

A. General DSH Year Information

1. DSH Year:

Begin	End
07/01/2016	06/30/2017

2. Select Your Facility from the Drop-Down Menu Provided:

GWINNETT MEDICAL CTR LAWRENCEVILLE

Identification of cost reports needed to cover the DSH Year:

3. Cost Report Year 1

Cost Report Begin Date(s)	Cost Report End Date(s)
07/01/2016	06/30/2017

4. Cost Report Year 2 (if applicable)

--	--

5. Cost Report Year 3 (if applicable)

--	--

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

6. Medicaid Provider Number:

Data
000000294A

7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):

0

8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

0

9. Medicare Provider Number:

110087

B. DSH OB Qualifying Information

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

During the DSH Examination Year:

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

DSH Examination Year (07/01/16 - 06/30/17)

Yes

No

No

3a. Was the hospital open as of December 22, 1987?

Yes

3b. What date did the hospital open?

2/1/1966

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

During the Interim DSH Payment Year:

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

DSH Payment Year (07/01/16 - 06/30/19)

Yes

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

Kathryn Parris
 Valeria Boazman

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

No

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

No

C. Disclosure of Other Medicaid Payments Received:

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

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

\$ 5,808,674

Certification:

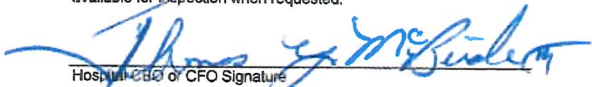
1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present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

Answer
 Yes

Explanation for "No" answers:

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

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



Hospital CEO or CFO Signature

Executive VP & CFO
 Title



Date

Thomas Y McBride III
 Hospital CEO or CFO Printed Name

678-312-4308
 Hospital CEO or CFO Telephone Number

tmcbride@grwinnetmedicalcenter.org
 Hospital CEO or CFO E-Mail

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

Hospital Contact:
 Name: Susan Samson
 Title: Interim Reimbursement Manager
 Telephone Number: 678-312-5527
 E-Mail Address: ssamson@grwinnetmedicalcenter.org
 Mailing Street Address: 1000 Medical Center Boulevard
 Mailing City, State, Zip: Lawrenceville, GA 30046

Outside Preparer:
 Name: _____
 Title: _____
 Firm Name: _____
 Telephone Number: _____
 E-Mail Address: _____

EXAMINER ADJUSTED SURVEY

Workpaper #:		Reviewer:
Examiner:		
Date:		
DSH Version 7.25		5/3/2018

D. General Cost Report Year Information 7/1/2016 - 6/30/2017

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: **GWINNETT MEDICAL CTR LAWRENCEVILLE**

7/1/2016 through 6/30/2017		
X		

2. Select Cost Report Year Covered by this Survey:

3. Status of Cost Report Used for this Survey (Should be audited if available): **1 - As Submitted**

3a. Date CMS processed the HCRIS file into the HCRIS database: **12/29/2017**

Data	Correct?	If Incorrect, Proper Information
4. Hospital Name: GWINNETT MEDICAL CTR LAWRENCEVILLE	Yes	
5. Medicaid Provider Number: 00000294A	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: 110087	Yes	
8a. Owner/Operator (Private, State Govt., Non-State Govt., HIS/Tribal): Non-State Govt.	Yes	
8b. DSH Pool Classification (Small Rural, Non-Small Rural, Urban): Urban	Yes	

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

State Name & Number	State Name	Provider No.
9. State Name & Number	Alabama	1952340994
10. State Name & Number	Arizona	633223
11. State Name & Number	California	XHSP31174
12. State Name & Number	Colorado	95014940
13. State Name & Number	Florida	903467600
14. State Name & Number	Idaho	1952340994-001

(List additional states on a separate attachment)

E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2016 - 06/30/2017)

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)	\$	566,783	\$	1,703,840	\$2,270,623
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$	5,528,920	\$	20,894,116	\$26,423,036
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B)		\$6,095,703		\$22,597,956	\$28,693,659
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:		9.30%		7.54%	7.91%

13. **Did your hospital receive any Medicaid managed care payments not paid at the claim level?** **No**
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 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 (07/01/2016 - 06/30/2017)

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

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, WS S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6) 123,553

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	-
8. Outpatient Hospital Charity Care Charges	-
9. Non-Hospital Charity Care Charges	-
10. Total Charity Care Charges	\$ -

