clerks@guamlegislature.org

From: Speaker's Office <speaker@guamlegislature.org>
Sent: Saturday, August 29, 2020 10:12 AM
To: Clerks Office
Cc: Rennae Meno
Subject: M&C Fwd: Regarding Revised Resubmittal of Fees and Rates for Feb. 28,2020
Attachments: 2020-08-28 Request to rescind and resubmit_REVISED.pdf

Buenas and Hafa Adai Clerks, the Office of the Speaker is Requesting that Messages and Communications 35GL-20-1608 be rescinded and replaced with attached documents.
Thank you and have a nice day.

02-29-20	10:07 AM	02-28-20	Submission of GMHA Fees and Rates.*	Guam Memorial Hospital Authority	35GL-20-1608

Sinseru yan Minagåhet,

Office of the Speaker • Tina Rose Muña Barnes
Committee on Public Accountability, Human Resources & the Guam Buildup

35th Guam Legislature
I Mina'trentai Singko na Liheslaturan Guåhan

Guam Congress Building | 163 Chalan Santo Papa | Hagatna, GU 96910
T: (671) 477-2520/1
speaker@guamlegislature.org

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Gumai pribilehu yan konfedensia este siha na mensåhi. Solo espesiåtmente para hågu ma entensioña pat ma aturisa para unrisibi. Sen prubidu kumu ti un ma aturisa para manribisa, na'setbe, pat mandespåtcha. Yanggen lachi rinisibu-mu nu este na mensåhi , put fabot ago' guatu gi I numa'huyong gi as speaker@guamlegislature.org yan despues destrosa todu siha I kopian mensåhi. Si Yu'os ma'åse'.

---------- Forwarded message ---------
From: <yukari.hechanova@gmha.org>
Date: Sat, Aug 29, 2020 at 10:07 AM

Subject: Re: Regarding Revised Resubmittal of Fees and Rates for Feb. 28,2020
To: Speaker's Office <speaker@guamlegislature.org>, <theo.pangelinan@gmha.org>, <yukari.hechanova@gmha.org>

Good morning and apologies. I am having email issues and hope this transmission is received. Please see attached revised resubmission letter. Kindly confirm receipt.

Thank you,
Yuka Hechanova
CFO, Acting
Guam Memorial Hospital Authority

On 2020-08-29 09:29, Speaker's Office wrote:
> CAUTION: This email originated from outside your organization.
> Exercise caution when opening attachments or clicking links,
> especially from unknown senders.
> Buenas and Hafa Adai,
> The Office of the Speaker is kindly inquiring about the Revised
> Resubmittal of Fees and Rates February 28, 2020.
> If you could kindly send the resubmission to
> speaker@guamlegislature.org, the Office of the Speaker can confirm
> receipt of the document.
> Thank you and have a nice day.
>
> _Sinseru yan Minagåhet, _
>
> Office of the Speaker ● Tina Rose Muña Barnes
>
> Committee on Public Accountability, Human Resources & the Guam Buildup
>
> 35th Guam Legislature
> I Mina'trentai Singko na Liheslaturan Guåhan
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> speaker@guamlegislature.org and delete the message immediately. Thank
> you very much.
>
> Gumai pribilehu yan konfedensia este siha na mensåhi. Solo
> espesiåtmente para hågu ma entensioña pat ma aturisa para unrisibi.

> Sen prubidu kumu ti un ma aturisa para manribisa, na'setbe, pat
> mandespåtcha. Yanggen lachi rinisibu-mu nu este na mensåhi , put
> fabot ago' guatu gi I numa'huyong gi as
> speaker@guamlegislature.org yan despues destrosa todu siha I kopian
> mensåhi. Si Yu'os ma'åse'.

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan
850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL.: (671) 647-2444 or (671) 647-2330
FAX: (671) 649-0145

August 28, 2020

VIA HAND DELIVERY & ELECTRONIC MAIL

Honorable Tina Muna Barnes
Speaker, 35th Guam Legislature
Committee on Public Accountability, Human Resources, and the Guam Buildup
Guam Congress Building
163 Chalan Santo Papa
Hagatna, Guam 96910

Honorable Therese M. Terlaje
Senator, 35th Guam Legislature
Committee on Health, Tourism, Historic Preservation, Land and Justice
Suite 207 Ada Plaza Center
Hagatna, Guam 96910

Re: Request to Rescind 2/28/2020 Submission of GMHA Fees and Rates per P.L. 35-36 and Submit Revised Fee Proposal

Dear Speaker Muna-Barnes and Senator Terlaje:

On February 28, 2020, pursuant to P.L. 35-36, Chapter XII, Section 33, the Guam Memorial Hospital Authority submitted its Pricing Project Phase I report (#IA-2020-02) and requested approval of

1. 400 existing charges that fell below the 2020 Medicare / Ambulatory Payment Classification (APC) rates (contained in Appendix 1).
2. Updated markup factors for introducing new pharmaceutical items and medical supplies into GMHA's pricing system.

The submission was an interim measure for fee increases pending the procurement of a Revenue Cycle Management consultant.

Subsequently, on April 16, 2020, GMHA effectuated the annual 5% across-the-board facility charge increase that has deemed Appendix 1 outdated. A revised Appendix 1 containing 353 facility charges that are below APC rates is attached.

GMHA respectfully rescinds its 2/28/2020 submission of GMHA Fees and Rates, and requests the Guam Legislature's consideration of the updated 353 charges listed in the revised Appendix 1 to their respective 2020 APC rates, as transmitted on 8/28/2020. GMHA plans to update its entire fee schedule and markup factors for introducing new pharmaceuticals and medical supplies and submit the same for Legislative approval after our Revenue Cycle Management consultant completes the recommendations accordingly.

Si Yu'os Ma'ase.

Sincerely,

Lillian Perez-Posadas, MN, RN
Hospital Administrator/CEO

Attachment

Cc: Senators, 35th Guam Legislature
Board of Trustees, GMHA
Acting CFO, GMHA

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
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FILE COPY

Speaker Tina Rose Muña Barnes

February 28, 2020

FEB 2 8 2020
Time 3:06 ( )AM ( )PM
Received By:

VIA HAND DELIVERY & ELECTRONIC MAIL

Honorable Tina Muna Barnes
Speaker, 35th Guam Legislature
Committee on Public Accountability, Human Resources, and the Guam Buildup
Guam Congress Building
163 Chalan Santo Papa
Hagatna, Guam 96910

Senator
Therese M. Terlaje
FEB 2 8 2020
Time: 3:00 pm
Received by:

Honorable Therese M. Terlaje
Senator, 35th Guam Legislature
Committee on Health, Tourism, Historic Preservation, Land and Justice
Suite 207 Ada Plaza Center
Hagatna, Guam 96910

Re: Submission of GMHA Fees and Rates per P.L. 35-36

Dear Speaker Muna-Barnes and Senator Terlaje:

Pursuant to P.L. 35-36, Chapter XII, Section 33, the Guam Memorial Hospital Authority is authorized to formulate a fee and rate schedule of applicable hospital fees and rates that is to be submitted to the Guam Legislature within 60 days upon the effective date of the FY 2020 Budget Act. On December 12, 2019, we submitted a letter to your offices requesting an extension to submit the updated hospital fees and rates by February 28, 2020.

GMHA recently experienced procurement delays in obtaining an RCM consultant wherein a portion of the consultant's scope of work would be to make recommendations to update GMHA's fee schedules. The current fee schedules consist of nearly 18,000 charge items. It is in GMHA's best interest to wait for the completion of the RCM project before moving forward with updating its fee schedules. In the interim, GMHA is submitting its Pricing Project Phase I report (# IA-2020-02), which the Board of Trustees approved at their February 26, 2020 meeting. The report provides:

a) Listing of 400 existing charges that fell below the 2020 Medicare / Ambulatory Payment Classification (APC) rates (Appendix 1).
b) Markup factors of 4.35 for new pharmaceutical items and 2.33 for new medical supplies that will be introduced into the GMHA's pricing system.

GMHA respectfully requests the Guam Legislature's approval to update the 400 charges listed in Appendix 1 to their respective 2020 APC rates, as well as the above markup factors for introducing new pharmaceutical items and medical supplies into GMHA's pricing system. Once the RCM project is completed, GMHA plans to update its fee schedules and submit the same to the Legislature for approval in accordance with P.L. 35□36.

Si Yu'os Ma'åse.

Sincerely,

Lillian Perez-Posadas, MN, RN
Hospital Administrator/CEO

Attachment

Cc: Senators, 35th Guam Legislature
Board of Trustees, GMHA
Acting CFO, GMHA

GUAM MEMORIAL HOSPITAL AUTHORITY
INTERNAL AUDIT
850 Governor Carlos Camacho Rd. Tamuning, GU 96913
Tel. 1 (671) 647-2162 | Email: rodalyn.gerardo@gmha.org

February 27, 2020

To: Lillian Perez-Posadas, RN, MN
CEO/Administrator

Cc: GMHA Executive Management Team

Theresa Obispo
GMHA Board of Trustees Chairperson

Byron Evaristo, GMHA Board of Trustees Treasurer and
Finance & Audit Subcommittee Chairperson

Yukari Hechanova, CPA, CIA, CGFM, CGAP, CGMA
Acting CFO

Fr: Rodalyn Gerardo, CIA, CGFM, CPA, CGAP, CGMA, CICA
Chief Auditor

Carlos Pangelinan, Management Analyst IV

Re: Report # IA-2020-02 GMHA Pricing Project Phase I

OBJECTIVES & SCOPE

To provide a write-up for: (1) the Guam Memorial Hospital Authority's (GMHA or hospital) establishment of an effective, ongoing pricing process for current and future use by the hospital in rate setting and (2) GMHA's development of cost-based pricing methodologies that focus on individual departmental contribution margins. However, it is not the intent of this review to address the reasonableness of departmental expense levels. Therefore, to the extent that expenses may be excessive now or in the future in one or more departments, it would not be identified solely through the rate–setting methodology in this report.

BACKGROUND

For the past three decades, GMHA has been concerned that hospital costs, including hospital overhead, often exceed charges in many patient service departments. In order to determine the propriety of the rates charged, the hospital needed to have an ongoing methodology with which to internally assess allocated costs and the corresponding rates charged for departmental services. To this end, GMHA engaged Deloitte & Touche, LLP (Deloitte) in the fall of 1991 to review the Hospital's cost centers and cost allocation practices so that patient

charges and associated expenses could be more properly aligned and correlated. Prior to this Net Revenue Enhancement project, GMHA's last across-the-board increase was implemented in January 1988, yet this increase was unable to offset sharply rising hospital costs. The project, completed in February 1992, resulted in the presentation of a cost-based, flexible pricing methodology. However, Public Law (P.L.) 23-21 in May 1995 disapproved this 1992 pricing model.

