

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

THE AMERICAN HOSPITAL
ASSOCIATION,
et al.,

Plaintiffs,

—v—

XAVIER BECERRA, in his official capacity as
the Secretary of Health and Human Services, *et*
al.,

Defendants.

Civil Action No. 18-2084 (RC)

**UNOPPOSED MOTION FOR PERMISSION TO FILE
SECOND SUPPLEMENTAL COMPLAINT¹**

The Supreme Court has now affirmed this Court’s conclusion that Defendants violated the law when they drastically cut Medicare drug reimbursement rates for 340B hospitals in the 2018 and 2019 OPPS Rules. *Am. Hosp. Ass’n v. Becerra*, 142 S. Ct. 1896 (2022). In particular, the Court ruled that “absent a survey of hospitals’ acquisition costs, HHS may not vary the reimbursement rates for 340B hospitals” relative to other hospitals, and “HHS’s 2018 and 2019 reimbursement rates for 340B hospitals were therefore contrary to the statute and unlawful.” *Id.* at *8.

Plaintiffs respectfully move for permission under Federal Rule of Civil Procedure 15(d) to file the attached Second Supplemental Complaint, which adds claims challenging the OPPS Rules that Defendants promulgated for 2020, 2021, and 2022. In each of those three years, as in 2018 and 2019, Defendants reimbursed drugs acquired under the 340B program at a rate of ASP minus

¹ The parties have conferred and Defendants have indicated that they do not oppose this motion.

22.5%, even though they continued to reimburse the same drugs at a much higher rate of ASP plus 6% when *not* acquired through the 340B program. Defendants did *not* rely on the required survey of acquisition costs.

Permitting Plaintiffs to file the Second Supplemental Complaint is warranted under Rule 15(d). Motions to file supplemental pleadings “are to be freely granted when doing so will promote the economic and speedy disposition of the entire controversy between the parties, will not cause undue delay or trial inconvenience, and will not prejudice the rights of any other parties to the action.” *Powell v. IRS*, 263 F. Supp. 3d 5, 7 (D.D.C. 2017) (quoting *Hall v. CIA*, 437 F.3d 94, 101 (D.C. Cir. 2006)). The 2020, 2021, and 2022 OPPS Rules have the exact same legal defect that the Supreme Court identified in the 2018 and 2019 OPPS Rules in this case. Permitting Plaintiffs to add claims challenging the 2020, 2021, and 2022 OPPS Rules is thus the most efficient way to resolve the entire controversy between the parties. Likewise, adding those years to this case will not cause undue delay, inconvenience, or prejudice. Accordingly, this Court should grant permission under Rule 15(d) to file the attached Second Supplemental Complaint.

CONCLUSION

Plaintiffs respectfully move the Court for permission to file the attached Second Supplemental Complaint, which adds claims challenging the 2020, 2021, and 2022 OPPS Rules.

Dated: August 3, 2022

Respectfully submitted,

/s/ William B. Schultz

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CERTIFICATE OF SERVICE

I hereby certify that, on August 3, 2022, I caused the foregoing to be electronically served on counsel of record via the Court's CM/ECF system.

/s/ *Ezra B. Marcus*

Ezra B. Marcus

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

THE AMERICAN HOSPITAL ASSOCIATION,
800 Tenth Street, NW, Suite 400
Washington, DC 20001,

THE ASSOCIATION OF AMERICAN
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HENRY FORD HEALTH,
1 Ford Place
Detroit, MI 48202, and

FLETCHER HOSPITAL, INC., d/b/a
ADVENTHEALTH HENDERSONVILLE,
100 Hospital Drive
Hendersonville, NC 28792,

Plaintiffs,

—v—

XAVIER BECERRA, in his official capacity as
the Secretary of Health and Human Services,
200 Independence Avenue, SW
Washington, DC 20201,

THE DEPARTMENT OF HEALTH AND
HUMAN SERVICES,
200 Independence Avenue, SW
Washington, DC 20201,

Defendants.

Civil Action No. 18-2084 (RC)

SECOND SUPPLEMENTAL COMPLAINT

The American Hospital Association, the Association of American Medical Colleges, America's Essential Hospitals, Northern Light Health, Henry Ford Health, and Fletcher Hospital, Inc. d/b/a AdventHealth Hendersonville bring this action against Defendants Department of Health and Human Services ("HHS") and Xavier Becerra, in his official capacity as the Secretary of HHS, and allege the following:

NATURE OF ACTION

1. Plaintiffs bring this action under the Social Security Act and the Administrative Procedure Act ("APA") to challenge certain reductions in Medicare reimbursement rates that were first promulgated as part of a final rule issued on November 1, 2017, by the Centers for Medicare and Medicaid Services ("CMS"), an agency within HHS. *See* 82 Fed. Reg. 52,356, 52,493-52,511, 52,622-52,625 (Nov. 13, 2017). The rule, which took effect on January 1, 2018, concerned the Hospital Outpatient Prospective Payment System ("OPPS") and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs for Calendar Year 2018. Plaintiffs will hereafter refer to this rule as the "2018 OPPS Rule," and to the analogous rules in each subsequent year as the "2019 OPPS Rule," the "2020 OPPS Rule," the "2021 OPPS Rule," and the "2022 OPPS Rule."

2. The portions of the rule being challenged in this case reduced by nearly 30% Medicare reimbursements to certain public and not-for-profit hospitals and clinics for prescription drugs purchased by those institutions on a discounted basis under section 340B of the Public Health Service Act (the "340B Program").

3. On November 21, 2018, CMS issued a final rule for calendar year 2019 that "continu[ed] the 340B Program policies that were implemented in [calendar year] 2018," including

the nearly 30% reimbursement rate reduction for drugs purchased under the 340B Program. *See* 2019 OPPS Rule, 83 Fed. Reg. 58,818, 58,981 (Nov. 21, 2018).

4. On June 15, 2022, the Supreme Court of the United States unanimously held that CMS’s policy of paying for 340B drugs at a reduced rate pursuant to the 2018 and 2019 OPPS Rules was unlawful. *American Hospital Association v. Becerra*, 142 S. Ct. 1896 (2022). The Court “conclude[d] that, absent a survey of hospitals’ acquisition costs, HHS may not vary the reimbursement rates for 340B hospitals. HHS’s 2018 and 2019 reimbursement rates for 340B hospitals were therefore contrary to the statute and unlawful.” *Id.*

5. For each of 2020, 2021, and 2022, CMS issued OPPS Rules that continued the reimbursement rate reduction of nearly 30% for drugs acquired through the 340B Program. *See* 2020 OPPS Rule, 84 Fed. Reg. 61,142, 61,324 (Nov. 12, 2019); 2021 OPPS Rule, 85 Fed. Reg. 85,866, 86,053–54 (Dec. 29, 2020); 2022 OPPS Rule, 86 Fed. Reg. 63,458, 63,648 (Nov. 16, 2021). In those years, like in 2018 and 2019, HHS imposed a reduced rate on 340B hospitals without relying on a survey of hospitals’ acquisition costs—the very same policy that the Supreme Court has now held unlawful with respect to 2018 and 2019.

6. Congress enacted the 340B Program in 1992 and through that Program lowered the cost of drugs purchased by certain public and not-for-profit hospitals and federally funded clinics serving large numbers of low-income patients. By lowering hospitals’ purchase costs for patient drugs, Congress enabled these hospitals to “stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.” H.R. REP. No. 102–384(II), at 12 (1992). *See also* 82 Fed. Reg. at 52,493 & n.18 (quoting House report and noting that “[t]he statutory intent of the 340B Program is to maximize scarce Federal resources as much as possible, reaching more eligible patients”). Defendants’ reimbursement cuts for 340B drugs

specially target the Medicare portion of the benefit of this Program for 340B hospitals that serve the poor. The 2018–2022 OPPS Rules eliminate nearly all of the differential between national Medicare reimbursement rates and the discounted purchase costs mandated for 340B hospitals, costing those hospitals at least an estimated (by CMS) \$1.6 billion each year, in violation of both the Secretary’s statutory authority under the Social Security Act to reimburse hospitals for outpatient drugs and the purpose and design of the Public Health Service Act provisions establishing the 340B program.

7. Plaintiffs American Hospital Association, Association of American Medical Colleges, and America’s Essential Hospitals (the “Association Plaintiffs”) are hospital associations whose members, including Plaintiffs Northern Light Health, AdventHealth Hendersonville, and Henry Ford Health (the “Hospital Plaintiffs”), have used the 340B Program to provide critical healthcare services to their communities, including to underserved patient populations in those communities. Those hospitals and their poor and underserved patient populations have suffered, and will continue to suffer, harm from the negation of the cost-reimbursement differential for 340B drugs in the 2018–2022 OPPS Rules.

PARTIES

8. Plaintiff American Hospital Association (“AHA”) is a national not-for-profit organization headquartered in Washington, D.C. AHA represents and serves nearly 5,000 hospitals, health care systems, and networks, plus 43,000 individual members (largely hospital professional staff). AHA’s mission is to advance the health of individuals and communities by leading, representing, and serving the hospitals, health systems, and other related organizations that are accountable to their communities and committed to health improvement. AHA provides extensive education for health care leaders and is a source of valuable information and data on

health care issues and trends. It also ensures that members' perspectives and needs are heard and addressed in national health policy development, legislative and regulatory debates, and judicial matters.

9. Many of AHA's member hospitals participate in the 340B Program and rely heavily on the price differential created by Congress through that Program to generate resources that are used to provide critical health care programs for the vulnerable populations they serve. These AHA members have been significantly harmed by the elimination of this differential from Medicare payments in the 2018–2022 OPPS Rules and will continue to be significantly harmed if the 2022 OPPS Rule remains in effect.

10. Plaintiff Association of American Medical Colleges ("AAMC") is a national not-for-profit association headquartered in Washington, D.C. AAMC is dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its membership consists of all 156 accredited U.S. medical schools, more than 400 major teaching hospitals and health systems, and more than 70 academic societies. Through these institutions and organizations, AAMC serves the leaders of America's medical schools and teaching hospitals and their more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

11. Many of AAMC's member teaching hospitals participate in the 340B Program and rely heavily on the price differential created by Congress through that Program to generate resources that are used to provide critical health care programs for their communities, including vulnerable populations in those communities. These AAMC members have been significantly

harm by the elimination of this differential from Medicare payments in the 2018–2022 OPPS Rules and will continue to be significantly harmed if the 2022 OPPS Rule remains in effect.

12. Plaintiff America’s Essential Hospitals (“AEH”) is a national not-for-profit association headquartered in Washington, D.C. AEH is a champion for hospitals and health systems dedicated to high-quality care for all, including the most vulnerable. Since 1981, AEH has initiated, advanced, and preserved programs and policies that help these hospitals ensure access to care. Its more than 300 hospital members are vital to their communities, providing primary care through trauma care, disaster response, health professional training, research, public health programs, and other services.

13. Almost all of AEH’s member hospitals participate in the 340B Program and rely heavily on the price differential created by Congress through that Program to generate resources that are used to provide critical health care programs for the communities they serve, including vulnerable populations within those communities. These AEH members have been significantly harmed by the elimination of this differential from Medicare payments in the 2018–2022 OPPS Rules and will continue to be significantly harmed if the 2022 OPPS Rule remains in effect.

14. Plaintiff Northern Light Health (“Northern Light”) is an integrated health care system headquartered in Brewer, Maine, near Bangor, Maine, and is a member of the Plaintiff AHA. Northern Light provides services throughout virtually the entire State of Maine – including both the urban populations in south and central Maine and the rural populations residing in Maine’s economically challenged northern and eastern regions. Northern Light-affiliated entities employ over 700 physicians providing access to care for the 93% of Maine’s population living in Northern Light service areas.

15. Maine has the oldest population of any state and the largest percentage of Medicare eligible citizens in the nation. A large percentage of Northern Light's services is provided to elderly and disadvantaged populations.

16. The 2018–2022 OPPS Rules severely threaten Northern Light's ability to provide critical healthcare programs to its communities, including the underserved populations in those communities, by depriving it of millions of dollars of savings previously generated from the differential between Medicare reimbursements and 340B discounts.

17. Plaintiff Henry Ford Health ("Henry Ford") is a not-for-profit integrated health care delivery system headquartered in Detroit, Michigan. Henry Ford serves the metropolitan Detroit and Jackson areas of Michigan. The system has 30,000 employees, 26 medical centers, six acute care hospitals with a total of 2,405 inpatient beds, including its flagship hospital—Henry Ford Hospital ("HFH")—a large academic safety net hospital located within the city of Detroit, and Henry Ford Jackson Hospital, ("HF Jackson") located in the city of Jackson. HFH is a member of Plaintiffs AHA, AAMC, and AEH. HF Jackson is a member of Plaintiff AHA.

18. Located in Detroit's Midtown, HFH has served the Detroit community—which has the highest rate of concentrated poverty among the top 25 metro areas in the United States—for over 100 years. HFH is an 877-bed tertiary care hospital, education and research center, which provides comprehensive and advanced inpatient and outpatient care. HFH is also a Level 1 trauma center and one of the largest U.S. teaching hospitals.

19. Located in Jackson, Michigan, HF Jackson is a 475-bed healthcare organization that has served as the sole health system for the south central Michigan community since 1918. With more than 400 physicians, HF Jackson's network of 40 facilities complements traditional

acute care with mission-based services to address the health needs of its economically-challenged, underserved community. Jackson has a median income of \$28,000 and a 36% poverty rate.

20. By depriving Henry Ford of millions of dollars previously generated by the differential between Medicare reimbursements and 340B discounts, the 2018–2022 OPPS Rules severely threaten the ability of Henry Ford, including HFH and HF Jackson, to provide critical healthcare programs to their communities, including the underserved populations in those communities.

21. Plaintiff AdventHealth Hendersonville (“AdventHealth”) is a not-for-profit health care system headquartered in Hendersonville, North Carolina, south of Asheville, North Carolina, and is a member of the Plaintiff AHA. AdventHealth employs 153 doctors, nurses and other healthcare professionals who practice at 45 locations across Henderson, Buncombe, and Haywood Counties. AdventHealth is part of Adventist Health System (“AHS”), a network of approximately 50 Seventh-day Adventist-affiliated hospitals, as well as skilled nursing facilities, physician offices, home health agencies, hospice providers, and urgent care facilities in nine states.

22. The communities AdventHealth serves contain a large percentage of elderly and retired persons, including a large number of Medicare beneficiaries. In fiscal year 2022, Medicare has been responsible for approximately 55% of AdventHealth’s gross revenues. The 2018–2022 OPPS Rules severely threaten AdventHealth’s ability to provide critical healthcare programs to its communities, including the underserved populations in those communities, by depriving it of millions of dollars of savings previously generated from the differential between Medicare reimbursements and 340B discounts.

23. Defendant HHS is a cabinet-level department of the United States government headquartered at 200 Independence Avenue, SW, Washington, D.C. 20201. CMS, which issued the 2018–2022 OPPS Rules, is an agency within HHS.

24. Defendant Xavier Becerra (“the Secretary”) is the Secretary of Health and Human Services”) and maintains offices at 200 Independence Avenue, SW, Washington, D.C. 20201. In that capacity, he is responsible for the conduct and policies of HHS, including the conduct and policies of CMS. Secretary Becerra is sued in his official capacity.

JURISDICTION AND VENUE

25. This action arises under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 *et seq.*, section 340B of the Public Health Services Act, 42 U.S.C. § 256b, and the Administrative Procedure Act, 5 U.S.C. § 701–06.

26. This Court has subject matter jurisdiction over this action under 42 U.S.C. § 405 and 28 U.S.C. § 1331.

27. This judicial district is an appropriate venue pursuant to 28 U.S.C. § 1391(e), 42 U.S.C. § 405(g), and 42 U.S.C. § 1395ff(b)(2)(C)(iii).

STATUTORY AND REGULATORY BACKGROUND

A. The 340B Program

28. Congress established the 340B Program in 1992 as part of the Public Health Service Act. The 340B Program provides certain hospitals serving a disproportionate share of low-income individuals and federally-funded clinics (called “covered entities” in the statute) with outpatient prescription drug discounts comparable to those that Congress had made available to state Medicaid agencies in 1990. Under the 340B Program, private prescription drug manufacturers, as a condition of having their outpatient drugs be reimbursable through state Medicaid programs, are

required to offer covered entities discounts calculated pursuant to a statutory formula. 42 U.S.C. § 256b(a)(1). As the Health Resources & Services Administration (“HRSA”), the agency within HHS responsible for administering the 340B Program, has recognized, the purpose of the Program is to enable eligible public and not-for-profit hospitals and other covered institutions to use their scarce resources to reach more patients, and to provide more comprehensive services.

29. From when the 340B Program was first implemented until 2017, covered entities retained all savings generated through the program and used those savings to provide additional critical healthcare services for their communities, including underserved populations within those communities – for example, by increasing service locations, developing patient education programs, and providing translation and transportation services.

30. Recognizing the value of the 340B Program, Congress has increased the categories of eligible “covered entities.” In 1992, when Congress first created the Program, “covered entities” included federally-funded health centers and clinics providing services such as family planning, AIDS intervention, and hemophilia treatment, as well as public and certain not-for-profit hospitals serving a large proportion of low-income populations. *See* 42 U.S.C. §§ 256b(a)(4)(A)-(E), (G), (L). In 2010, as a part of the Affordable Care Act, Congress expanded “covered entities” to include certain children’s hospitals, free-standing cancer hospitals, critical access hospitals, and sole community hospitals. *See* 42 U.S.C. § 256b(a)(4)(M)-(O).

31. Each of the Hospital Plaintiffs and many other members of the Association Plaintiffs are “covered entities” under the 340B Program.

B. Medicare OPPS Reimbursement

32. In 1997, Congress acted to control Medicare expenditures for outpatient services and directed CMS to develop a hospital Outpatient Prospective Payment System (“OPPS”) for

Medicare to pay for services offered by hospitals' outpatient departments, for example rehabilitation services. *See* 42 U.S.C. § 1395l. CMS updates the OPPS payment rates annually.

33. Beginning in 2004, Congress required CMS to set reimbursement rates for separately payable drugs, *i.e.*, covered outpatient drugs that are not bundled into the price of an outpatient service. These drugs include outpatient drugs covered under the 340B program.

34. A provision of the statute provides CMS with two choices in setting Medicare reimbursement rates for separately payable drugs in 2006 and subsequent years. Under Subclause I of that statutory provision, CMS must set rates based on the acquisition costs of these drugs, if specified statistically sound survey data on acquisition cost are available for each drug. 42 U.S.C. § 1395l(t)(14)(A)(iii)(I). Under Subclause II, if the specified acquisition cost data are not available, CMS is required to reimburse based on average sales price ("ASP")—a defined quantity under a different statutory provision—plus 6%. 42 U.S.C. § 1395l(t)(14)(A)(iii)(II).