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	\$ 342,415,300	\$ -	\$ -	\$ 251,922,854	\$ -	\$ -	\$ 90,492,446
12. Psych Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Rehab. Subprovider	\$ 15,385,649	\$ -	\$ -	\$ 11,319,578	\$ -	\$ -	\$ 4,066,071
14. Swing Bed - SNF	-	-	-	-	-	-	-
15. Swing Bed - NF	-	-	-	-	-	-	-
16. Skilled Nursing Facility	-	-	\$ 8,169,020	-	-	\$ 6,010,137	-
17. Nursing Facility	-	-	-	-	-	-	-
18. Other Long-Term Care	-	-	-	-	-	-	-
19. Ancillary Services	\$ 796,042,033	\$ 1,185,067,583	\$ -	\$ 585,666,532	\$ 871,881,625	\$ -	\$ 523,561,460
20. Outpatient Services	-	\$ 521,732,111	\$ -	-	\$ 383,850,379	\$ -	\$ 137,881,732
21. Home Health Agency	-	-	-	-	-	-	-
22. Ambulance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
23. Outpatient Rehab Providers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
24. ASC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
25. Hospice	-	-	-	-	-	-	-
26. Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
27. Total	\$ 1,153,842,982	\$ 1,706,799,694	\$ 8,169,020	\$ 848,908,964	\$ 1,255,732,003	\$ 6,010,137	\$ 756,001,709
28. Total Hospital and Non Hospital		Total from Above	\$ 2,868,811,696		Total from Above	\$ 2,110,651,104	
29. Total Per Cost Report		Total Patient Revenues (G-3 Line 1)	\$ 2,868,811,696		Total Contractual Adj. (G-3 Line 2)	\$ 2,110,651,104	
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)					\$ -	-	
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)					\$ -	-	
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)"					\$ -	-	
35. Adjusted Contractual Adjustments					\$ 2,110,651,104	-	
36. Unreconciled Difference		Unreconciled Difference (Should be \$0)	\$ -		Unreconciled Difference (Should be \$0)	\$ -	

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) GWINNETT MEDICAL CTR LAWRENCEVILLE

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net 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
		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 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

Routine Cost Centers (list below):

1	03000 ADULTS & PEDIATRICS	\$ 138,828,951	\$ (11,369,437)	\$ -	\$ -	\$ 150,198,388	129,556	\$ 263,045,201	\$ 1,159.33
2	03100 INTENSIVE CARE UNIT	\$ 21,701,027	\$ (171,432)	\$ -	\$ -	\$ 21,872,459	11,106	\$ 51,488,531	\$ 1,969.43
3	03200 CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
4	03300 BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
6	03500 OTHER SPECIAL CARE UNIT	\$ 13,091,548	\$ -	\$ -	\$ -	\$ 13,091,548	10,862	\$ 29,178,674	\$ 1,205.26
7	04000 SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
8	04100 SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
9	04200 OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
10	04300 NURSERY	\$ 9,399,882	\$ 9,255,118	\$ -	\$ -	\$ 18,655,000	8,606	\$ 7,303,360	\$ 2,167.67
11		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
12		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
13		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
14		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
15		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
16		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
17		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
18	Total Routine	\$ 183,021,408	\$ (2,285,751)	\$ -	\$ -	\$ 203,817,395	160,130	\$ 351,015,766	
19	Weighted Average								\$ 1,272.82

Observation Data (Non-Distinct)

20	09200 Observation (Non-Distinct)		3,793	-	-	\$ 4,397,339	\$ 2,069,829	\$ 7,406,619	\$ 9,476,448	0.464028
----	----------------------------------	--	-------	---	---	--------------	--------------	--------------	--------------	----------

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

Ancillary Cost Centers (from W/S C excluding Observation) (list below):

