

A. General DSH Year Information

1. DSH Year:

Begin	End
07/01/2017	06/30/2018

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

Identification of cost reports needed to cover the DSH Year:

	Cost Report Begin Date(s)	Cost Report End Date(s)
3. Cost Report Year 1	07/01/2017	06/30/2018
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

	Data
6. Medicaid Provider Number:	000001064A
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:

1. 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.)

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

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

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

3b. What date did the hospital open?

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:

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

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

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

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

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for DSH Year 07/01/2017 - 06/30/2018

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

\$ 1,390,221

Certification:

Answer

Yes

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.

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.

<hr/>	<u>Chief Financial Officer</u>	<hr/>
Hospital CEO or CFO Signature	Title	Date
<hr/>	<u>404-303-3621</u>	<u>Shannon.Banna@northside.com</u>
Shannon Banna Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail

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

<p>Hospital Contact:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Name</td><td>Dan Huffman</td></tr> <tr><td>Title</td><td>Director Financial Strategy</td></tr> <tr><td>Telephone Number</td><td>404-851-8013</td></tr> <tr><td>E-Mail Address</td><td>Dan.Huffman@northside.com</td></tr> <tr><td>Mailing Street Address</td><td>1000 Medical Center Blvd</td></tr> </table>	Name	Dan Huffman	Title	Director Financial Strategy	Telephone Number	404-851-8013	E-Mail Address	Dan.Huffman@northside.com	Mailing Street Address	1000 Medical Center Blvd	<p>Outside Preparer:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Name</td><td>Jonathan Skaggs</td></tr> <tr><td>Title</td><td>Senior Manager</td></tr> <tr><td>Firm Name</td><td>PYA, P.C.</td></tr> <tr><td>Telephone Number</td><td>678-553-1752</td></tr> <tr><td>E-Mail Address</td><td>jskaggs@pyapc.com</td></tr> </table>	Name	Jonathan Skaggs	Title	Senior Manager	Firm Name	PYA, P.C.	Telephone Number	678-553-1752	E-Mail Address	jskaggs@pyapc.com
Name	Dan Huffman																				
Title	Director Financial Strategy																				
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Telephone Number	678-553-1752																				
E-Mail Address	jskaggs@pyapc.com																				

D. General Cost Report Year Information **7/1/2017 - 6/30/2018**

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 CENTER-DULUTH

2. Select Cost Report Year Covered by this Survey (enter "X"):

7/1/2017 through 6/30/2018		
X		

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:

12/20/2018

4. Hospital Name:

Data	Correct?	If Incorrect, Proper Information
GWINNETT MEDICAL CENTER-DULUTH	Yes	
000001064A	Yes	
0	Yes	
0	Yes	
110087	Yes	
Non-State Govt.	Yes	
Urban	Yes	

5. Medicaid Provider Number:

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

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

8. Medicare Provider Number:

Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):

DSH Pool Classification (Small Rural, Non-Small Rural, Urban):

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.
Alabama	1952340994
Arizona	633223
California	XHSP31174
Colorado	95014940
Florida	903467600
Idaho	1952340994-001
Illinois	5820022413001

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: (07/01/2017 - 06/30/2018)

- Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1)
- Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
- Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
- Total Section 1011 Payments Related to Hospital Services (See Note 1)**
- Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)
- Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
- Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)**

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8. Out-of-State DSH Payments (See Note 2)

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9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)

10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)

11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments)

12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

	Inpatient	Outpatient	Total
	\$ 326,279	\$ 866,114	\$1,192,393
	\$ 1,231,063	\$ 5,101,774	\$6,332,837
	\$1,557,342	\$5,967,888	\$7,525,230
	20.95%	14.51%	15.85%

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

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.

