

**D. General Cost Report Year Information** 7/1/2018 - 6/30/2019

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

|                            |  |  |
|----------------------------|--|--|
| 7/1/2018 through 6/30/2019 |  |  |
| X                          |  |  |
3. Status of Cost Report Used for this Survey (Should be audited if available):
- 3a. Date CMS processed the HCRIS file into the HCRIS database:

|  | Data                     | Correct? | If Incorrect, Proper Information |
|--|--------------------------|----------|----------------------------------|
| 4. Hospital Name:  | CLINCH MEMORIAL HOSPITAL | Yes      |                                  |
| 5. Medicaid Provider Number:                                       | 000000415A               | 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:                                       | 111308                   | Yes      |                                  |
| Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): | Non-State Govt.          | Yes      |                                  |
| DSH Pool Classification (Small Rural, Non-Small Rural, Urban):     | Small Rural              | Yes      |                                  |

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

|                         | State Name | Provider No. |
|-------------------------|------------|--------------|
| 9. State Name & Number  |            |              |
| 10. State Name & Number |            |              |
| 11. State Name & Number |            |              |
| 12. State Name & Number |            |              |
| 14. State Name & Number |            |              |
| 15. State Name & Number |            |              |

(List additional states on a separate attachment)

**E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2018 - 06/30/2019)**

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)   | \$ 6,117  | \$ 53,219  | \$59,336  |
| 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)   | \$ 7,894  | \$ 340,532 | \$348,426 |
| 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) | \$14,011  | \$393,751  | \$407,762 |
| 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:  | 43.66%    | 13.52%     | 14.55%    |

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 (07/01/2018 - 06/30/2019)**

**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)

444 (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

|    |         |
|----|---------|
|    | 54,908  |
|    | 302,936 |
|    |         |
| \$ | 357,844 |

**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) |              |            |              |
|-------------------------------------|----------------------------------|----------------|------------|--|--------------|------------|--------------|
| 11. Hospital                        | \$1,907,448.00                   |                |            | \$ 784,755   | \$ -         | \$ -       | \$ 1,122,693 |
| 12. Subprovider I (Psych or Rehab)  | \$0.00                           |                |            | \$ -   | \$ -         | \$ -       | \$ -         |
| 13. Subprovider II (Psych or Rehab) | \$0.00                           |                |            | \$ -   | \$ -         | \$ -       | \$ -         |
| 14. Swing Bed - SNF                 |                                  |                | \$0.00     |  |              | \$ -       |              |
| 15. Swing Bed - NF                  |                                  |                | \$0.00     |  |              | \$ -       |              |
| 16. Skilled Nursing Facility        |                                  |                | \$0.00     |  |              | \$ -       |              |
| 17. Nursing Facility                |                                  |                | \$0.00     |  |              | \$ -       |              |
| 18. Other Long-Term Care            |                                  |                | \$0.00     |  |              | \$ -       |              |
| 19. Ancillary Services              | \$4,867,837.00                   | \$8,594,547.00 |            | \$ 2,002,708   | \$ 3,535,937 | \$ -       | \$ 7,923,739 |
| 20. Outpatient Services             |                                  | \$1,486,329.00 |            |  | \$ 611,500   | \$ -       | \$ 874,829   |
| 21. Home Health Agency              |                                  |                | \$0.00     |  |              | \$ -       |              |
| 22. Ambulance                       |                                  |                | \$ 789,055 |  |              | \$ 324,630 |              |
| 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                           | \$ 6,775,285                     | \$ 10,080,876  | \$ 789,055 | \$ 2,787,463   | \$ 4,147,437 | \$ 324,630 | \$ 9,921,261 |

- 29. Total Per Cost Report Total Patient Revenues (G-3 Line 1)
- 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)
- 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
- 36. Unreconciled Difference Unreconciled Difference (Should be \$0)

|            |   |           |
|------------|---|-----------|
| 17,645,216 | Total Contractual Adj. (G-3 Line 2)     | 6,923,599 |
|            |   |           |
|            |   |           |
|            |   | 335,931   |
|            |   |           |
|            |   | 7,259,530 |
|            | Unreconciled Difference (Should be \$0) | \$ -      |