35. In 2012, after concluding that it could not obtain the acquisition cost survey data required in order to reimburse under Subclause I based on acquisition cost, CMS adopted the reimbursement method under Subclause II - the statutory default rate of ASP plus 6% - for all separately payable drugs. CMS applied this statutory default rate without further adjustments for each subsequent year, until January 1, 2018.

C. CMS's Policy of Reducing the Payment Rate for 340B Drugs

36. On July 13, 2017, CMS issued its proposed rule on OPPS and Ambulatory Surgical Center payment systems for the Calendar Year 2018. In addition to updating the OPPS with 2018 rates, CMS proposed to change how Medicare pays certain hospitals for separately payable drugs purchased under the 340B Program. 82 Fed. Reg. 33,558, 33,634 (July 20, 2017). Specifically, CMS proposed lowering the government payment rate for such drugs from the previous (statutory

default) rate of ASP plus 6% to ASP minus 22.5% - a reduction in the reimbursement rate of 28.5%. *Id.* at 33,634.

37. CMS stated that its reason for proposing this reduction was that a lower reimbursement rate would better reflect the acquisition cost of the drugs. According to CMS, the new rate would better recognize “the significantly lower acquisition costs of such drugs incurred by a 340B hospital,” *id.*, and “better represent[] the average acquisition cost for these drugs and biologicals,” *id.* at 33634. On November 1, 2017, CMS issued the final version of the 2018 OPPS Rule, adopting the proposed rate of ASP minus 22.5% for drugs purchased under the 340B Program. 82 Fed. Reg. 52,356, 52,362.

38. This new reimbursement rate nearly eliminated the benefit of the 340B program for certain covered entities for Medicare/340B drugs by eliminating the difference between the purchase price paid *by* hospitals for those drugs and Medicare payments *to* hospitals for those drugs.

39. In reducing the payment rate for certain 340B drugs by nearly 30%, CMS purported to rely on its authority under 42 U.S.C. § 1395l(t)(14)(A)(iii)(II), which allows the Secretary to “calculate” and “adjust” the statutory default rate of ASP plus 6%. *E.g.*, 82 Fed. Reg. at 52,499 (noting that “calculate and adjust” authority gives the Secretary “broad discretion” to adjust payments for drugs). The rate reduction exceeded the Secretary’s authority because it was expressly based on the estimated acquisition costs of 340B drugs, *i.e.*, a variation of the cost-based methodology set forth under Subclause I of the applicable statutory provision, 42 U.S.C. § 1395l(t)(14)(A)(iii)(I). *E.g.*, 82 Fed. Reg. at 52,501. Because CMS has never been able to reliably collect the statistically significant cost data for each drug required under the statute to invoke Subclause I, it improperly sought to use *aggregate* acquisition costs as estimated by the Medicare

Payment Advisory Commission (“MedPAC”) as a proxy for that data in issuing the OPPS Rule – even though payment under Subclause II expressly must be based on average sales price, *not* acquisition costs. In doing so, CMS impermissibly invoked its authority under Subclause II to circumvent the requirements under Subclause I.

40. The Secretary’s authority under Subclause II of the applicable statutory provision, 42 U.S.C. § 1395l(t)(14)(A)(iii)(II), to “calculate” and “adjust” the ASP-plus-6% formula, does not allow CMS to reduce the statutory rate by nearly 30%, depriving affected hospitals of drug-price savings totaling an estimated \$1.6 billion (CMS’s estimate). Rather, this authority only permits the Secretary to calculate the ASP as set forth in the statute and to fine-tune the default rate.

41. The Secretary’s authority under Subclause II does not include applying different reimbursement rates to different hospitals. The Secretary could only apply different reimbursement rates by using his authority under Subclause I.

42. Furthermore, the rate reduction for 340B-acquired drugs undermines the 340B Program by depriving eligible hospitals of a critical portion of the resources Congress intended to provide those hospitals through 340B discounts. Elimination of these resources has and will continue to put public and not-for-profit covered entities into even more precarious financial situations, curtailing their ability to provide essential healthcare services and programs to their communities, including underserved populations within those communities. This is inconsistent with the intent of the 340B program, which was designed to help covered entities stretch scarce federal resources to reach more patients. CMS’s efforts in the 2018 OPPS Rule to “align” (82 Fed. Reg. at 52,495) the purchase price of 340B drugs with reimbursements for those drugs is directly

contrary to Congress' intent to create a differential between reimbursements and purchase prices and thereby to generate resources for covered entities to use in their communities.

43. CMS's rate reduction has substantially impacted the day-to-day operations of many covered entities, including the Hospital Plaintiffs and other members of the Association Plaintiffs. These entities rely on the 340B savings, and the price differential Congress created through that program, to provide vital health services to their communities, including vulnerable and underserved populations within those communities. Elimination of the differential in connection with Medicare payments for 340B drugs has threatened many of these critical programs, and thus the poor and underserved populations who depend on 340B hospitals, in direct contravention of the purpose and design of the 340B program.

44. On November 21, 2018, CMS issued the 2019 OPPS Rule, which "continu[ed] the 340B Program policies that were implemented in [calendar year] 2018," including the policy of "pay[ing] for separately payable Medicare Part B drugs . . . that are acquired through the 340B Program at ASP minus 22.5 percent." 83 Fed. Reg. at 58,980–81.

45. For each of 2020, 2021, and 2022, CMS again issued OPPS Rules providing that drugs acquired under the 340B Program would continue to be reimbursed at the reduced rate of ASP minus 22.5 percent. *See* 2020 OPPS Rule, 84 Fed. Reg. 61,142, 61,324 (Nov. 12, 2019); 2021 OPPS Rule, 85 Fed. Reg. 85,866, 86,053–54 (Dec. 29, 2020); 2022 OPPS Rule, 86 Fed. Reg. 63,458, 63,648 (Nov. 16, 2021).

46. CMS has at all times applied the reduced reimbursement rate of ASP minus 22.5 percent *only* to drugs acquired under the 340B Program. Drugs not acquired under the 340B Program continued to be reimbursed at a rate of ASP plus 6 percent. *See* 2020 OPPS Rule, 84 Fed.

Reg. at 61,317; 2021 OPPS Rule, 85 Fed. Reg. at 86,038–39; 2022 OPPS Rule, 86 Fed. Reg. at 63,640–41.

47. In these years, as in 2018 and 2019, CMS did *not* rely on the required survey of hospitals’ acquisition costs when imposing its rate reductions.

ADMINISTRATIVE REVIEW OF PLAINTIFFS’ CLAIMS FOR PAYMENT

48. After a health-care provider performs Medicare-eligible services, it submits a claim for reimbursement to a Medicare Administrative Contractor (“MAC”). The MAC makes an initial determination whether to pay the claim, and if so, how much to pay. 42 C.F.R. § 405.920. If the MAC denies a claim for payment in whole or in part, the Social Security Act provides a four-level administrative appeal process. First, the provider may present its claim again to the MAC for “redetermination.” 42 U.S.C. § 1395ff(a)(3); 42 C.F.R. § 405.940. Second, the provider may seek “reconsideration” from a Qualified Independent Contractor (“QIC”). 42 U.S.C. § 1395ff(c); 42 C.F.R. § 405.960. Third, the provider may seek *de novo* review by an administrative law judge in the Office of Medicare Hearings and Appeals. 42 U.S.C. § 1395ff(d)(1); 42 C.F.R. § 405.1000–58. If, however, an appeal turns on a question of law or regulation and does not present any material disputes of fact, then after or simultaneous with requesting third-level review by an administrative law judge, a provider may ask the Departmental Appeals Board to certify the appeal for expedited access to judicial review. 42 U.S.C. § 1395ff(b)(1)(A), (b)(2); 42 C.F.R. § 405.990. Fourth, the provider may seek *de novo* review by the Medicare Appeals Council, which is a part of the HHS Departmental Appeals Board. 42 U.S.C. § 1395ff(d)(2); 42 C.F.R. § 1100.

49. If HHS’s final decision after this process is unfavorable, a provider may seek judicial review. 42 U.S.C. § 1395ff(b)(1)(A); 42 C.F.R. § 1136.

A. Henry Ford Health

50. On January 9, 2018, Henry Ford presented a claim for payment to WPS Government Health Administrators (“WPS”), a MAC, for separately payable drugs subject to the 340B Program. On January 25, 2018, WPS issued an initial determination advising Henry Ford that the claim would be labeled 21800900583604MIA (hereinafter “Claim ‘604’”) and that \$5,031.81 would be remitted to Henry Ford on that claim.

51. On January 10, 2018, Henry Ford presented a claim for payment to WPS for separately payable drugs subject to the 340B Program. On January 30, 2018, WPS issued an initial determination advising Henry Ford that the claim would be labeled 21801000637704MIA (hereinafter “Claim ‘704’”) and that \$10,533.62 would be remitted to Henry Ford on that claim.

52. On January 10, 2018, Henry Ford presented a claim for payment to WPS for separately payable drugs subject to the 340B Program. On January 30, 2018, WPS issued an initial determination advising Henry Ford that the claim would be labeled 21801000640004MIA (hereinafter “Claim ‘004’”) and that \$3,734.85 would be remitted to Henry Ford on that claim.

53. Consistent with the payment reduction in the 2018 OPPS Rule, WPS’s payments on Claims ‘604, ‘704, and ‘004 were approximately 30% less than what it had paid Henry Ford on identical claims in 2017. On February 8, 2018, Henry Ford submitted redetermination requests to WPS for each of the three claims in which it demanded full reimbursement in the amount of \$7,344.77 on Claim ‘604, \$14,876.96 on Claim ‘704, and \$5,451.99 on Claim ‘004. On each of the three redetermination request forms, Henry Ford contended that “the payment(s) received for 340B drugs reflect a new reimbursement of Average Sales Price (ASP) minus 22.5%,” and that the new reimbursement rate

violates 42 U.S.C. § 1395l(t)(14)(A)(iii)(II), the authority to pay for this drug, because it: (1) is not an ‘adjustment’ to the statutory default rate (ASP+6%); (2) is

based on acquisition cost, when reliable data on acquisition cost is concededly unavailable; and (3) is for the explicit purpose of significantly reducing benefits provided by the statutorily-created 340B program.

54. On March 6, 2018, WPS issued unfavorable decisions on each of Henry Ford's three redetermination requests, explaining in each of the three redetermination letters that the amount it had already paid was "the maximum payment allowed by Medicare" for the service at issue.

55. On March 27, 2018 (Claims '604 and '004) and April 10, 2018 (Claim '704), Henry Ford submitted reconsideration requests regarding its three claims to Maximus Federal Services ("Maximus"), a QIC. In each of its three reconsideration requests, Henry Ford raised the same argument that it had raised in its redetermination requests to WPS.

56. Maximus initially issued favorable reconsideration decisions on each of Henry Ford's three claims on May 22, 2018 (Claim '004) and June 1, 2018 (Claims '604 and '704), stating that Henry Ford "was underpaid" on each claim. However, after CMS recouped the payments on Claims '704 and '004, it reprocessed those claims and reissued payments for exactly the same lower amounts that it had issued previously in conformity with the 2018 OPPS Rule. CMS never reprocessed Claim '604. Henry Ford later learned that each of the three appeals had been reopened at the direction of CMS, which had determined that there are no administrative appeal rights for claims related to the 340B Program. Henry Ford subsequently received letters regarding each of its three reconsideration requests from Maximus, all dated July 11, 2018, in which Maximus stated that each of the three reopened appeals "ha[d] been deleted from our system" and that "MAXIMUS will not be issuing a new reconsideration decision at this time." These letters constituted dismissals of each of Henry Ford's three appeals. To date, Henry Ford has not been paid any amount of money on any of its three claims other than the deficient initial remittances made pursuant to the new OPPS Rule.

57. On August 2, 2018, Henry Ford submitted requests to the Office of Medicare Hearings and Appeals for review by an Administrative Law Judge (“ALJ”) of Maximus’s decisions on each of Henry Ford’s three reconsideration requests. In each of its three ALJ hearing requests, Henry Ford raised the same argument that it had raised in its redetermination requests to WPS and in its reconsideration requests to Maximus.

58. On August 10, 2018, Henry Ford submitted a request to the Departmental Appeals Board for expedited access to judicial review pursuant to 42 C.F.R. § 405.990 on its three appeals. The request explained that there are no material facts in dispute and that Henry Ford’s challenge to the remittances on its three claims turns on purely legal disputes about the whether the 2018 changes to the 340B Program exceeded Secretary’s statutory authority to adjust reimbursement rates and whether administrative and judicial review of such challenges is available.

59. On January 10, 2019, Henry Ford presented a claim for payment to WPS for separately payable drugs subject to the 340B Program. On January 30, 2019, WPS issued an initial determination advising Henry Ford that the claim would be labeled ICN 21901000533804MIA (hereinafter “Claim ‘804”) and that \$6,989.43 would be remitted to Henry Ford on that claim. On January 11, 2019, Henry Ford presented a claim for payment to WPS for separately payable drugs subject to the 340B Program. On February 1, 2019, WPS issued an initial determination advising Henry Ford that the claim would be labeled ICN 21901100534104MIA (hereinafter “Claim ‘104”) and that \$21,919.13 would be remitted to Henry Ford on that claim.

60. Consistent with the payment reduction in the 2018 OPPS Rule that was carried forward in the 2019 OPPS Rule, WPS’s payments on Claims ‘804 and ‘104 were approximately 30% less than what it had paid Henry Ford on identical claims in 2017.

61. Henry Ford has presented claims for payment for drugs acquired under the 340B program for service dates in 2020, including the claims listed below (identified by ICN number).

Consistent with the 2020 OPPS Rule, WPS has paid these claims at a rate of ASP minus 22.5%¹:

- a. 22001000573004MIA
- b. 22001400909404MIA
- c. 22001600581704MIA

62. Henry Ford has presented claims for payment for drugs acquired under the 340B program for service dates in 2021, including the claims listed below (identified by ICN number).

Consistent with the 2021 OPPS Rule, WPS has paid these claims at a rate of ASP minus 22.5%²:

- a. 22128500359004MIA
- b. 22128100236304MIA
- c. 22129300368304MIA
- d. 22133600331404MIA

63. Henry Ford has presented claims for payment for drugs acquired under the 340B program for service dates in 2022, including the claims listed below (identified by ICN number).

Consistent with the 2022 OPPS Rule, WPS has paid these claims at a rate of ASP minus 22.5%³:

- a. 22213100255404MIA
- b. 22213200192804MIA
- c. 22211700240204MIA
- d. 22213700385904MIA

64. In light of these events, Henry Ford has presented specific claims for payment to the Secretary under the 2018–2022 OPPS Rules and any further administrative review would be futile because (a) no adjudicator within CMS has authority to invalidate a CMS regulation, and (b) CMS has taken the position that there is no administrative review of 340B Program reimbursement disputes.

¹ See Ex. 1.

² See Ex. 2.

³ See Ex. 3.

B. Northern Light Health

65. On January 23, 2018, Northern Light presented a claim for payment to National Government Services (“NGS”), a MAC, for separately payable drugs subject to the 340B Program. On February 6, 2018, NGS issued an initial determination advising Northern Light that the claim would be labeled 21802300601207MEA (hereinafter “Claim ‘207’”), and that a total of \$4,826.63 would be remitted to Northern Light on that claim.

66. On February 6, 2018, Northern Light presented a claim for payment to NGS for separately payable drugs subject to the 340B Program. On February 20, 2018, NGS issued an initial determination advising Northern Light that the claim would be labeled 21803700697107MEA (hereinafter “Claim ‘107’”), and that a total of \$4,826.63 would be remitted to Northern Light on that claim.

67. On February 6, 2018, Northern Light presented a claim for payment to NGS for separately payable drugs subject to the 340B Program. On February 20, 2018, NGS issued an initial determination advising Northern Light that the claim would be labeled 21803700743607MEA (hereinafter “Claim ‘607’”) and that a total of \$4,598.67 would be remitted to Northern Light on that claim.

68. On February 6, 2018, Northern Light presented a claim for payment to NGS for separately payable drugs subject to the 340B Program. On February 20, 2018, NGS issued an initial determination advising Northern Light that the claim would be labeled 21803700741907MEA (hereinafter “Claim ‘907’”) and that a total of \$3,338.66 would be remitted to Northern Light on that claim.

69. On February 6, 2018, Northern Light presented a claim for payment to NGS for separately payable drugs subject to the 340B Program. On February 21, 2018, NGS issued an

initial determination advising Northern Light that the claim would be labeled 21803700775907MEA (hereinafter “Claim ‘5907’”) and that a total of \$3,083.06 would be remitted to Northern Light on that claim.

70. Consistent with the payment reduction in the 2018 OPPS Rule, NGS’s payments on Claims ‘207, ‘107, ‘607, ‘907, and ‘5907 were approximately 30% less than what it had paid Northern Light on identical claims in 2017. On March 19, 2018, Northern Light submitted redetermination requests to NGS for each of the five claims in which it demanded full reimbursement in the amount of \$7,045.30 on Claim ‘207, \$7,045.30 on Claim ‘107, \$6,712.57 on Claim ‘607, \$4,873.33 on Claim ‘907, and \$4,500.23 on Claim ‘5907. On each of the five redetermination request forms, Northern Light contended that “the payment(s) received for 340B drugs reflect a new reimbursement of Average Sales Price (ASP) minus 22.5%,” and that the new reimbursement rate

violates 42 U.S.C. § 1395l(t)(14)(A)(iii)(II), the authority to pay for this drug, because it: (1) is not an ‘adjustment’ to the statutory default rate (ASP+6%); (2) is based on acquisition cost, when reliable data on acquisition cost is concededly unavailable; and (3) is for the explicit purpose of significantly reducing benefits provided by the statutorily-created 340B program.

71. On May 30, 2018 (Claim ‘607), May 31, 2018 (Claims ‘207 and ‘107), and June 1, 2018 (Claims ‘907 and ‘5907), NGS issued letters dismissing Northern Light’s five redetermination requests on the grounds that “[42 U.S.C. § 1395w-4(i)(1)] prohibits administrative and judicial review of these periodic adjustments. (Reference: 42 U.S.C. § 1395l(t)(14)(A)(iii)(II) and 42 U.S.C. § 1395l(t)(12)(A), (C), (E)).”

72. On July 17, 2018 Northern Light submitted reconsideration requests regarding its five claims to C2C Solutions, Inc., a QIC. In each of its five reconsideration requests, Northern Light raised the same argument that it had raised in its redetermination requests to NGS.