No

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

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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 (07/01/2017 - 06/30/2018)

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)

33,628 (See Note in Section F-3, below)

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)

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

	Total Patient Revenues (Charges)			Contractual Adjustments (formulas below can be overwritten if amounts are known)			Net Hospital Revenue
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$357,760,149.00			\$ 265,927,203	\$ -	\$ -	\$ 91,832,946
12. Subprovider I (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$17,401,592.00			\$ 12,934,802	\$ -	\$ -	\$ 4,466,790
14. Swing Bed - SNF			\$0.00			\$ -	
15. Swing Bed - NF			\$0.00			\$ -	
16. Skilled Nursing Facility			\$8,524,141.00			\$ 6,336,091	
17. Nursing Facility			\$0.00			\$ -	
18. Other Long-Term Care			\$0.00			\$ -	
19. Ancillary Services	\$791,691,420.00	\$1,157,061,784.00		\$ 588,473,270	\$ 860,057,232	\$ -	\$ 500,222,703
20. Outpatient Services		\$453,790,374.00			\$ 337,307,565	\$ -	\$ 116,482,809
21. Home Health Agency			\$0.00			\$ -	
22. Ambulance			\$ -			\$ -	
23. Outpatient Rehab Providers			\$0.00			\$ -	
24. ASC	\$0.00	\$0.00		\$ -	\$ -	\$ -	\$ -
25. Hospice			\$0.00			\$ -	
26. Other	\$0.00	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
27. Total	\$ 1,166,853,161	\$ 1,610,852,158	\$ 8,524,141	\$ 867,335,274	\$ 1,197,364,797	\$ 6,336,091	\$ 713,005,248
28. Total Hospital and Non Hospital		Total from Above	\$ 2,786,229,460		Total from Above	\$ 2,071,036,162	

29. Total Per Cost Report	Total Patient Revenues (G-3 Line 1)	2,786,229,460	Total Contractual Adj. (G-3 Line 2)	2,071,036,162
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)"				
35. Adjusted Contractual Adjustments				2,071,036,162

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2017-06/30/2018) GWINNETT MEDICAL CENTER-DULUTH

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		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 Curve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

Routine Cost Centers (list below):

1	03000	ADULTS & PEDIATRICS	\$ 147,612,831	\$ (13,873,664)	\$ -	\$ 0.00	\$ 161,486,495	130,328	\$267,248,017.00	\$ 1,239.08
2	03100	INTENSIVE CARE UNIT	\$ 19,850,063	\$ (535,748)	\$ -	\$ -	\$ 20,385,811	10,609	\$51,831,939.00	\$ 1,921.56
3	03200	CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
4	03300	BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
5	03400	SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
6	03500	OTHER SPECIAL CARE UNIT	\$ 15,295,028	\$ -	\$ -	\$ -	\$ 15,295,028	12,352	\$33,529,372.00	\$ 1,238.26
7	04000	SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
8	04100	SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	\$ -	\$17,328,161.00	\$ -	\$ -
9	04200	OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
10	04300	NURSERY	\$ 10,837,055	\$ 10,569,885	\$ -	\$ -	\$ 21,406,940	8,176	\$8,316,322.00	\$ 2,618.27
11			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
12			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
13			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
14			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
15			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
16			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
17			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -
18		Total Routine	\$ 193,594,977	\$ (3,839,527)	\$ -	\$ -	\$ 218,574,274	161,465	\$ 378,253,811	
19		Weighted Average								\$ 1,353.70

Observation Data (Non-Distinct)	Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S-3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diem Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
09200 Observation (Non-Distinct)	9,486	-	-	\$ 11,753,913	\$3,139,872.00	\$12,709,392.00	\$ 15,849,264	0.741606