Mainland U.S. hospitals have the autonomy to set their rates. Without the ability to consistently cover their operating expenses and future capital requirements, they would not be able to continue operating. GMHA has historically lacked this autonomy to set their own rates, even in the face of significant expense increases. The Hospital has survived due to the increasing government subsidies. However, it is not possible to predict how long the government will be willing and able to continue subsidizing Hospital operations.

Utilizing the February 1992 Deloitte pricing model and the 1997 Medicare Cost Report, GMHA sought legislative approval for rate increases to allow GMHA to recover the costs of providing certain services in May 1999. This resulted in the enactment of P.L. 25-5 in May 1999, which authorized the Hospital to establish and modify from time to time, with prior approval of the Guam Public Utilities Commission (PUC), reasonable rates, fees, and charges for its services, medications and supplies.

In 2004, GMHA again engaged Deloitte to update the cost-based pricing model. The updated methodology combined the results of departmental net revenue determinations with cost allocation results in order to provide an overall pricing approach. In addition to the development of a cost-based pricing model for existing charges at the Hospital, a cost allocation process was developed for the purpose of introducing new charges into the Hospital's pricing system. The methodology for pricing new charges applies to pharmaceuticals, medical supply items, and nursing procedures. For some unknown reason, the 2004 pricing model was never implemented.

In September 2010, P.L. 30-190 repealed and reenacted Title 10 of the Guam Code Annotated (GCA) Chapter 80. Specifically, 10 GCA § 80109(b) authorized GMHA to establish a schedule of fees, to be charged for care and services at or by the Hospital. The PUC's purview over GMHA's rates was removed. In addition, the rates established per the fee schedule may be increased by the Board of Trustees up to five percent (5%) per year; provided, that the total revenues from all increased per fee schedule shall not exceed 5% of the total revenues adopted by the Board in GMHA's budget for that fiscal year, or decreased as necessary. The Guam Legislature has 45 days from the receipt of the proposed new fee or rate increase to conduct a public hearing and approve the increase or new fee. If the Legislature does not disapprove or amend the proposed new fee or increase in rates within 45 days, the new fee or rate increase will become effective immediately.

Further, 10 GCA § 80109(c) provides that GMHA may establish interim fees for new, un-tariffed services, medication and supplies, without prior legislative approval and without compliance with the Administrative Adjudication Law; provided that: (1) the interim fees are consistent with GMHA's February 1992 Net Revenue Engagement Pricing Model, as prepared by Deloitte, or such other protocol as may be approved by the Board of Trustees and (2) a

petition for permanent approval of the interim fees is filed by GMHA with the Guam Legislature within three months of GMHA's establishment of the interim fee.

Pursuant to P.L. 35-36 Chapter XII § 33, GMHA is authorized to formulate a fee and rate schedule of applicable hospital fees and rates. Within 60 days upon the effective date of the FY 2020 Budget Act, GMHA shall submit the adjusted fee and rate schedule to the Guam Legislature for approval. P.L. 35-36 was signed into law on September 4, 2019 and 60 days from that date would be November 3, 2019.

In December 2019, GMHA began working with a consultant to provide an assessment of GMHA's revenue cycle management (RCM) and part of the project was to review the existing fee schedule with approximately 18,000 charge items. Recognizing that the pricing project is more extensive and very involving, Hospital Administrator/CEO Lillian Perez-Posadas submitted a letter to Speaker Tina Muna Barnes and Committee on Health, Tourism, Historic Preservation, Land and Justice Chairperson Senator Therese Terlaje to request an extension to submit the updated hospital fees and rates by February 28, 2020.

RESULTS

We found the following during this engagement:

- Approximately 43 cents of every dollar GMHA charges is actually collected as of FY 2018. Accordingly, many of GMHA's departments are experiencing significant losses
- 400 existing charges fell below the 2020 APC rates
- New medication markup factor of 4.35 is required to breakeven
- New medical supply markup factor of 2.33 is required to breakeven

GMHA COLLECTS LESS THAN IT CHARGES

GMHA used Deloitte's methodology as set forth in the 1992 and 2004 Net Revenue Enhancement reports to update its cost-based pricing methodology using the FY 2018 Medicare Cost Report. Consistent with the 1992 and 2004 Net Revenue Enhancement reports, the Hospital's actual net reimbursement (collection) is substantially less than its charges on both an aggregate level and with majority of the individual departments. Table 1 presents the results from the Hospital's 2018 fiscal year.

Table 1: FY 2018 Gross Revenue, Net Revenue, and Write-Off Allowance

Description	Amount	Percent
Gross Revenue (Charges)	$ 149,875,361	100.0%
Net Revenue (Actual Reimbursement)	85,773,190	57.2%
Resulting Write-Off Allowance (Uncollectible Charges)	$ 64,102,171	42.8%

The figures indicate that nearly forty-three cents of every dollar charged by GMHA was not collected due to contractual allowances from Medicare, Medicaid, and Medically Indigent Program (MIP) reimbursement limitations; bad debts; write-offs; and insurance coverage policies which deny payments to the Hospital for certain charges.

Based on an analysis of the Hospital's 2018 fiscal year results, most departments are experiencing significant losses. Of the 46 operating areas that generate gross revenues from patient services, 26 departments experienced a net operating loss. The net departmental operating losses are especially great in the direct patient care areas such as the Skilled Nursing Facility, Nursery, Operating Room, Delivery & Labor Room, and Physical Therapy. The individual departmental operating losses for FY 2018 totaled nearly $49.6 million (M). The financial results indicate that because of write-offs and uncollectible charges, a gross charge increase of approximately $194.8 M would be necessary in order to realize at least $49.6M of net revenue that is required to achieve breakeven results in the departments that are currently losing money.

It is important to note, however, that the dynamics of the Hospital's operating environment, such as escalating healthcare costs, ongoing electronic health records (EHR) requirements/standards, and new/advanced medications and treatment modalities, vary greatly from one year to the next. The lack of annual rate adjustments and the insufficient collections from all payer types over the years, among other things, are primarily why GMHA has had financial constraints over time. Coupled with the uncertainty of securing a dedicated governmental subsidy, GMHA will continue to operate with a deficit and experience financial constraints.

Substantial rate increases will be required if the Hospital is expected to operate at a break-even point. The size of the required rate increase is a function of two major items: the lack of regular rate increases and the continued escalation of operating expenses. It is neither the intent nor the result of this review to address the reasonableness of departmental expense levels. However, it is imperative that GMHA management continue to address and manage costs in order to keep future required rate increases as low as possible.

GMHA recently experienced procurement delays in obtaining an RCM consultant wherein a portion of the scope of work would be to make recommendations to update GMHA's fee schedules. It is in GMHA's best interest to wait for the completion of the RCM project before moving forward with updating its fee schedules. Once the RCM project is completed, we recommend GMHA management update the fee schedules and submit the same to the Legislature in accordance with P.L. 35-36. In the interim, we recommend GMHA management consider implementing (1) 400 adjusted fees for existing charges that were found to fall below the 2020 Medicare/Ambulatory Payment Classification (APC) rates and (2) the markup factors for introducing new pharmaceuticals and medical supply charges into the Hospital's pricing system.

400 EXISTING CHARGES BELOW APC PAYMENT RATES

In 2000, the Centers for Medicare & Medicaid (CMS) implemented the Outpatient Prospective Payment System (OPPS) to pay for designated hospital outpatient items and services and certain Medicare Part B services for hospital inpatients when Medicare cannot pay Part A. CMS assigns individual services to Ambulatory Payment Classifications (APCs) based on similar clinical characteristics and similar costs. CMS bases payment of outpatient services based on the annually updated APC rates.

According to GMHA's Hospital Quality Improvement Specialist, GMHA previously aligned the existing fees that were below APC rates with current APC rates during FY 2015. Since then, GMHA annually increased its existing fees across-the-board by 5% as authorized by 10 GCA § 80109(b).

Of the close to 18,000 charge items found in GMHA's fee schedules, we found 400 existing GMHA charge items with rates below the 2020 APC rates. This means that GMHA is charging less than the Medicare payment rates for these 400 items. Annualizing the four months of FY 2020 utilization data (October 1, 2019 to January 31, 2020) for these charge items, we estimate a financial impact or additional gross revenue of $2.5 million should these items' charges be updated to the 2020 APC rates. Absent a general overhaul of GMHA's fee schedules that may likely result from the pending RCM project, we recommend that GMHA management implement the adjusted fees in **APPENDIX 1** to bring GMHA's fee schedules at least to current APC rates. In addition, we recommend that GMHA management assign staff to annually compare its existing fees with the current APC rates and align such fees that fall below the APC rates.

NEW MEDICATION AND MEDICAL SUPPLIES RATE SETTING METHODOLOGY

The cost-based pricing methodology serves as a basis for the development of new charges that are introduced to the hospital's fee schedule. The methodology for establishing the initial pricing for pharmaceuticals and medical supply (central supply room or CSR) items was initially developed for use at GMHA in the 1992 Deloitte report and was carried forward in the 2004 Deloitte report.

The methodology is designed to calculate a GMHA-specific pricing markup factor, or multiplier, that can be applied against the costs of an item to determine its price. It is important to note that subsequent to the first year that an item is introduced as a new charge, its pricing will be dictated by the departmental pricing structure unless otherwise revised by GMHA. Therefore, the cost basis that determined the amount to charge for services rendered at GMHA only applies to the first fiscal year during which the charges are implemented. The recommended markup rates discussed below for medical supplies and medications is an average based on FY 2018 actual costs, including allocated costs and uncollected charges.

Charge Determination Methodology

The departmental markup rate formula, which is included in the cost allocation model, is calculated as follows.

Adjusted Allocated Costs
/ Direct Costs of Pharmaceuticals or Supplies
= Total Markup Required for Breakeven

Adjusted allocated costs are defined as:

Direct Cost of Pharmaceuticals or Medical Supplies
+ Departmental Operating Costs
+ Hospital-Wide Overhead Allocation

+ Departmental Write-offs & Bad Debts
= Total Adjusted Allocated Costs

Pharmaceutical Charge Example

The direct cost of pharmaceuticals figure is straightforward and the amount that simply reflects the aggregate product cost to GMHA for pharmaceutical items charges for the delivery of patient care.

Pharmacy department operating costs is simply all direct expenses, including salaries, that are expensed to the Pharmacy department in the General Ledger, other than the actual cost of drugs sold, plus the cost of expired inventory expensed. The calculation of hospital-wide overhead expense, which was explained earlier, recognizes that there are many indirect expenses, such as the physical plant, administration, etc., that are also inherent in the cost of operating the Pharmacy.