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

Cost Report Year (07/01/2018-06/30/2019) CLINCH MEMORIAL HOSPITAL

| 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 Carve Out - Cost Report Worksheet D-1, Part I, Line 26 | Calculated                         | Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others | Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation) | Calculated Per Diem                      |

**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          | \$ 3,494,948 | \$ - | \$ - | \$ 2,320,876.00 | \$ 1,174,072 | 837 | \$ 1,801,624.00 | \$ 1,402.71 |
| 2  | 03100 | INTENSIVE CARE UNIT          | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 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      | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 7  | 04000 | SUBPROVIDER I                | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 8  | 04100 | SUBPROVIDER II               | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 9  | 04200 | OTHER SUBPROVIDER            | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 10 | 04300 | NURSERY                      | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 11 |       |                              | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 12 |       |                              | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 13 |       |                              | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 14 |       |                              | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 15 |       |                              | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 16 |       |                              | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 17 |       |                              | \$ -         | \$ - | \$ - | \$ -            | \$ -         | -   | \$ 0.00         | \$ -        |
| 18 |       | Total Routine                | \$ 3,494,948 | \$ - | \$ - | \$ 2,320,876    | \$ 1,174,072 | 837 | \$ 1,801,624    | \$ 1,402.71 |
| 19 |       | Weighted Average             |              |      |      |                 |              |     |                 | \$ 1,402.71 |

| 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 Diems 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 |          |
|---------------------------------|---|---|--|---|--|---|--|--|----------|
| 20                              | 09200   | Observation (Non-Distinct)  | 393  | -   | \$ 551,265   | \$ 793.00   | \$ 181,733.00  | \$ 182,526                               | 3.020200 |

| 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                      | \$ 123,495.00   | \$ - | \$ 0.00 | \$ 123,495   | \$ 149,267.00   | \$ 53,432.00    | \$ 202,699   | 0.609253 |
| 22 | 5400 | RADIOLOGY-DIAGNOSTIC                | \$ 1,238,061.00 | \$ - | \$ 0.00 | \$ 1,238,061 | \$ 224,888.00   | \$ 2,477,634.00 | \$ 2,702,522 | 0.458113 |
| 23 | 6000 | LABORATORY                          | \$ 1,330,566.00 | \$ - | \$ 0.00 | \$ 1,330,566 | \$ 551,728.00   | \$ 2,672,060.00 | \$ 3,223,788 | 0.412734 |
| 24 | 6500 | RESPIRATORY THERAPY                 | \$ 1,190,735.00 | \$ - | \$ 0.00 | \$ 1,190,735 | \$ 1,013,912.00 | \$ 824,271.00   | \$ 1,838,183 | 0.647778 |
| 25 | 6600 | PHYSICAL THERAPY                    | \$ 625,986.00   | \$ - | \$ 0.00 | \$ 625,986   | \$ 204,433.00   | \$ 562,048.00   | \$ 766,481   | 0.816701 |
| 26 | 7100 | MEDICAL SUPPLIES CHARGED TO PATIENT | \$ 453,877.00   | \$ - | \$ 0.00 | \$ 453,877   | \$ 819,645.00   | \$ 381,519.00   | \$ 1,201,164 | 0.377864 |
| 27 | 7300 | DRUGS CHARGED TO PATIENTS           | \$ 963,707.00   | \$ - | \$ 0.00 | \$ 963,707   | \$ 1,866,936.00 | \$ 856,976.00   | \$ 2,723,912 | 0.353795 |
| 28 | 9100 | EMERGENCY                           | \$ 1,843,912.00 | \$ - | \$ 0.00 | \$ 1,843,912 | \$ 10,249.00    | \$ 1,476,980.00 | \$ 1,487,229 | 1.239831 |
| 29 |      |                                     | \$ 0.00         | \$ - | \$ 0.00 | \$ -         | \$ 0.00         | \$ 0.00         | \$ -         | -        |