21	5000 OPERATING ROOM	\$ 49,814,500	\$ (289,528)	\$ 160,230	\$ -	\$ 50,264,258	\$ 152,870,629	\$ 97,985,164	\$ 250,855,793	0.200371
22	5200 DELIVERY ROOM & LABOR ROOM	\$ 14,984,005	\$ (289,528)	\$ -	\$ -	\$ 15,273,533	\$ 30,810,121	\$ 1,738,864	\$ 32,548,985	0.469248
23	5300 ANESTHESIOLOGY	\$ 3,014,994	\$ -	\$ -	\$ -	\$ 3,014,994	\$ 46,134,801	\$ 59,036,525	\$ 105,171,326	0.028667
24	5400 RADIOLOGY-DIAGNOSTIC	\$ 42,478,362	\$ (3,809)	\$ 4,448	\$ -	\$ 42,486,619	\$ 141,791,337	\$ 431,100,225	\$ 572,891,562	0.074162
25	5600 RADIOISOTOPE	\$ 7,257,900	\$ -	\$ -	\$ -	\$ 7,257,900	\$ 17,186,451	\$ 61,855,555	\$ 79,042,006	0.091823
26	5900 CARDIAC CATHETERIZATION	\$ 12,305,741	\$ -	\$ -	\$ -	\$ 12,305,741	\$ 38,275,745	\$ 51,055,647	\$ 89,331,392	0.137754
27	6000 LABORATORY	\$ 28,198,020	\$ -	\$ -	\$ -	\$ 28,198,020	\$ 80,801,242	\$ 91,131,965	\$ 171,933,207	0.164006
28	6500 RESPIRATORY THERAPY	\$ 12,417,494	\$ -	\$ -	\$ -	\$ 12,417,494	\$ 34,643,452	\$ 6,333,448	\$ 40,976,900	0.303036
29	6600 PHYSICAL THERAPY	\$ 16,054,750	\$ -	\$ -	\$ -	\$ 16,054,750	\$ 18,837,456	\$ 11,750,238	\$ 30,587,694	0.524876
30	6601 PHYSICAL THERAPY - GECC	\$ 1,628,094	\$ -	\$ -	\$ -	\$ 1,628,094	\$ 9,233,063	\$ -	\$ 9,233,063	0.176333
31	6900 ELECTROCARDIOLOGY	\$ 8,050,287	\$ -	\$ -	\$ -	\$ 8,050,287	\$ 13,000,408	\$ 24,984,526	\$ 37,984,934	0.211934
32	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$ 9,041,714	\$ -	\$ -	\$ -	\$ 9,041,714	\$ 11,678,828	\$ 10,232,023	\$ 21,910,851	0.412659

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) GWINNETT MEDICAL CTR LAWRENCEVILLE

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net 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
33	7200 IMPL. DEV. CHARGED TO PATIENTS	\$ 48,188,727	\$ -	\$ -	\$ 48,188,727	\$ 45,645,070	\$ 31,002,799	\$ 76,647,869	0.628703
34	7300 DRUGS CHARGED TO PATIENTS	\$ 75,775,584	\$ -	\$ -	\$ 75,775,584	\$ 114,870,427	\$ 238,342,262	\$ 353,212,689	0.214532
35	7500 ASC (NON-DISTINCT PART)	\$ 36,868,363	\$ -	\$ -	\$ 36,868,363	\$ 32,999,508	\$ 182,800,964	\$ 215,800,472	0.170845
36	9000 CLINIC	\$ 1,727,320	\$ -	\$ -	\$ 1,727,320	\$ 15,490	\$ 815,698	\$ 831,188	2.078134
37	9001 WOUND TREATMENT CLINIC	\$ 1,268,743	\$ -	\$ -	\$ 1,268,743	\$ 11,556	\$ 1,292,579	\$ 1,304,135	0.972862
38	9002 CENTER FOR CANCER CARE CLINICS	\$ 12,283,893	\$ -	\$ -	\$ 12,283,893	\$ 184,478	\$ 17,832,166	\$ 18,016,644	0.681808
39	9003 STRICKLAND FMC	\$ 948,428	\$ (1,474,310)	\$ -	\$ 2,422,738	\$ 2,073	\$ 1,341,167	\$ 1,343,240	1.803652
40	9004 ACADEMIC INTERNAL MED	\$ 1,561,255	\$ (971,444)	\$ -	\$ 2,532,699	\$ 45,654	\$ 735,410	\$ 781,064	3.242627
41	9005 DIAB & NUTR EDUCATION CENTER	\$ 2,072,597	\$ -	\$ -	\$ 2,072,597	\$ 179,200	\$ 516,289	\$ 695,489	2.980057
42	9006 SUWANEE CLINIC	\$ 154,742	\$ -	\$ -	\$ 154,742	\$ -	\$ 17,707	\$ 17,707	8.739030
43	9100 EMERGENCY	\$ 49,201,698	\$ (460,960)	\$ -	\$ 49,662,658	\$ 62,346,147	\$ 170,563,048	\$ 232,909,195	0.213228
44		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
45		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
46		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
47		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
48		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
49		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
50		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
51		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
52		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
53		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
54		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
55		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
56		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
57		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
58		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
59		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
60		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
61		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
62		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
63		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
64		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
65		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
66		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
67		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
68		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
69		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
70		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
71		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
72		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
73		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
74		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
75		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
76		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
77		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
78		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
79		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
80		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
81		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
82		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
83		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
84		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
85		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
86		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
87		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
88		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
89		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
90		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
91		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
92		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
93		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) GWINNETT MEDICAL CTR LAWRENCEVILLE