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

21	5000	OPERATING ROOM	\$50,262,353.00	\$ (452,410)	\$160,230.00	\$ 50,874,993	\$145,084,469.00	\$98,946,402.00	\$ 244,030,871	0.208478
22	5200	DELIVERY ROOM & LABOR ROOM	\$14,901,597.00	\$ (452,410)	\$0.00	\$ 15,354,007	\$35,536,501.00	\$1,472,385.00	\$ 37,008,886	0.414874
23	5300	ANESTHESIOLOGY	\$3,077,777.00	\$ -	\$0.00	\$ 3,077,777	\$45,337,745.00	\$60,545,905.00	\$ 105,883,650	0.029068
24	5400	RADIOLOGY-DIAGNOSTIC	\$41,945,050.00	\$ -	\$0.00	\$ 41,945,050	\$149,757,661.00	\$435,009,452.00	\$ 584,767,113	0.071729
25	5600	RADIOISOTOPE	\$7,415,119.00	\$ -	\$0.00	\$ 7,415,119	\$17,930,882.00	\$46,114,472.00	\$ 64,045,354	0.115779
26	5900	CARDIAC CATHETERIZATION	\$14,968,998.00	\$ -	\$0.00	\$ 14,968,998	\$39,184,789.00	\$47,799,362.00	\$ 86,984,151	0.172089
27	6000	LABORATORY	\$30,578,648.00	\$ -	\$0.00	\$ 30,578,648	\$83,967,578.00	\$95,719,585.00	\$ 179,687,163	0.170177
28	6500	RESPIRATORY THERAPY	\$13,086,256.00	\$ -	\$0.00	\$ 13,086,256	\$34,316,148.00	\$6,389,484.00	\$ 40,705,632	0.321485
29	6600	PHYSICAL THERAPY	\$16,585,907.00	\$ -	\$0.00	\$ 16,585,907	\$19,538,296.00	\$10,737,608.00	\$ 30,275,904	0.547825
30	6601	PHYSICAL THERAPY - GECC	\$1,967,468.00	\$ -	\$0.00	\$ 1,967,468	\$10,099,560.00	\$0.00	\$ 10,099,560	0.194807
31	6900	ELECTROCARDIOLOGY	\$8,528,692.00	\$ -	\$0.00	\$ 8,528,692	\$13,546,031.00	\$25,836,812.00	\$ 39,382,843	0.216559

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2017-06/30/2018) GWINNETT MEDICAL CENTER-DULUTH

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
32	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$17,337,143.00	\$ -	\$0.00	\$ 17,337,143	\$16,888,023.00	\$18,006,178.00	\$ 34,894,201	0.496849
33	7200 IMPL. DEV. CHARGED TO PATIENTS	\$44,735,598.00	\$ -	\$0.00	\$ 44,735,598	\$39,678,190.00	\$28,307,017.00	\$ 67,985,207	0.658020
34	7300 DRUGS CHARGED TO PATIENTS	\$81,001,028.00	\$ -	\$0.00	\$ 81,001,028	\$101,764,319.00	\$248,869,965.00	\$ 350,634,284	0.231013
35	7500 ASC (NON-DISTINCT PART)	\$36,790,658.00	\$ -	\$0.00	\$ 36,790,658	\$31,643,102.00	\$174,060,486.00	\$ 205,703,588	0.178853
36	9000 CLINIC	\$2,025,381.00	\$ -	\$0.00	\$ 2,025,381	\$15,996.00	\$925,469.00	\$ 941,465	2.151308
37	9001 WOUND TREATMENT CLINIC	\$1,565,193.00	\$ -	\$0.00	\$ 1,565,193	\$15,125.00	\$1,375,179.00	\$ 1,390,304	1.125792
38	9002 CENTER FOR CANCER CARE CLINICS	\$14,434,712.00	\$ -	\$0.00	\$ 14,434,712	\$219,602.00	\$21,074,545.00	\$ 21,294,147	0.677872
39	9003 STRICKLAND FMC	\$1,091,041.00	\$ (2,303,716)	\$0.00	\$ 3,394,757	\$1,789.00	\$1,534,615.00	\$ 1,536,404	2.209547
40	9004 ACADEMIC INTERNAL MED	\$2,142,341.00	\$ (1,517,953)	\$0.00	\$ 3,660,294	\$45,366.00	\$1,686,335.00	\$ 1,731,701	2.113699
41	9005 DIAB & NUTR EDUCATION CENTER	\$2,175,136.00	\$ -	\$0.00	\$ 2,175,136	\$179,337.00	\$479,629.00	\$ 658,966	3.300832
42	9006 SUWANEE CLINIC	\$496,944.00	\$ -	\$0.00	\$ 496,944	\$0.00	\$277,727.00	\$ 277,727	1.789325
43	9100 EMERGENCY	\$50,456,080.00	\$ (720,283)	\$0.00	\$ 51,176,363	\$67,395,078.00	\$179,096,598.00	\$ 246,491,676	0.207619
44		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
45		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
46		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
47		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
48		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
49		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
50		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
51		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
52		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
53		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
54		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
55		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
56		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
57		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
58		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
59		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
60		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
61		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
62		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
63		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
64		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
65		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
66		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
67		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
68		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
69		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
70		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
71		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
72		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
73		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
74		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
75		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
76		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
77		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
78		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
79		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
80		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
81		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
82		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
83		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
84		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
85		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
86		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
87		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
88		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
89		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
90		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
91		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2017-06/30/2018) GWINNETT MEDICAL CENTER-DULUTH