73. Northern Light has presented claims for payment for drugs acquired under the 340B program for service dates in 2020, including the claims listed below (identified by ICN number).

Consistent with the 2020 OPPS Rule, NGS has paid these claims at a rate of ASP minus 22.5%⁴:

- a. 22009700713907MEA
- b. 22013200620507MEA
- c. 22028001028107MEA
- d. 22009700698607MEA
- e. 22003800540707MEA
- f. 22013300442007MEA
- g. 22015700474007MEA
- h. 22017800406107MEA
- i. 22018100588407MEA
- j. 22011900403707MEA
- k. 22034200664807MEA
- l. 22018800744507MEA
- m. 22009700622807MEA
- n. 22018800745307MEA
- o. 22016000597407MEA

74. Northern Light has presented claims for payment for drugs acquired under the 340B program for service dates in 2021, including the claims listed below (identified by ICN number).

Consistent with the 2021 OPPS Rule, NGS has paid these claims at a rate of ASP minus 22.5%⁵:

- a. 22120900428907MEA
- b. 22135100369904MEA
- c. 22113100634307MEA
- d. 22117300413607MEA
- e. 22125700449204MEA
- f. 22123600237804MEA
- g. 22135400366604MEA
- h. 22123800138104MEA
- i. 22119300728507MEA
- j. 22109600798807MEA
- k. 22130600490307MEA
- l. 22109600677707MEA
- m. 22200600245504MEA
- n. 22123100404704MEA
- o. 22130500338404MEA

⁴ See Ex. 4.

⁵ See Ex. 5.

75. Northern Light has presented claims for payment for drugs acquired under the 340B program for service dates in 2022, including the claims listed below (identified by ICN number). Consistent with the 2022 OPPS Rule, NGS has paid these claims at a rate of ASP minus 22.5%⁶:

- a. 22218800508304MEA
- b. 22218800473207MEA
- c. 22218800479007MEA
- d. 22218800508804MEA
- e. 22218800201504MEA

76. In light of these events, Northern Light has presented specific claims for payment to the Secretary and any further administrative review would be futile because (a) no adjudicator within CMS has authority to invalidate a CMS regulation, and (b) CMS has taken the position that there is no administrative review of 340B Program reimbursement disputes.

C. AdventHealth

77. On February 5, 2018, AdventHealth presented a claim for payment to First Coast Service Options, Inc. (“First Coast”), a MAC, for separately payable drugs subject to the 340B Program. On February 20, 2018, First Coast issued an initial determination advising AdventHealth that the claim would be labeled 21803603179407FLA (hereinafter “Claim ‘407’”), and that a total of \$3,685.12 would be remitted to AdventHealth on the claim.

78. On February 7, 2018, AdventHealth presented a claim for payment to First Coast for separately payable drugs subject to the 340B Program. On February 22, 2018, First Coast issued an initial determination advising AdventHealth that the claim would be labeled 21803900902607FLA (hereinafter “Claim ‘2607’”), and that a total of \$3,685.12 would be remitted to AdventHealth on the claim.

⁶ See Ex. 6.

79. Consistent with the payment reduction in the 2018 OPPS Rule, First Coast's payments on Claims '407 and '2607 were approximately 30% less than what it had paid AdventHealth on identical claims in 2017. On May 11, 2018, AdventHealth submitted redetermination requests to First Coast for both claims in which it demanded full reimbursement in the amount of \$5,342.66 on Claim '407 and \$5,342.66 on Claim '2607. On both of its redetermination request forms, AdventHealth contended that "the payment(s) received for 340B drugs reflect a new reimbursement of Average Sales Price (ASP) minus 22.5%," and that the new reimbursement rate

violates 42 U.S.C. § 1395l(t)(14)(A)(iii)(II), the authority to pay for this drug, because it: (1) is not an 'adjustment' to the statutory default rate (ASP+6%); (2) is based on acquisition cost, when reliable data on acquisition cost is concededly unavailable; and (3) is for the explicit purpose of significantly reducing benefits provided by the statutorily-created 340B program.

80. On June 1, 2018, First Coast issued letters dismissing AdventHealth redetermination requests on the grounds that "administrative review is not available for this issue."

81. On July 23, 2018, AdventHealth submitted reconsideration requests regarding both of its two claims to C2C Solutions, Inc., a QIC. In both of its reconsideration requests, AdventHealth raised the same argument that it had raised in its redetermination requests to First Coast.

82. AdventHealth has presented claims for payment for drugs acquired under the 340B program for service dates in 2020, including the claims listed below (identified by ICN number). Consistent with the 2020 OPPS Rule, First Coast has paid these claims at a rate of ASP minus 22.5%⁷:

- a. 22030902562807FLA
- b. 22009801985107FLA
- c. 22016101191707FLA

⁷ See Ex. 7.

83. AdventHealth has presented claims for payment for drugs acquired under the 340B program for service dates in 2021, including the claims listed below (identified by ICN number). Consistent with the 2021 OPPTS Rule, First Coast has paid these claims at a rate of ASP minus 22.5%⁸:

- a. 22118801830907FLA
- b. 22115502053307FLA

84. AdventHealth has presented claims for payment for drugs acquired under the 340B program for service dates in 2022, including the claims listed below (identified by ICN number). Consistent with the 2022 OPPTS Rule, First Coast has paid these claims at a rate of ASP minus 22.5%⁹:

- a. 22209403549907FLA
- b. 22209403553807FLA
- c. 22215801323607FLA

85. In light of these events, AdventHealth has presented specific claims for payment to the Secretary and any further administrative review would be futile because (a) no adjudicator within CMS has authority to invalidate a CMS regulation, and (b) CMS has taken the position that there is no administrative review of 340B Program reimbursement disputes.

COUNT 1

2018 OPPTS RULE – VIOLATION OF THE SOCIAL SECURITY ACT

86. Plaintiffs incorporate by reference the foregoing paragraphs.

87. The Social Security Act and the APA require this Court to hold unlawful and set aside any decision of the Secretary that is arbitrary and capricious or contrary to law. 42 U.S.C. §§ 405(g), 1395ii; 5 U.S.C. § 706(2).

⁸ See Ex. 8.

⁹ See Ex. 9.

88. The nearly 30% reduction in payment for 340B drugs under the 2018 OPPS Rule is arbitrary and capricious and contrary to law, and in excess of the Secretary's authority under the Medicare provisions of the Social Security Act, 42 U.S.C. § 1395l(t)(14)(A)(iii).

89. On June 15, 2022, the Supreme Court of the United States held that "HHS's 2018 . . . reimbursement rates for 340B hospitals were . . . contrary to the statute and unlawful." *Am. Hosp. Ass'n*, 142 S. Ct. 1896, at *8.

COUNT 2

2019 OPPS RULE – VIOLATION OF THE SOCIAL SECURITY ACT

90. Plaintiffs incorporate by reference the foregoing paragraphs.

91. The Social Security Act and the APA require this Court to hold unlawful and set aside any decision of the Secretary that is arbitrary and capricious or contrary to law. 42 U.S.C. §§ 405(g), 1395ii; 5 U.S.C. § 706(2).

92. The 2019 OPPS Rule, which carries forward the nearly 30% reduction in payment for 340B drugs that was implemented in the 2018 OPPS Rule, is arbitrary and capricious and contrary to law, and in excess of the Secretary's authority under the Medicare provisions of the Social Security Act, 42 U.S.C. § 1395l(t)(14)(A)(iii).

93. On June 15, 2022, the Supreme Court of the United States held that "HHS's . . . 2019 reimbursement rates for 340B hospitals were . . . contrary to the statute and unlawful." *Am. Hosp. Ass'n*, 142 S. Ct. 1896, at *8.

COUNT 3

2020 OPPS RULE – VIOLATION OF THE SOCIAL SECURITY ACT

94. Plaintiffs incorporate by reference the foregoing paragraphs.

95. The Social Security Act and the APA require this Court to hold unlawful and set aside any decision of the Secretary that is arbitrary and capricious or contrary to law. 42 U.S.C. §§ 405(g), 1395ii; 5 U.S.C. § 706(2).

96. The 2020 OPPS Rule carries forward the nearly 30% reduction in payment for 340B drugs that was implemented in the 2018 and 2019 OPPS Rules. As in 2018 and 2019, Defendants did not rely on the required survey of hospitals' acquisition costs when imposing the 2020 rate reduction. As such, the 2020 OPPS Rule is arbitrary and capricious and contrary to law, and in excess of the Secretary's authority under the Medicare provisions of the Social Security Act, 42 U.S.C. § 1395l(t)(14)(A)(iii).

COUNT 4

2021 OPPS RULE – VIOLATION OF THE SOCIAL SECURITY ACT

97. Plaintiffs incorporate by reference the foregoing paragraphs.

98. The Social Security Act and the APA require this Court to hold unlawful and set aside any decision of the Secretary that is arbitrary and capricious or contrary to law. 42 U.S.C. §§ 405(g), 1395ii; 5 U.S.C. § 706(2).

99. The 2021 OPPS Rule carries forward the nearly 30% reduction in payment for 340B drugs that was implemented in the 2018 and 2019 OPPS Rules. As in 2018 and 2019, Defendants did not rely on the required survey of hospitals' acquisition costs when imposing the 2021 rate reduction. As such, the 2021 OPPS Rule is arbitrary and capricious and contrary to law, and in excess of the Secretary's authority under the Medicare provisions of the Social Security Act, 42 U.S.C. § 1395l(t)(14)(A)(iii).

COUNT 5

2022 OPPS RULE – VIOLATION OF THE SOCIAL SECURITY ACT

100. Plaintiffs incorporate by reference the foregoing paragraphs.

101. The Social Security Act and the APA require this Court to hold unlawful and set aside any decision of the Secretary that is arbitrary and capricious or contrary to law. 42 U.S.C. §§ 405(g), 1395ii; 5 U.S.C. § 706(2).

102. The 2022 OPPS Rule carries forward the nearly 30% reduction in payment for 340B drugs that was implemented in the 2018 and 2019 OPPS Rules. As in 2018 and 2019, Defendants did not rely on the required survey of hospitals' acquisition costs when imposing the 2022 rate reduction. As such, the 2022 OPPS Rule is arbitrary and capricious and contrary to law, and in excess of the Secretary's authority under the Medicare provisions of the Social Security Act, 42 U.S.C. § 1395l(t)(14)(A)(iii).

COUNT 6

HENRY FORD CLAIMS – VIOLATION OF THE SOCIAL SECURITY ACT

103. Plaintiffs incorporate by reference the foregoing paragraphs.

104. The Social Security Act and the APA require this Court to hold unlawful and set aside any decision of the Secretary that is arbitrary and capricious or contrary to law. 42 U.S.C. §§ 405(g), 1395ii; 5 U.S.C. § 706(2).

105. The remittances to Henry Ford for the claims referenced herein reflected a nearly 30% reduction in payment that was arbitrary and capricious and contrary to law, and in excess of the Secretary's authority under the Medicare provisions of the Social Security Act, 42 U.S.C. § 1395l(t)(14)(A)(iii).

COUNT 7

NORTHERN LIGHT CLAIMS – VIOLATION OF THE SOCIAL SECURITY ACT

106. Plaintiffs incorporate by reference the foregoing paragraphs.

107. The Social Security Act and the APA require this Court to hold unlawful and set aside any decision of the Secretary that is arbitrary and capricious or contrary to law. 42 U.S.C. §§ 405(g), 1395ii; 5 U.S.C. § 706(2).

108. The remittances to Northern Light for the claims referenced herein reflected a nearly 30% reduction in payment that was arbitrary and capricious and contrary to law, and in excess of the Secretary's authority under the Medicare provisions of the Social Security Act, 42 U.S.C. § 1395l(t)(14)(A)(iii).

COUNT 8

ADVENTHEALTH CLAIMS – VIOLATION OF THE SOCIAL SECURITY ACT

109. Plaintiffs incorporate by reference the foregoing paragraphs.

110. The Social Security Act and the APA require this Court to hold unlawful and set aside any decision of the Secretary that is arbitrary and capricious or contrary to law. 42 U.S.C. §§ 405(g), 1395ii; 5 U.S.C. § 706(2).

111. The remittances to AdventHealth for the claims referenced herein reflected a nearly 30% reduction in payment that was arbitrary and capricious and contrary to law, and in excess of the Secretary's authority under the Medicare provisions of the Social Security Act, 42 U.S.C. § 1395l(t)(14)(A)(iii).

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs respectfully request that this Court issue judgment in its favor and against Defendants:

- A. Declaring that Defendants' policy of underpaying for 340B Drugs in the 2018–2022 OPPS Rules was an unlawful exercise of Defendants' authority, in violation of the Social Security Act and section 340B of the Public Health Service Act;

- B. Vacating the 340B-specific exception from the general payment rate for separately payable drugs of ASP plus 6% in the 2022 OPPS Rule, or ordering Defendants to expeditiously issue an interim final rule or take other action providing that, for the remainder of 2022, Medicare will reimburse hospitals for drugs acquired under the 340B Program at the same rate that would apply if the drugs had not been acquired under the 340B Program;
- C. Directing Defendants to reimburse Henry Ford, Northern Light, and AdventHealth, for each specific claim referenced herein, the difference between the amount that Defendants previously paid on those claims and the amount that Defendants would have paid under the OPPS Rule applicable to the claim if the drug(s) had not been purchased under the 340B Program, plus applicable interest;
- D. Directing Defendants to reimburse all Hospital Plaintiffs and all Organizational Plaintiffs' 340B-participating provider members for the difference between amounts already paid for 340B drugs pursuant to the 2018–2022 OPPS Rules and what would have been paid for those same drugs had they not been acquired under the 340B Program, plus applicable interest; and
- E. Granting such other relief to which Plaintiffs may be entitled at law or in equity.

Dated: August 3, 2022

Respectfully submitted,

/s/ William B. Schultz

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Margaret M. Dotzel (DC Bar No. 425431)
Ezra B. Marcus (DC Bar No. 252685)
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Attorneys for Plaintiffs

Exhibit 1

Henry Ford Health 2020 Claims

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NPI #: 1134144801
DATE: 01/28/2020
PAGE #: 1

CHECK/EFT #: EFT1312715

REND-PROV RARC	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
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						CO-97	12.00		0.00
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						CO-97	20.00		0.00
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						CO-45	599.65		
						CO-253	2.16		
1134144801	0102	010220	A9606JG	121.000	45012.00	45012.00	0.00	1381.05	10857.22
						CO-45	32552.15		
						CO-253	221.58		
PT RESP	1503.60	CARC	33407.54	CLAIM TOTALS	45874.00	45874.00	95.60	1408.00	10962.86
ADJ TO TOTALS: PREV PD				INTEREST	0.00	LATE FILING CHARGE	0.00	NET	10962.86
CLAIM INFORMATION FORWARDED TO:				BCBS OF MICHIGAN					
				000000027					
OTHER CLAIM REL IDENTIFICATION:				(EA) 9431321					

GLOSSARY:

253 Sequestration - reduction in federal payment

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

4 (BS) Benefit for Billed Service Not Separately Payable

97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO Contractual Obligations

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N817 Alert: Applicable laboratories are required to collect and report private payor data and report that data to CMS between January 1, 2020 - March 31, 2020.

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NPI #: 1134144801
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REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
NAME: [REDACTED]			MID: [REDACTED]	ACNT:HB73738784900		ICN:22001400909404	ASG:N	MOA:MA01	N817
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						CO-45	-6.67		
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PT RESP	1606.00	CARC	53747.06	CLAIM TOTALS	66112.00	66112.00	198.00	1408.00	10758.94
ADJ TO TOTALS: PREV PD				INTEREST	0.00	LATE FILING CHARGE	0.00	NET	10758.94
OTHER CLAIM REL IDENTIFICATION: (EA) 36651986									

GLOSSARY:

253 Sequestration - reduction in federal payment
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

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NPI #: 1134144801
DATE: 01/30/2020
PAGE #: 1

CHECK/EFT #: EFT1313434

REND-PROV RARC	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
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N781 N782						CO-45	599.65		105.64
						CO-253	2.16		
1134144801	0110	011020	A9606JG	130.000	48360.00	48360.00	0.00	1381.05	11765.46
N782						CO-45	34973.38		
						CO-253	240.11		
PT RESP	1503.60	CARC	35815.30	CLAIM TOTALS	49190.00	49190.00	95.60	1408.00	11871.10
ADJ TO TOTALS: PREV PD				INTEREST	0.00	LATE FILING CHARGE	0.00	NET	11871.10
CLAIM INFORMATION FORWARDED TO:				STATE OF MICHIGAN - MDHHS					
				000070073					
OTHER CLAIM REL IDENTIFICATION:				(EA) 31729548					

GLOSSARY:

253 Sequestration - reduction in federal payment
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
CO Contractual Obligations
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
N781 Alert: Patient is a Medicaid/ Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible. This amount may be billed to a subsequent payer.
N782 Alert: Patient is a Medicaid/ Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.
N817 Alert: Applicable laboratories are required to collect and report private payor data and report that data to CMS between January 1, 2020 - March 31, 2020.