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net 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
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	Total Ancillary	\$ 435,297,211	\$ (3,489,579)	\$ 164,678	\$ 438,951,468	\$ 853,632,965	\$ 1,499,870,888	\$ 2,353,503,853	
127	Weighted Average								0.188378
128	Sub Totals	\$ 618,318,619	\$ (5,775,330)	\$ 164,678	\$ 642,768,863	\$ 1,204,648,731	\$ 1,499,870,888	\$ 2,704,519,619	
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)				\$ 1,112,617				
131	NF, SNF, and Swing Bed Cost for Other Payors (Hospital must calculate. Submit support for calculation of cost.)				\$ -				
131.01	Other Cost Adjustments (support must be submitted)				\$ -				
132	Grand Total				\$ 641,656,246				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost								-0.89%

* 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 (07/01/2016-06/30/2017) GWINNETT MEDICAL CTR LAWRENCEVILLE

	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	%							
85														
86														
87														
88														
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														
	55,935,800	30,524,876	31,799,679	51,658,191	32,476,026	50,166,855	26,336,182	15,219,507	56,887,510	93,512,520				
Totals / Payments														
128	Total Charges (includes organ acquisition from Section J)	\$ 83,936,258	\$ 30,524,876	\$ 57,928,884	\$ 51,658,191	\$ 43,820,402	\$ 50,166,855	\$ 37,775,948	\$ 15,219,507	\$ 73,863,921	\$ 93,512,520	\$ 223,461,492	\$ 147,569,429	20.08%
129	Total Charges per PS&R or Exhibit Detail	\$ 83,936,258	\$ 30,524,876	\$ 57,928,884	\$ 51,658,191	\$ 43,820,402	\$ 50,166,855	\$ 37,775,948	\$ 15,219,507	\$ 73,863,921	\$ 93,512,520			
130	Unreconciled Charges (Explain Variance)													
131.01	Sampling Cost Adjustment (if applicable)													
131.02	Total Calculated Cost (includes organ acquisition from Section J)	\$ 35,312,888	\$ 5,643,958	\$ 24,987,597	\$ 9,231,789	\$ 11,961,184	\$ 8,969,128	\$ 11,878,347	\$ 2,507,129	\$ 22,395,452	\$ 15,867,330	\$ 84,139,996	\$ 26,352,004	23.36%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 23,434,945	\$ 5,390,952	\$ -	\$ -	\$ 859,525	\$ 946,608	\$ -	\$ -	\$ -	\$ -	\$ 24,294,470	\$ 6,337,560	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$ -	\$ 14,656,295	\$ 5,625,038	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,656,295	\$ 5,625,038	
134	Private Insurance (including primary and third party liability)	\$ 1,150,360	\$ 190,915	\$ -	\$ -	\$ -	\$ -	\$ 6,216,179	\$ 2,066,415	\$ -	\$ -	\$ 7,366,539	\$ 2,257,330	
135	Self-Pay (including Co-Pay and Spend-Down)	\$ -	\$ -	\$ 2,488	\$ 15,041	\$ 162	\$ 12,740	\$ 3,586	\$ 17,449	\$ -	\$ -	\$ 6,236	\$ 45,230	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 24,585,305	\$ 5,581,867	\$ 14,658,783	\$ 5,640,079	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
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)	\$ -	\$ -	\$ -	\$ -	\$ 9,638,562	\$ 6,940,775	\$ -	\$ -	\$ -	\$ -	\$ 9,638,562	\$ 6,940,775	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
141	Medicare Cross-Over Bad Debt Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
142	Other Medicare Cross-Over Payments (See Note D)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 566,783	\$ 1,703,840	\$ -	\$ -	
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
145	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 10,727,563	\$ 62,091	\$ 10,328,814	\$ 3,591,710	\$ 1,462,935	\$ 1,069,005	\$ 5,658,582	\$ 423,265	\$ 21,828,669	\$ 14,163,490	\$ 28,177,894	\$ 5,146,071	
146	Calculated Payments as a Percentage of Cost	70%	99%	59%	61%	88%	88%	52%	83%	3%	11%	67%	80%	
147	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 & 1)					66,946								
148	Percent of cross-over days to total Medicare days from the cost report					7%								

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 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 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 pay)
 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 pay.

