DSH Version 5.20 11/1/2017 A. General DSH Year Information 1. DSH Year: 07/01/2016 06/30/2017 CHILDREN'S HOSPITAL ATL AT EGLESTON 2. Select Your Facility from the Drop-Down Menu Provided: Identification of cost reports needed to cover the DSH Year: Cost Report Cost Report Begin Date(s) End Date(s) 12/31/2017 3. Cost Report Year 1 01/01/2017 Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES 4. Cost Report Year 2 (if applicable) 5. Cost Report Year 3 (if applicable) Data 6. Medicaid Provider Number: 000000943A 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 0 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab): 0 113300 9. Medicare Provider Number: **B. DSH OB Qualifying Information** Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act. **DSH Examination** Year (07/01/16 -**During the DSH Examination Year:** 06/30/17) 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to No 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 Yes inpatients are predominantly under 18 years of age? No 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer nonemergency 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? Yes 6/1/1928 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. **DSH Payment Year** (07/01/18 - 06/30/19) **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 No 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 Yes 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-No

emergency obstetric services to the general population when federal Medicaid DSH regulations

were enacted on December 22, 1987?

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C. Disclosure of Other Medicaid Payments Received:

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 state of the s	al year. However, DSH payments should NOT be included.)	\$ 9,146,172
Certification:		
		Answer
 Was your hospital allowed to retain 100% of the DSH payment it received for the Matching the federal share with an IGT/CPE is not a basis for answering this q hospital was not allowed to retain 100% of its DSH payments, please explain w present that prevented the hospital from retaining its payments. 	uestion "no". If your	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 records of the hospital. All Medicaid eligible patients, including those who have prive payment on the claim. I understand that this information will be used to determine the provisions. Detailed support exists for all amounts reported in the survey. These reavailable for inspection when requested.	ate insurance coverage, have been reported on the DSH survene Medicaid program's compliance with federal Disproportionate	ey regardless of whether the hospital received e Share Hospital (DSH) eligibility and payments
	SVP & CFO	
Hospital CEO or CFO Signature	Title	Date
Ruth Fowler Hospital CEO or CFO Printed Name	404-785-7006 Hospital CEO or CFO Telephone Number	Ruth.Fowler@Choa.org Hospital CEO or CFO E-Mail
Contact Information for individuals authorized to respond to inquiries related t	to this survey:	
Hospital Contact:		Outside Preparer:
Name Art Kutner Title Reimbursemer	nt Managar	Name Title:
Telephone Number 404-785-7963		Firm Name:
E-Mail Address art.kutner@cho		Telephone Number
Mailing Street Address 3375 NE Expre		E-Mail Address
Mailing City, State, Zip Atlanta, GA 30		

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

Cost Report Year (01/01/2017-12/31/2017) CHILDREN'S HOSPITAL ATL AT EGLESTON

ERROR! Reported cross-over days exceed total Medicare days on the cost report!