Exhibit 2

Henry Ford Health 2021 Claims

WPS GHA - MAC J8 MI PART A
PO BOX 8799
PART A J8
MADISON, WI 537088799

MEDICARE
REMITTANCE
ADVICE

PAYER BUSINESS CONTACT INFORMATION:
EDI DEPARTMENT
EDIMEDICAREA@WPSIC.COM
(866)234-7331

PAYER TECHNICAL CONTACT INFORMATION:
EDI DEPARTMENT
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(866)234-7331

HENRY FORD HEALTH SYSTEM
PO BOX 670884
DETROIT, MI 482670884

NPI #: 1134144801
DATE: 10/22/2021
PAGE #: 1

CHECK/EFT #: EFT1465715

REND-PROV RARC	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
NAME			MID	ACNT:HB74958762800		ICN:22128100236304	ASG:N	MOA:MA01	
1134144801	1001	100121		1.000	4.00	4.00	0.00	0.00	0.00
						CO-97	4.00		04
1134144801	1001	100121	96375	2.000	270.00	270.00	0.00	15.41	61.66
						CO-45	192.93		
1134144801	1001	100121	96413	1.000	780.00	780.00	0.00	59.89	239.49
						CO-45	480.62		
1134144801	1001	100121	96415	3.000	630.00	630.00	0.00	35.84	143.27
						CO-45	450.89		
1134144801	1001	100121	J1200	1.000	0.60	0.60	0.00	0.00	0.00
						CO-97	0.60		04
1134144801	1001	100121	J2350JG	600.000	25159.42	25159.42	0.00	1424.12	24146.68
						CO-45	-411.38		
1134144801	1001	100121	J2930	1.000	1.26	1.26	0.00	0.00	0.00
						CO-97	1.26		04
PT RESP	1535.26	CARC	718.92	CLAIM TOTALS	26845.28	26845.28	0.00	1535.26	24591.10
ADJ TO TOTALS: PREV PD			INTEREST	0.00	LATE FILING CHARGE		0.00	NET	24591.10
OTHER CLAIM REL IDENTIFICATION:			(EA) 57681807						

GLOSSARY:

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

4 (BS) Benefit for Billed Service Not Separately Payable

97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO Contractual Obligations

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

WPS GHA - MAC J8 MI PART A
PO BOX 8799
PART A J8
MADISON, WI 537088799

MEDICARE
REMITTANCE
ADVICE

PAYER BUSINESS CONTACT INFORMATION:
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PAYER TECHNICAL CONTACT INFORMATION:
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EDIMEDICAREA@WPSIC.COM
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HENRY FORD HEALTH SYSTEM
PO BOX 670884
DETROIT, MI 482670884

NPI #: 1134144801
DATE: 12/16/2021
PAGE #: 1

CHECK/EFT #: EFT1478779

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
NAME: [REDACTED]			MI [REDACTED]	ACNT: HB75067710200		ICN: 22133600331404	ASG: N	MOR: MA01	
1134144801	1124	112421		2.000	23.80	23.80	0.00	0.00	0.00
						CO-97	23.80		04
1134144801	1124	112421	84443	1.000	87.00	87.00	0.00	0.00	0.00
						CO-97	87.00		04
1134144801	1124	112421	96413PO	1.000	780.00	780.00	0.00	59.89	239.49
						CO-45	480.62		
1134144801	1124	112421	J9271POJG	400.000	61662.32	61662.32	0.00	1424.12	14003.88
						CO-45	46234.32		
PT RESP	1484.01	CARC	46825.74	CLAIM TOTALS	62553.12	62553.12	0.00	1484.01	14243.37
ADJ TO TOTALS: PREV PD				INTEREST	0.00	LATE FILING CHARGE	0.00	NET	14243.37
OTHER CLAIM REL IDENTIFICATION: (EA) 31077624									

GLOSSARY:

- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
- 4 (BS) Benefit for Billed Service Not Separately Payable
- 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- CO Contractual Obligations
- MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

WPS GHA - MAC J8 MI PART A
PO BOX 8799
PART A J8
MADISON, WI 537088799

MEDICARE
REMITTANCE
ADVICE

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(866)234-7331

PAYER TECHNICAL CONTACT INFORMATION:
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EDIMEDICAREA@WPSIC.COM
(866)234-7331

HENRY FORD HEALTH SYSTEM
PO BOX 670884
DETROIT, MI 482670884

NPI #: 1134144801
DATE: 11/03/2021
PAGE #: 1

CHECK/EFT #: EFT1468747

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
NAME: [REDACTED]			MID: [REDACTED]	ACNT:HB74983169100		ICN:22129300368304	ASG:N	MOA:MA01	
1134144801	1013	101321		2.000	23.80	23.80	0.00	0.00	0.00
						CO-97	23.80		04
1134144801	1013	101321	80053	1.000	55.00	55.00	0.00	0.00	0.00
						CO-97	55.00		04
1134144801	1013	101321	85025PO	1.000	40.00	40.00	0.00	0.00	0.00
						CO-97	40.00		04
1134144801	1013	101321	96413PO	1.000	780.00	780.00	0.00	59.89	239.49
						CO-45	480.62		
1134144801	1013	101321	J2997POJG	2.000	464.18	464.18	0.00	11.75	116.56
						CO-45	335.87		
1134144801	1013	101321	J9271POJG	400.000	60454.16	60454.16	0.00	1412.37	14015.63
						CO-45	45026.16		
PT RESP	1484.01	CARC	45961.45	CLAIM TOTALS	61817.14	61817.14	0.00	1484.01	14371.68
ADJ TO TOTALS: PREV PD			INTEREST	0.00	LATE FILING CHARGE		0.00	NET	14371.68
OTHER CLAIM REL IDENTIFICATION:			(EA) 31077624						

GLOSSARY:

- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
- 4 (BS) Benefit for Billed Service Not Separately Payable
- 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- CO Contractual Obligations
- MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

WPS GH A - MAC J8 MI PART A
PO BOX 8799
PART A J8
MADISON, WI 537088799

MEDICARE
REMITTANCE
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(866)234-7331

HENRY FORD HEALTH SYSTEM
PO BOX 670884
DETROIT, MI 482670884

NPI #: 1134144801
DATE: 10/26/2021
PAGE #: 1

CHECK/EFT #: EFT1466519

REND-PROV RARC	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
NAME: [REDACTED]			MID: [REDACTED]	ACNT: HB74913781600	ICN: 22128500359004	ASG: N	MOA: MA01		
1134144801	1006	100621		2.000	20.68	20.68	0.00	0.00	0.00
					CO-97	20.68			04
1134144801	1006	100621	96365PO	1.000	305.00	305.00	0.00	39.21	156.84
					CO-45	108.95			
1134144801	1006	100621	J1300POJG	90.000	58711.91	58711.91	0.00	1444.79	13638.85
					CO-45	43628.27			
PT RESP	1484.00	CARC	43757.90	CLAIM TOTALS	59037.59	59037.59	0.00	1484.00	13795.69
ADJ TO TOTALS: PREV PD			INTEREST	0.00	LATE FILING CHARGE		0.00	NET	13795.69
OTHER CLAIM REL IDENTIFICATION:			(EA) 24017972						

GLOSSARY:

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

4 (BS) Benefit for Billed Service Not Separately Payable

97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO Contractual Obligations

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

Exhibit 3

Henry Ford Health 2022 Claims

WPS GH A - MAC J8 MI PART A
PO BOX 8799
PART A J8
MADISON, WI 537088799

MEDICARE
REMITTANCE
ADVICE

PAYER BUSINESS CONTACT INFORMATION:
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(866)234-7331

PAYER TECHNICAL CONTACT INFORMATION:
EDI DEPARTMENT
EDIMEDICAREA@WFSIC.COM
(866)234-7331

HENRY FORD HEALTH SYSTEM
PO BOX 670884
DETROIT, MI 482670884

NPI #: 1134144801
DATE: 05/11/2022
PAGE #: 1

CHECK/EFT #: EFT1515023

REND-PROV RARC	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
NAME: [REDACTED]	MID: [REDACTED]			ACNT: HB75452220300		ICN: 22211700240204	ASG: N	MOA: MA01	
1134144801	0419	041922		2.000	31.00	31.00	0.00	0.00	0.00
						CO-97	31.00		04
1134144801	0419	041922	80053	1.000	58.00	58.00	0.00	0.00	0.00
						CO-97	58.00		04
1134144801	0419	041922	83615	1.000	33.00	33.00	0.00	0.00	0.00
						CO-97	33.00		04
1134144801	0419	041922	83735	1.000	37.00	37.00	0.00	0.00	0.00
						CO-97	37.00		04
1134144801	0419	041922	8373591	1.000	37.00	37.00	0.00	0.00	0.00
						CO-97	37.00		04
1134144801	0419	041922	84443	1.000	91.00	91.00	0.00	0.00	0.00
						CO-97	91.00		04
1134144801	0419	041922	86140	1.000	28.00	28.00	0.00	0.00	0.00
						CO-97	28.00		04
1134144801	0419	041922	85025	1.000	42.00	42.00	0.00	0.00	0.00
						CO-97	42.00		04
1134144801	0419	041922	96413PO	1.000	819.00	819.00	0.00	62.70	248.28
						CO-45	505.51		
						CO-253	2.51		
1134144801	0419	041922	J9022POJG	168.000	41414.29	41414.29	0.00	1493.30	8160.71
						CO-45	31677.85		
						CO-253	82.43		
PT RESP	1556.00	CARC	32625.30	CLAIM TOTALS	42590.29	42590.29	0.00	1556.00	8408.99
ADJ TO TOTALS: PREV PD			INTEREST	0.00	LATE FILING CHARGE		0.00	NET	8408.99
OTHER CLAIM REL IDENTIFICATION:			(EA) 19501453						

GLOSSARY:

253 Sequestration - reduction in federal payment
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
4 (BS) Benefit for Billed Service Not Separately Payable
97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
CO Contractual Obligations
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

WPS GH A - MAC J8 MI PART A
PO BOX 8799
PART A J8
MADISON, WI 537088799

MEDICARE
REMITTANCE
ADVICE

PAYER BUSINESS CONTACT INFORMATION:
EDI DEPARTMENT
EDIMEDICAREA@WPSIC.COM
(866)234-7331

PAYER TECHNICAL CONTACT INFORMATION:
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(866)234-7331

HENRY FORD HEALTH SYSTEM
PO BOX 670884
DETROIT, MI 482670884

NPI #: 1134144801
DATE: 05/25/2022
PAGE #: 1

CHECK/EFT #: EFT1518795

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
NAME			MID:	ACNT:HB75353777000		ICN:22213100255404	ASG:N	MOA:MA01	
1134144801	0504	050422		2.000	20.68	20.68	0.00	0.00	0.00
						CO-97	20.68		04
1134144801	0504	050422	96365PO	1.000	320.00	320.00	0.00	40.23	159.29
						CO-45	118.87		
						CO-253	1.61		
1134144801	0504	050422	J1300FOJG	90.000	58711.91	58711.91	0.00	1515.77	13386.22
						CO-45	43674.71		
						CO-253	135.21		
PT RESP	1556.00	CARC	43951.08	CLAIM TOTALS	59052.59	59052.59	0.00	1556.00	13545.51
ADJ TO TOTALS: PREV PD				INTEREST	0.00	LATE FILING CHARGE	0.00	NET	13545.51
OTHER CLAIM REL IDENTIFICATION:			(EA) 24017972						

GLOSSARY:

253 Sequestration - reduction in federal payment
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
4 (BS) Benefit for Billed Service Not Separately Payable
97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
CO Contractual Obligations
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

WPS GH A - MAC J8 MI PART A
PO BOX 8799
PART A J8
MADISON, WI 537088799

MEDICARE
REMITTANCE
ADVICE

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(866)234-7331

PAYER TECHNICAL CONTACT INFORMATION:
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EDIMEDICAREA@WPSIC.COM
(866)234-7331

HENRY FORD HEALTH SYSTEM
PO BOX 670884
DETROIT, MI 482670884

NPI #: 1134144801
DATE: 05/26/2022
PAGE #: 1

CHECK/EFT #: EFT1519195

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
NAME		MID		ACNT:HB75446509800		ICN:22213200192804	ASG:N	MOA:MA01	
1134144801	0505	050522		100.000	424.00	424.00	0.00	0.00	0.00
						CO-97	424.00		04
1134144801	0505	050522		3.000	39.30	39.30	0.00	0.00	0.00
						CO-97	39.30		04
1134144801	0505	050522	9637559	1.000	142.00	142.00	0.00	7.87	31.16
						CO-45	102.66		
						CO-253	0.31		
1134144801	0505	050522	80053	1.000	58.00	58.00	0.00	0.00	0.00
						CO-97	58.00		04
1134144801	0505	050522	83615	1.000	33.00	33.00	0.00	0.00	0.00
						CO-97	33.00		04
1134144801	0505	050522	83735	1.000	37.00	37.00	0.00	0.00	0.00
						CO-97	37.00		04
1134144801	0505	050522	84443	1.000	91.00	91.00	0.00	0.00	0.00
						CO-97	91.00		04
1134144801	0505	050522	86140	1.000	28.00	28.00	0.00	0.00	0.00
						CO-97	28.00		04
1134144801	0505	050522	85025	1.000	42.00	42.00	0.00	0.00	0.00
						CO-97	42.00		04
1134144801	0505	050522	96411	1.000	368.00	368.00	0.00	12.20	48.27
						CO-45	307.04		
						CO-253	0.49		
1134144801	0505	050522	96413	1.000	819.00	819.00	0.00	62.70	248.28
						CO-45	505.51		
						CO-253	2.51		
1134144801	0505	050522	G1004		0.02	0.00	0.00	0.00	0.00
M41						CO-96	0.02	1.000	03
1134144801	0505	050522	71260MG	1.000	1628.00	1628.00	0.00	85.60	338.95
						CO-45	1200.03		
						CO-253	3.42		
1134144801	0505	050522	74177MG	1.000	3213.00	3213.00	0.00	0.00	0.00
						CO-97	3213.00		04
1134144801	0505	050522	G046325	1.000	125.00	125.00	0.00	23.36	92.53
						CO-45	8.18		
						CO-253	0.93		
1134144801	0505	050522	J1100	10.000	22.34	22.34	0.00	0.00	0.00
						CO-97	22.34		04
1134144801	0505	050522	J9271JG	400.000	61662.32	61662.32	0.00	1195.66	14363.65
						CO-45	45957.92		
						CO-253	145.09		
1134144801	0505	050522	J9305JG	50.000	11891.19	11891.19	0.00	212.60	2553.95
						CO-45	9098.84		
						CO-253	25.80		
1134144801	0505	050522	J9305JG	20.000	4806.50	4806.50	0.00	85.04	1021.58
						CO-45	3689.56		
						CO-253	10.32		
PT RESP	1685.03	CARC	65046.27	CLAIM TOTALS	85429.67	85429.65	0.00	1685.03	18698.37
ADJ TO TOTALS: PREV PD				INTEREST	0.00	LATE FILING CHARGE	0.00	NET	18698.37
OTHER CLAIM REL IDENTIFICATION:			(EA)	9117024					

GLOSSARY:

253 Sequestration - reduction in federal payment
3 (BS) Billed Service Not Covered by Health Plan
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
4 (BS) Benefit for Billed Service Not Separately Payable

WPS GHA - MAC J8 MI PART A
NPI #: 1134144801
CHECK/EFT #:EFT1519195

HENRY FORD HEALTH SYSTEM
05/26/2022

PAGE #2

MEDICARE
REMITTANCE
ADVICE

96 Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO Contractual Obligations

M41 We do not pay for this as the patient has no legal obligation to pay for this.

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

WPS GHA - MAC J8 MI PART A
PO BOX 8799
PART A J8
MADISON, WI 537088799

MEDICARE
REMITTANCE
ADVICE

PAYER BUSINESS CONTACT INFORMATION:
EDI DEPARTMENT
EDIMEDICAREA@WPSIC.COM
(866)234-7331

PAYER TECHNICAL CONTACT INFORMATION:
EDI DEPARTMENT
EDIMEDICAREA@WPSIC.COM
(866)234-7331

HENRY FORD HEALTH SYSTEM
PO BOX 670884
DETROIT, MI 482670884

NPI #: 1134144801
DATE: 05/31/2022
PAGE #: 1

CHECK/EFT #: EFT1519936

REND-PROV RARC	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD BS
NAME: [REDACTED]			MID: [REDACTED]	ACNT:HB75539520600		ICN:22213700385904	ASG:N	MOA:MA01	
1134144801	0510	051022		3.000	39.30	39.30	0.00	0.00	0.00
						CO-97	39.30		04
1134144801	0510	051022	9637259PO	1.000	62.00	62.00	0.00	0.00	0.00
						CO-97	62.00		04
1134144801	0510	051022	96375PO	1.000	142.00	142.00	0.00	7.87	31.16
						CO-45	102.66		
						CO-253	0.31		
1134144801	0510	051022	96411PO	1.000	368.00	368.00	0.00	12.20	48.27
						CO-45	307.04		
						CO-253	0.49		
1134144801	0510	051022	96413PO	1.000	819.00	819.00	0.00	62.70	248.28
						CO-45	505.51		
						CO-253	2.51		
1134144801	0510	051022	J1100PO	10.000	22.34	22.34	0.00	0.00	0.00
						CO-97	22.34		04
1134144801	0510	051022	J3420PO	1.000	25.97	25.97	0.00	0.00	0.00
						CO-97	25.97		04
1134144801	0510	051022	J9271POJG	400.000	61662.32	61662.32	0.00	1162.56	14396.42
						CO-45	45957.92		
						CO-253	145.42		
1134144801	0510	051022	J9305POJG	50.000	11941.19	11941.19	0.00	206.71	2559.78
						CO-45	9148.84		
						CO-253	25.86		
1134144801	0510	051022	J9305POJG	30.000	7134.75	7134.75	0.00	124.03	1535.87
						CO-45	5459.34		
						CO-253	15.51		
PT RESP	1576.07	CARC	61821.02	CLAIM TOTALS	82216.87	82216.87	0.00	1576.07	18819.78
ADJ TO TOTALS: PREV PD				INTEREST	0.00	LATE FILING CHARGE	0.00	NET	18819.78
OTHER CLAIM REL IDENTIFICATION:			(EA) 62020592						

GLOSSARY:

253 Sequestration - reduction in federal payment
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
4 (BS) Benefit for Billed Service Not Separately Payable
97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
CO Contractual Obligations
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

Exhibit 4

Northern Light Health 2020 Claims

PAYMENT DATE: 05/26/20 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 05/26/20

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD
 PO BOX 151 ENDING 200930 14011
 PRESQUE ISLE 047690151
 1396858999 BILL TYPE 131

NAME [REDACTED] PCN 000275930642 SERVICE FROM 20200423 THRU 20200423
 POL# [REDACTED] ICN 012841130 PAT STAT CLAIM STAT 1 CLAIM # 207
 MRN 00303364 CRN 22013300442007MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	91039.60	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	18671.00
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	71867.29
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	1451.47	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	17366.42
		CO-PAY AMT	.00		

REMARK CDS: MA01 N782

GROUP AND

STD CDS: CO 97 | CO 45 | CO 253 | PR 2 | | |

ADJ AMT: 668.00 | 71199.29 | 354.42 | 1451.47 | .00 | .00 |

CHECK/EFT NUMBER: EFT1243419

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 05/12/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	04/23/20	36415		1	26.00	.00	CO	97	26.00			
0300	04/23/20	80053		1	171.00	.00	CO	97	171.00			
0300	04/23/20	83540		1	73.00	.00	CO	97	73.00			
0300	04/23/20	83550		1	96.00	.00	CO	97	96.00			
0300	04/23/20	84443		1	184.00	.00	CO	97	184.00			
0300	04/23/20	85025		1	118.00	.00	CO	97	118.00			
0335	04/23/20	96413		1	494.00	222.68	CO	45	209.98	N782		05694
								CO 253	4.54			
								PR 2	56.80			
0335	04/23/20	96415		1	174.00	43.48	CO	45	118.53	N782		05692
								CO 253	.89			
								PR 2	11.10			
0335	04/23/20	96417		1	427.00	43.48	CO	45	371.53	N782		05692
								CO 253	.89			
								PR 2	11.10			
0510	04/23/20	G0463	25	1	108.00	83.38	CO	45	1.65	N782		05012
								CO 253	1.70			
								PR 2	21.27			
0636	04/23/20	J9228	JG	150	81075.00	15475.96	CO	45	64051.20	N782		09284
								CO 253	315.84			
								PR 2	1232.00			
0636	04/23/20	J9299	JG	48	4856.16	898.46	CO	45	3867.84	N782		09453
								CO 253	18.34			
								PR 2	71.52			
0636	04/23/20	J9299	JWJG	32	3237.44	598.98	CO	45	2578.56	N782		09453
								CO 253	12.22			
								PR 2	47.68			