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2016-06/30/2017) GWINNETT MEDICAL CTR LAWRENCEVILLE

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-Over (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		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)		
Routine Cost Centers (list below):				Days	Days	Days	Days	Days	Days	Days	Days	Days	Days
1	03000 ADULTS & PEDIATRICS	\$ 1,159.33		294	-	-	-	-	-	-	-	294	-
2	03100 INTENSIVE CARE UNIT	\$ 1,969.43		64	-	-	-	-	-	-	-	64	-
3	03200 CORONARY CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
4	03300 BURN INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
6	03500 OTHER SPECIAL CARE UNIT	\$ 1,205.26		-	-	-	-	-	-	-	-	-	-
7	04000 SUBPROVIDER I	\$ -		-	-	-	-	-	-	-	-	-	-
8	04100 SUBPROVIDER II	\$ -		-	-	-	-	-	-	-	-	-	-
9	04200 OTHER SUBPROVIDER	\$ -		-	-	-	-	-	-	-	-	-	-
10	04300 NURSERY	\$ 2,167.67		2	-	-	-	-	-	-	-	2	-
11		\$ -		-	-	-	-	-	-	-	-	-	-
12		\$ -		-	-	-	-	-	-	-	-	-	-
13		\$ -		-	-	-	-	-	-	-	-	-	-
14		\$ -		-	-	-	-	-	-	-	-	-	-
15		\$ -		-	-	-	-	-	-	-	-	-	-
16		\$ -		-	-	-	-	-	-	-	-	-	-
17		\$ -		-	-	-	-	-	-	-	-	-	-
18		\$ -		-	-	-	-	-	-	-	-	-	-
18			Total Days	360	-	-	-	-	-	-	-	360	-
19	Total Days per PS&R or Exhibit Detail			360	-	-	-	-	-	-	-	-	-
20	Unreconciled Days (Explain Variance)			-	-	-	-	-	-	-	-	-	-
21	Routine Charges			\$ 738,036	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 738,036	\$ -
21.01	Calculated Routine Charge Per Diem			\$ 2,050.10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,050.10	\$ -
22	Ancillary Cost Centers (from WIS C) (list below):			Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges
22	09200 Observation (Non-Distinct)		0.464028	8,576	39,865	-	-	-	-	-	-	8,576	39,865
23	5000 OPERATING ROOM		0.200371	171,560	40,175	-	-	-	-	-	-	171,560	40,175
24	5200 DELIVERY ROOM & LABOR ROOM		0.469248	4,978	756	-	-	-	-	-	-	4,978	756
25	5300 ANESTHESIOLOGY		0.028667	42,849	17,806	-	-	-	-	-	-	42,849	17,806
26	5400 RADIOLOGY-DIAGNOSTIC		0.074162	417,772	644,966	-	-	-	-	-	-	417,772	644,966
27	5600 RADIOISOTOPE		0.091823	48,292	35,200	-	-	-	-	-	-	48,292	35,200
28	5900 CARDIAC CATHETERIZATION		0.137754	29,541	62,185	-	-	-	-	-	-	29,541	62,185
29	6000 LABORATORY		0.164006	229,637	209,320	-	-	-	-	-	-	229,637	209,320
30	6500 RESPIRATORY THERAPY		0.303036	65,076	21,659	-	-	-	-	-	-	65,076	21,659
31	6600 PHYSICAL THERAPY		0.524876	23,187	588	-	-	-	-	-	-	23,187	588
32	6601 PHYSICAL THERAPY - GECC		0.176333	-	-	-	-	-	-	-	-	-	-
33	6900 ELECTROCARDIOLOGY		0.211934	27,170	51,850	-	-	-	-	-	-	27,170	51,850
34	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.412659	11,899	8,154	-	-	-	-	-	-	11,899	8,154
35	7200 IMPL. DEV. CHARGED TO PATIENTS		0.628703	23,175	35,257	-	-	-	-	-	-	23,175	35,257
36	7300 DRUGS CHARGED TO PATIENTS		0.214532	266,822	101,179	-	-	-	-	-	-	266,822	101,179
37	7500 ASC (NON-DISTINCT PART)		0.170845	41,062	17,573	-	-	-	-	-	-	41,062	17,573
38	9000 CLINIC		2.078134	1,341	2,160	-	-	-	-	-	-	1,341	2,160
39	9001 WOUND TREATMENT CLINIC		0.972862	1,953	5,614	-	-	-	-	-	-	1,953	5,614
40	9002 CENTER FOR CANCER CARE CLINICS		0.681808	-	170	-	-	-	-	-	-	-	170
41	9003 STRICKLAND FMC		1.803652	-	-	-	-	-	-	-	-	-	-
42	9004 ACADEMIC INTERNAL MED		3.242627	-	-	-	-	-	-	-	-	-	-
43	9005 DIAB & NUTR EDUCATION CENTER		2.980057	296	-	-	-	-	-	-	-	296	-
44	9006 SUWANEE CLINIC		8.739030	-	-	-	-	-	-	-	-	-	-
45	9100 EMERGENCY		0.213228	203,986	889,532	-	-	-	-	-	-	203,986	889,532
46			-	-	-	-	-	-	-	-	-	-	-
47			-	-	-	-	-	-	-	-	-	-	-
48			-	-	-	-	-	-	-	-	-	-	-
49			-	-	-	-	-	-	-	-	-	-	-
50			-	-	-	-	-	-	-	-	-	-	-
51			-	-	-	-	-	-	-	-	-	-	-
52			-	-	-	-	-	-	-	-	-	-	-
53			-	-	-	-	-	-	-	-	-	-	-
54			-	-	-	-	-	-	-	-	-	-	-
55			-	-	-	-	-	-	-	-	-	-	-
56			-	-	-	-	-	-	-	-	-	-	-
57			-	-	-	-	-	-	-	-	-	-	-
58			-	-	-	-	-	-	-	-	-	-	-
59			-	-	-	-	-	-	-	-	-	-	-
60			-	-	-	-	-	-	-	-	-	-	-
61			-	-	-	-	-	-	-	-	-	-	-
62			-	-	-	-	-	-	-	-	-	-	-
63			-	-	-	-	-	-	-	-	-	-	-