	Medicaid Per Medicaid Co	st to	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		dicaid Eligibles (Not Elsewhere)	: Uninsured		Total In-State Medicaid	
	Diem Cost for Charge Rati Routine Cost Ancillary C Centers Centers	ost	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	to Cost Report Outpatient Totals
F	rom Section G From Section	n G From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis		
Routine Cost Centers (from Section G): 1 03000 ADULTS & PEDIATRICS \$ 2 03100 NTENSIVE CARE UNIT \$ 3 03200 CORONARC MARCHINT \$ 4 03200 CORONARC MARCHINT \$ 5 03400 SURGICAL INTENSIVE CARE UNIT \$ 6 03400 SURGICAL INTENSIVE CARE UNIT \$ 6 03500 OTHER SPECIAL CARE UNIT \$ 7 04000 SUBPROVIDER II \$ 8 04100 SUBPROVIDER II \$ 9 04200 OTHER SIBEROVIDER II \$ 9 04201 OTHE	1,581,93 1,943,39	Days 14,515 8,497		12,230 20,486		Days 360 80		3,920 3,055		1,105 326		Days 31,029 32,118 - - - - -	79.75% 89.42%
9 04200 OTHER SUBPROVIDER \$ 10 04300 NURSERY \$ \$ 11 12 \$ \$ 13 14 \$ \$ 15 5 \$ 16 6 \$ \$ 17 7 \$ \$ 17 7 \$	1,345.33	922		1,354				293		103		2,569	75.69%
18 19 Total Days per PS&R or Exhibit Detail 20 Unreconciled Days (Explain		23,936 23,936	_	34,070 34,070		440	•	7,268		1,534		65,716	76.72%
21 Routine Charges 21.01 Calculated Routine Charge Per Diem		Routine Charges \$ 68,606,907 \$ 2,866.03		Routine Charges \$ 93,190,144 \$ 2,735,26		Routine Charges \$ 973,916 \$ 2,213,45		Routine Charges \$ 23,417,005 \$ 3,221,93		Routine Charges \$ 3,975,524 \$ 2,591,61		Routine Charges \$ 186,187,972 \$ 2,833,22	
Ancillary Cost Centers (from W/S C) (from Section 6): 09200 Observation (Non-Distinct)	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	Ancillary Charges 256.008 303247 256.008 389431 3.1072.08 37813 3.1072.08 44844 1.0.875.66 37813 4.2.672.34 565583 4.60962 4.6.831.66 573274 3.104.28 505228 5.462.45 1.142.75 1.1437	1,680,290 13,514,242 7,286,405 8,370,708 524,949 488,566 18,741,299 816,271 598,161 4,852,931 2,053,762 6,688,972 2,578,466	Ancillary Charges 667,473 40,294,154 14,271,327 12,967,075 414,712 206,158 57,465,775 28,496,588 3,961,462 9,670,827 6,280,352 16,637,027 11,481,644 48,268,983 123,291 32,270 7,239,364	Ancillary Charges 4,489,588 26,766,013 12,724,315 19,165,533 1,096,675 330,074 25,645,092 1,507,475 843,015 3,355,506 10,729,853 4,136,145 16,946,349 953,492	Ancillary Charges 5,184 611,305 206,037 145,669 1,101,383 261,183 23,073 41,023 66,666 207,388 1,262,253 6,261 6,221	Ancillary Charges 42,540 265,776 145,066 151,879 1,761 1,370,040 2,593 204,304 27,241 1,332 90,607 67,386	Ancillary Charges 117,155 11,207,464 4,068,547 2,538,555 337,488 33,480 15,998,382 8,870,698 835,262 2,406,648 1,506,017 5,294,700 4,294,915 15,805,663 229,524 1,118,222	Ancillary Charges 908.455 6,011,967 2,992.476 4,098.023 1,017.898 215,044 8,793.158 414,030 142,072 2,146,584 8313,83 2,400,672 6119,565 4,019 317,451 2,521,276	Ancillary Charges 50.415 1.825.933 743.223 809.685 196.660 34.085 3.379.004 960.266 147.618 317.247 597.457 989.886 222.639 9.586 14.247 793.518	Ancillary Charges 305,951 731,303 343,343 1,332,79 83,333 1,505 2,386,821 101,207 113,551 274,364 245,536 497,127 107,506 1,228,128 1,20	Ancillary Charges \$ 1,045,262 \$ 1,045,262 \$ 3,185,006 \$ 23,782,1575 \$ 22,782,215 \$ 34,424,522 \$ 34,424,522 \$ 34,424,523 \$ 36,543,778 \$ 7,924,066 \$ 12,397,200 \$ 13,297,489 \$ 26,015,007 \$ 13,297,489 \$ 26,015,007 \$ 13,297,489 \$ 26,015,007 \$ 13,297,489 \$ 26,015,007 \$ 13,226,423 \$ 388,766 \$ 109,078 \$ 13,226,423 \$ 388,766 \$ 109,078 \$ 13,226,423 \$ 388,766 \$ 109,078 \$ 13,226,423 \$ 109,078 \$	Ancillary Charges \$ 7,119,873 64,41% 67,60% 66,42% 63,248 65,254