The departmental write-offs and bad debts amount is also a necessary expense consideration due to the fact that the Pharmacy experiences a contractual allowance rate of approximately 43% of all of its bills. This figure is calculated as follows:

FY 2018 Departmental Gross Charges (Original Revenue)
x (1 - Departmental Collection Rate)
= Departmental Write-Offs & Bad Debts

The application of the formulas to the financial results for the Pharmacy Department in order to determine the markup factor is as follows:

1.	$ 14,079,287	FY 2018 Departmental Gross Revenue
	x (1 - 0.4337)	Contractual Adjustment & Write-Offs Ratio
	= $ 6,106,610	Pharmacy Department Write-Offs & Bad Debts
2.	$ 3,434,700	Direct Cost of Pharmaceuticals
	+ 3,955,175	Pharmacy Department Operating Costs
	+ 1,456,802	Hospital-wide Allocated Overhead
	+ 6,106,610	Pharmacy Department Write-Offs & Bad Debts
	= $ 14,953,286	Total Adjusted Allocated Costs
3.	$ 14,953,286	Adjusted Allocated Cost
	/ 3,434,700	Direct Cost of Pharmaceuticals
	= 4.35	Pharmacy Markup Factor Required for Breakeven

The cost-based pricing methodology for newly adjudicated pharmacy items, therefore, attempts to realistically reflect the fully allocated hospital costs which apply to existing pharmaceuticals at GMHA. The calculation above reflects the recommended markup of pharmacy items using GMHA's FY 2018 data. The results could then be annually adjusted for the expense inflation factor as GMHA determines appropriate.

Medical Supply Item Charge Example

The cost-based pricing methodology for medical supplies that dictates the markup for these items could be determined in a manner similar to that of the Pharmacy Department.

The medical supplies markup factor formula, which is included in the cost allocation model, is calculated as follows:

Adjusted Allocated Costs
/ Direct Costs of Supplies
= Total Markup Required for Breakeven

The direct medical supplies cost figure is the amount which reflects the aggregate product cost to GMHA for patient chargeable supplies provided to patients in the course of their care. This amount is an input to the Cost Allocation Component of the Net Revenue Enhancement model discussed earlier. Adjusted Allocated Costs are calculated as follows:

Direct Cost of Medical Supplies
+ Departmental Operating Costs
+ Hospital-Wide Overhead Allocation
+ Departmental Write-offs & Bad Debts
= Total Adjusted Allocated Costs

The Medical Supplies Sold to Patients ("Medical Supplies") Department operating costs is simply all direct expenses, including salaries, that are expensed to the Department on the general ledger, other than the actual cost of supplies sold, plus the cost of expired inventory expensed. The calculation of hospital-wide overhead, as already explained earlier, recognizes that there are many indirect expenses, such as the Physical Plan, Administration, etc., that are also inherent in the cost of operating the Department.

The Departmental Write-Offs & Bad Debts amount is also a necessary expense consideration due to the fact that the Medical Supplies Department experiences a contractual allowance rate of approximately 43% on all of its billings. This figure is calculated as follows.

FY 2018 Departmental Gross Charges (Original Revenue)
X (1 – Departmental Collection Rate)
= Departmental Write-Offs & Bad Debts

The application of the formulas to the financial results for the Medical Supplies Department in order to determine the markup factor is as follows:

1.	$ 5,843,057	FY 2018 Departmental Gross Revenue
	x (1 - 0.4285)	Contractual Adjustment & Write-Offs Ratio
	= $ 2,503,755	Medical Supplies Department Write-Offs & Bad Debts
2.	$ 3,274,037	Direct Cost of Medical Supplies
	+ 560,202	Medical Supplies Department Operating Costs
	+ 1,296,599	Hospital-wide Allocated Overhead

	+ 2,503,755	Medical Supplies Department Write-Offs & Bad Debts
	= $ 7,634,593	Total Adjusted Allocated Costs
3.	$ 7, 634,593	Adjusted Allocated Cost
	/ 3,274,037	Direct Cost of Medical Supplies
	= 2.33	Medical Supplies Markup Factor Required for Breakeven

The cost-based pricing methodology for newly adjudicated medical supply items therefore, attempts to realistically reflect the fully allocated hospital costs which apply to existing supplies at GMHA. The calculation above reflects the recommended markup of medical supply items in the current year. The results could then be annually adjusted for the expense inflation factor as GMHA determines appropriate.

As noted above, both the pharmaceuticals and medical supply markup formulae are included in the cost allocation model. Only four items are required to be input:

- Actual pharmaceutical costs from the General Ledger
- Actual medical supplies costs from the General Ledger
- Pharmacy collection rates from the required increases report
- Medical Supplies department collection rates from the required increases report

RECOMMENDATIONS

We recommend the GMHA executive management consider:

1. Implementing the adjusted fees for existing charge items found to fall below the 2020 APC rates as indicated in **APPENDIX 1**.

2. Assigning staff to annually compare its existing fees with current APC rates and align such fees that fall below the APC rates.

3. Implementing the markup factors for introducing new charges for pharmaceuticals and medical supply charges into the Hospital's pricing system.

4. Upon completion of the RCM project, update the fee schedules and submit the same to the Legislature in accordance with P.L. 35-36.

APPENDIX 1: Existing Charges to be Adjusted to 2020 APC Rates

REVISED 08.25.20

	Department	Charge Code	Bill Description	Rev Code	CPT Code	Current GMHA Rates June 2020	2020 APC RATE	Rate Increase Required	2020 Annualized Utilization	Projected Additional Gross Revenue
1	INTERVENTIONAL RADIOLOGY	2000003	CISTERN/LAT CERVIC W/O INJ	320	61050	87.58	261.77	174.19	-	-
2	INTERVENTIONAL RADIOLOGY	2000024	PUNCTURE SHUNT TUBING	320	61070	175.17	625.05	449.88	-	-
3	INTERVENTIONAL RADIOLOGY	2000028	INJECT MYELOGRAM/CT LUMBAR	320	92284	131.38	363.59	232.21	-	-
4	INTERVENTIONAL RADIOLOGY	2000035	PERC NDL BX ABD/RETROPERI MASS	320	49180	1,343.45	1,372.60	29.15	9	262.35
5	INTERVENTIONAL RADIOLOGY	2000118	BRONCHOSCOPY INJECT X-RAY	320	31899	87.58	156.55	68.97	-	-
6	INTERVENTIONAL RADIOLOGY	2000120	PERC NEEDLE BIOPSY PANCREAS	320	48102	1,343.45	1,372.60	29.15	-	-
7	INTERVENTIONAL RADIOLOGY	2000125	NEEDLE BIOPSY CHEST LINING	320	32400	1,343.45	1,372.60	29.15	-	-
8	INTERVENTIONAL RADIOLOGY	2000126	NEEDLE BIOPSY MUSCLE	320	20206	1,343.45	1,372.60	29.15	3	87.45
9	INTERVENTIONAL RADIOLOGY	2000127	BIOPSY OF KIDNEY	320	50200	1,343.45	1,372.60	29.15	9	262.35
10	INTERVENTIONAL RADIOLOGY	2000130	BIOPSY OF HEART LINING	320	93505	175.17	2,771.28	2,596.11	-	-
11	INTERVENTIONAL RADIOLOGY	2000132	BIOPSY LUNG/MEDIASTINUM	320	32405	1,343.45	1,372.60	29.15	45	1,311.75
12	INTERVENTIONAL RADIOLOGY	2000135	CHANGE URETER TUBE	320	50688	175.17	1,771.55	1,596.38	-	-
13	INTERVENTIONAL RADIOLOGY	2000146	VEIN X-RAY CHEST	320	75827	164.47	630.51	466.04	-	-
14	INTERVENTIONAL RADIOLOGY	2000808	CHOLECYSTOGRAPHY ORAL CONTRST	320	74290	111.91	182.22	70.31	-	-
15	INTERVENTIONAL RADIOLOGY	2000907	CYSTOGRAPHY MIN 3 VIEWS	320	74430	338.53	381.85	43.32	-	-
16	INTERVENTIONAL RADIOLOGY	2001202	FISTULA/SINUS TRACT STUDY	320	76080	111.91	481.58	369.67	-	-
17	INTERVENTIONAL RADIOLOGY	2001608	LYMPHANGIO PELVIC/ABD UNILAT	320	75805	335.72	1,631.13	1,295.41	-	-
18	INTERVENTIONAL RADIOLOGY	2001624	LYMPHANGIOGRAM EXTREMTY UNIL	320	75801	156.69	630.51	473.82	-	-
19	INTERVENTIONAL RADIOLOGY	2001764	MYELOGRAPHY 2/> SPINAL CANAL	320	72270	351.71	680.82	329.11	-	-
20	INTERVENTIONAL RADIOLOGY	2001780	MYELOGRAPHY CERVICAL	320	72240	281.36	680.82	399.46	-	-
21	INTERVENTIONAL RADIOLOGY	2001806	MYELOGRAPHY LUMBOSACRAL	320	72265	281.36	680.82	399.46	-	-
22	INTERVENTIONAL RADIOLOGY	2003109	VENOGRAPHY EXTREMITY BIL	320	75822	1,037.87	1,631.13	593.26	-	-
23	INTERVENTIONAL RADIOLOGY	2003331	ANG AOR THO S&I	323	75605	3,267.81	4,596.19	1,328.38	-	-
24	INTERVENTIONAL RADIOLOGY	2004651	ANG ADR BIL SEL S&I	323	75733	1,016.15	2,771.28	1,755.13	-	-
25	INTERVENTIONAL RADIOLOGY	2004719	ANG PELVIC SEL S&I	323	75736	3,267.81	4,596.19	1,328.38	-	-
26	INTERVENTIONAL RADIOLOGY	2010021	FINE NDL ASPIRATE W/O IMAGING	320	10021	274.16	319.51	45.35	-	-
27	INTERVENTIONAL RADIOLOGY	2010160	PUNC ASPI OF ABSCESS HEMATOMA	320	10160	206.70	319.51	112.81	9	1,015.29
28	INTERVENTIONAL RADIOLOGY	2019102	PUNC ASPIR BRST CYST ADD CYST	320	19083	1,343.45	1,372.60	29.15	3	87.45
29	INTERVENTIONAL RADIOLOGY	2020220	BONE BIOPSY SUPERFICIAL	320	20220	1,054.96	1,372.60	317.64	-	-
30	INTERVENTIONAL RADIOLOGY	2020606	ASP/INJ ITM JOINT/BURSA W/US	320	20606	271.99	625.05	353.06	-	-
31	INTERVENTIONAL RADIOLOGY	2026011	DRAIN FINGER ABSCESS COMPLIC	320	26011	1,067.68	1,372.60	304.92	-	-
32	INTERVENTIONAL RADIOLOGY	2026020	DRAIN HAND TENDON SHEATH EA	320	26020	1,138.43	2,737.45	1,599.02	-	-
33	INTERVENTIONAL RADIOLOGY	2026025	DRAIN PALM BURSA SINGLER	320	26025	1,106.04	2,737.45	1,631.41	-	-
34	INTERVENTIONAL RADIOLOGY	2026030	DRAIN PALM BURSA MULTIPLE	320	26030	1,282.59	2,737.45	1,454.86	-	-
35	INTERVENTIONAL RADIOLOGY	2026990	DRAIN PELVIS/HIP DEEP ABSCESS	320	26990	2,119.68	2,737.45	617.77	-	-