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2016-06/30/2017)

GWINNETT MEDICAL CTR LAWRENCEVILLE

		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	
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
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											
Totals / Payments											
128	Total Charges (includes organ acquisition from Section K)	\$ 2,357,208	\$ 2,184,009	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,357,208	\$ 2,184,009
129	Total Charges per PS&R or Exhibit Detail	\$ 2,357,208	\$ 2,184,009	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
130	Unreconciled Charges (Explain Variance)										
131.01	Sampling Cost Adjustment (if applicable)										
131.02	Total Calculated Cost (includes organ acquisition from Section K)	\$ 760,740	\$ 389,213	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 760,740	\$ 389,213
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 E)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
134	Private Insurance (including primary and third party liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
135	Self-Pay (including Co-Pay and Spend-Down)	\$ -	\$ 650	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 650
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ -	\$ 650	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 650

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2016-06/30/2017) GWINNETT MEDICAL CTR LAWRENCEVILLE

		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	
137	Medicaid Cost Settlement Payments (See Note B)	\$ -	\$ -			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ 216,846	\$ 91,863	\$ -	\$ -					\$ 216,846	\$ 91,863
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
141	Medicare Cross-Over Bad Debt Payments					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142	Other Medicare Cross-Over Payments (See Note D)					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
143.02	Calculated Payment Shortfall / (Longfall)	\$ 543,894	\$ 296,700	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 543,894	\$ 296,700
144	Calculated Payments as a Percentage of Cost	29%	24%	0%	0%	0%	0%	0%	0%	29%	24%

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 (07/01/2016-06/30/2017)

GWINNETT MEDICAL CTR LAWRENCEVILLE

	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-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	
						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	
1	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
2	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
3	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
4	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
5	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
6	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
7	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
8		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
9	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
20	Total Cost															

Organ Acquisition Cost Centers (list below):

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 (07/01/2016-06/30/2017)

GWINNETT MEDICAL CTR LAWRENCEVILLE

	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-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	
						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)	
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	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
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 (07/01/2016-06/30/2017) GWINNETT MEDICAL CTR LAWRENCEVILLE

Worksheet A Provider Tax Assessment Reconciliation:

	Dollar Amount	W/S A Cost Center Line
1 Hospital Gross Provider Tax Assessment (from general ledger)*	\$ -	
1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	\$ -	0 (WTB Account #)
2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)	\$ -	- (Where is the cost included on w/s A?)
3 Difference (Explain Here —————>)	\$ 0	
Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)		
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))
DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
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))
DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
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	\$ -	

DSH UCC Provider Tax Assessment Adjustment:

17 Gross Allowable Assessment Not Included in the Cost Report \$ -

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