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
92		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
93		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
94		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
95		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
96		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
97		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
98		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
99		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
100		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
101		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
102		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
103		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
104		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
105		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
106		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
107		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
108		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
109		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
110		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
111		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
112		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
113		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
114		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
115		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
116		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
117		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
118		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
119		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
120		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
121		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
122		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
123		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
124		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
125		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
126	Total Ancillary	\$ 457,569,120	\$ (5,446,772)	\$ 160,230	\$ 463,176,122	\$ 855,285,459	\$ 1,516,974,602	\$ 2,372,260,061	
127	Weighted Average								0.200201
128	Sub Totals	\$ 651,164,097	\$ (9,286,299)	\$ 160,230	\$ 681,750,396	\$ 1,233,539,270	\$ 1,516,974,602	\$ 2,750,513,872	
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)				\$0.00				
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)				\$1,170,496.00				
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				\$ 680,579,900				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost					1.34%			

* 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: (07/01/2017-06/30/2018)

GWINNETT MEDICAL CENTER-DULUTH

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Care <small>From Section G</small>	Medicaid Cost to Charge Ratio for Ancillary Cost <small>From Section G</small>	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicare 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 <small>(See Exhibit A)</small>	Outpatient <small>(See Exhibit A)</small>	Inpatient	Outpatient		
																	<small>From PS&R Summary (Note A)</small>
Routine Cost Centers (from Section G):				Days		Days		Days		Days		Days		Days			
1	03000 ADULTS & PEDIATRICS	\$ 1,238.08		1,622	395	905	709	1,473		3,631					4.26%		
2	03100 INTENSIVE CARE UNIT	\$ 1,921.96		747	69	401	434	955		1,601					25.00%		
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	\$ 1,238.29													0.00%		
8	04100 SUBPROVIDER II	\$ -															
9	04200 OTHER SUBPROVIDER	\$ -															
10	04300 NURSERY	\$ 2,618.27													0.00%		
