <b>Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 &amp; 6)</b>					4,546								
148 <b>Percent of cross-over days to total Medicare days from the cost report</b>					19%								

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.