PAYMENT DATE: 06/19/20 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 06/19/20
 MEDICARE-ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD
 PO BOX 151 ENDING 200930 14011
 PRESQUE ISLE 047690151
 1396858999 BILL TYPE 131

NAME [REDACTED] PCN 000276392230 SERVICE FROM 20200514 THRU 20200514
 POL# [REDACTED] ICN 013064659 PAT STAT CLAIM STAT 1 CLAIM # 62
 MRN 00303364 CRN 22015700474007MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	90583.20	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	18671.00
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	71304.54
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	1472.74	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	17805.92
		CO-PAY AMT	.00		

REMARK CDS: MA01 N782

GROUP AND												
STD CDS:	CO 45		PR 2									
=====												
ADJ AMT:	71304.54		1472.74		.00		.00		.00		.00	
=====												

CHECK/EFT NUMBER: EFT1250048

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 06/05/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0335	05/14/20	96413		1	494.00	227.22	CO	45	209.98	N782		05694
							PR	2	56.80			
0335	05/14/20	96415		1	174.00	44.37	CO	45	118.53	N782		05692
							PR	2	11.10			
0335	05/14/20	96417		1	427.00	44.37	CO	45	371.53	N782		05692
							PR	2	11.10			
0510	05/14/20	G0463	25	2	206.00	170.16	CO	45	-6.70	N782		05012
							PR	2	42.54			
0636	05/14/20	J9228	JG	150	81075.00	15791.80	CO	45	64051.20	N782		09284
							PR	2	1232.00			
0636	05/14/20	J9299	JG	48	4924.32	916.80	CO	45	3936.00	N782		09453
							PR	2	71.52			
0636	05/14/20	J9299	JWJG	32	3282.88	611.20	CO	45	2624.00	N782		09453
							PR	2	47.68			

PAYMENT DATE: 07/10/20 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 07/10/20

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD
PO BOX 151 ENDING 200930 14011
PRESQUE ISLE 047690151
1396858999 BILL TYPE 131

NAME [REDACTED] PCN 000278860234 SERVICE FROM 20200618 THRU 20200618
POL# [REDACTED] ICN 013244340 PAT STAT CLAIM STAT 1 CLAIM # 85
MRN 00303364 CRN 22017800406107MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	90819.20	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	18671.00
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	71646.89
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	1451.47	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	17720.84
		CO-PAY AMT	.00		

REMARK CDS: MA01 N782

GROUP AND

STD CDS:	CO 97	CO 45	PR 2				
ADJ AMT:	315.00	71331.89	1451.47	.00	.00	.00	

CHECK/EFT NUMBER: EFT1255230

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 06/26/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	06/18/20	36415		1	26.00	.00	CO	97	26.00			
0300	06/18/20	80053		1	171.00	.00	CO	97	171.00			
0300	06/18/20	85025		1	118.00	.00	CO	97	118.00			
0335	06/18/20	96413		1	494.00	227.22	CO	45	209.98	N782		05694
							PR	2	56.80			
0335	06/18/20	96415		1	174.00	44.37	CO	45	118.53	N782		05692
							PR	2	11.10			
0335	06/18/20	96417		1	427.00	44.37	CO	45	371.53	N782		05692
							PR	2	11.10			
0510	06/18/20	G0463	25	1	127.00	85.08	CO	45	20.65	N782		05012
							PR	2	21.27			
0636	06/18/20	J9228	JG	150	81075.00	15791.80	CO	45	64051.20	N782		09284
							PR	2	1232.00			
0636	06/18/20	J9299	JG	48	4924.32	916.80	CO	45	3936.00	N782		09453
							PR	2	71.52			
0636	06/18/20	J9299	JWJG	32	3282.88	611.20	CO	45	2624.00	N782		09453
							PR	2	47.68			

PAYMENT DATE: 07/10/20 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 07/10/20

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD

PO BOX 151 ENDING 200930 14011

PRESQUE ISLE 047690151

1396858999 BILL TYPE 138

NAME [REDACTED] PCN 000274739770 SERVICE FROM 20200402 THRU 20200402
 POL# [REDACTED] ICN 013244340 PAT STAT CLAIM STAT 22 CLAIM # 83
 MRN 00303364 CRN 22009900533307MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	-90263.60	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	-18671.00
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	-71197.64
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	-1430.20	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	-17283.04
		CO-PAY AMT	.00		

REMARK CDS: MA01 N782

GROUP AND

STD CDS: CO 45 | CO 253 | PR 2 | | |

ADJ AMT: -71197.64 | -352.72 | -1430.20 | .00 | .00 | .00 |

CHECK/EFT NUMBER: EFT1255230

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 04/08/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0335	04/02/20	96413		1-	-494.00	-222.68	CO	45	-209.98	N782		05694
							CO	253	-4.54			
							PR	2	-56.80			
0335	04/02/20	96415		1-	-174.00	-43.48	CO	45	-118.53	N782		05692
							CO	253	-.89			
							PR	2	-11.10			
0335	04/02/20	96417		1-	-427.00	-43.48	CO	45	-371.53	N782		05692
							CO	253	-.89			
							PR	2	-11.10			
0636	04/02/20	J9228	JG	150-	-81075.00	-15475.96	CO	45	-64051.20	N782		09284
							CO	253	-315.84			
							PR	2	-1232.00			
0636	04/02/20	J9299	JG	48-	-4856.16	-898.46	CO	45	-3867.84	N782		09453
							CO	253	-18.34			
							PR	2	-71.52			
0636	04/02/20	J9299	JWJG	32-	-3237.44	-598.98	CO	45	-2578.56	N782		09453
							CO	253	-12.22			
							PR	2	-47.68			

PAYMENT DATE: 07/10/20 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 07/10/20

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD

PO BOX 151 ENDING 200930 14011

PRESQUE ISLE 047690151

1396858999

BILL TYPE 137

NAME [REDACTED] PCN 000274739770 SERVICE FROM 20200402 THRU 20200402
 POL# [REDACTED] ICN 013244340 PAT STAT CLAIM STAT 1 CLAIM # 84
 MRN 00303364 CRN 22018100588407MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	87228.50	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	18053.30
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	68780.24
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	1430.20	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	16677.70
		CO-PAY AMT	.00		

REMARK CDS: MA01 N782

GROUP AND

STD CDS: CO 45 | CO 253 | PR 2 | | | |

ADJ AMT: 68780.24 | 340.36 | 1430.20 | .00 | .00 | .00 |

CHECK/EFT NUMBER: EFT1255230

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 06/29/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0335	04/02/20	96413		1	494.00	222.68	CO	45	209.98	N782		05694
							CO	253	4.54			
							PR	2	56.80			
0335	04/02/20	96415		1	174.00	43.48	CO	45	118.53	N782		05692
							CO	253	.89			
							PR	2	11.10			
0335	04/02/20	96417		1	427.00	43.48	CO	45	371.53	N782		05692
							CO	253	.89			
							PR	2	11.10			
0636	04/02/20	J9228	JG	150	81075.00	15434.66	CO	45	64051.20	N782		09284
							CO	253	314.99			
							PR	2	1274.15			
0636	04/02/20	J9299	JG	48	4856.16	896.06	CO	45	3867.84	N782		09453
							CO	253	18.29			
							PR	2	73.97			
0636	04/02/20	J9299	JWJG	2	202.34	37.34	CO	45	161.16	N782		09453
							CO	253	.76			
							PR	2	3.08			

PAYMENT DATE: 05/12/20 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 05/12/20
MEDICARE-ACUTE
ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD
PO BOX 151 ENDING 200930 14011
PRESQUE ISLE 047690151
1396858999 BILL TYPE 131

NAME [REDACTED] PCN 000275430957 SERVICE FROM 20200422 THRU 20200422
POL# [REDACTED] ICN 012746393 PAT STAT CLAIM STAT 19 CLAIM # 38
MRN 01135599 CRN 22011900403707MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	85992.00	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	17526.20
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	68019.96
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	1440.37	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	16201.04
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18

GROUP AND
STD CDS: OA STS19| CO 97 | CO 45 | CO 253 | PR 2 |
ADJ AMT: .00| 562.00| 67457.96| 330.63| 1440.37| .00|

CHECK/EFT NUMBER: EFT1240027

CROSS-OVER PAYER NAME: ANTHEM ME

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 04/28/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	04/22/20	36415		1	26.00	.00	CO	97	26.00			
0300	04/22/20	80053		1	171.00	.00	CO	97	171.00			
0300	04/22/20	83615		1	63.00	.00	CO	97	63.00			
0300	04/22/20	84443		1	184.00	.00	CO	97	184.00			
0300	04/22/20	85025		1	118.00	.00	CO	97	118.00			
0335	04/22/20	96413	Q6	1	494.00	222.68	CO	45	209.98		05694	
							CO	253	4.54			
							PR	2	56.80			
0335	04/22/20	96417	Q6	1	427.00	43.48	CO	45	371.53		05692	
							CO	253	.89			
							PR	2	11.10			
0510	04/22/20	G0463	Q625	1	108.00	83.38	CO	45	1.65		05012	
							CO	253	1.70			
							PR	2	21.27			
0636	04/22/20	J9228	JG	100	54050.00	10264.74	CO	45	42700.80		09284	
							CO	253	209.48			
							PR	2	874.98			
0636	04/22/20	J9299	JG	300	30351.00	5586.76	CO	45	24174.00		09453	
							CO	253	114.02			
							PR	2	476.22			

MEDICARE-ACUTE
ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 200930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131

NAME PCN 225100640039 SERVICE FROM 20200303 THRU 20200331
POL# ICN 012576823 PAT STAT CLAIM STAT 19 CLAIM # 80
MRN 01225346 CRN 22009700713907MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	119428.80	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	60663.96
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	58195.68
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	.00	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	55868.91
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND
STD CDS: OA STS19| CO 45 | CO 253 | PR 2 | | |
ADJ AMT: .00| 58195.68| 5364.21| .00| .00| .00|

CHECK/EFT NUMBER: EFT1236345

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 04/14/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	03/03/20	96365	PO	1	500.00	148.74	CO	45	310.28	N782		05693
							CO	253	40.98			
							PR	2	.00			
0260	03/19/20	96365	PO	1	500.00	148.74	CO	45	310.28	N782		05693
							CO	253	40.98			
							PR	2	.00			
0260	03/31/20	96365	PO	1	500.00	148.74	CO	45	310.28	N782		05693
							CO	253	40.98			
							PR	2	.00			
0636	03/03/20	J1300	JGPO	120	39309.60	18474.23	CO	45	19088.28	N782		09236
							CO	253	1747.09			
							PR	2	.00			
0636	03/19/20	J1300	JGPO	120	39309.60	18474.23	CO	45	19088.28	N782		09236
							CO	253	1747.09			
							PR	2	.00			
0636	03/31/20	J1300	JGPO	120	39309.60	18474.23	CO	45	19088.28	N782		09236
							CO	253	1747.09			
							PR	2	.00			

PAYMENT DATE: 05/29/2020 EASTERN MAINE MEDICAL CENTER RUN DATE: 05/29/2020
MEDICARE-ACUTE
ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 200930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131
=====

NAME [REDACTED] PCN 152564360047 SERVICE FROM 20200402 THRU 20200430
POL# [REDACTED] ICN 012880974 PAT STAT CLAIM STAT 19 CLAIM # 104
MRN 00317739 CRN 22013200620507MEA
=====

CHARGES: PPS DATA: PAYMENT DATA:

REPORTED 125303.37 DRG NUMBER REIMB RATE 1.00
NCOVD .00 DRG AMOUNT .00 PRIMARY PAY .00
DENIED .00 DRG/OPER .00 PROF COMP .00
DRG/CAPITAL .00 ESRD AMT .00
DAYS: OUTLIER () .00 HCPCS AMT 60663.96
----- NON LAB CHRG .00 OTH ADJ AMT .00
COST REPT 0 NEG REIMB .00 CONT ADJ AMT 63681.86
COVD/UTIL 0 TOTAL DEDUCT .00 INTEREST .00
NON COVERED 0 COINSURANCE 4281.10 PAT REFUND .00
LTR 0 MSP LIAB MET .00 NET REIMB AMT 56193.57
CO-PAY AMT .00
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REMARK CDS: MA01 MA18
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GROUP AND
STD CDS: OA STS19| CO 45 | CO 253 | PR 2 | CO 97 |
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ADJ AMT: .00| 58534.86| 1146.84| 4281.10| 5147.00| .00|
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CHECK/EFT NUMBER: EFT1244714
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CROSS-OVER PAYER NAME: WPS - TRICARE FOR LIFE
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COMMENT 1:
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COMMENT 2:
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COV EXPR DATE: CLM RCVD DATE: 05/15/2020
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REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	04/02/20	96365	PO	1	474.19	148.74	CO 45		284.47			05693
							CO 253		3.04			
							PR 2		37.94			
0260	04/16/20	96365	PO	1	474.19	148.74	CO 45		284.47			05693
							CO 253		3.04			
							PR 2		37.94			
0260	04/30/20	96365	PO	1	474.19	148.74	CO 45		284.47			05693
							CO 253		3.04			
							PR 2		37.94			
0300	04/02/20	80053	PO	1	72.00	.00	CO 97		72.00			
0300	04/16/20	80053	PO	1	72.00	.00	CO 97		72.00			
0300	04/30/20	80053	PO	1	72.00	.00	CO 97		72.00			
0300	04/02/20	83615	PO	1	46.00	.00	CO 97		46.00			
0300	04/16/20	83615	PO	1	46.00	.00	CO 97		46.00			
0300	04/30/20	83615	PO	1	46.00	.00	CO 97		46.00			
0300	04/02/20	85025	PO	1	58.00	.00	CO 97		58.00			
0300	04/16/20	85025	PO	1	58.00	.00	CO 97		58.00			
0300	04/30/20	85025	PO	1	58.00	.00	CO 97		58.00			
0300	04/02/20	85046		1	83.00	.00	CO 97		83.00			
0300	04/16/20	85046		1	83.00	.00	CO 97		83.00			
0300	04/30/20	85046		1	83.00	.00	CO 97		83.00			
0300	04/02/20	86162		1	166.00	.00	CO 97		166.00			
0310	04/02/20	88184	PO	1	271.00	229.42	CO 45		-21.63			05673
							CO 253		4.68			
							PR 2		58.53			
0310	04/30/20	88184	PO	1	271.00	.00	CO 97		271.00			
0310	04/02/20	88185	PO	7	1897.00	.00	CO 97		1897.00			
0310	04/30/20	88185	PO	7	1897.00	.00	CO 97		1897.00			
0510	04/02/20	G0463	25PO	1	267.00	37.53	CO 45		219.12			05012
							CO 253		.77			
							PR 2		9.58			
0510	04/30/20	G0463	25PO	1	267.00	37.53	CO 45		219.12			05012
							CO 253		.77			
							PR 2		9.58			
0636	04/02/20	J1300	JGPO	120	39309.60	18494.41	CO 45		19088.28			09236
							CO 253		377.44			
							PR 2		1349.47			
0636	04/16/20	J1300	JGPO	120	39309.60	18474.23	CO 45		19088.28			09236
							CO 253		377.03			
							PR 2		1370.06			
0636	04/30/20	J1300	JGPO	120	39309.60	18474.23	CO 45		19088.28			09236
							CO 253		377.03			
							PR 2		1370.06			
0761	04/30/20	36591	PO	1	139.00	.00	CO 97		139.00			

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 200930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131

NAME PCN 225100640096 SERVICE FROM 20200901 THRU 20200929
POL# ICN 014201900 PAT STAT CLAIM STAT 19 CLAIM # 225
MRN 01225346 CRN 22028001028107MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	119428.80	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	60663.96
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	58195.68
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	4224.00	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	57009.12
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND						
STD CDS:	OA STS19	CO 45		PR 2		
=====						
ADJ AMT:	.00	58195.68	4224.00	.00	.00	.00

CHECK/EFT NUMBER: EFT1282819

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 10/13/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	09/01/20	96365	PO	1	500.00	151.78	CO	45	310.28	N782		05693
							PR	2	37.94			
0260	09/17/20	96365	PO	1	500.00	151.78	CO	45	310.28	N782		05693
							PR	2	37.94			
0260	09/29/20	96365	PO	1	500.00	151.78	CO	45	310.28	N782		05693
							PR	2	37.94			
0636	09/01/20	J1300	JGPO	120	39309.60	18851.26	CO	45	19088.28	N782		09236
							PR	2	1370.06			
0636	09/17/20	J1300	JGPO	120	39309.60	18851.26	CO	45	19088.28	N782		09236
							PR	2	1370.06			
0636	09/29/20	J1300	JGPO	120	39309.60	18851.26	CO	45	19088.28	N782		09236
							PR	2	1370.06			

PAYMENT DATE: 04/20/20
 MEDICARE-ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
 43 WHITING HILL RD ENDING 200930 14011
 BREWER ME 044121005
 1790789147 BILL TYPE 131

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NAME PCN 218109510030 SERVICE FROM 20200302 THRU 20200330
 POL# ICN 012500712 PAT STAT CLAIM STAT 1 CLAIM # 171
 MRN 00150429 CRN 22009700698607MEA

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CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	87585.24	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	46004.67
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	40706.04
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	4285.11	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	41742.18
		CO-PAY AMT	.00		

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REMARK CDS: MA01

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GROUP AND							
STD CDS:	CO 45	CO 253	PR 2	CO 97			
ADJ AMT:	40526.64	851.91	4285.11	179.40	.00	.00	

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CHECK/EFT NUMBER: EFT1234322

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CROSS-OVER PAYER NAME:

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COMMENT 1:

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COMMENT 2:

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COV EXPR DATE:		CLM RCVD DATE: 04/06/2020									
REV	DATE	HCPCS/HIPPS MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	03/02/20	96365	PO	1	500.00	148.74	CO 45	310.28			05693
							CO 253	3.04			
							PR 2	37.94			
0260	03/16/20	96365	PO	1	500.00	148.74	CO 45	310.28			05693
							CO 253	3.04			
							PR 2	37.94			
0260	03/30/20	96365	PO	1	500.00	148.74	CO 45	310.28			05693
							CO 253	3.04			
							PR 2	37.94			
0260	03/02/20	96366	PO	1	278.00	30.84	CO 45	238.65			05691
							CO 253	.63			
							PR 2	7.88			
0260	03/16/20	96366	PO	1	278.00	30.84	CO 45	238.65			05691
							CO 253	.63			
							PR 2	7.88			
0260	03/30/20	96366	PO	1	278.00	30.84	CO 45	238.65			05691
							CO 253	.63			
							PR 2	7.88			
0260	03/02/20	96367	PO	1	278.00	48.95	CO 45	215.56			05692
							CO 253	1.00			
							PR 2	12.49			
0260	03/16/20	96367	PO	1	278.00	48.95	CO 45	215.56			05692
							CO 253	1.00			
							PR 2	12.49			
0260	03/30/20	96367	PO	1	278.00	48.95	CO 45	215.56			05692
							CO 253	1.00			
							PR 2	12.49			
0300	03/16/20	36415		1	8.00	.00	CO 97	8.00			
0300	03/02/20	36415	PO	1	8.00	.00	CO 97	8.00			
0300	03/02/20	84550		1	46.00	.00	CO 97	46.00			
0300	03/16/20	84550		1	46.00	.00	CO 97	46.00			
0636	03/02/20	J1100	PO	20	23.80	.00	CO 97	23.80			
0636	03/16/20	J1100	PO	20	23.80	.00	CO 97	23.80			
0636	03/30/20	J1100	PO	20	23.80	.00	CO 97	23.80			
0636	03/02/20	J2507	JGPO	8	28079.28	13685.53	CO 45	12744.39			09281
							CO 253	279.30			
							PR 2	1370.06			
0636	03/16/20	J2507	JGPO	8	28079.28	13685.53	CO 45	12744.39			09281
							CO 253	279.30			
							PR 2	1370.06			
0636	03/30/20	J2507	JGPO	8	28079.28	13685.53	CO 45	12744.39			09281
							CO 253	279.30			
							PR 2	1370.06			

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 200930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131

NAME PCN 225100640013 SERVICE FROM 20200107 THRU 20200121
POL# ICN 011923968 PAT STAT CLAIM STAT 19 CLAIM # 191
MRN 01225346 CRN 22003800540707MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	79619.20	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	40442.64
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	38797.12
COVD/UTIL	0	TOTAL DEDUCT	198.00	INTEREST	.00
NON COVERED	0	COINSURANCE	2816.00	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	37051.92
		CO-PAY AMT	.00		

REMARK CDS: MA01 N817 MA18 N781 N782

GROUP AND					
STD CDS:	OA STS19	CO 45		PR 1	
				CO 253	
				PR 2	
ADJ AMT:	.00	38797.12	198.00	756.16	2816.00
					.00

CHECK/EFT NUMBER: EFT1218642

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 02/07/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	01/07/20	96365	PO	1	500.00	.00	CO	45	310.28	N781		05693
							PR	1	189.72			
0260	01/21/20	96365	PO	1	500.00	142.25	CO	45	310.28	N781		05693
							CO	253	2.90	N782		
							PR	2	36.29			
							PR	1	8.28			
0636	01/07/20	J1300	JGPO	120	39309.60	18437.05	CO	45	19088.28	N782		09236
							CO	253	376.27			
							PR	2	1408.00			
0636	01/21/20	J1300	JGPO	120	39309.60	18472.62	CO	45	19088.28	N782		09236
							CO	253	376.99			
							PR	2	1371.71			

PAYMENT DATE: 12/21/20 INLAND HOSPITAL RUN DATE: 12/21/20
 MEDICARE A -ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 INLAND HOSPITAL FISCAL PERIOD
 200 KENNEDY MEMORIAL D ENDING 210930 14011
 WATERVILLE ME 049014526
 1376579557 BILL TYPE 131

NAME [REDACTED] PCN 282478470119 SERVICE FROM 20201102 THRU 20201130
 POL# [REDACTED] ICN 014685439 PAT STAT CLAIM STAT 19 CLAIM # 169
 MRN 01082933 CRN 22034200664807MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	76943.07	DRG NUMBER		REIMB RATE	0.29
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	13494.40
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	62431.07
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	2902.43	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	11609.57
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND

STD CDS: OA STS19| CO 45 | PR 2 | | | |
 ADJ AMT: .00| 62431.07| 2902.43| .00| .00| .00|

CHECK/EFT NUMBER: EFT1296250

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 12/07/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	11/02/20	96365		1	384.00	134.85	CO	45	215.44	N782		05693
							PR	2	33.71			
0260	11/09/20	96365		1	384.00	134.85	CO	45	215.44	N782		05693
							PR	2	33.71			
0260	11/16/20	96365		1	384.00	134.85	CO	45	215.44	N782		05693
							PR	2	33.71			
0260	11/23/20	96365		1	384.00	134.85	CO	45	215.44	N782		05693
							PR	2	33.71			
0260	11/30/20	96365		1	384.00	134.85	CO	45	215.44	N782		05693
							PR	2	33.71			
0260	11/02/20	96366		1	68.00	27.96	CO	45	33.04	N782		05691
							PR	2	7.00			
0260	11/09/20	96366		1	68.00	27.96	CO	45	33.04	N782		05691
							PR	2	7.00			
0260	11/16/20	96366		1	68.00	27.96	CO	45	33.04	N782		05691
							PR	2	7.00			
0260	11/23/20	96366		1	68.00	27.96	CO	45	33.04	N782		05691
							PR	2	7.00			
0260	11/30/20	96366		1	68.00	27.96	CO	45	33.04	N782		05691
							PR	2	7.00			
0636	11/02/20	J0256	JG	844	14947.24	2160.64	CO	45	12246.44	N782		00901
							PR	2	540.16			
0636	11/09/20	J0256	JG	841	14894.11	2152.96	CO	45	12202.91	N782		00901
							PR	2	538.24			
0636	11/16/20	J0256	JG	844	14947.24	2160.64	CO	45	12246.44	N782		00901
							PR	2	540.16			
0636	11/23/20	J0256	JG	844	14947.24	2160.64	CO	45	12246.44	N782		00901
							PR	2	540.16			
0636	11/30/20	J0256	JG	844	14947.24	2160.64	CO	45	12246.44	N782		00901
							PR	2	540.16			

PAYMENT DATE: 07/13/20 INLAND HOSPITAL RUN DATE: 07/13/20
 MEDICARE A -ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 INLAND HOSPITAL FISCAL PERIOD
 200 KENNEDY MEMORIAL D ENDING 200930 14011
 WATERVILLE ME 049014526
 1376579557 BILL TYPE 138

NAME [REDACTED] PCN 255683880017 SERVICE FROM 20200106 THRU 20200127
 POL# [REDACTED] ICN 013256548 PAT STAT CLAIM STAT 22 CLAIM # 7
 MRN 01182767 CRN 22003700577907MEA

CHARGES:	PPS DATA:	PAYMENT DATA:
REPORTED -65692.65	DRG NUMBER	REIMB RATE 0.29
NCOVD .00	DRG AMOUNT .00	PRIMARY PAY .00
DENIED .00	DRG/OPER .00	PROF COMP .00
	DRG/CAPITAL .00	ESRD AMT .00
DAYS:	OUTLIER () .00	HCPCS AMT -12153.70
-----	NON LAB CHRG .00	OTH ADJ AMT .00
COST REPT 0	NEG REIMB .00	CONT ADJ AMT -52864.71
COVD/UTIL 0	TOTAL DEDUCT -98.85	INTEREST .00
NON COVERED 0	COINSURANCE -2545.82	PAT REFUND .00
LTR 0	MSP LIAB MET .00	NET REIMB AMT -9979.60
	CO-PAY AMT .00	

REMARK CDS: MA01 N781 N782

GROUP AND

STD CDS:	CO 45	CO 253	PR 2	PR 1		
ADJ AMT:	-52864.71	-203.67	-2545.82	-98.85	.00	.00

CHECK/EFT NUMBER: EFT1255586

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 02/06/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	01/07/20	96365		1-	-372.00	-54.65	CO	45	-203.44	N781	05693	
							CO	253	-1.12	N782		
							PR	2	-13.94			
							PR	1	-98.85			
0260	01/14/20	96365		1-	-372.00	-132.15	CO	45	-203.44	N782	05693	
							CO	253	-2.70			
							PR	2	-33.71			
0260	01/20/20	96365		1-	-372.00	-132.15	CO	45	-203.44	N782	05693	
							CO	253	-2.70			
							PR	2	-33.71			
0260	01/27/20	96365		1-	-372.00	-132.15	CO	45	-203.44	N782	05693	
							CO	253	-2.70			
							PR	2	-33.71			
0636	01/06/20	J0256	JG	747-	-12840.93	-1905.70	CO	45	-10410.19	N782	00901	
							CO	253	-38.89			
							PR	2	-486.15			
0636	01/07/20	J0256	JG	747-	-12840.93	-1905.70	CO	45	-10410.19	N782	00901	
							CO	253	-38.89			
							PR	2	-486.15			
0636	01/14/20	J0256	JG	747-	-12840.93	-1905.70	CO	45	-10410.19	N782	00901	
							CO	253	-38.89			
							PR	2	-486.15			
0636	01/20/20	J0256	JG	747-	-12840.93	-1905.70	CO	45	-10410.19	N782	00901	
							CO	253	-38.89			
							PR	2	-486.15			
0636	01/27/20	J0256	JG	747-	-12840.93	-1905.70	CO	45	-10410.19	N782	00901	
							CO	253	-38.89			
							PR	2	-486.15			

PAYMENT DATE: 07/13/20 INLAND HOSPITAL RUN DATE: 07/13/20
 MEDICARE A -ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 INLAND HOSPITAL FISCAL PERIOD
 200 KENNEDY MEMORIAL D ENDING 200930 14011
 WATERVILLE ME 049014526
 1376579557 BILL TYPE 137

NAME [REDACTED] PCN 255683880017 SERVICE FROM 20200106 THRU 20200127
 POL# [REDACTED] ICN 013256548 PAT STAT CLAIM STAT 19 CLAIM # 8
 MRN 01182767 CRN 22018800744507MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	65675.46	DRG NUMBER		REIMB RATE	0.29
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	12150.44
		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	52850.78
COVD/UTIL	0	TOTAL DEDUCT	98.85	INTEREST	.00
NON COVERED	0	COINSURANCE	2545.17	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	9977.04
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N781 N782

GROUP AND

STD CDS: OA STS19| CO 45 | CO 253 | PR 2 | PR 1 |

ADJ AMT: .00| 52850.78| 203.62| 2545.17| 98.85| .00|

CHECK/EFT NUMBER: EFT1255586

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/06/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	01/07/20	96365		1	372.00	54.65	CO	45	203.44	N781		05693
							CO	253	1.12	N782		
							PR	2	13.94			
							PR	1	98.85			
0260	01/14/20	96365		1	372.00	132.15	CO	45	203.44	N782		05693
							CO	253	2.70			
							PR	2	33.71			
0260	01/20/20	96365		1	372.00	132.15	CO	45	203.44	N782		05693
							CO	253	2.70			
							PR	2	33.71			
0260	01/27/20	96365		1	372.00	132.15	CO	45	203.44	N782		05693
							CO	253	2.70			
							PR	2	33.71			
0636	01/06/20	J0256	JG	746	12823.74	1903.14	CO	45	10396.26	N782		00901
							CO	253	38.84			
							PR	2	485.50			
0636	01/07/20	J0256	JG	747	12840.93	1905.70	CO	45	10410.19	N782		00901
							CO	253	38.89			
							PR	2	486.15			
0636	01/14/20	J0256	JG	747	12840.93	1905.70	CO	45	10410.19	N782		00901
							CO	253	38.89			
							PR	2	486.15			
0636	01/20/20	J0256	JG	747	12840.93	1905.70	CO	45	10410.19	N782		00901
							CO	253	38.89			
							PR	2	486.15			
0636	01/27/20	J0256	JG	747	12840.93	1905.70	CO	45	10410.19	N782		00901
							CO	253	38.89			
							PR	2	486.15			

PAYMENT DATE: 06/03/20 EASTERN MAINE HEALTHCARE SYSTEM RUN DATE: 06/08/20
 MAINECARE MD INSTITUTIONAL
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 EASTERN MAINE HEALTHCARE SYST FISCAL PERIOD
 222 KENNEDY MEMORIAL D ENDING ME_MM
 WATERVILLE ME 04901
 1376579557 BILL TYPE 131

NAME [REDACTED] PCN 255683880033 SERVICE FROM 20200302 THRU 20200330
 POL# [REDACTED] ICN 012963072 PAT STAT XX CLAIM STAT 2 CLAIM # 21
 MRN [REDACTED] CRN 20116E14346A1

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	65772.42	DRG NUMBER		REIMB RATE	0.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	63184.19
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	.00
		NON LAB CHR	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	.00
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	.00	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	2588.23
		CO-PAY AMT	.00		

REMARK CDS:

GROUP AND	STD CDS:	OA 23						
ADJ AMT:	63184.19		.00		.00		.00	

CHECK/EFT NUMBER: 202006037572294

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 04/23/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	03/02/20	96365		1	372.00	33.71	OA	23	338.29			05693
0260	03/09/20	96365		1	372.00	33.71	OA	23	338.29			05693
0260	03/16/20	96365		1	372.00	33.71	OA	23	338.29			05693
0260	03/23/20	96365		1	372.00	33.71	OA	23	338.29			05693
0260	03/30/20	96365		1	372.00	33.71	OA	23	338.29			05693
0636	03/02/20	J0256	JG	747	12840.93	486.15	OA	23	12354.78			00901
0636	03/09/20	J0256	JG	747	12840.93	486.15	OA	23	12354.78			00901
0636	03/16/20	J0256	JG	747	12840.93	486.15	OA	23	12354.78			00901
0636	03/23/20	J0256	JG	747	12840.93	486.15	OA	23	12354.78			00901
0636	03/30/20	J0256	JG	730	12548.70	475.08	OA	23	12073.62			00901

PAYMENT DATE: 06/03/20 EASTERN MAINE HEALTHCARE SYSTEM RUN DATE: 06/08/20
 MAINECARE MD INSTITUTIONAL
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 EASTERN MAINE HEALTHCARE SYST FISCAL PERIOD
 222 KENNEDY MEMORIAL D ENDING ME_MM
 WATERVILLE ME 04901
 1376579557 BILL TYPE 131

NAME [REDACTED] PCN 255683880033 SERVICE FROM 20200302 THRU 20200330
 POL# [REDACTED] ICN 012963072 PAT STAT XX CLAIM STAT 22 CLAIM # 22
 MRN [REDACTED] CRN 20116E14346R1

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	-65772.42	DRG NUMBER		REIMB RATE	0.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	-1691.45
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	.00
		NON LAB CHR	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	.00
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	.00	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	-168.55
		CO-PAY AMT	.00		

REMARK CDS: M119

GROUP AND STD CDS:						
OA 23		CO 16				
ADJ AMT:	-1691.45		-63912.42		.00	
					.00	
					.00	
					.00	

CHECK/EFT NUMBER: 202006037572294

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 04/23/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	03/02/20	96365		1	-372.00	-33.71	OA	23	-338.29			05693
0260	03/09/20	96365		1	-372.00	-33.71	OA	23	-338.29			05693
0260	03/16/20	96365		1	-372.00	-33.71	OA	23	-338.29			05693
0260	03/23/20	96365		1	-372.00	-33.71	OA	23	-338.29			05693
0260	03/30/20	96365		1	-372.00	-33.71	OA	23	-338.29			05693
0636	03/02/20	J0256	JG	747	-12840.93	.00	CO	16	-12840.93	M119		00901
0636	03/09/20	J0256	JG	747	-12840.93	.00	CO	16	-12840.93	M119		00901
0636	03/16/20	J0256	JG	747	-12840.93	.00	CO	16	-12840.93	M119		00901
0636	03/23/20	J0256	JG	747	-12840.93	.00	CO	16	-12840.93	M119		00901
0636	03/30/20	J0256	JG	730	-12548.70	.00	CO	16	-12548.70	M119		00901

PAYMENT DATE: 07/20/20 INLAND HOSPITAL RUN DATE: 07/20/20
 MEDICARE A -ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 INLAND HOSPITAL FISCAL PERIOD
 200 KENNEDY MEMORIAL D ENDING 200930 14011
 WATERVILLE ME 049014526
 1376579557 BILL TYPE 131

NAME [REDACTED] PCN 276922810060 SERVICE FROM 20200602 THRU 20200629
 POL# [REDACTED] ICN 013316110 PAT STAT CLAIM STAT 19 CLAIM # 22
 MRN 01182767 CRN 22018800745307MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	65222.34	DRG NUMBER		REIMB RATE	0.29
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	11950.02
		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	52429.52
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	2558.56	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	10234.26
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND

STD CDS: OA STS19| CO 45 | PR 2 | | | |

ADJ AMT: .00| 52429.52| 2558.56| .00| .00| .00|

CHECK/EFT NUMBER: EFT1257296

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/06/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	06/02/20	96365		1	372.00	134.85	CO	45	203.44	N782		05693
							PR	2	33.71			
0260	06/08/20	96365		1	372.00	134.85	CO	45	203.44	N782		05693
							PR	2	33.71			
0260	06/15/20	96365		1	372.00	134.85	CO	45	203.44	N782		05693
							PR	2	33.71			
0260	06/22/20	96365		1	372.00	134.85	CO	45	203.44	N782		05693
							PR	2	33.71			
0260	06/29/20	96365		1	372.00	134.85	CO	45	203.44	N782		05693
							PR	2	33.71			
0636	06/02/20	J0256	JG	730	12548.70	1893.33	CO	45	10182.04	N782		00901
							PR	2	473.33			
0636	06/08/20	J0256	JG	739	12703.41	1916.67	CO	45	10307.57	N782		00901
							PR	2	479.17			
0636	06/15/20	J0256	JG	739	12703.41	1916.67	CO	45	10307.57	N782		00901
							PR	2	479.17			
0636	06/22/20	J0256	JG	739	12703.41	1916.67	CO	45	10307.57	N782		00901
							PR	2	479.17			
0636	06/29/20	J0256	JG	739	12703.41	1916.67	CO	45	10307.57	N782		00901
							PR	2	479.17			