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

Cost Report Year (07/01/2018-06/30/2019) CLINCH MEMORIAL HOSPITAL

| 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 |
|--------|-------------------------|----------------------|--|--|------------|------------------------------------|---|---------------|--|
| 30     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 31     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 32     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 33     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 34     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 35     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 36     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 37     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 38     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 39     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 40     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 41     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 42     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 43     |                         | \$0.00               | \$ -   | \$0.00                                   | \$ -       | \$0.00                             | \$0.00  | \$ -          | -  |
| 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  | \$ -          | -  |

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

Cost Report Year (07/01/2018-06/30/2019) CLINCH MEMORIAL HOSPITAL

| 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 |
|--------|--|----------------------|--|--|----------------|------------------------------------|---|---------------|--|
| 90     |  | \$0.00               | \$ -   | \$0.00                                   | \$ -           | \$0.00                             | \$0.00  | \$ -          | -  |
| 91     |  | \$0.00               | \$ -   | \$0.00                                   | \$ -           | \$0.00                             | \$0.00  | \$ -          | -  |
| 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    | <b>Total Ancillary</b>   | \$ 7,770,339         | \$ -   | \$ -                                     | \$ 7,770,339   | \$ 4,841,851                       | \$ 9,486,653                                  | \$ 14,328,504 |  |
| 127    | <b>Weighted Average</b>  |                      |  |  |                |                                    |   |               | 0.580773                                 |
| 128    | <b>Sub Totals</b>  | \$ 11,265,287        | \$ -   | \$ -                                     | \$ 8,944,411   | \$ 6,643,475                       | \$ 9,486,653                                  | \$ 16,130,128 |  |
| 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) |                      |  |  | \$1,504,777.00 |                                    |   |               |  |
| 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    | <b>Grand Total</b>   |                      |  |  | \$ 7,439,634   |                                    |   |               |  |
| 133    | Total Intern/Resident Cost as a Percent of Other Allowable Cost  |                      |  |  | 0.00%          |                                    |   |               |  |

\* Note A - Final cost-to-charge ratios should include teaching cost. Only enter Intern & Resident costs if it was removed in Column 25 of Worksheet B, Pt. I of the cost report you are using