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

Cost Report Year (01/01/2017-12/31/2017) CHILDREN'S HOSPITAL ATL AT EGLESTON ERROR! Reported cross-over days exceed total Medicare days on the cost report! In-State Other Medicaid Eligibles (Not In-State Medicaid FFS Primar Total In-State Medicaid 92 100 102 104 105 106 108 109 110 111 112 113 115 117 119 120 121 122 123 124 125 3,984,271 \$ 2,743,163 74,733,958 172 673 938 Totals / Payments \$ 301,163,061 \$ 92,638,231 \$ 352,926,858 \$ 172,673,938 \$ 5,407,683 \$ 2,743,163 \$ 98,731,123 \$ 39,749,105 \$ 1,800,640 \$ 12,265,389 \$ 758,228,725 \$ 307,804,437 \$ 25,078 \$ 1,900,640 \$ 1,900 128 Total Charges (includes organ acquisition from Section J) \$ 301,163,061 \$ 92,638,231 \$ 352,926,858 \$ 172,673,938 \$ 129 Total Charges per PS&R or Exhibit Detail 5,407,683 \$ 2,743,163 \$ 98,731,123 \$ 39,749,105 \$ 18,003,640 \$ 12,856,389 Unreconciled Charges (Explain Variance) 130 96,281,913 \$ 22,471,630 \$ 120,247,629 \$ 41,877,654 2,086,319 \$ 671,523 \$ 30,860,229 \$ 9,872,042 \$ 5,798,067 \$ 3,309,330 \$ 249,476,090 \$ 74,892,849 73.35% Total Calculated Cost (includes organ acquisition from Section J) 132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) 211,739,063 72,770,207 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) 19,358,495 134 Private Insurance (including primary and third party liability) 58,531,433 135 Self-Pay (including Co-Pay and Spend-Down) 3,757,116 1,253,404 2,302,764 3,095,891 6,059,880 4,349,295 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) 93,659,027 21,312,066 \$ 124,100,932 \$ 55,782,142 136 Medicaid Cost Settlement Payments (See Note B) (435,829) (435,829) Other Medicaid Payments Reported on Cost Report Year (See Note C) Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Debt Payments 17,322 8,277 142 Other Medicare Cross-Over Payments (See Note D) 1,668,267 143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis) 144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E) Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) \$ 2,622,886 \$ 1,595,393 \$ (3,853,303) \$ (13,904,488) \$ 361,746 \$ 404,118 \$ (27,671,204) \$ (9,486,453) \$ 5,678,580 \$ 2,773,955 \$ (28,539,875) \$ (21,391,430) Calculated Payments as a Percentage of Cost

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 & 6)

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.

DSH Version 5.20 11/1/2017 A. General DSH Year Information 1. DSH Year: 07/01/2016 06/30/2017 CHILDREN'S HEALTHCARE-SCOTTISH RITE 2. Select Your Facility from the Drop-Down Menu Provided: Identification of cost reports needed to cover the DSH Year: Cost Report Cost Report Begin Date(s) End Date(s) 12/31/2017 3. Cost Report Year 1 01/01/2017 Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES 4. Cost Report Year 2 (if applicable) 5. Cost Report Year 3 (if applicable) Data 6. Medicaid Provider Number: 000001636A 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 0 0 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab): 113301 9. Medicare Provider Number: **B. DSH OB Qualifying Information** Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act. **DSH Examination** Year (07/01/16 -**During the DSH Examination Year:** 06/30/17) 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to No 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 Yes inpatients are predominantly under 18 years of age? No 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer nonemergency 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? Yes 6/1/1915 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. **DSH Payment Year** (07/01/18 - 06/30/19) **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 No 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 Yes 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-No

emergency obstetric services to the general population when federal Medicaid DSH regulations

were enacted on December 22, 1987?

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C. Disclosure of Other Medicaid Payments Received: 1. Medicaid Supplemental Payments for DSH Year 07/01/2016 - 06/30/2017 699,220 (Should include UPL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.) Certification: Answer 1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Yes 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. SVP & CFO Hospital CEO or CFO Signature Title Date Ruth.Fowler@Choa.org 404-785-7006 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:

Hospital Contact:	
	Arthur Kutner
	Reimbursement Manager
Telephone Number	
	art.kutner@choa.org
	3375 NE Expressway Suite 100
	Atlanta, GA 30341-4007
maming only, oldie, Lip	/ tildinta, O/1 000+1 +00/