PAYMENT DATE: 06/22/20 INLAND HOSPITAL RUN DATE: 06/22/20
 MEDICARE A -ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 INLAND HOSPITAL FISCAL PERIOD
 200 KENNEDY MEMORIAL D ENDING 200930 14011
 WATERVILLE ME 049014526
 1376579557 BILL TYPE 131

NAME [REDACTED] PCN 262356080057 SERVICE FROM 20200504 THRU 20200526
 POL# [REDACTED] ICN 013075184 PAT STAT CLAIM STAT 19 CLAIM # 124
 MRN 01082933 CRN 22016000597407MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	60235.52	DRG NUMBER		REIMB RATE	0.29
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	11048.72
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	48442.64
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	2358.60	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	9434.28
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND

STD CDS: OA STS19| CO 45 | PR 2 | CO 97 | | |

ADJ AMT: .00| 48410.64| 2358.60| 32.00| .00| .00|

CHECK/EFT NUMBER: EFT1250440

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 06/08/2020

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	05/04/20	96365		1	372.00	134.85	CO	45	203.44	N782		05693
							PR	2	33.71			
0260	05/11/20	96365		1	372.00	134.85	CO	45	203.44	N782		05693
							PR	2	33.71			
0260	05/18/20	96365		1	372.00	134.85	CO	45	203.44	N782		05693
							PR	2	33.71			
0260	05/26/20	96365		1	372.00	134.85	CO	45	203.44	N782		05693
							PR	2	33.71			
0260	05/04/20	96366		1	66.00	27.96	CO	45	31.04	N782		05691
							PR	2	7.00			
0260	05/11/20	96366		1	66.00	27.96	CO	45	31.04	N782		05691
							PR	2	7.00			
0300	05/11/20	36415		1	16.00	.00	CO	97	16.00			
0300	05/26/20	36415		1	16.00	.00	CO	97	16.00			
0636	05/04/20	J0256	JG	852	14645.88	2209.74	CO	45	11883.70	N782		00901
							PR	2	552.44			
0636	05/11/20	J0256	JG	852	14645.88	2209.74	CO	45	11883.70	N782		00901
							PR	2	552.44			
0636	05/18/20	J0256	JG	852	14645.88	2209.74	CO	45	11883.70	N782		00901
							PR	2	552.44			
0636	05/26/20	J0256	JG	852	14645.88	2209.74	CO	45	11883.70	N782		00901
							PR	2	552.44			

Exhibit 5

Northern Light Health 2021 Claims

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
AROOSTOOK MEDICAL CENTER-GOULD FISCAL PERIOD
PO BOX 151 ENDING 210930 14011
PRESQUE ISLE 047690151
1396858999 BILL TYPE 131
=====

NAME PCN 000310856687 SERVICE FROM 20210708 THRU 20210708
POL# ICN 016948233 PAT STAT CLAIM STAT 19 CLAIM # 109
MRN 01130495 CRN 22120900428907MEA

CHARGES: PPS DATA: PAYMENT DATA:

REPORTED 142688.59 DRG NUMBER REIMB RATE 1.00
NCOVD .00 DRG AMOUNT .00 PRIMARY PAY .00
DENIED .00 DRG/OPER .00 PROF COMP .00
DRG/CAPITAL .00 ESRD AMT .00
DAYS: OUTLIER () .00 HCPCS AMT 24722.08
----- NON LAB CHRG .00 OTH ADJ AMT .00
COST REPT 0 NEG REIMB .00 CONT ADJ AMT 116964.79
COVD/UTIL 0 TOTAL DEDUCT .00 INTEREST .00
NON COVERED 0 COINSURANCE 1627.40 PAT REFUND .00
LTR 0 MSP LIAB MET .00 NET REIMB AMT 24096.40
CO-PAY AMT .00

REMARK CDS: MA01 MA18

GROUP AND
STD CDS: OA STS19| CO 97 | CO 45 | PR 2 | | |
=====

ADJ AMT: .00| 2369.39| 114595.40| 1627.40| .00| .00|

CHECK/EFT NUMBER: EFT1352332

CROSS-OVER PAYER NAME: ANTHEM ME

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/28/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0250	07/08/21			1	7.90	.00	CO	97	7.90			
0260	07/08/21	96361		2	454.00	58.66	CO	45	380.67		05691	
							PR	2	14.67			
0260	07/08/21	96366		1	72.00	29.33	CO	45	35.34		05691	
							PR	2	7.33			
0260	07/08/21	96372	59	2	236.00	.00	CO	97	236.00			
0260	07/08/21	96375		3	216.00	87.99	CO	45	106.01		05691	
							PR	2	22.00			
0300	07/08/21	36415		1	27.00	.00	CO	97	27.00			
0300	07/08/21	80053		1	315.00	.00	CO	97	315.00			
0300	07/08/21	82607		1	171.00	.00	CO	97	171.00			
0300	07/08/21	82728		1	152.00	.00	CO	97	152.00			
0300	07/08/21	82746		1	167.00	.00	CO	97	167.00			
0300	07/08/21	83540		1	75.00	.00	CO	97	75.00			
0300	07/08/21	83550		1	99.00	.00	CO	97	99.00			
0300	07/08/21	84238		1	145.00	.00	CO	97	145.00			
0300	07/08/21	84439		1	101.00	.00	CO	97	101.00			
0300	07/08/21	84443		1	190.00	.00	CO	97	190.00			
0300	07/08/21	85025		1	122.00	.00	CO	97	122.00			
0335	07/08/21	96411		1	297.00	45.43	CO	45	240.20		05692	
							PR	2	11.37			
0335	07/08/21	96413		1	509.00	227.85	CO	45	224.17		05694	
							PR	2	56.98			
0335	07/08/21	96417		2	880.00	90.87	CO	45	766.40		05692	
							PR	2	22.73			
0510	07/08/21	G0463	25	2	332.00	174.14	CO	45	114.33		05012	
							PR	2	43.53			
0510	07/08/21	G0463	25	1	166.00	87.07	CO	45	57.16		05012	
							PR	2	21.77			
0636	07/08/21	J1100		8	8.96	.00	CO	97	8.96			
0636	07/08/21	J1170		4	110.68	.00	CO	97	110.68			
0636	07/08/21	J1439	JG	750	5280.00	585.15	CO	45	4659.00		09441	
							PR	2	35.85			
0636	07/08/21	J1642		50	5.50	.00	CO	97	5.50			
0636	07/08/21	J2469	JG	10	106.50	.00	CO	97	106.50			
0636	07/08/21	J3475		4	34.52	.00	CO	97	34.52			
0636	07/08/21	J9045		7	295.33	.00	CO	97	295.33			
0636	07/08/21	J9228	JG	60	34416.60	6565.83	CO	45	27448.56		09284	
							PR	2	402.21			
0636	07/08/21	J9228	JWJG	40	22944.40	4377.22	CO	45	18299.04		09284	
							PR	2	268.14			
0636	07/08/21	J9299	JG	360	38041.20	7166.36	CO	45	30435.84		09453	
							PR	2	439.00			
0636	07/08/21	J9305	JG	90	36711.00	4600.50	CO	45	31828.68		09213	

PAYMENT DATE: 01/03/22 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 01/03/22

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD
PO BOX 151 ENDING 220930 14011
PRESQUE ISLE 047690151
1396858999 BILL TYPE 131

NAME [REDACTED] PCN 000327435996 SERVICE FROM 20211208 THRU 20211208
POL# [REDACTED] ICN 018102576 PAT STAT CLAIM STAT 1 CLAIM # 402
MRN 00267284 CRN 22135100369904MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	90812.72	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	16664.03
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	73624.90
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	1531.80	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	15656.02
		CO-PAY AMT	.00		

REMARK CDS: MA01

GROUP AND

STD CDS:	CO 45	PR 2	CO 97				
ADJ AMT:	73446.98	1531.80	177.92	.00	.00	.00	

CHECK/EFT NUMBER: EFT1385432

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 12/17/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	12/08/21	96366		1	74.00	29.33	CO	45	37.34			05691
							PR	2	7.33			
0260	12/08/21	96375		1	74.00	29.33	CO	45	37.34			05691
							PR	2	7.33			
0335	12/08/21	96413		1	524.00	227.85	CO	45	239.17			05694
							PR	2	56.98			
0335	12/08/21	96417		1	453.00	45.43	CO	45	396.20			05692
							PR	2	11.37			
0510	12/08/21	G0463	25	1	171.00	87.07	CO	45	62.16			05012
							PR	2	21.77			
0636	12/08/21	J0610		1	157.05	.00	CO	97	157.05			
0636	12/08/21	J1200		1	14.87	.00	CO	97	14.87			
0636	12/08/21	J1642		50	6.00	.00	CO	97	6.00			
0636	12/08/21	J9228	JG	75	46462.50	7954.50	CO	45	37763.02			09284
							PR	2	744.98			
0636	12/08/21	J9228	JWJG	25	15487.50	2651.50	CO	45	12587.67			09284
							PR	2	248.33			
0636	12/08/21	J9299	JG	240	27388.80	4631.01	CO	45	22324.08			09453
							PR	2	433.71			

PAYMENT DATE: 05/23/21 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 05/23/21

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD
 PO BOX 151 ENDING 210930 14011
 PRESQUE ISLE 047690151
 1396858999 BILL TYPE 131

NAME [REDACTED] PCN 000303800882 SERVICE FROM 20210504 THRU 20210504
 POL# [REDACTED] ICN 016066872 PAT STAT CLAIM STAT 19 CLAIM # 80
 MRN 01312076 CRN 22113100634307MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	79511.00	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	15650.92
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	63518.45
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	1500.77	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	14491.78
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND

STD CDS: OA STS19| CO 45 | PR 2 | | | |

ADJ AMT: .00| 63518.45| 1500.77| .00| .00| .00|

CHECK/EFT NUMBER: REMIT03319

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 05/11/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0335	05/04/21	96413		1	509.00	227.85	CO	45	224.17	N782		05694
							PR	2	56.98			
0335	05/04/21	96417		1	440.00	45.43	CO	45	383.20	N782		05692
							PR	2	11.37			
0636	05/04/21	J9228	JG	70	40152.70	7288.22	CO	45	32131.89	N782		09284
							PR	2	732.59			
0636	05/04/21	J9228	JWJG	30	17208.30	3123.52	CO	45	13770.81	N782		09284
							PR	2	313.97			
0636	05/04/21	J9299	JG	200	21134.00	3785.14	CO	45	16968.40	N782		09453
							PR	2	380.46			
0780	05/04/21	Q3014		1	67.00	21.62	CO	45	39.98	N782		
							PR	2	5.40			

PAYMENT DATE: 07/06/21 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 07/06/21

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD

PO BOX 151 ENDING 210930 14011

PRESQUE ISLE 047690151

1396858999

BILL TYPE 131

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NAME [REDACTED] PCN 000308569102 SERVICE FROM 20210616 THRU 20210616

POL# [REDACTED] ICN 016616633 PAT STAT CLAIM STAT 19 CLAIM # 141

MRN 01312076 CRN 22117300413607MEA

CHARGES:	PPS DATA:	PAYMENT DATA:
-----	-----	-----
REPORTED 79610.00	DRG NUMBER	REIMB RATE 1.00
NCOVD .00	DRG AMOUNT .00	PRIMARY PAY .00
DENIED .00	DRG/OPER .00	PROF COMP .00
	DRG/CAPITAL .00	ESRD AMT .00
DAYS:	OUTLIER () .00	HCPCS AMT 15623.90
-----	NON LAB CHRG .00	OTH ADJ AMT .00
COST REPT 0	NEG REIMB .00	CONT ADJ AMT 63535.63
COVD/UTIL 0	TOTAL DEDUCT .00	INTEREST .00
NON COVERED 0	COINSURANCE 1517.14	PAT REFUND .00
LTR 0	MSP LIAB MET .00	NET REIMB AMT 14557.23
	CO-PAY AMT .00	

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REMARK CDS: MA01 MA18 N782

GROUP AND

STD CDS: OA STS19| CO 45 | PR 2 | | | |

ADJ AMT: .00| 63535.63| 1517.14| .00| .00| .00|

CHECK/EFT NUMBER: EFT1343508

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 06/22/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0335	06/16/21	96413		1	509.00	227.85	CO	45	224.17	N782		05694
							PR	2	56.98			
0335	06/16/21	96417		1	440.00	45.43	CO	45	383.20	N782		05692
							PR	2	11.37			
0510	06/16/21	G0463	25	1	166.00	87.07	CO	45	57.16	N782		05012
							PR	2	21.77			
0636	06/16/21	J9228	JG	70	40152.70	7288.22	CO	45	32131.89	N782		09284
							PR	2	732.59			
0636	06/16/21	J9228	JWJG	30	17208.30	3123.52	CO	45	13770.81	N782		09284
							PR	2	313.97			
0636	06/16/21	J9299	JG	200	21134.00	3785.14	CO	45	16968.40	N782		09453
							PR	2	380.46			

PAYMENT DATE: 09/28/21 AROOSTOOK MEDICAL CENTER-GOULD RUN DATE: 09/28/21

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD
PO BOX 151 ENDING 210930 14011
PRESQUE ISLE 047690151
1396858999 BILL TYPE 131

NAME [REDACTED] PCN 000308633486 SERVICE FROM 20210628 THRU 20210628
POL# [REDACTED] ICN 017339438 PAT STAT CLAIM STAT 1 CLAIM # 104
MRN 01152555 CRN 22125700449204MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	80759.50	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	15623.90
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	64685.13
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	1517.14	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	14557.23
		CO-PAY AMT	.00		

REMARK CDS: MA01

GROUP AND

STD CDS:	CO 97	CO 45	PR 2				
ADJ AMT:	1184.50	63500.63	1517.14	.00	.00	.00	

CHECK/EFT NUMBER: EFT1363571

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 09/14/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	06/28/21	36415		1	27.00	.00	CO	97	27.00			
0300	06/28/21	80053		1	176.00	.00	CO	97	176.00			
0300	06/28/21	82607		1	171.00	.00	CO	97	171.00			
0300	06/28/21	82728		1	152.00	.00	CO	97	152.00			
0300	06/28/21	82746		1	167.00	.00	CO	97	167.00			
0300	06/28/21	83540		1	75.00	.00	CO	97	75.00			
0300	06/28/21	83550		1	99.00	.00	CO	97	99.00			
0300	06/28/21	84443		1	190.00	.00	CO	97	190.00			
0300	06/28/21	85025		1	122.00	.00	CO	97	122.00			
0335	06/28/21	96413		1	509.00	227.85	CO	45	224.17			05694
							PR	2	56.98			
0335	06/28/21	96417		1	440.00	45.43	CO	45	383.20			05692
							PR	2	11.37			
0510	06/28/21	G0463	25	1	131.00	87.07	CO	45	22.16			05012
							PR	2	21.77			
0636	06/28/21	J1642		50	5.50	.00	CO	97	5.50			
0636	06/28/21	J9228	JG	70	40152.70	7288.22	CO	45	32131.89			09284
							PR	2	732.59			
0636	06/28/21	J9228	JWJG	30	17208.30	3123.52	CO	45	13770.81			09284
							PR	2	313.97			
0636	06/28/21	J9299	JG	200	21134.00	3785.14	CO	45	16968.40			09453
							PR	2	380.46			

PAYMENT DATE: 09/01/21 EASTERN MAINE MEDICAL CENTER RUN DATE: 09/01/21

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD

43 WHITING HILL RD ENDING 210930 14011

BREWER ME 044121005

1790789147

BILL TYPE 138

NAME PCN 155032061063 SERVICE FROM 20210602 THRU 20210630
POL# ICN 017126657 PAT STAT CLAIM STAT 22 CLAIM # 339
MRN 00941014 CRN 22119600508307MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	-143372.94	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	-66481.80
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	-75394.65
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	-6050.07	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	-61928.22
		CO-PAY AMT	.00		

REMARK CDS: MA01

GROUP AND

STD CDS: CO 45 | PR 2 | CO 97 | | | |

ADJ AMT: -70441.77 | -6050.07 | -4952.88 | .00 | .00 | .00 |

CHECK/EFT NUMBER: EFT1357524

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 08/12/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	06/30/21	96360	PO	1-	-407.00	-165.53	CO	45	-200.09			05693
							PR	2	-41.38			
0260	06/02/21	96361	PO	1-	-162.00	-32.54	CO	45	-121.33			05691
							PR	2	-8.13			
0260	06/16/21	96361	PO	1-	-162.00	-32.54	CO	45	-121.33			05691
							PR	2	-8.13			
0260	06/30/21	96361	PO	1-	-162.00	-32.54	CO	45	-121.33			05691
							PR	2	-8.13			
0260	06/02/21	96365	PO	1-	-488.00	-165.53	CO	45	-281.09			05693
							PR	2	-41.38			
0260	06/09/21	96365	PO	1-	-488.00	-165.53	CO	45	-281.09			05693
							PR	2	-41.38			
0260	06/16/21	96365	PO	1-	-488.00	-165.53	CO	45	-281.09			05693
							PR	2	-41.38			
0260	06/23/21	96365	PO	1-	-488.00	-165.53	CO	45	-281.09			05693
							PR	2	-41.38			
0300	06/02/21	80053	PO	1-	-74.00	.00	CO	97	-74.00			
0300	06/09/21	80053	PO	1-	-74.00	.00	CO	97	-74.00			
0300	06/16/21	80053	PO	1-	-74.00	.00	CO	97	-74.00			
0300	06/23/21	80053	PO	1-	-74.00	.00	CO	97	-74.00			
0300	06/30/21	80053	PO	1-	-74.00	.00	CO	97	-74.00			
0300	06/02/21	81003		1-	-33.00	.00	CO	97	-33.00			
0300	06/16/21	82784		1-	-69.00	.00	CO	97	-69.00			
0300	06/30/21	82784		1-	-69.00	.00	CO	97	-69.00			
0300	06/02/21	83615	PO	1-	-47.00	.00	CO	97	-47.00			
0300	06/09/21	83615	PO	1-	-47.00	.00	CO	97	-47.00			
0300	06/16/21	83615	PO	1-	-47.00	.00	CO	97	-47.00			
0300	06/23/21	83615	PO	1-	-47.00	.00	CO	97	-47.00			
0300	06/30/21	83615	PO	1-	-47.00	.00	CO	97	-47.00			
0300	06/02/21	83735	PO	1-	-77.00	.00	CO	97	-77.00			
0300	06/09/21	83735	PO	1-	-77.00	.00	CO	97	-77.00			
0300	06/16/21	83735	PO	1-	-77.00	.00	CO	97	-77.00			
0300	06/23/21	83735	PO	1-	-77.00	.00	CO	97	-77.00			
0300	06/30/21	83735	PO	1-	-77.00	.00	CO	97	-77.00			
0300	06/02/21	85025	PO	1-	-60.00	.00	CO	97	-60.00			
0300	06/09/21	85025	PO	1-	-60.00	.00	CO	97	-60.00			
0300	06/16/21	85025	PO	1-	-60.00	.00	CO	97	-60.00			
0300	06/23/21	85025	PO	1-	-60.00	.00	CO	97	-60.00			
0300	06/30/21	85025	PO	1-	-60.00	.00	CO	97	-60.00			
0300	06/02/21	85046		1-	-85.00	.00	CO	97	-85.00			
0300	06/09/21	85046		1-	-85.00	.00	CO	97	-85.00			
0300	06/16/21	85046		1-	-85.00	.00	CO	97	-85.00			
0300	06/23/21	85046		1-	-85.00	.00	CO	97	-85.00			
0300	06/30/21	85046		1-	-85.00	.00	CO	97	-85.00			