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

Cost Report Year (07/01/2018-06/30/2019) CLINCH MEMORIAL HOSPITAL

| Line #   | Cost Center Description                  | Medicaid Per Diem Cost for Routine Cost Centers | Medicaid Cost to Charge Ratio for Ancillary Cost Centers | In-State Medicaid FFS Primary |                            | In-State Medicaid Managed Care Primary |                            | In-State Medicare FFS Cross-Over (with Medicaid Secondary) |                            | In-State Other Medicaid Eligibles (Not Included Elsewhere) |                            | Uninsured                             |                                       | Total In-State Medicaid  |                          | % Survey to Cost Report Totals |
|--|--|---|--|-------------------------------|----------------------------|--|----------------------------|--|----------------------------|--|----------------------------|---------------------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------------|
|  |  |   |  | Inpatient                     | Outpatient                 | Inpatient                              | Outpatient                 | Inpatient  | Outpatient                 | Inpatient  | Outpatient                 | Inpatient (See Exhibit A)             | Outpatient (See Exhibit A)            | Inpatient                | Outpatient               |                                |
|  |  |   |  | From PS&R Summary (Note A)    | From PS&R Summary (Note A) | From PS&R Summary (Note A)             | From PS&R Summary (Note A) | From PS&R Summary (Note A)                                 | From PS&R Summary (Note A) | From PS&R Summary (Note A)                                 | From PS&R Summary (Note A) | From Hospital's Own Internal Analysis | From Hospital's Own Internal Analysis |                          |                          |                                |
| <b>Routine Cost Centers (from Section G):</b>                |  |   |  | <b>Days</b>                   |                            | <b>Days</b>                            |                            | <b>Days</b>  |                            | <b>Days</b>  |                            | <b>Days</b>                           |                                       | <b>Days</b>              |                          |                                |
| 1  | 03000 ADULTS & PEDIATRICS                | \$ 1,402.71                                     |  | 48                            |                            | 8                                      |                            | 159  |                            | 21   |                            | 24                                    |                                       | 236                      |                          | 58.56%                         |
| 2  | 03100 INTENSIVE CARE UNIT                | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 3  | 03200 CORONARY CARE UNIT                 | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 4  | 03300 BURN INTENSIVE CARE UNIT           | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 5  | 03400 SURGICAL INTENSIVE CARE UNIT       | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 6  | 03500 OTHER SPECIAL CARE UNIT            | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 7  | 04000 SUBPROVIDER I                      | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 8  | 04100 SUBPROVIDER II                     | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 9  | 04200 OTHER SUBPROVIDER                  | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 10   | 04300 NURSERY                            | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 11   |  | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 12   |  | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 13   |  | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 14   |  | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 15   |  | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 16   |  | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 17   |  | \$ -  |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 18   |  |   |  | <b>Total Days</b>             | <b>48</b>                  | <b>8</b>                               |                            | <b>159</b>   |                            | <b>21</b>  |                            | <b>24</b>                             |                                       | <b>236</b>               |                          | <b>31.06%</b>                  |
| 19   | Total Days per PS&R or Exhibit Detail    |   |  | <b>48</b>                     | <b>8</b>                   |  | <b>159</b>                 |  | <b>21</b>                  |  | <b>24</b>                  |                                       | <b>236</b>                            |                          |                          |                                |
| 20   | Unreconciled Days (Explain Variance)     |   |  | -                             | -                          |  | -                          |  | -                          |  | -                          |                                       | -                                     |                          |                          |                                |
| 21   | <b>Routine Charges</b>                   |   |  | <b>\$ 19,200</b>              | <b>\$ 3,200</b>            |  | <b>\$ 63,600</b>           |  | <b>\$ 8,400</b>            |  | <b>\$ 9,600</b>            |                                       | <b>\$ 94,400</b>                      |                          | <b>5.77%</b>             |                                |
| 21.01  | Calculated Routine Charge Per Diem       |   |  | \$ 400.00                     | \$ 400.00                  |  | \$ 400.00                  |  | \$ 400.00                  |  | \$ 400.00                  |                                       | \$ 400.00                             |                          |                          |                                |