11		\$ -															
12		\$ -															
13		\$ -															
14		\$ -															
15		\$ -															
16		\$ -															
17		\$ -															
18		\$ -															
19				Total Days	2,389	464	1,306	1,143	2,458				5,262		4.87%		
20	Total Days per PS&R or Exhibit Detail				2,389	464	1,306	1,143	2,458								
20	Unreconciled Days (Explain Variance)																
21	Routine Charges	\$ 4,273,640		Routine Charges	\$ 1,241,676	Routine Charges	\$ 2,054,000	Routine Charges	\$ 2,258,251	Routine Charges	\$ 5,418,754	Routine Charges	\$ 11,875,473		4.65%		
21.01	Calculated Routine Charge Per Diem	\$ 2,085.91			\$ 2,654.42		\$ 2,696.43		\$ 2,296.70		\$ 2,200.97		\$ 2,259.29				
22	Ancillary Cost Centers (from WIS G) (from Section G):				Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		
22	09200 Observation (Non-Distinct)		0.741606	196,480	15,480	96,603	79,855	178,128	58,964	112,111	176,470	801,711	943,170	397,740	10.88%		
23	5000 OPERATING ROOM		0.208478	1,511,321	804,795	1,855,876	1,244,453	1,103,563	1,633,305	869,158	777,778	2,137,677	5,339,910	4,560,292	5.47%		
24	5200 DELIVERY ROOM & LABOR ROOM		0.414874	131,218		341,774	293,718	337,963	188,720	198,499	482,036	383,228	1,131,515	1,098,566	3.86%		
25	5300 ANESTHESIOLOGY		0.029098	332,785	268,386	525,263	368,696	487,815	37,951	434,759	189,042	1,093,427	5,519,059	11,874,797	2.88%		
26	5400 RADIOLOGY-DIAGNOSTIC		0.071729	2,188,310	1,990,160	834,616	3,212,358	1,493,069	5,299,247	1,203,094	1,073,032	3,236,768	11,833,677	5,519,059	5.59%		
27	5600 RADIOISOTOPE		0.116779	527,749	33,036	35,686	77,075	304,386	280,738	130,543	105,379	243,173	313,737	996,376	2.28%		
28	5900 CARDIAC CATHETERIZATION		0.112928											496,228	0.00%		
29	6000 LABORATORY		0.170177	1,771,111	906,607	430,450	1,228,336	1,039,895	1,163,149	794,292	470,945	2,010,881	3,972,656	4,025,738	7.79%		
30	6500 RESPIRATORY THERAPY		0.524485	525,263	26,194	95,462	96,674	487,815	33,193	434,759	14,173	354,697	1,513,398	130,434	5.49%		
31	6600 PHYSICAL THERAPY		0.547325	105,244	23,967	9,170	2,997	148,153	37,951	88,522	9,272	76,506	351,088	72,277	1.89%		
32	6801 PHYSICAL THERAPY - GECC		0.194807												0.00%		
33	6900 ELECTROCARDIOLOGY		0.216528	748,304	188,946	118,965	277,595	437,722	616,295	316,695	164,034	740,046	1,174,154	1,081,889	12.47%		
34	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.489949	198,570	24,778	305,780	102,178	278,501	137,714	305,456	66,072	249,859	1,099,297	530,743	2.49%		
35	7200 IMPL. DEV. CHARGED TO PATIENTS		0.658020	131,300	18,627			29,530	113,505				160,830	132,132	0.43%		
36	7300 DRUGS CHARGED TO PATIENTS		0.231013	1,887,392	637,848	538,050	448,212	1,085,623	1,046,857	713,275	229,847	1,992,767	4,014,540	2,362,464	2.66%		
37	7500 ASC (NON-DISTINCT PART)		0.178553												0.00%		
38	8000 CLINIC		2.151308												0.00%		
39	9001 WOUND TREATMENT CLINIC		1.129792		2,363			2,322	3,745		342		3,665	6,108	0.70%		
40	9002 CENTER FOR CANCER CARE CLINICS		0.677972												0.00%		
41	9003 STRICKLAND FMC		2.208547												0.00%		
42	9004 ACADEMIC INTERNAL MED		2.113699												0.00%		
43	9005 DIA8 & NTR EDUCATION CENTER		1.300832												0.00%		
44	9006 SOWANEE CLINIC		1.789325												0.00%		
45	9100 EMERGENCY		0.207619	1,928,668	2,491,234	334,924	5,243,880	848,054	1,929,188	784,306	913,966	2,282,587	14,712,964	3,995,952	10.57%		
46															0.00%		
47															0.00%		
48															0.00%		
49															0.00%		
50															0.00%		
51															0.00%		
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82															0.00%		
83															0.00%		
84															0.00%		
85															0.00%		