APPENDIX 1: Existing Charges to be Adjusted to 2020 APC Rates

REVISED 08.25.20

	Department	Charge Code	Bill Description	Rev Code	CPT Code	Current GMHA Rates June 2020	2020 APC RATE	Rate Increase Required	2020 Annualized Utilization	Projected Additional Gross Revenue
36	INTERVENTIONAL RADIOLOGY	2027301	DRAIN THIGH/KNEE DEEP ABSCESS	320	27301	2,087.70	2,318.89	231.19	-	-
37	INTERVENTIONAL RADIOLOGY	2027603	DRAIN LEG/ANKLE DEEP ABSCESS	320	27603	2,087.70	2,318.89	231.19	-	-
38	INTERVENTIONAL RADIOLOGY	2032550	INSERT TUNNEL PLEURAL CATH	320	32550	379.56	3,109.34	2,729.78	-	-
39	INTERVENTIONAL RADIOLOGY	2032551	INSERTION OF CHEST TUBE OPEN	320	32551	624.55	1,631.13	1,006.58	9	9,059.22
40	INTERVENTIONAL RADIOLOGY	2032552	REMOVE TUNNEL PLEURAL CATH	320	32552	272.65	630.51	357.86	-	-
41	INTERVENTIONAL RADIOLOGY	2032554	THORACENTESIS W/O IMAGING	320	32554	185.29	630.51	445.22	-	-
42	INTERVENTIONAL RADIOLOGY	2032555	THORACENTESIS W/IMAGING	320	32555	624.55	630.51	5.96	159	947.64
43	INTERVENTIONAL RADIOLOGY	2032556	DRAIN PLEURA PERC W/O IMGNG	320	32556	264.73	1,557.40	1,292.67	6	7,756.02
44	INTERVENTIONAL RADIOLOGY	2032557	DRAIN PLEURA PERC W/ IMGNG	320	32557	624.55	1,631.13	1,006.58	75	75,493.50
45	INTERVENTIONAL RADIOLOGY	2032560	PLEURODESIS VIA TUBE/CATH	320	32560	624.55	630.51	5.96	6	35.76
46	INTERVENTIONAL RADIOLOGY	2032561	LYSE VIA CHEST TUBE/CATH INIT	320	32561	624.55	630.51	5.96	3	17.88
47	INTERVENTIONAL RADIOLOGY	2036002	INJ PERC EXTR ANEURYSM	320	36002	241.92	630.51	388.59	-	-
48	INTERVENTIONAL RADIOLOGY	2036221	NON SELECT CATH THORA AORTA	320	36221	440.40	2,771.28	2,330.88	-	-
49	INTERVENTIONAL RADIOLOGY	2036222	SEL CATH CCA/IA UNI XTRCRN CAR	320	36222	595.84	2,771.28	2,175.44	-	-
50	INTERVENTIONAL RADIOLOGY	2036223	SEL CATH CCA/IA UNI NTRCRN CAR	320	36223	3,267.81	4,596.19	1,328.38	-	-
51	INTERVENTIONAL RADIOLOGY	2036253	RENAL SEL CATH(2ND-ORDER) UNI	320	36253	3,267.81	4,596.19	1,328.38	-	-
52	INTERVENTIONAL RADIOLOGY	2036555	CV INSERTION NON TUNNELED UN	320	36555	1,076.54	1,631.13	554.59	-	-
53	INTERVENTIONAL RADIOLOGY	2036556	INS NON-TUNNEL CV CATH 5 YRS/>	320	36556	1,076.54	1,631.13	554.59	189	104,817.51
54	INTERVENTIONAL RADIOLOGY	2036557	CVC TUNL W/O PORT/PUMP <5 YRS	320	36557	2,853.01	4,596.19	1,743.18	12	20,918.16
55	INTERVENTIONAL RADIOLOGY	2036561	INSERT TUNNEL CV CATH 5YRS/>	320	36561	2,731.65	2,771.28	39.63	18	713.34
56	INTERVENTIONAL RADIOLOGY	2036563	CVC INS TUNL DVC W/SUBQ PUMP	320	36563	2,853.01	4,596.19	1,743.18	-	-
57	INTERVENTIONAL RADIOLOGY	2036566	CVC TNL DVC 2 CATH/SITE W/PORT	320	36566	2,853.01	4,596.19	1,743.18	-	-
58	INTERVENTIONAL RADIOLOGY	2036569	INSERT PICC W/O PORT 5 YRS/>	320	36569	1,076.54	1,631.13	554.59	15	8,318.85
59	INTERVENTIONAL RADIOLOGY	2036573	INSERT PICC W/IMG GUIDE 5YRS+	320	36573	1,148.31	1,631.13	482.82	120	57,938.40
60	INTERVENTIONAL RADIOLOGY	2036575	REPAIR NON-TUNL/TUNL CV CATH	320	36575	622.89	630.51	7.62	-	-
61	INTERVENTIONAL RADIOLOGY	2036576	REPAIR CVC W/ PORT/PUMP	320	36576	1,076.12	1,631.13	555.01	-	-
62	INTERVENTIONAL RADIOLOGY	2036580	REPLACE NON-TUNL CV SAME SITE	320	36580	1,076.54	1,631.13	554.59	3	1,663.77
63	INTERVENTIONAL RADIOLOGY	2036583	REPLACE TUNNEL CVAD W/PUMP	320	36583	2,853.01	4,596.19	1,743.18	-	-
64	INTERVENTIONAL RADIOLOGY	2036584	REPLACE PICC SAME SITE	320	36584	1,076.54	1,631.13	554.59	3	1,663.77
65	INTERVENTIONAL RADIOLOGY	2036589	REMOVE TUNNL CV CATH W/O PORT	320	36589	622.89	630.51	7.62	33	251.46
66	INTERVENTIONAL RADIOLOGY	2036593	DECLOTTING BY THROMBOLYTIC AGE	320	36593	249.13	309.60	60.47	-	-
67	INTERVENTIONAL RADIOLOGY	2036596	REMOVE VIA VENOUS INTRACATH	320	36596	459.88	1,631.13	1,171.25	-	-
68	INTERVENTIONAL RADIOLOGY	2036597	REPOSITIOIN CV LINE W/ FLURO	320	36597	1,076.54	1,631.13	554.59	-	-
69	INTERVENTIONAL RADIOLOGY	2036860	DECLOTTING W/O BALLOON CATH	320	36860	249.03	630.51	381.48	-	-
70	INTERVENTIONAL RADIOLOGY	2036861	EXT DECLOT W/ BALLOON CATH	320	36861	2,853.01	4,596.19	1,743.18	-	-
71	INTERVENTIONAL RADIOLOGY	2036901	CATH DIALYSIS CIRCUIT/ANG/IMG	320	36901	831.57	1,631.13	799.56	30	23,986.80