| <b>Ancillary Cost Centers (from W/S C) (from Section G):</b> |  |   |  | <b>Ancillary Charges</b>      | <b>Ancillary Charges</b>   | <b>Ancillary Charges</b>               | <b>Ancillary Charges</b>   | <b>Ancillary Charges</b>                                   | <b>Ancillary Charges</b>   | <b>Ancillary Charges</b>                                   | <b>Ancillary Charges</b>   | <b>Ancillary Charges</b>              | <b>Ancillary Charges</b>              | <b>Ancillary Charges</b> | <b>Ancillary Charges</b> |                                |
| 22   | 09200 Observation (Non-Distinct)         |   | 3.020200   | -                             | 6.335                      | -                                      | 2.028                      | -  | 52.621                     | -  | 19.137                     | 677                                   | 14.026                                | -                        | 80.121                   | 51.95%                         |
| 23   | 5000 OPERATING ROOM                      |   | 0.609253   | -                             | 4.629                      | 890                                    | 1.524                      | -  | 18.734                     | -  | 11.160                     | -                                     | 1.419                                 | 880                      | 36.047                   | 18.92%                         |
| 24   | 5400 RADIOLOGY-DIAGNOSTIC                |   | 0.458113   | 11,256                        | 125,741                    | 3,375                                  | 194,434                    | 30,196   | 264,693                    | 468  | 125,011                    | 4,282                                 | 369,673                               | 45,295                   | 709,879                  | 41.76%                         |
| 25   | 6000 LABORATORY                          |   | 0.412734   | 38,007                        | 179,958                    | 4,373                                  | 153,453                    | 49,742   | 355,034                    | 10,611   | 169,966                    | 9,934                                 | 263,528                               | 102,733                  | 858,410                  | 36.30%                         |
| 26   | 6600 RESPIRATORY THERAPY                 |   | 0.647778   | 30,636                        | 59,132                     | 1,752                                  | 42,430                     | 50,513   | 156,392                    | 6,924  | 72,409                     | 5,952                                 | 38,176                                | 89,825                   | 330,363                  | 25.26%                         |
| 27   | 6600 PHYSICAL THERAPY                    |   | 0.816701   | -                             | 16,583                     | 304                                    | 12,774                     | 1,925  | 60,666                     | 621  | 10,389                     | -                                     | 10,563                                | 2,850                    | 100,413                  | 14.85%                         |
| 28   | 7100 MEDICAL SUPPLIES CHARGED TO PATIENT |   | 0.377864   | 17,982                        | 25,831                     | 4,269                                  | 26,150                     | 40,674   | 75,325                     | 5,467  | 25,281                     | 2,591                                 | 47,967                                | 68,393                   | 152,587                  | 22.61%                         |
| 29   | 7300 DRUGS CHARGED TO PATIENTS           |   | 0.353795   | 52,942                        | 52,412                     | 2,827                                  | 74,311                     | 129,875  | 169,818                    | 16,905   | 61,144                     | 12,605                                | 135,242                               | 202,549                  | 357,685                  | 26.00%                         |
| 30   | 9100 EMERGENCY                           |   | 1.239831   | 4,251                         | 93,366                     | 382                                    | 170,793                    | -  | 207,932                    | 318  | 87,380                     | 1,243                                 | 259,657                               | 4,951                    | 559,471                  | 55.49%                         |
| 31   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 32   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 33   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 34   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 35   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 36   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 37   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 38   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 39   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 40   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 41   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 42   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 43   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 44   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 45   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 46   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 47   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 48   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 49   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 50   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 51   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 52   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 53   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 54   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 55   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 56   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 57   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 58   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 59   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |
| 60   |  |   |  |                               |                            |  |                            |  |                            |  |                            |                                       |                                       |                          |                          |                                |