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

Cost Report Year (07/01/2017-06/30/2018) GWINNETT MEDICAL CENTER-DULUTH

	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	
86											\$ -	\$ -	
87											\$ -	\$ -	
88											\$ -	\$ -	
89											\$ -	\$ -	
90											\$ -	\$ -	
91											\$ -	\$ -	
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124											\$ -	\$ -	
125											\$ -	\$ -	
126											\$ -	\$ -	
127											\$ -	\$ -	
Totals / Payments		\$ 11,975,036	\$ 7,516,351	\$ 4,709,248	\$ 12,284,170	\$ 7,848,826	\$ 12,811,276	\$ 8,504,247	\$ 4,155,009	\$ 13,982,077	\$ 37,155,979		
128 Total Charges (includes organ acquisition from Section J)	\$ 16,848,082	\$ 7,516,351	\$ 5,751,124	\$ 12,284,170	\$ 11,052,826	\$ 12,811,276	\$ 8,504,247	\$ 4,155,009	\$ 19,406,231	\$ 37,155,979	\$ 42,156,275	\$ 36,786,865	5.00%
129 Total Charges per PS&R or Exhibit Detail	\$ 16,848,082	\$ 7,516,351	\$ 5,751,124	\$ 12,284,170	\$ 11,052,826	\$ 12,811,276	\$ 8,504,247	\$ 4,155,009	\$ 19,406,231	\$ 37,155,979			
130 Unreconciled Charges (Explain Variance)													
131 Total Calculated Cost (includes organ acquisition from Section J)	\$ 5,844,615	\$ 1,251,279	\$ 1,563,005	\$ 2,110,999	\$ 3,443,446	\$ 2,048,066	\$ 2,928,699	\$ 745,193	\$ 6,288,074	\$ 6,419,028	\$ 13,779,725	\$ 6,155,537	4.87%
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 4,768,994	\$ 1,317,095	\$ 701,301	\$ 1,272,794	\$ 218,161	\$ 223,511	\$ 1,888,050	\$ 458,828			\$ 7,576,500	\$ 3,272,028	
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ 81,630	\$ 960	\$ 6,636	\$ 29,547							\$ 88,266	\$ 30,507	
134 Private Insurance (including primary and third party liability)											\$ -	\$ -	
135 Self-Pay (including Co-Pay and Spend-Down)		\$ 1,000	\$ 500	\$ 3,024	\$ 150	\$ 4,434					\$ 650	\$ 9,388	
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 4,850,624	\$ 1,319,985	\$ 708,437	\$ 1,305,365							\$ -	\$ -	
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)					\$ 2,469,661	\$ 1,287,209					\$ 2,469,661	\$ 1,287,209	
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)										\$ 326,279	\$ 866,114	\$ -	
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)	\$ 993,991	\$ (88,706)	\$ 854,568	\$ 805,634	\$ 755,474	\$ 532,912	\$ 1,040,609	\$ 286,565	\$ 5,961,795	\$ 5,552,914	\$ 3,644,642	\$ 1,556,405	
146 Calculated Payments as a Percentage of Cost	83%	105%	45%	62%	78%	74%	64%	62%	5%	13%	74%	75%	
147 Total Medicare Days from WIS S-3 of the Cost Report Excluding Swing-Bed (C.R. WIS S-3, Pt. 1, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)					64,649								2%
148 Percent of cross-over days to total Medicare days from the cost report													

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.

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2017-06/30/2018) GWINNETT MEDICAL CENTER-DULUTH