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REVISED 08.25.20

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72	INTERVENTIONAL RADIOLOGY	2037184	PRIMARY ARTERIAL THROMBI INITI	320	37184	4,110.73	9,908.48	5,797.75	-	-
73	INTERVENTIONAL RADIOLOGY	2037187	PERC TRANS MECH INCL INJECT	320	37187	414.88	4,953.91	4,539.03	-	-
74	INTERVENTIONAL RADIOLOGY	2037188	PERC TRANS MECH INCL INJECT RP	320	37188	414.88	2,771.28	2,356.40	-	-
75	INTERVENTIONAL RADIOLOGY	2037195	INFUSION IV THROMBOLYSIS CEREB	320	37195	247.65	309.60	61.95	-	-
76	INTERVENTIONAL RADIOLOGY	2037200	TRANSCATHETER BIOPSY	320	37200	2,853.01	4,596.19	1,743.18	3	5,229.54
77	INTERVENTIONAL RADIOLOGY	2037211	THRMBLYSIS ART NON-COR INIT	320	37211	1,076.54	4,596.19	3,519.65	3	10,558.95
78	INTERVENTIONAL RADIOLOGY	2037212	THROMBOLYSIS VENOUS INITIAL	320	37212	1,076.54	2,771.28	1,694.74	-	-
79	INTERVENTIONAL RADIOLOGY	2037620	IVC FILTER PARTIAL/COMPLETE	320	37191	2,854.11	4,596.19	1,742.08	18	31,357.44
80	INTERVENTIONAL RADIOLOGY	2038220	BONE MARROW ASPIRATION ONLY	320	38220	1,144.98	1,372.60	227.62	3	682.86
81	INTERVENTIONAL RADIOLOGY	2038221	BONE MARROW BIOPSY	320	38221	1,054.96	1,372.60	317.64	-	-
82	INTERVENTIONAL RADIOLOGY	2038500	OPEN BX OR EXC LN; SUPERFICIAL	320	38500	2,991.08	3,029.55	38.47	-	-
83	INTERVENTIONAL RADIOLOGY	2038505	LYMPH NODE BX/EXC SUPERFICIAL	320	38505	1,343.45	1,372.60	29.15	-	-
84	INTERVENTIONAL RADIOLOGY	2038792	RA TRACER ID OF SENTINL NODE	320	38792	357.57	368.13	10.56	-	-
85	INTERVENTIONAL RADIOLOGY	2042400	SALIVARY GLAND BX NEEDLE	320	42400	131.53	610.01	478.48	-	-
86	INTERVENTIONAL RADIOLOGY	2042405	INCISIONAL BX SALIVARY GLAND	320	42405	597.10	1,349.34	752.24	-	-
87	INTERVENTIONAL RADIOLOGY	2043752	NASO/ORO-GASTRIC TUBE PLACEMEN	320	43752	135.26	363.59	228.33	3	684.99
88	INTERVENTIONAL RADIOLOGY	2043756	DUODENAL INTUB/ASPIRATE W/IMG	320	43756	122.39	785.92	663.53	-	-
89	INTERVENTIONAL RADIOLOGY	2047000	BIOPSY OF LIVER PERCUTANEOUS	320	47000	1,343.45	1,372.60	29.15	18	524.70
90	INTERVENTIONAL RADIOLOGY	2047490	CHOLECYSTOSTOMY PERCUTANEOUS	320	47490	2,340.04	3,109.34	769.30	15	11,539.50
91	INTERVENTIONAL RADIOLOGY	2047531	INJ CHOLANGIOGRAM EXIST ACCESS	320	47531	427.52	3,109.34	2,681.82	42	112,636.44
92	INTERVENTIONAL RADIOLOGY	2047532	INJ CHOLANGIOGRAM NEW ACCESS	320	47532	2,646.29	3,109.34	463.05	24	11,113.20
93	INTERVENTIONAL RADIOLOGY	2047533	PLMT BILIARY DRAIN CATH EXT	320	47533	2,646.29	3,109.34	463.05	9	4,167.45
94	INTERVENTIONAL RADIOLOGY	2047534	PLMT BILIARY DRN CATH INT/EXT	320	47534	2,646.29	3,109.34	463.05	9	4,167.45
95	INTERVENTIONAL RADIOLOGY	2047535	CONVERT EXT BIL DRAIN CATH	320	47535	2,646.29	3,109.34	463.05	12	5,556.60
96	INTERVENTIONAL RADIOLOGY	2047536	EXCHANGE BILIARY DRAIN CATH	320	47536	2,646.29	3,109.34	463.05	12	5,556.60
97	INTERVENTIONAL RADIOLOGY	2047537	REMOVE BILIARY DRAIN CATH	320	47537	586.89	785.92	199.03	3	597.09
98	INTERVENTIONAL RADIOLOGY	2047541	PLMT ACCESS BIL TREE SM BWL	320	47541	2,646.29	3,109.34	463.05	-	-
99	INTERVENTIONAL RADIOLOGY	2047552	BILIARY ENDO PERQ DX W/SPECI	320	47552	2,340.04	3,109.34	769.30	-	-
100	INTERVENTIONAL RADIOLOGY	2047554	BILIARY ENDO PERC REMVE CALC	320	47554	2,340.04	4,833.71	2,493.67	-	-
101	INTERVENTIONAL RADIOLOGY	2047555	PRQ DIL BILIARY STRICT WO STNT	320	47555	2,340.04	3,109.34	769.30	-	-
102	INTERVENTIONAL RADIOLOGY	2049082	ABD PARACENTESIS W/O IMAGE	320	49082	586.89	785.92	199.03	-	-
103	INTERVENTIONAL RADIOLOGY	2049083	ABD PARACENTESIS W/ IMAGING	320	49083	624.55	785.92	161.37	105	16,943.85
104	INTERVENTIONAL RADIOLOGY	2049084	PERITONEAL LAVAGE W/ IMAGING	320	49084	586.89	785.92	199.03	-	-
105	INTERVENTIONAL RADIOLOGY	2049405	CATH DRAIN VISCERAL PERC	320	49405	1,343.45	1,372.60	29.15	21	612.15
106	INTERVENTIONAL RADIOLOGY	2049406	DRAIN RETRO/PERITONEAL PERC	320	49406	1,343.45	1,372.60	29.15	42	1,224.30
107	INTERVENTIONAL RADIOLOGY	2049407	DRAIN RETRO/PERITONEAL TV/TR	320	49407	1,343.45	1,372.60	29.15	-	-

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REVISED 08.25.20

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108	INTERVENTIONAL RADIOLOGY	2049418	INSERT TUN IP CATH PERC	320	49418	2,919.29	3,109.34	190.05	3	570.15
109	INTERVENTIONAL RADIOLOGY	2049419	INSERT TUN IP CATH W/PORT	320	49419	2,853.01	4,596.19	1,743.18	-	-
110	INTERVENTIONAL RADIOLOGY	2049421	INSERTION CATH DRAIN DIALYSIS	320	49421	459.88	3,109.34	2,649.46	-	-
111	INTERVENTIONAL RADIOLOGY	2049422	REMOVE TUNNEL INTRAPERITO CATH	320	49422	2,010.70	2,771.28	760.58	-	-
112	INTERVENTIONAL RADIOLOGY	2049440	PLACE GASTROSTOMY TUBE PERC	320	49440	1,322.48	1,557.40	234.92	18	4,228.56
113	INTERVENTIONAL RADIOLOGY	2049441	PLACE DUOD/JEJ TUBE PERQ	320	49441	1,322.48	1,557.40	234.92	-	-
114	INTERVENTIONAL RADIOLOGY	2049446	CONVERT G-TUBE TO G-J PERC	320	49446	1,322.48	1,557.40	234.92	-	-
115	INTERVENTIONAL RADIOLOGY	2049450	REPLACE GASTRO/CECO TUBE PERC	320	49450	586.89	785.92	199.03	15	2,985.45
116	INTERVENTIONAL RADIOLOGY	2049451	REPLACE DUOD/JEJ TUBE PERC	320	49451	586.89	785.92	199.03	3	597.09
117	INTERVENTIONAL RADIOLOGY	2049452	REPLACE GASTRO-JEJ TUBE PERC	320	49452	622.89	785.92	163.03	3	489.09
118	INTERVENTIONAL RADIOLOGY	2049460	MECH REMOVAL OBSTRUCT MATERIAL	320	49460	87.30	785.92	698.62	-	-
119	INTERVENTIONAL RADIOLOGY	2050190	BREAST MASS LOCALIZATION	320	19281	264.95	610.01	345.06	-	-
120	INTERVENTIONAL RADIOLOGY	2050382	URETRAL STNT REMOVE AND REPLA	320	50382	459.88	1,771.55	1,311.67	-	-
121	INTERVENTIONAL RADIOLOGY	2050384	URETRAL STNT REMOVAL S&I	320	50384	459.88	1,771.55	1,311.67	-	-
122	INTERVENTIONAL RADIOLOGY	2050387	URETRAL NEPH REMOVE AND REPLC	320	50387	459.88	1,771.55	1,311.67	-	-
123	INTERVENTIONAL RADIOLOGY	2050396	MANOMETRY THRU INDWELLING CATH	320	50396	272.75	556.53	283.78	-	-
124	INTERVENTIONAL RADIOLOGY	2050433	PLMT NEPHROURETERAL CATHETER	320	50433	1,831.06	3,018.54	1,187.48	-	-
125	INTERVENTIONAL RADIOLOGY	2050434	CONVERT NEPHROSTOMY CATHETER	320	50434	637.51	1,771.55	1,134.04	-	-
126	INTERVENTIONAL RADIOLOGY	2050435	EXCHANGE NEPHROSTOMY CATHETER	320	50435	637.51	1,771.55	1,134.04	15	17,010.60
127	INTERVENTIONAL RADIOLOGY	2050693	PLMT URETER STENT PRE-EXIST	320	50693	2,726.97	3,018.54	291.57	15	4,373.55
128	INTERVENTIONAL RADIOLOGY	2050694	PLMT URETERAL STENT PRQ NEW	320	50694	2,726.97	3,018.54	291.57	-	-
129	INTERVENTIONAL RADIOLOGY	2050695	PLMT URETR STNT NEW W/ CATH	320	50695	2,726.97	3,018.54	291.57	-	-
130	INTERVENTIONAL RADIOLOGY	2051102	SUPRAPUBIC CATHETER INSERTION	320	51102	1,755.86	1,771.55	15.69	9	141.21
131	INTERVENTIONAL RADIOLOGY	2052310	CYSTOURETHROSCOPY FB REMOVAL	320	52310	777.65	1,771.55	993.90	-	-
132	INTERVENTIONAL RADIOLOGY	2052332	CYSTOURETHROSCOPY INSERT STENT	320	52332	459.88	3,018.54	2,558.66	-	-
133	INTERVENTIONAL RADIOLOGY	2053899	UNLISTED URINARY DILATION	320	53899	130.40	234.90	104.50	-	-
134	INTERVENTIONAL RADIOLOGY	2060300	ASPIRATE/INJ THYROID CYST	320	60300	584.22	610.01	25.79	9	232.11
135	INTERVENTIONAL RADIOLOGY	2061626	TRANSCATH OCCLUSION NON-CNS	320	61626	2,179.47	9,908.48	7,729.01	-	-
136	INTERVENTIONAL RADIOLOGY	2062268	PERQ ASPIRATE SPINAL CORD CYST	320	62268	711.28	812.05	100.77	-	-
137	INTERVENTIONAL RADIOLOGY	2062270	LUMBAR PUNCTURE	320	62270	475.57	625.05	149.48	96	14,350.08
138	INTERVENTIONAL RADIOLOGY	2062281	NEUROLYTIC INJ EPI CERV/THOR	320	62281	393.81	812.05	418.24	-	-
139	INTERVENTIONAL RADIOLOGY	2062282	NEUROLYTIC INJ EPI LUMB/SACR	320	62282	424.12	812.05	387.93	-	-
140	INTERVENTIONAL RADIOLOGY	2062320	NJX INTERLAMINAR CRV/THRC	320	62320	390.29	625.05	234.76	-	-
141	INTERVENTIONAL RADIOLOGY	2062321	NJX INTERLAMINAR CRV/THRC	320	62321	421.16	625.05	203.89	-	-
142	INTERVENTIONAL RADIOLOGY	2062322	NJX INTERLAMINAR LMBR/SAC	320	62322	336.26	625.05	288.79	-	-
143	INTERVENTIONAL RADIOLOGY	2062323	NJX INTERLAMINAR LMBR/SAC	320	62323	383.67	625.05	241.38	-	-