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

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

Cost Report Year (01/01/2017-12/31/2017) CHILDREN'S HEALTHCARE-SCOTTISH RITE

		Medicaid Per	Medicaid Cost to	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	
Line #	Cost Center Description	Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Survey to Cost Report Outpatient Totals
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis		
03000 03100 03200 03300 03400 03500 04000 04100 04200	Cost Centers (from Section 9): ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT SURGICAL INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER I SUBPROVIDER I OTHER SUBPROVIDER I NURSERY	\$ 1,386.57 \$ 1,535.01 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		Days 12,550 6,537 8,537		Days 13,200 12,776		Days 7		Days 4.265 2.923		Days 2,373 612		Days 30,022 22,236 3,010	69.74% 75.76% 81.80%
	/s per PS&R or Exhibit Detail	\$ -	Total Days	19,911		27,674		7		7,676		3,004		- - 55,268	64.309
1	Unreconciled Days	(Explain Variance)		Routine Charges \$ 51,871,640		Routine Charges \$ 76,623,755		Routine Charges		Routine Charges \$ 25,200,672		Routine Charges \$ 7,553,350		Routine Charges \$ 153,707,089	68.62
.01 Ancillary 09200 5000 5100	Calculated Routine Charge Per Diem / Cost Centers (from W/S C) (from Section Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY	1 G):	0.762534 0.258889 0.515159 0.086483	\$ 2,605.18 Ancillary Charges 362,476 13,009,248 684,106 5,617.704	Ancillary Charges 1,294,810 7,433,461 736,855 4,260,315	\$ 2,768.80 Ancillary Charges 862,554 15,552,736 793,849 6,752,429	Ancillary Charges 5,104,676 18,484,810 1,971,144 9,564,615	\$ 1,574.50 Ancillary Charges	29,577 12,654	\$ 3,283.05 Ancillary Charges 177,792 4,980,153 234,055 2,123,498	Ancillary Charges 866,249 4,404,135 406,634 2,278,411	\$ 2,514.43 Ancillary Charges 146,480 1,013,598 63,916 425,608	Ancillary Charges 448,126 667,974 68,245 283,722	\$ 2,781.12 Ancillary Charges \$ 1,402,822 \$ 33,547,062 \$ 1,712,010 \$ 14,493,631	Ancillary Charges \$ 7,265,735 49.419 \$ 30,351,983 53.249 \$ 3,114,633 59.649 \$ 16,115,995 58.73
5400 5500 5800 6000 6500 6600 6800 7000 7100 7200 7300 9000	RADICLOGY-DIAGNOSTIC RADICLOGY-THERAPEUTIC RADICLOSY-THERAPEUTIC RADICLOSY-THERAPEUTIC RADICLOSY-THERAPY PHYSICAL THERAPY SPEECH PATHOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	NT	0.155983 0.814750 0.422756 0.141728 0.172336 0.233984 0.555090 0.119790 0.119791 0.519095 0.216517 2.034435 0.255387	4,186,161 293,048 57,588 1,593,274 20,209,394 28,017,699 1,389,457 6,023,431 7,543,711 5,809,813 31,231,296 633 5,640,872	4,419,465 712,232 256,798 4,134,491 10,799,700 322,360 2,946,389 686,515 3,297,901 3,439,000 1,348,201 8,375,735 1,106,793 7,023,342	6,087,883 171,685 110,274 2,588,713 23,937,242 25,666,555 1,661,278 700,679 6,714,885 18,660,221 26,577,939 24,342 8,097,088	14,685,556 1,039,69 491,517 8,901,522 19,955,905 516,497 5,997,630 1,744,804 7,408,723 12,001,219 6,922,748 1,168,787 38,467,772	5,154 5,138 17,653 31,848 4,860 5,294	28,979 18,913 13,970 8,796 17,300 3,572 3,467 14,054	1,612,469 220,469 10,055 576,685 8,005,622 9,591,625 544,408 1611,196 2,136,663 2,652,102 2,753,565 13,297,875 62,810	2.171,622 1,796,402 248,086 2,889,281 4,976,774 177,799 3,400,193 1,214,440 2,024,283 1,709,404 818,280 6,252,866 631,618 2,553,044	570,133 56,709 4,455 255,187 2,636,238 2,260,164 206,901 21,159 628,196 791,152 189,718 5,211,124 24,395 1,076,223	1,192,216 144,296 144,296 391,314 2,080,327 54,330 372,115 172,784 643,203 56,225 1,084,064 109,154 5,612,644	\$ 11.871.867 \$ 685,109 \$ 177.917 \$ 4,758,672 \$ 52,157,396 \$ 63.293,732 \$ 1,251.332 \$ 1,251.332 \$ 1,261.332 \$ 2,860.994 \$ 8,563.378 \$ 71.112.404 \$ 87,785 \$ 151,583	\$ 21,306,622 as 114 \$ 3,548,103 s.039 \$ 3,548,103 s.039 \$ 1,502,5244 4.09 \$ 15,025,544 4.09 \$ 35,751,292 6.085% \$ 1,016,656 77.39 6.085% \$ 1,016,656 73.087 \$ 1,016,656 73.087 \$ 1,016,656 73.087 \$ 1,016,656 73.087 \$ 1,016,656 73.087 \$ 1,016,656 73.087 \$ 3,646,759 21,408 \$ 12,739,703 66.11% \$ 17,166,923 71,259 \$ 17,166,923 71,259 \$ 21,554,921 68.57 \$ 21,554,921 68.57 \$ 21,554,921 68.57 \$ 48,058,212 68.67 \$ 48,058,212 68.67 \$ 48,058,212 68.67 \$ 64.68 \$ 64
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (01/01/2017-12/31/2017) CHILDREN'S HEALTHCARE-SCOTTISH RITE