Line #	Cost Center Description	Diem Cost for Routine Cost Centers From Section G	Charge Ratio for Ancillary Cost Centers From Section G	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)	From PS&R Summary (Note A)	From PS&R Summary (Note A)
Routine Cost Centers (list below):				Days		Days		Days		Days		Days	
1	03000 ADULTS & PEDIATRICS	\$ 1,239.08		49								49	
2	03100 INTENSIVE CARE UNIT	\$ 1,921.56		69								69	
3	03200 CORONARY CARE UNIT	\$ -											
4	03300 BURN INTENSIVE CARE UNIT	\$ -											
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -											
6	03500 OTHER SPECIAL CARE UNIT	\$ 1,238.26											
7	04000 SUBPROVIDER I	\$ -											
8	04100 SUBPROVIDER II	\$ -											
9	04200 OTHER SUBPROVIDER	\$ -											
10	04300 NURSERY	\$ 2,618.27											
11		\$ -											
12		\$ -											
13		\$ -											
14		\$ -											
15		\$ -											
16		\$ -											
17		\$ -											
18		\$ -											
			Total Days	118								118	
19	Total Days per PS&R or Exhibit Detail			118									
20	Unreconciled Days (Explain Variance)												
21	Routine Charges			\$ 310,533								\$ 310,533	
21.01	Calculated Routine Charge Per Diem			\$ 2,631.64								\$ 2,631.64	
Ancillary Cost Centers (from W/S 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)	0.741606		4,830	10,010							4,830	10,010
23	5000 OPERATING ROOM	0.208478		40,497	15,041							40,497	15,041
24	5200 DELIVERY ROOM & LABOR ROOM	0.414874											
25	5300 ANESTHESIOLOGY	0.029068		7,716	3,944							7,716	3,944
26	5400 RADIOLOGY-DIAGNOSTIC	0.071729		131,809	366,761							131,809	366,761
27	5600 RADIOISOTOPE	0.115779		17,773	1,773							17,773	1,773
28	5900 CARDIAC CATHETERIZATION	0.172089											
29	6000 LABORATORY	0.170177		86,301	124,006							86,301	124,006
30	6500 RESPIRATORY THERAPY	0.321485		26,189	5,219							26,189	5,219
31	6600 PHYSICAL THERAPY	0.547825		1,460	840							1,460	840
32	6601 PHYSICAL THERAPY - GECC	0.194807											
33	6900 ELECTROCARDIOLOGY	0.216559		23,232	25,023							23,232	25,023
34	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.496849		1,460	2,413							1,460	2,413
35	7200 IMPL_DEV_CHARGED TO PATIENTS	0.658020											
36	7300 DRUGS CHARGED TO PATIENTS	0.231013		77,389	46,888							77,389	46,888
37	7500 ASC (NON-DISTINCT PART)	0.178853											
38	9000 CLINIC	2.151308											
39	9001 WOUND TREATMENT CLINIC	1.125792											
40	9002 CENTER FOR CANCER CARE CLINICS	0.677872											
41	9003 STRICKLAND FMC	2.209547											
42	9004 ACADEMIC INTERNAL MED	2.113699											
43	9005 DIAB & NUTR EDUCATION CENTER	3.300832											
44	9006 SUWANEE CLINIC	1.789325											
45	9100 EMERGENCY	0.207619		90,893	519,883							90,893	519,883
46													
47													
48													
49													

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2017-06/30/2018) GWINNETT MEDICAL CENTER-DULUTH

				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	
												\$	\$
50												\$	-
51												\$	-
52												\$	-
53												\$	-
54												\$	-
55												\$	-
56												\$	-
57												\$	-
58												\$	-
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107												\$	-
108												\$	-
109												\$	-
110												\$	-
111												\$	-

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2017-06/30/2018) GWINNETT MEDICAL CENTER-DULUTH

		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	
112										\$ -	\$ -
113										\$ -	\$ -
114										\$ -	\$ -
115										\$ -	\$ -
116										\$ -	\$ -
117										\$ -	\$ -
118										\$ -	\$ -
119										\$ -	\$ -
120										\$ -	\$ -
121										\$ -	\$ -
122										\$ -	\$ -
123										\$ -	\$ -
124										\$ -	\$ -
125										\$ -	\$ -
126										\$ -	\$ -
127										\$ -	\$ -
		\$ 509,549	\$ 1,121,802	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals / Payments											
128	Total Charges (includes organ acquisition from Section K)	\$ 820,082	\$ 1,121,802	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 820,082	\$ 1,121,802
129	Total Charges per PS&R or Exhibit Detail	\$ 820,082	\$ 1,121,802	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
130	Unreconciled Charges (Explain Variance)										
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 283,475	\$ 185,815	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 283,475	\$ 185,815
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)									\$ -	\$ -
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ -	\$ -	\$ -	\$ -						
137	Medicaid Cost Settlement Payments (See Note B)									\$ -	\$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ 116,317	\$ 62,633							\$ 116,317	\$ 62,633
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	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 167,158	\$ 123,182	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 167,158	\$ 123,182
144	Calculated Payments as a Percentage of Cost	41%	34%	0%	0%	0%	0%	0%	0%	41%	34%