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REVISED 08.25.20

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144	INTERVENTIONAL RADIOLOGY	2062324	NJX INTERLAMINAR CRV/THRC	320	62324	356.11	812.05	455.94	-	-
145	INTERVENTIONAL RADIOLOGY	2062325	NJX INTERLAMINAR CRV/THRC	320	62325	409.03	812.05	403.02	-	-
146	INTERVENTIONAL RADIOLOGY	2062326	NJX INTERLAMINAR LMBR/SAC	320	62326	349.49	812.05	462.56	-	-
147	INTERVENTIONAL RADIOLOGY	2062327	NJX INTERLAMINAR LMBR/SAC	320	62327	371.54	812.05	440.51	-	-
148	INTERVENTIONAL RADIOLOGY	2070015	CISTERNOGRAPHY POSITIVE CONTR	320	70015	496.51	680.82	184.31	-	-
149	INTERVENTIONAL RADIOLOGY	2072255	MYELOGRAPHY THORACIC	320	72255	496.51	680.82	184.31	-	-
150	INTERVENTIONAL RADIOLOGY	2072285	DISCOGRAPHY CERV OR THORACIC	320	72285	172.56	1,719.35	1,546.79	-	-
151	INTERVENTIONAL RADIOLOGY	2072295	DISCOGRAPHY-LUMBAR	320	72295	167.34	1,719.35	1,552.01	-	-
152	INTERVENTIONAL RADIOLOGY	2073085	ARTHROGRAPHY-ELBOW	320	73085	270.47	381.85	111.38	-	-
153	INTERVENTIONAL RADIOLOGY	2073115	ARTHROGRAPHY-WRIST	320	73115	270.47	381.85	111.38	-	-
154	INTERVENTIONAL RADIOLOGY	2074410	UROGRAPHY INFUSION DRIP BOL	320	74410	174.94	182.22	7.28	-	-
155	INTERVENTIONAL RADIOLOGY	2074440	VASOGRAPHY VESICULOGRAPHY EP	320	74440	174.94	233.04	58.10	-	-
156	INTERVENTIONAL RADIOLOGY	2074485	DILATE NEPHROSTMY URTRS/URTHR	320	74485	139.66	1,771.55	1,631.89	-	-
157	INTERVENTIONAL RADIOLOGY	2075705	ANGIO-SPINAL SELECTIVE	320	75705	339.92	4,596.19	4,256.27	-	-
158	INTERVENTIONAL RADIOLOGY	2075746	ANG-PULMO NONSELECTIVE CATH O	320	75746	1,056.16	1,631.13	574.97	-	-
159	INTERVENTIONAL RADIOLOGY	2075756	ANGIO-INTERNAL MAMMARY	320	75756	1,056.16	2,771.28	1,715.12	-	-
160	INTERVENTIONAL RADIOLOGY	2075803	LYMPHANGIOGRAPHY EXTRMTY BIL	320	75803	125.75	1,631.13	1,505.38	-	-
161	INTERVENTIONAL RADIOLOGY	2075810	SPLENOPORTOGRAPHY	320	75810	125.75	1,631.13	1,505.38	-	-
162	INTERVENTIONAL RADIOLOGY	2075840	VENOGRAPHY ADRENAL UNIL SEL	320	75840	279.31	2,771.28	2,491.97	-	-
163	INTERVENTIONAL RADIOLOGY	2075842	VENOGRAPHYADRENAL BIL SEL	320	75842	314.53	4,596.19	4,281.66	-	-
164	INTERVENTIONAL RADIOLOGY	2075860	VENOGRAPHYVENOUS SINUS/JUGULR	320	75860	1,056.16	2,771.28	1,715.12	-	-
165	INTERVENTIONAL RADIOLOGY	2075870	VENOGRAMSUPERIOR SAGITL SINUS	320	75870	707.57	1,631.13	923.56	-	-
166	INTERVENTIONAL RADIOLOGY	2075880	VENOGRAPHY ORBITAL	320	75880	188.65	630.51	441.86	-	-
167	INTERVENTIONAL RADIOLOGY	2075887	PRQ TRANSHEP PORTOGRPHY WO HE	320	75887	1,056.16	1,631.13	574.97	-	-
168	INTERVENTIONAL RADIOLOGY	2075893	VENOUS SAMPLINGW/ORW/O ANGIO	320	75893	3,267.81	4,596.19	1,328.38	-	-
169	INTERVENTIONAL RADIOLOGY	2075898	FOLLOW-UP ANGIOGRAPHY	320	75898	1,056.16	1,631.13	574.97	-	-
170	INTERVENTIONAL RADIOLOGY	2076095	BX BREAST 1ST LESION STRTCTC	320	19081	616.95	1,372.60	755.65	-	-
171	INTERVENTIONAL RADIOLOGY	2077750	INFUSE RADIOACTIVE MATERIALS	333	77750	158.24	236.36	78.12	-	-
172	INTERVENTIONAL RADIOLOGY	2078650	DETECTION AND LOCALIZATION CS	320	78650	589.86	1,272.19	682.33	-	-
173	INTERVENTIONAL RADIOLOGY	2078660	RADIOPHARMACEUTICAL DACRYOSYST	320	78660	221.61	368.13	146.52	-	-
174	INTERVENTIONAL RADIOLOGY	2036475	ENDOVENOUS RF 1ST VEIN	36475	320	2,731.65	2771.28	39.63	0	-
175	LABORATORY	6803068	F F P	390	86927	138.15	143.50	5.35	504	2,696.40
176	LABORATORY	6811434	ADMINISTRATION:BLD/BLD COMPONE	391	36430	379.45	388.04	8.59	3,939	33,836.01
177	LABORATORY	6851008	BONE MARROW ASPIRATION	300	38220	1,054.96	1,372.60	317.64	-	-
178	LABORATORY	6851057	BONE MARROW SMEAR:INTERPRETATI	310	85097	375.54	628.20	252.66	-	-
179	LABORATORY	6855601	LEUKOCYTE MYLOPEROXIDASE	310	88319	375.54	628.20	252.66	-	-

APPENDIX 1: Existing Charges to be Adjusted to 2020 APC Rates

REVISED 08.25.20

	Department	Charge Code	Bill Description	Rev Code	CPT Code	Current GMHA Rates June 2020	2020 APC RATE	Rate Increase Required	2020 Annualized Utilization	Projected Additional Gross Revenue
180	LABORATORY	6860215	ANTIBODY IDENTIFICATION	300	86870	234.43	283.41	48.98	18	881.64
181	LABORATORY	6860280	ANTIBODY DETECT W/ ENZYMES	302	86971	159.69	283.41	123.72	-	-
182	LABORATORY	6860801	ABO SERUM GROUP	300	86900	97.07	109.03	11.96	6,183	73,948.68
183	LABORATORY	6861205	RBC ANTIGEN TYPING-PATIENT	300	86905	97.07	283.41	186.34	33	6,149.22
184	LABORATORY	6883357	GROSS & MICRO COMPLIC	310	88307	234.43	283.41	48.98	318	15,575.64
185	LABORATORY	6886903	ANTIGEN SCREEN-FOR COMPATIBLE	300	86902	97.07	283.41	186.34	-	-
186	LABORATORY	6886921	CROSSMATCH PREWARM	302	86921	97.07	143.50	46.43	-	-
187	LABORATORY	6895007	TISSUE EXAM:RADICAL/SPECIAL	310	88309	398.78	628.20	229.42	48	11,012.16
188	LABORATORY	6895011	THERAPEUTIC PLASMAPHERESIS	300	36514	641.53	1,323.62	682.09	-	-
189	LABORATORY	6895012	TRANSFUSION:PANEL	391	36430	216.04	388.04	172.00	-	-
190	LABORATORY	6896023	T4 CELL COUNT	311	88184	234.43	283.41	48.98	-	-
191	LABORATORY	6991955	PHLEBOTOMY THERAPEUTIC	940	99195	100.60	109.03	8.43	15	126.45
192	LABORATORY	7888366	FISH PROBE EACH STAIN	310	88366	252.83	283.41	30.58	-	-
193	MRI	2070557	MRI-BRAIN OPEN INTRACRANIAL	611	70557	356.31	481.58	125.27	-	-
194	NUCLEAR MED	2078012	NM-THYROID UPTKE SL/MUL QUANT	341	78012	214.11	368.13	154.02	-	-
195	NUCLEAR MED	2078015	NM-METS THYROID LIMITED	341	78015	337.92	368.13	30.21	-	-
196	NUCLEAR MED	2078075	NM-ADRENAL CORTEX/MEDULLA	341	78075	525.36	1,272.19	746.83	-	-
197	NUCLEAR MED	2078102	NM-BONE MARROW LIMITED	341	78102	235.91	368.13	132.22	-	-
198	NUCLEAR MED	2078110	NM-PLASMA VOL SINGLE SAMPLE	341	78110	262.68	1,272.19	1,009.51	-	-
199	NUCLEAR MED	2078120	NM-RBC VOLUME SINGLE SAMPLE	341	78120	262.68	368.13	105.45	-	-
200	NUCLEAR MED	2078121	NM-RBC VOLUME MULTI SAMPLE	341	78121	262.68	471.98	209.30	-	-
201	NUCLEAR MED	2078122	NM-WHOLE BLOOD VOLUME	341	78122	350.25	471.98	121.73	-	-
202	NUCLEAR MED	2078185	NM-SPLEEN IMAGING ONLY	341	78185	262.68	368.13	105.45	-	-
203	NUCLEAR MED	2078195	NM-LYMPHATICS/LYMPH NODE	341	78195	394.02	471.98	77.96	-	-
204	NUCLEAR MED	2078201	NM-LIVER IMAGING STATIC	341	78201	246.04	1,272.19	1,026.15	-	-
205	NUCLEAR MED	2078202	NM-LIVER IMAGING V-FLOW	341	78202	414.07	1,272.19	858.12	-	-
206	NUCLEAR MED	2078230	NM-SALIVARY GLAND IMAGING	341	78230	262.68	368.13	105.45	-	-
207	NUCLEAR MED	2078231	NM-SALIVARY GLAND SERIAL IMG	341	78231	262.68	368.13	105.45	-	-
208	NUCLEAR MED	2078232	NM-SALIVARY GLAND FUNCTION	341	78232	284.58	368.13	83.55	-	-
209	NUCLEAR MED	2078258	NM-ESOPHAGEAL MOTILITY	341	78258	266.61	368.13	101.52	-	-
210	NUCLEAR MED	2078262	NM-GASTRO-ESOPHAGEAL REFLUX	341	78262	326.52	368.13	41.61	-	-
211	NUCLEAR MED	2078264	NM-GASTRIC EMPTYING IMG STUDY	341	78264	354.09	368.13	14.04	-	-
212	NUCLEAR MED	2078290	NM-INTESTINE MECKELS	341	78290	262.68	368.13	105.45	-	-
213	NUCLEAR MED	2078291	NM-PERITO-VENOUS SHUNT PATENCY	341	78291	317.97	368.13	50.16	-	-
214	NUCLEAR MED	2078445	NM-VASCULAR FLOW STUDY	341	78445	360.37	368.13	7.76	-	-
215	NUCLEAR MED	2078451	NM-MYOCARD PERF SPECT SINGLE	341	78451	790.10	1,272.19	482.09	-	-