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

Cost Report Year (07/01/2018-06/30/2019) CLINCH MEMORIAL HOSPITAL

|     |  |  | In-State Medicaid FFS Primary |            | In-State Medicaid Managed Care Primary |            | In-State Medicare FFS Cross-Overs (with Medicaid Secondary) |              | In-State Other Medicaid Eligibles (Not Included Elsewhere) |            | Uninsured |              | Total In-State Medicaid | % |
|-----|--|--|-------------------------------|------------|--|------------|---|--------------|--|------------|-----------|--------------|-------------------------|---|
|     |  |  |                               |            |  |            |   |              |  |            |           |              |                         |   |
| 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  |  |  |                               |            |  |            |   |              |  |            |           |              | \$ -                    | - |
| 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 |  |  |                               |            |  |            |   |              |  |            |           |              | \$ -                    | - |
|     |  |  | \$ 155,074                    | \$ 563,987 | \$ 18,162                              | \$ 677,897 | \$ 302,925  | \$ 1,361,216 | \$ 41,314  | \$ 581,877 | \$ 37,284 | \$ 1,140,251 | \$ -                    | - |

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

Cost Report Year (07/01/2018-06/30/2019) CLINCH MEMORIAL HOSPITAL

|  | In-State Medicaid FFS Primary |             | In-State Medicaid Managed Care Primary |            | In-State Medicare FFS Cross-Overs (with Medicaid Secondary) |              | In-State Other Medicaid Eligibles (Not Included Elsewhere) |            | Uninsured                                 |  | Total In-State Medicaid |              | %      |
|--|-------------------------------|-------------|--|------------|---|--------------|--|------------|---|--|-------------------------|--------------|--------|
| <b>Totals / Payments</b>   |                               |             |  |            |   |              |  |            |   |  |                         |              |        |
| 128 <b>Total Charges (includes organ acquisition from Section J)</b>   | \$ 174,274                    | \$ 563,987  | \$ 21,362                              | \$ 677,897 | \$ 366,525  | \$ 1,361,216 | \$ 49,714  | \$ 581,877 | \$ 46,884<br>(Agrees to Exhibit A)        | \$ 1,140,251<br>(Agrees to Exhibit A)      | \$ 611,875              | \$ 3,184,977 | 30.90% |
| 129 Total Charges per PS&R or Exhibit Detail   | \$ 174,274                    | \$ 563,987  | \$ 21,362                              | \$ 677,897 | \$ 366,525  | \$ 1,361,216 | \$ 49,714  | \$ 581,877 | \$ 46,884                                 | \$ 1,140,251                               |                         |              |        |
| 130 Unreconciled Charges (Explain Variance)  | -                             | -           | -                                      | -          | -   | -            | -  | -          | -   | -  |                         |              |        |
| 131 <b>Total Calculated Cost (includes organ acquisition from Section J)</b>   | \$ 138,815                    | \$ 349,741  | \$ 19,579                              | \$ 445,306 | \$ 353,006  | \$ 935,331   | \$ 47,484  | \$ 386,928 | \$ 52,607                                 | \$ 742,605                                 | \$ 558,884              | \$ 2,117,306 | 46.66% |
| 132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)   | \$ 105,642                    | \$ 321,292  |  |            | \$ 13,253   | \$ 79,120    | \$ 5,065   | \$ 19,656  |   |  | \$ 123,960              | \$ 420,068   |        |
| 133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)   |                               |             | \$ 15,839                              | \$ 328,039 |   |              |  |            |   |  | \$ 15,839               | \$ 328,039   |        |
| 134 Private Insurance (including primary and third party liability)  |                               | \$ 1,344    |  | \$ 450     |   |              |  |            |   |  | \$ 3,916                | \$ 30,512    |        |
| 135 Self-Pay (including Co-Pay and Spend-Down)   |                               | \$ 810      | \$ 25                                  | \$ 522     |   | \$ 1,778     |  | \$ (2,594) |   |  | \$ 25                   | \$ 516       |        |
| 136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)  | \$ 105,642                    | \$ 323,446  | \$ 15,864                              | \$ 329,011 |   |              |  |            |   |  |                         |              |        |
| 137 Medicaid Cost Settlement Payments (See Note B)   |                               | \$ (48,822) |  |            |   |              |  |            |   |  |                         | \$ (48,822)  |        |
| 138 Other Medicaid Payments Reported on Cost Report Year (See Note C)  |                               |             |  |            |   |              |  |            |   |  |                         |              |        |
| 139 Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)  |                               |             |  |            | \$ 329,142  | \$ 769,291   | \$ 36,601  | \$ 343,990 |   |  | \$ 365,743              | \$ 1,113,281 |        |
| 140 Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)   |                               |             |  |            |   |              |  |            |   |  |                         |              |        |
| 141 Medicare Cross-Over Bad Debt Payments  |                               |             |  |            | \$ 10,068   | \$ 50,331    |  |            |   |  | \$ 10,068               | \$ 50,331    |        |
| 142 Other Medicare Cross-Over Payments (See Note D)  |                               |             |  |            | \$ (10,229)   | \$ 6,707     |  |            |   |  | \$ (10,229)             | \$ 6,707     |        |
| 143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis)   |                               |             |  |            |   |              |  |            | \$ 6,117<br>(Agrees to Exhibit B and B-1) | \$ 53,219<br>(Agrees to Exhibit B and B-1) |                         |              |        |
| 144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)  |                               |             |  |            |   |              |  |            | \$ -                                      | \$ -                                       |                         |              |        |
| 145 <b>Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)</b>  | \$ 33,173                     | \$ 75,117   | \$ 3,715                               | \$ 116,295 | \$ 10,772   | \$ 28,050    | \$ 1,902   | \$ (2,788) | \$ 46,490                                 | \$ 689,386                                 | \$ 49,562               | \$ 216,674   |        |
| 146 <b>Calculated Payments as a Percentage of Cost</b>   | 76%                           | 79%         | 81%                                    | 74%        | 97%   | 97%          | 96%  | 101%       | 12%                                       | 7%   | 91%                     | 90%          |        |
| 147 <b>Total Medicare Days from WIS S-3 of the Cost Report Excluding Swing-Bed (C/R, WIS S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 &amp; 6)</b> |                               |             |  |            |   | 304          |  |            |   |  |                         |              |        |
| 148 <b>Percent of cross-over days to total Medicare days from the cost report</b>  |                               |             |  |            |   | 52%          |  |            |   |  |                         |              |        |

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 refers 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 Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.