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 (07/01/2017-06/30/2018)

GWINNETT MEDICAL CENTER-DULUTH

	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 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	
Organ Acquisition Cost Centers (list below):																
1	Lung Acquisition	\$0.00	\$ -	\$ -		0										
2	Kidney Acquisition	\$0.00	\$ -	\$ -		0										
3	Liver Acquisition	\$0.00	\$ -	\$ -		0										
4	Heart Acquisition	\$0.00	\$ -	\$ -		0										
5	Pancreas Acquisition	\$0.00	\$ -	\$ -		0										
6	Intestinal Acquisition	\$0.00	\$ -	\$ -		0										
7	Islet Acquisition	\$0.00	\$ -	\$ -		0										
8		\$0.00	\$ -	\$ -		0										
9	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
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 H as part of your In-State Medicaid total payments.

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

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

Cost Report Year (07/01/2017-06/30/2018)

GWINNETT MEDICAL CENTER-DULUTH

	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)		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)
Organ Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0							
12	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0							
13	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0							
14	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0							
15	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0							
16	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0							
17	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0							
18		\$ -	\$ -	\$ -	\$ -	0							
19	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -
20	Total Cost												

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

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

L. Provider Tax Assessment Reconciliation / Adjustment

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 (07/01/2017-06/30/2018) GWINNETT MEDICAL CENTER-DULUTH

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		(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 ----->)	\$ -	
Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)		
4 Reclassification Code		(Reclassified to / (from))
5 Reclassification Code		(Reclassified to / (from))
6 Reclassification Code		(Reclassified to / (from))
7 Reclassification Code		(Reclassified to / (from))
DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
8 Reason for adjustment		(Adjusted to / (from))
9 Reason for adjustment		(Adjusted to / (from))
10 Reason for adjustment		(Adjusted to / (from))
11 Reason for adjustment		(Adjusted to / (from))
DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
12 Reason for adjustment		
13 Reason for adjustment		
14 Reason for adjustment		
15 Reason for adjustment		
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	\$ -
Apportionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured:	
18 Medicaid Hospital Charges Sec. G	80,864,968
19 Uninsured Hospital Charges Sec. G	56,562,210
20 Total Hospital Charges Sec. G	2,750,513,872
21 Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC	2.94%
22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	2.06%
23 Medicaid Provider Tax Assessment Adjustment to DSH UCC	\$ -
24 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ -
25 Provider 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.

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for DSH Year 07/01/2017 - 06/30/2018
 (Should include UPFL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

\$ 1,390,221

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.

Shannon Banna
 Hospital CEO or CFO Signature

Chief Financial Officer
 Title

11.4.19
 Date

Shannon Banna
 Hospital CEO or CFO Printed Name
 404-303-3621
 Hospital CEO or CFO Telephone Number

Shannon.Banna@northside.com
 Hospital CEO or CFO E-Mail

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

Hospital Contact:
 Name: Dan Huffman
 Title: Director Financial Strategy
 Telephone Number: 404-851-9013
 E-Mail Address: Dan.Huffman@northside.com
 Mailing Street Address: 1000 Medical Center Blvd

Outside Preparer:
 Name: Jonathan Skaggs
 Title: Senior Manager
 Firm Name: PYA, P.C.
 Telephone Number: 678-553-1752
 E-Mail Address: js@pya.com