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REVISED 08.25.20

	Department	Charge Code	Bill Description	Rev Code	CPT Code	Current GMHA Rates June 2020	2020 APC RATE	Rate Increase Required	2020 Annualized Utilization	Projected Additional Gross Revenue
216	NUCLEAR MED	2078452	NM-MYOCARD PERF SPECT MULTIPLE	341	78452	790.10	1,272.19	482.09	-	-
217	NUCLEAR MED	2078453	NM-MYOCARD PERF PLANAR SINGLE	341	78453	790.10	1,272.19	482.09	-	-
218	NUCLEAR MED	2078454	NM-MYOCARD PERF PLANAR MULTI	341	78454	790.10	1,272.19	482.09	-	-
219	NUCLEAR MED	2078456	NM-ACUTE VENOUS THROMBOSIS	341	78456	641.35	1,272.19	630.84	-	-
220	NUCLEAR MED	2078457	NM-VENOGRAM UNILATERAL	341	78457	360.37	1,272.19	911.82	-	-
221	NUCLEAR MED	2078458	NM-VENOGRAM BILATERAL	341	78458	360.37	368.13	7.76	-	-
222	NUCLEAR MED	2078466	NM-MYOCARD IMAG INFARCT QL/QN	341	78466	311.71	368.13	56.42	-	-
223	NUCLEAR MED	2078468	NM-MYOCARD IMAG INFARCT EJECT	341	78468	311.71	471.98	160.27	-	-
224	NUCLEAR MED	2078469	NM-MYOCARDIAL PLAN SPECT	341	78469	471.86	1,272.19	800.33	-	-
225	NUCLEAR MED	2078481	NM-CARDIAC BLD POOL 1ST SING	341	78481	471.86	471.98	0.12	-	-
226	NUCLEAR MED	2078483	NM-CARD BLOOD POOL/FL	341	78483	339.40	471.98	132.58	-	-
227	NUCLEAR MED	2078494	NM-CARDIAC BLOOD POOL GATED E	341	78494	311.71	368.13	56.42	-	-
228	NUCLEAR MED	2078635	NM-CSF FLOW IMG VENTRICLGRPHY	341	78635	417.56	471.98	54.42	-	-
229	NUCLEAR MED	2078645	NM-CEREBRAL FLUID FLOW SHUNT	341	78645	417.56	471.98	54.42	-	-
230	NUCLEAR MED	2078802	NM-RADPHARM LOCAL OF TUMOR	341	78802	706.48	1,272.19	565.71	-	-
231	NUCLEAR MED	2078803	NM-TUMOR LOCALIZ SPECT (3d)	341	78803	980.52	1,272.19	291.67	-	-
232	NURSERY WELL BABY	1392585	NB HEARING SCREEN 2ND STEP	471	92585	139.77	253.10	113.33	321	36,378.93
233	NURSERY WELL BABY	1392587	NB HEARING SCREEN IST STEP	471	92587	182.52	253.10	70.58	2,646	186,754.68
234	NURSING	1411043	DEBRIDE MUSC/FASCIA 20 SQ CM/<	**761**	11043	361.22	497.02	135.80	-	-
235	NURSING	1411044	DEBRIDE BONE 20 SQ CM/<	**761**	11044	1,054.55	1,372.60	318.05	-	-
236	NURSING	1431500	INTUBATION	**230**	31500	165.56	203.64	38.08	156	5,940.48
237	NURSING	1431603	TRACHEOSTOMY EMERG TRANSTRCHL	**230**	31603	825.01	1,349.34	524.33	-	-
238	NURSING	1431622	DX BRONCOSCOPE W/ WASH	**230**	31622	1,346.11	1,430.61	84.50	-	-
239	NURSING	1431623	DX BRONCOSCOPE W/ BRUSH	**230**	31623	1,346.11	1,430.61	84.50	-	-
240	NURSING	1431624	DX BRONCOSCOPE W/ LAVAGE	**230**	31624	1,346.11	1,430.61	84.50	-	-
241	NURSING	1436450	EXCHNG BLOOD TRNSFUSE NEWBORN	**230**	36450	379.28	388.04	8.76	-	-
242	NURSING	1443753	NG/OG PLACEMENT	**230**	43753	66.09	253.10	187.01	9	1,683.09
243	NURSING	1451702	FOLEY OR I&O CATH	**230**	51702	85.74	109.03	23.29	645	15,022.05
244	NURSING	1486580	TB SKIN TEST	**230**	86580	22.86	22.99	0.13	24	3.12
245	NURSING	1490471	IMMUNIZATION 1 VACCINE	771	90471	27.30	60.47	33.17	567	18,807.39
246	NURSING	1496360	IV INFUS HYDR;31 MIN TO 1 HR	260	96360	106.31	183.74	77.43	1,971	152,614.53
247	NURSING	1496365	IV INFUS TX; UP TO 1 HOUR	260	96365	129.29	183.74	54.45	2,820	153,549.00
248	NURSING	1496372	TX INJ SQ OR IM	260	96372	30.88	60.47	29.59	2,238	66,222.42
249	NURSING	1496374	TX INJ IV	260	96374	88.36	183.74	95.38	3,951	376,846.38
250	ONCOLOGY SERVICES	1596402	CHEMO ANTINEO HORMON SQ/IM	280	96402	51.43	60.47	9.04	-	-
251	ONCOLOGY SERVICES	1596415	CHEMO IV EACH ADDL HOUR	280	96415	51.43	60.47	9.04	-	-

APPENDIX 1: Existing Charges to be Adjusted to 2020 APC Rates

REVISED 08.25.20

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252	ONCOLOGY SERVICES	1596417	CHEMO IV DIFF DRUG 1 HOUR	280	96417	51.43	60.47	9.04	-	-
253	PHARMACY	4295096	RABIES VACCINE 2.5IU SDV	251	90675	237.30	297.59	60.29	-	-
254	PHARMACY	4297002	CALCITONIN 200IU/ML 2ML VIAL	251	J0630	67.89	2,661.05	2,593.16	-	-
255	PHARMACY	4213185	DIGIBIND 40MG INJECTION	252	J1162	719.48	3,780.19	3,060.71	-	-
256	PHARMACY	4211259	PREMARIN 25MG INJECTION	252	J1410	96.03	308.93	212.90	18	3,832.20
257	PHARMACY	4203680	GLUCAGON 1MG/ML INJ	251	J1610	67.55	199.27	131.72	69	9,088.82
258	PHARMACY	4201809	TETANUS IG 250U/2ML INJ	251	J1670	151.96	432.66	280.70	12	3,368.44
259	PHARMACY	4224959	THYROTROPIN ALFA INJ KIT	251	J3240	1,312.27	1,695.12	382.85	-	-
260	PHARMACY	4226111	ATGAM 250MG/5ML AMP	251	J7504	591.37	2,066.02	1,474.65	-	-
261	PHARMACY	4200730	MYLERAN 2MG TABLET	252	J8510	1.23	24.18	22.95	-	-
262	PHARMACY	4210654	BUSULFAN 2MG TABLET	251	J8510	1.23	24.18	22.95	-	-
263	PHARMACY	4200171	VEPESID 50 MG CAPSULE	252	J8560	50.11	75.36	25.25	-	-
264	PHARMACY	4296049	BICNU 100 MG INJ	252	J9050	315.12	3,039.01	2,723.89	-	-
265	PHARMACY	4204357	DACTINOMYCIN 0.5MG/3ML INJ	251	J9120	59.35	1,098.20	1,038.85	-	-
266	PHARMACY	4208180	MYCOSTATIN VAGINAL TAB	252	J9280	1.23	87.75	86.52	-	-
267	PHARMACY	4295968	STREPTOZOCIN 1GM INJECTION	251	J9320	173.37	349.70	176.33	-	-
268	PHARMACY	4209550	THIOTEPA 15MG INJECTION	252	J9340	25.62	404.28	378.66	-	-
269	PHARMACY	4208380	INSULIN-NPH U100 10ML	251	P9047	29.02	52.45	23.43	6	140.58
270	PULMONARY FUNCTION	9400003	FLOW VOLUME LOOP	460	94375	205.84	253.10	47.26	237	11,200.62
271	PULMONARY FUNCTION	9494070	METACHOLINE CHALLENGE	460	94070	44.74	253.10	208.36	-	-
272	RADIOLOGY DIAGNOSTIC	2000067	SURGICAL SPECIMEN	320	76098	108.72	481.58	372.86	-	-
273	RADIOLOGY DIAGNOSTIC	2000100	BARIUM SPEECH EVAL COMPLEX	320	70371	203.61	233.04	29.43	-	-
274	RADIOLOGY DIAGNOSTIC	2000139	KNEE BOTH STANDING AP	320	73565	70.58	79.81	9.23	3	27.69
275	RADIOLOGY DIAGNOSTIC	2000402	COLON AIR CONTRAST W/ BARIUM	320	74280	179.05	182.22	3.17	-	-
276	RADIOLOGY DIAGNOSTIC	2000469	BONE AGE STUDIES	320	77072	105.53	112.08	6.55	-	-
277	RADIOLOGY DIAGNOSTIC	2000485	BONE LENGTH STUDIES	320	77073	111.91	112.08	0.17	-	-
278	RADIOLOGY DIAGNOSTIC	2000527	BONE SURVEY INFANT	320	77076	67.16	112.08	44.92	-	-
279	RADIOLOGY DIAGNOSTIC	2000980	ELBOW COMPLETE MIN 3 VIEWS	320	73080	75.78	79.81	4.03	111	447.33
280	RADIOLOGY DIAGNOSTIC	2001004	BARIUM ESOPHAGUS & PHARYNX	320	74210	129.79	182.22	52.43	-	-
281	RADIOLOGY DIAGNOSTIC	2001020	PORTABLE BEDSIDE	329	76499	22.40	79.81	57.41	7,632	438,153.12
282	RADIOLOGY DIAGNOSTIC	2001129	FACIAL BONES LESS 3 VIEWS	320	70140	75.78	79.81	4.03	15	60.45
283	RADIOLOGY DIAGNOSTIC	2001244	FOOT COMPLETE MIN 3VS	320	73630	75.78	79.81	4.03	525	2,115.75
284	RADIOLOGY DIAGNOSTIC	2001426	HUMERUS > 2 VIEWS	320	73060	75.78	79.81	4.03	96	386.88
285	RADIOLOGY DIAGNOSTIC	2001442	HYSTEROSALPINGOGRAPHY	320	74740	187.59	233.04	45.45	-	-
286	RADIOLOGY DIAGNOSTIC	2001491	KNEE ARTHRO S&I	322	73580	171.56	381.85	210.29	-	-
287	RADIOLOGY DIAGNOSTIC	2001707	MANDIBLE PARTIAL LESS 4 VWS	320	70100	75.78	79.81	4.03	21	84.63