				In-State Medicare FFS Cross-Overs (with	In-State Other Medicaid Eligibles (Not		
		In-State Medicaid FFS Primary	In-State Medicaid Managed Care Primary	Medicaid Secondary)	Included Elsewhere)	Uninsured	Total In-State Medicaid %
83 84	· ·						\$ - \$ -
85			† 				\$. \$.
86							\$ - \$ -
87	· ·						\$ - \$ -
88 89	<u> </u>		+				\$ - \$ -
90							\$ - \$ -
91							\$ - \$ -
92 93	<u> </u>		+				\$ - \$ -
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98			† 				S - S -
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111							\$ - \$ -
112							\$ - \$ -
113 114			+				\$ - \$ - \$ -
115							S - S -
116	-						\$ - \$ -
117 118							\$ - \$ -
119							s - s -
120	-						\$ - \$ -
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125 126			+				\$ - \$ -
127							\$ - \$ -
		\$ 132,038,856 \$ 62,496,363	\$ 144,960,232 \$ 154,427,394	\$ 77,541 \$ 151,281	\$ 50,920,122 \$ 38,819,521	\$ 15,581,356 \$ 13,587,963	
	Totals / Payments						
128	Total Charges (includes organ acquisition from Section J)	\$ 183,910,496 \$ 62,496,363	\$ 221,583,987 \$ 154,427,394	\$ 88,563 \$ 151,281	\$ 76,120,794 \$ 38,819,521	\$ 23,134,706 \$ 13,587,963 (Agrees to Exhibit A) (Agrees to Exhibit A)	\$ 481,703,840 \$ 255,894,559 59.14%
	F						
129 130		\$ 183,910,496 \$ 62,496,363	\$ 221,583,987 \$ 154,427,394	\$ 88,563 \$ 151,281	\$ 76,120,794 \$ 38,819,521	\$ 23,134,706 \$ 13,587,963	
130	Onreconciled Charges (Explain Variance)		· 				
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 58,645,734 \$ 17,175,003	\$ 71,225,656 \$ 40,083,086	\$ 23,420 \$ 40,268	\$ 22,994,201 \$ 12,264,680	\$ 7,770,354 \$ 3,697,930	\$ 152,889,011 \$ 69,563,037 58.23%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 57,258,213 \$ 14,835,148	\$ 71,492,578 \$ 45,462,471	\$ 1,316 \$ 3,231			\$ 128,752,107 \$ 60,300,850
							\$ - \$ -
					\$ 42,182,246 \$ 21,762,736		\$ 42,182,246 \$ 21,762,736
		\$ 3,084,776 \$ 1,344,461	\$ 1,968,209 \$ 2,093,671	\$ 15			\$ 5,052,985 \$ 3,438,147
		\$ 60,342,989 \$ 16,179,609	\$ 73,460,787 \$ 47,556,142				
	Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ 14,967	┧┝─── ┤				\$ - \$ 14,967
				\$ 15.963 \$ 18.483			\$ 15,963 \$ 18,483
				10,803 \$ 10,403			\$ - \$ -
						(Agrees to Exhibit P and (Agrees to E-+** P	\$ - \$ -
	· · · · · · · · · · · · · · · · · · ·					(Agrees to Exhibit B and B-1) (Agrees to Exhibit B and B-1)	\$ - \$ -
						\$ 248,288 \$ 1,495,301	•
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section	n E)				s - s -	
145 146		\$ (1,697,255) \$ 980,427 103% \$ 94%		\$ 6,141 \$ 18,539 74% \$ 54%	\$ (19,188,045) \$ (9,498,056) 183% 177%	\$ 7,522,066 \ \$ 2,202,629 \ 3% \ 40%	\$ (23,114,290) \$ (15,972,146) 115% 123%
	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 Percent of cross-over days to total Medicare days from the cost report	6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less line	es 5 & 6)	21 33%			

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 make by Medicaid during a cost report settlement that are not reflected on the claims post summary (Rs a summary or PS&R).

Note G - 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 Medicaid care cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cross-over payments not included in the paid claims data reported above. This includes payment paid based on the Medicare cross-over payments not included and Medicaid Managed Care payments paid based on the Medicare cross-over payments solve and 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 cross-over payments, Medicare Graduate Medicaid 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, consumptions, payments, capitation payments.