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REVISED 08.25.20

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288	RADIOLOGY DIAGNOSTIC	2001723	MASTOIDS COMP MIN 3 VS/SIDE	320	70130	111.91	112.08	0.17	-	-
289	RADIOLOGY DIAGNOSTIC	2001749	MASTOIDS <3 VIEWS PER SIDE	320	70120	80.57	112.08	31.51	-	-
290	RADIOLOGY DIAGNOSTIC	2001822	NASAL BONES COMP MIN 3 VIEWS	320	70160	75.78	79.81	4.03	12	48.36
291	RADIOLOGY DIAGNOSTIC	2001848	NASOLACRIMAL DUCT	320	70170	89.52	233.04	143.52	-	-
292	RADIOLOGY DIAGNOSTIC	2001921	OPTIC FORAMINA	320	70190	67.16	79.81	12.65	-	-
293	RADIOLOGY DIAGNOSTIC	2002101	SACROILIAC JOINTS 3/> VWS	320	72202	89.52	112.08	22.56	-	-
294	RADIOLOGY DIAGNOSTIC	2002127	SACRUM & COCCYX MIN 2 VIEWS	320	72220	75.78	79.81	4.03	6	24.18
295	RADIOLOGY DIAGNOSTIC	2002309	RIBS BIL W/PA CHEST MIN 4VS	320	71111	98.47	112.08	13.61	-	-
296	RADIOLOGY DIAGNOSTIC	2002341	SALIVARY GLAND CALCULUS	320	70380	67.16	79.81	12.65	-	-
297	RADIOLOGY DIAGNOSTIC	2002366	SCAPULA COMPLETE	320	73010	75.78	112.08	36.30	-	-
298	RADIOLOGY DIAGNOSTIC	2002440	SHOULDER 1 VIEW	320	73020	75.78	79.81	4.03	15	60.45
299	RADIOLOGY DIAGNOSTIC	2002465	SIALOGRAPHY	320	70390	211.02	233.04	22.02	-	-
300	RADIOLOGY DIAGNOSTIC	2002523	SMALL BOWEL BA W/MULTI IMAGES	320	74250	134.26	182.22	47.96	-	-
301	RADIOLOGY DIAGNOSTIC	2002689	SPINE T-LUMBAR MIN 2 VIEWS	320	72080	75.78	79.81	4.03	-	-
302	RADIOLOGY DIAGNOSTIC	2002747	STERNUM MIN 2 VIEWS	320	71120	75.78	79.81	4.03	6	24.18
303	RADIOLOGY DIAGNOSTIC	2003042	IVP W/WOKUB W/WO TOMO	320	74400	171.90	182.22	10.32	-	-
304	RADIOLOGY DIAGNOSTIC	2003067	GU-UROGRAPHY ANTEGRADE	320	74425	338.53	381.85	43.32	-	-
305	RADIOLOGY DIAGNOSTIC	2003083	GU-UROGRAPHY RETROGRADE	320	74420	338.53	381.85	43.32	-	-
306	RADIOLOGY DIAGNOSTIC	2049465	FLUORO EXAM OF G-I/COLON TUBE	320	49465	122.39	233.04	110.65	-	-
307	RADIOLOGY DIAGNOSTIC	2050000	FLUOROSCOPY UP TO 1 HOUR	320	76000	211.02	233.04	22.02	312	6,870.24
308	RADIOLOGY DIAGNOSTIC	2050030	SHOULDER ARTHRO	322	73040	104.33	381.85	277.52	-	-
309	RADIOLOGY DIAGNOSTIC	2050130	INTERNAL AUDITORY MEATI COMP	320	70134	117.23	481.58	364.35	-	-
310	RADIOLOGY DIAGNOSTIC	2070030	RADIO EXAM EYE FB DETECT	320	70030	62.88	79.81	16.93	3	50.79
311	RADIOLOGY DIAGNOSTIC	2070310	TEETH PART EXAM <FULL MOUTH	320	70310	62.88	233.04	170.16	-	-
312	RADIOLOGY DIAGNOSTIC	2070320	TEETH COMPLETE FULL MOUTH	320	70320	62.88	233.04	170.16	-	-
313	RADIOLOGY DIAGNOSTIC	2070328	TMJ OPEN/CLOSED UNIL	320	70328	45.77	79.81	34.04	-	-
314	RADIOLOGY DIAGNOSTIC	2070332	ARTHROGRAPHY TMJ	320	70332	125.75	233.04	107.29	-	-
315	RADIOLOGY DIAGNOSTIC	2070350	CEPHALOGRAM ORTHODONTIC	320	70350	45.77	79.81	34.04	-	-
316	RADIOLOGY DIAGNOSTIC	2070355	ORTHOPANTOGRAM	320	70355	45.77	79.81	34.04	-	-
317	RADIOLOGY DIAGNOSTIC	2071047	CHEST THREE VIEWS	324	71047	77.78	79.81	2.03	-	-
318	RADIOLOGY DIAGNOSTIC	2072200	SACROILIAC JOINT <3 VIEWS	320	72200	84.95	112.08	27.13	-	-
319	RADIOLOGY DIAGNOSTIC	2073501	HIP UNIL W/ PELVIS 1 VW	320	73501	72.93	79.81	6.88	21	144.48
320	RADIOLOGY DIAGNOSTIC	2073521	HIPS BIL W/ PELVIS 2 VIEWS	320	73521	102.10	112.08	9.98	33	329.34
321	RADIOLOGY DIAGNOSTIC	2073525	HIP ARTHROGRAM	320	73525	270.47	381.85	111.38	-	-
322	RADIOLOGY DIAGNOSTIC	2073551	FEMUR 1 VIEW	320	73551	70.51	79.81	9.30	-	-
323	RADIOLOGY DIAGNOSTIC	2073615	ARTHROGRAPHY-ANKLE	320	73615	270.47	381.85	111.38	-	-

APPENDIX 1: Existing Charges to be Adjusted to 2020 APC Rates

REVISED 08.25.20

	Department	Charge Code	Bill Description	Rev Code	CPT Code	Current GMHA Rates June 2020	2020 APC RATE	Rate Increase Required	2020 Annualized Utilization	Projected Additional Gross Revenue
324	RADIOLOGY DIAGNOSTIC	2074019	ABDOMEN TWO VIEWS	320	74019	84.95	112.08	27.13	72	1,953.36
325	RADIOLOGY DIAGNOSTIC	2074190	PERITONEOGRAM INJ AIR/CONTRST	320	74190	125.75	481.58	355.83	-	-
326	RADIOLOGY DIAGNOSTIC	2074220	ESOPHAGUS BARIUM	320	74220	171.09	182.22	11.13	6	66.78
327	RADIOLOGY DIAGNOSTIC	2074230	SWALLOW FUNCTION W/CINE/VIDEO	320	74230	171.09	182.22	11.13	96	1,068.48
328	RADIOLOGY DIAGNOSTIC	2074246	UGI W/AIR CONTRST BA W/O KUB	320	74246	135.26	182.22	46.96	-	-
329	RADIOLOGY DIAGNOSTIC	2074775	PERINEOGRAM SEX DETERM/ANOMAL	320	74775	125.75	233.04	107.29	-	-
330	RADIOLOGY DIAGNOSTIC	2076010	NOSE TO RECTUM FB 1VW CHILD	320	76010	45.77	79.81	34.04	-	-
331	RADIOLOGY DIAGNOSTIC	2076120	CINERADIO/VIDEOGRAPHY	320	76120	87.22	112.08	24.86	-	-
332	RADIOLOGY DIAGNOSTIC	2077295	THERA SIMULATION-AIDED FIELD S	333	77295	945.30	1,245.34	300.04	-	-
333	RADIOLOGY DIAGNOSTIC	2077300	RADIATION DOSIMETRY CALCULATIO	333	77300	125.75	126.59	0.84	-	-
334	RADIOLOGY DIAGNOSTIC	2077321	TELETHERAPY PORT PLAN SPECIAL	333	77321	271.49	335.16	63.67	-	-
335	RADIOLOGY DIAGNOSTIC	2077331	DOSIMETRY SPECIAL SPECIFY	333	77331	125.75	126.59	0.84	-	-
336	RADIOLOGY DIAGNOSTIC	2077332	DEVICES TREATMENT DESIGN AND	333	77332	125.75	126.59	0.84	-	-
337	RADIOLOGY DIAGNOSTIC	2077333	TREATMENT DEVICES INTERMED	333	77333	125.75	126.59	0.84	-	-
338	RADIOLOGY DIAGNOSTIC	2077334	TREATMENT DEVICES COMPLEX	333	77334	194.30	335.16	140.86	-	-
339	RADIOLOGY DIAGNOSTIC	2077470	RO-SPECIAL TREATMENT PROCEDURE	333	77470	387.98	538.83	150.85	-	-
340	RADIOLOGY DIAGNOSTIC	2077761	INTRACAV RAD SOURCE SIMPLE	333	77761	308.15	538.83	230.68	-	-
341	RADIOLOGY DIAGNOSTIC	2077762	INTRACAVTRY RAD APPLY INTERM	333	77762	308.15	538.83	230.68	-	-
342	RADIOLOGY DIAGNOSTIC	2077763	INTRACVTRY RS APPL COMPLEX	333	77763	572.49	740.52	168.03	-	-
343	RADIOLOGY DIAGNOSTIC	2077789	RO-SURFACE APPLICATION OF RADI	333	77789	94.58	122.71	28.13	-	-
344	RESPIRATORY THERAPY	5300007	LUNG VOLUMES	460	94726	52.73	253.10	200.37	-	-
345	RESPIRATORY THERAPY	5300016	THERAPIST STANDBY	410	94799	-	138.35	138.35	-	-
346	RESPIRATORY THERAPY	5300046	PEAK FLOWMETER SUBSEQUENT	460	94060	44.74	253.10	208.36	-	-
347	RESPIRATORY THERAPY	5300057	CHEST PHYSIO SUBSEQUENT	460	94668	66.84	109.03	42.19	57	2,404.83
348	RESPIRATORY THERAPY	5300090	PENTAMIDINE TREATMENT	460	94642	44.74	183.96	139.22	-	-
349	RESPIRATORY THERAPY	5300106	SPIROMETRY TOTAL & TIMED	460	94010	90.09	138.35	48.26	-	-
350	RESPIRATORY THERAPY	5394003	PIP/NIF TEST	410	94799	52.73	138.35	85.62	-	-
351	SPECIAL SERVICES	9393304	TTE CONGENITAL CARDIAC LIM/FU	483	93304	210.28	481.58	271.30	6	1,627.80
352	SPECIAL SERVICES	9395824	EEG CEREBRAL DEATH	740	95824	348.04	485.61	137.57	-	-
353	ULTRASOUND	2076821	MIDDLE CEREBRAL ART ECHO FETAL	402	76821	94.32	112.08	17.76	-	-

PROJECTED FINANCIAL IMPACT $ 2,226,367.76