0300	06/02/21	87305		1-	-168.00	.00	CO 97	-168.00	
0300	06/09/21	87305		1-	-168.00	.00	CO 97	-168.00	
0300	06/16/21	87305		1-	-168.00	.00	CO 97	-168.00	
0300	06/23/21	87305		1-	-168.00	.00	CO 97	-168.00	
0300	06/30/21	87305		1-	-168.00	.00	CO 97	-168.00	
0300	06/02/21	87449		1-	-267.00	.00	CO 97	-267.00	
0300	06/09/21	87449		1-	-267.00	.00	CO 97	-267.00	
0300	06/16/21	87449		1-	-267.00	.00	CO 97	-267.00	
0300	06/23/21	87449		1-	-267.00	.00	CO 97	-267.00	
0300	06/30/21	87449		1-	-267.00	.00	CO 97	-267.00	
0300	06/02/21	87497		1-	-140.00	.00	CO 97	-140.00	
0300	06/09/21	87497		1-	-140.00	.00	CO 97	-140.00	
0300	06/16/21	87497		1-	-140.00	.00	CO 97	-140.00	
0300	06/23/21	87497		1-	-140.00	.00	CO 97	-140.00	
0300	06/30/21	87497		1-	-140.00	.00	CO 97	-140.00	
0510	06/02/21	G0463	25PO	1-	-259.00	-38.64	CO 45	-210.70	05012
							PR 2	-9.66	
0510	06/09/21	G0463	25PO	1-	-259.00	-38.64	CO 45	-210.70	05012
							PR 2	-9.66	
0510	06/16/21	G0463	25PO	1-	-259.00	-38.64	CO 45	-210.70	05012
							PR 2	-9.66	
0510	06/23/21	G0463	25PO	1-	-259.00	-38.64	CO 45	-210.70	05012
							PR 2	-9.66	
0510	06/30/21	G0463	25PO	1-	-259.00	-38.64	CO 45	-210.70	05012
							PR 2	-9.66	
0636	06/02/21	J0897	JGPO	60-	-2567.40	-802.08	CO 45	-1685.94	09272
							PR 2	-79.38	
0636	06/02/21	J1300	JGPO	90-	-30366.90	-13775.30	CO 45	-15228.36	09236
							PR 2	-1363.24	
0636	06/09/21	J1300	JGPO	90-	-30366.90	-13695.92	CO 45	-15228.36	09236
							PR 2	-1442.62	
0636	06/16/21	J1300	JGPO	90-	-30366.90	-13695.92	CO 45	-15228.36	09236
							PR 2	-1442.62	
0636	06/23/21	J1300	JGPO	120-	-40489.20	-18742.10	CO 45	-20304.48	09236
							PR 2	-1442.62	
0636	06/02/21	J7030	PO	1-	-12.22	.00	CO 97	-12.22	
0636	06/16/21	J7030	PO	1-	-12.22	.00	CO 97	-12.22	
0636	06/23/21	J7030	PO	1-	-12.22	.00	CO 97	-12.22	
0636	06/30/21	J7030	PO	1-	-12.22	.00	CO 97	-12.22	
0636	06/30/21	90732	PO	1-	-57.76	-57.76		.00	
0771	06/30/21	G0009	PO	1-	-65.00	-40.67	CO 45	-24.33	05691
0940	06/02/21	96372	XUPO	1-	-143.00	.00	CO 97	-143.00	

PAYMENT DATE: 09/01/21 EASTERN MAINE MEDICAL CENTER RUN DATE: 09/01/21

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD

43 WHITING HILL RD ENDING 210930 14011

BREWER ME 044121005

1790789147

BILL TYPE 137

NAME [REDACTED] PCN 155032061063 SERVICE FROM 20210602 THRU 20210630
 POL# [REDACTED] ICN 017126657 PAT STAT CLAIM STAT 19 CLAIM # 340
 MRN 00941014 CRN 22123600237804MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	143727.94	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	66481.80
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	75749.65
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	6050.07	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	61928.22
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18

GROUP AND

STD CDS: OA STS19| CO 45 | PR 2 | CO 97 | | |

ADJ AMT: .00| 70441.77| 6050.07| 5307.88| .00| .00|

CHECK/EFT NUMBER: EFT1357524

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 08/24/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	06/30/21	96360	PO	1	407.00	165.53	CO	45	200.09			05693
							PR	2	41.38			
0260	06/02/21	96361	PO	1	162.00	32.54	CO	45	121.33			05691
							PR	2	8.13			
0260	06/16/21	96361	PO	1	162.00	32.54	CO	45	121.33			05691
							PR	2	8.13			
0260	06/30/21	96361	PO	1	162.00	32.54	CO	45	121.33			05691
							PR	2	8.13			
0260	06/02/21	96365	PO	1	488.00	165.53	CO	45	281.09			05693
							PR	2	41.38			
0260	06/09/21	96365	PO	1	488.00	165.53	CO	45	281.09			05693
							PR	2	41.38			
0260	06/16/21	96365	PO	1	488.00	165.53	CO	45	281.09			05693
							PR	2	41.38			
0260	06/23/21	96365	PO	1	488.00	165.53	CO	45	281.09			05693
							PR	2	41.38			
0300	06/02/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	06/09/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	06/16/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	06/23/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	06/30/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	06/02/21	81003		1	33.00	.00	CO	97	33.00			
0300	06/16/21	82784		1	69.00	.00	CO	97	69.00			
0300	06/30/21	82784		1	69.00	.00	CO	97	69.00			
0300	06/02/21	83615	PO	1	47.00	.00	CO	97	47.00			
0300	06/09/21	83615	PO	1	47.00	.00	CO	97	47.00			
0300	06/16/21	83615	PO	1	47.00	.00	CO	97	47.00			
0300	06/23/21	83615	PO	1	47.00	.00	CO	97	47.00			
0300	06/30/21	83615	PO	1	47.00	.00	CO	97	47.00			
0300	06/02/21	83735	PO	1	77.00	.00	CO	97	77.00			
0300	06/09/21	83735	PO	1	77.00	.00	CO	97	77.00			
0300	06/16/21	83735	PO	1	77.00	.00	CO	97	77.00			
0300	06/23/21	83735	PO	1	77.00	.00	CO	97	77.00			
0300	06/30/21	83735	PO	1	77.00	.00	CO	97	77.00			
0300	06/02/21	85025	PO	1	60.00	.00	CO	97	60.00			
0300	06/09/21	85025	PO	1	60.00	.00	CO	97	60.00			
0300	06/16/21	85025	PO	1	60.00	.00	CO	97	60.00			
0300	06/23/21	85025	PO	1	60.00	.00	CO	97	60.00			
0300	06/30/21	85025	PO	1	60.00	.00	CO	97	60.00			
0300	06/02/21	85046		1	85.00	.00	CO	97	85.00			
0300	06/09/21	85046		1	85.00	.00	CO	97	85.00			
0300	06/16/21	85046		1	85.00	.00	CO	97	85.00			
0300	06/23/21	85046		1	85.00	.00	CO	97	85.00			
0300	06/30/21	85046		1	85.00	.00	CO	97	85.00			

0300	06/02/21	87305		1	168.00	.00	CO 97	168.00	
0300	06/09/21	87305		1	168.00	.00	CO 97	168.00	
0300	06/16/21	87305		1	168.00	.00	CO 97	168.00	
0300	06/23/21	87305		1	168.00	.00	CO 97	168.00	
0300	06/30/21	87305		1	168.00	.00	CO 97	168.00	
0300	06/02/21	87449		1	267.00	.00	CO 97	267.00	
0300	06/09/21	87449		1	267.00	.00	CO 97	267.00	
0300	06/16/21	87449		1	267.00	.00	CO 97	267.00	
0300	06/23/21	87449		1	267.00	.00	CO 97	267.00	
0300	06/30/21	87449		1	267.00	.00	CO 97	267.00	
0300	06/02/21	87497		1	140.00	.00	CO 97	140.00	
0300	06/09/21	87497		1	140.00	.00	CO 97	140.00	
0300	06/16/21	87497		1	140.00	.00	CO 97	140.00	
0300	06/23/21	87497		1	140.00	.00	CO 97	140.00	
0300	06/30/21	87497		1	140.00	.00	CO 97	140.00	
0300	06/23/21	87530		2	355.00	.00	CO 97	355.00	
0510	06/02/21	G0463	25PO	1	259.00	38.64	CO 45	210.70	05012
							PR 2	9.66	
0510	06/09/21	G0463	25PO	1	259.00	38.64	CO 45	210.70	05012
							PR 2	9.66	
0510	06/16/21	G0463	25PO	1	259.00	38.64	CO 45	210.70	05012
							PR 2	9.66	
0510	06/23/21	G0463	25PO	1	259.00	38.64	CO 45	210.70	05012
							PR 2	9.66	
0510	06/30/21	G0463	25PO	1	259.00	38.64	CO 45	210.70	05012
							PR 2	9.66	
0636	06/02/21	J0897	JGPO	60	2567.40	802.08	CO 45	1685.94	09272
							PR 2	79.38	
0636	06/02/21	J1300	JGPO	90	30366.90	13775.30	CO 45	15228.36	09236
							PR 2	1363.24	
0636	06/09/21	J1300	JGPO	90	30366.90	13695.92	CO 45	15228.36	09236
							PR 2	1442.62	
0636	06/16/21	J1300	JGPO	90	30366.90	13695.92	CO 45	15228.36	09236
							PR 2	1442.62	
0636	06/23/21	J1300	JGPO	120	40489.20	18742.10	CO 45	20304.48	09236
							PR 2	1442.62	
0636	06/02/21	J7030	PO	1	12.22	.00	CO 97	12.22	
0636	06/16/21	J7030	PO	1	12.22	.00	CO 97	12.22	
0636	06/23/21	J7030	PO	1	12.22	.00	CO 97	12.22	
0636	06/30/21	J7030	PO	1	12.22	.00	CO 97	12.22	
0636	06/30/21	90732	PO	1	57.76	57.76		.00	
0771	06/30/21	G0009	PO	1	65.00	40.67	CO 45	24.33	05691
0940	06/02/21	96372	XUPO	1	143.00	.00	CO 97	143.00	

MEDICARE-ACUTE
ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 220930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131

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NAME	PCN 228047911109	SERVICE FROM 20211006 THRU 20211027
POL#	ICN 018140416	PAT STAT CLAIM STAT 19 CLAIM # 373
MRN 00150711	CRN 22135400366604MEA	

CHARGES:	PPS DATA:	PAYMENT DATA:
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REPORTED 138442.11	DRG NUMBER	REIMB RATE 1.00
NCOVD 549.41	DRG AMOUNT .00	PRIMARY PAY .00
DENIED .00	DRG/OPER .00	PROF COMP .00
	DRG/CAPITAL .00	ESRD AMT .00
DAYS:	OUTLIER () .00	HCPCS AMT 65362.44
-----	NON LAB CHRG .00	OTH ADJ AMT .00
COST REPT 0	NEG REIMB .00	CONT ADJ AMT 71702.62
COVD/UTIL 0	TOTAL DEDUCT .00	INTEREST .00
NON COVERED 0	COINSURANCE 5936.00	PAT REFUND .00
LTR 0	MSP LIAB MET .00	NET REIMB AMT 60254.08
	CO-PAY AMT .00	

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REMARK CDS: MA01 MA18 N425

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GROUP AND

STD CDS:	OA STS19	CO 45	PR 2	CO 97	PR 96	
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ADJ AMT:	.00	71466.62	5936.00	236.00	549.41	.00
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CHECK/EFT NUMBER: EFT1386492

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CROSS-OVER PAYER NAME: ANTHEM FEP MAINE

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COMMENT 1:

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COMMENT 2:

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COV EXPR DATE: CLM RCVD DATE: 12/23/2021

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REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	10/06/21	96365	PO	1	530.00	165.53	CO	45	323.09			05693
							PR	2	41.38			
0260	10/13/21	96365	PO	1	530.00	165.53	CO	45	323.09			05693
							PR	2	41.38			
0260	10/20/21	96365	PO	1	530.00	165.53	CO	45	323.09			05693
							PR	2	41.38			
0260	10/27/21	96365	PO	1	530.00	165.53	CO	45	323.09			05693
							PR	2	41.38			
0300	10/27/21	36415	PO	1	9.00	.00	CO	97	9.00			
0300	10/27/21	85652	PO	1	59.00	.00	CO	97	59.00			
0300	10/27/21	86140		1	91.00	.00	CO	97	91.00			
0636	10/06/21	J1300	JGPO	90	31277.70	13641.02	CO	45	16194.06			09236
							PR	2	1442.62			
0636	10/13/21	J1300	JGPO	90	31277.70	13641.02	CO	45	16194.06			09236
							PR	2	1442.62			
0636	10/20/21	J1300	JGPO	90	31277.70	13641.02	CO	45	16194.06			09236
							PR	2	1442.62			
0636	10/27/21	J1300	JGPO	120	41703.60	18668.90	CO	45	21592.08			09236
							PR	2	1442.62			
0636	10/13/21	90734	POGY	0	549.41	.00	PR	96	549.41	N425		
0940	10/13/21	96372	XUPO	1	77.00	.00	CO	97	77.00			

PAYMENT DATE: 09/02/21 EASTERN MAINE MEDICAL CENTER RUN DATE: 09/02/21
 MEDICARE-ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
 43 WHITING HILL RD ENDING 210930 14011
 BREWER ME 044121005
 1790789147 BILL TYPE 138

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NAME PCN 155032061055 SERVICE FROM 20210505 THRU 20210526
 POL# ICN 017138086 PAT STAT CLAIM STAT 22 CLAIM # 248
 MRN 00941014 CRN 22116000711007MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
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REPORTED	-138476.98	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	-62127.31
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	-75021.80
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	-6036.04	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	-57419.14
		CO-PAY AMT	.00		

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REMARK CDS: MA01

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GROUP AND

STD CDS:	CO 45	PR 2	CO 97			
ADJ AMT:	-70950.92	-6036.04	-4070.88	.00	.00	.00

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CHECK/EFT NUMBER: EFT1357864

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CROSS-OVER PAYER NAME: MAINECARE

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COMMENT 1:

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COMMENT 2:

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COV EXPR DATE: CLM RCVD DATE: 07/01/2021

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REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	05/05/21	96361	PO	1-	-162.00	-32.54	CO	45	-121.33			05691
							PR	2	-8.13			
0260	05/12/21	96361	PO	2-	-324.00	-65.07	CO	45	-242.66			05691
							PR	2	-16.27			
0260	05/19/21	96361	PO	1-	-162.00	-32.54	CO	45	-121.33			05691
							PR	2	-8.13			
0260	05/26/21	96361	PO	1-	-162.00	-32.54	CO	45	-121.33			05691
							PR	2	-8.13			
0260	05/05/21	96365	PO	1-	-488.00	-165.53	CO	45	-281.09			05693
							PR	2	-41.38			
0260	05/12/21	96365	PO	1-	-488.00	-165.53	CO	45	-281.09			05693
							PR	2	-41.38			
0260	05/19/21	96365	PO	1-	-488.00	-165.53	CO	45	-281.09			05693
							PR	2	-41.38			
0260	05/26/21	96365	PO	1-	-488.00	-165.53	CO	45	-281.09			05693
							PR	2	-41.38			
0260	05/26/21	96366	PO	1-	-265.00	-32.54	CO	45	-224.33			05691
							PR	2	-8.13			
0260	05/26/21	96367	PO	1-	-300.00	-50.40	CO	45	-236.99			05692
							PR	2	-12.61			
0300	05/05/21	80053	PO	1-	-74.00	.00	CO	97	-74.00			
0300	05/12/21	80053	PO	1-	-74.00	.00	CO	97	-74.00			
0300	05/19/21	80053	PO	1-	-74.00	.00	CO	97	-74.00			
0300	05/26/21	80053	PO	1-	-74.00	.00	CO	97	-74.00			
0300	05/05/21	82180		1-	-72.00	.00	CO	97	-72.00			
0300	05/12/21	82668		1-	-115.00	.00	CO	97	-115.00			
0300	05/26/21	82784		1-	-69.00	.00	CO	97	-69.00			
0300	05/19/21	83010		1-	-63.00	.00	CO	97	-63.00			
0300	05/05/21	83615	PO	1-	-47.00	.00	CO	97	-47.00			
0300	05/12/21	83615	PO	1-	-47.00	.00	CO	97	-47.00			
0300	05/19/21	83615	PO	1-	-47.00	.00	CO	97	-47.00			
0300	05/26/21	83615	PO	1-	-47.00	.00	CO	97	-47.00			
0300	05/05/21	83735	PO	1-	-77.00	.00	CO	97	-77.00			
0300	05/12/21	83735	PO	1-	-77.00	.00	CO	97	-77.00			
0300	05/19/21	83735	PO	1-	-77.00	.00	CO	97	-77.00			
0300	05/26/21	83735	PO	1-	-77.00	.00	CO	97	-77.00			
0300	05/05/21	85025	PO	1-	-60.00	.00	CO	97	-60.00			
0300	05/12/21	85025	PO	1-	-60.00	.00	CO	97	-60.00			
0300	05/19/21	85025	PO	1-	-60.00	.00	CO	97	-60.00			
0300	05/26/21	85025	PO	1-	-60.00	.00	CO	97	-60.00			
0300	05/05/21	85046		1-	-85.00	.00	CO	97	-85.00			
0300	05/12/21	85046		1-	-85.00	.00	CO	97	-85.00			
0300	05/19/21	85046		1-	-85.00	.00	CO	97	-85.00			
0300	05/26/21	85046		1-	-85.00	.00	CO	97	-85.00			

0300	05/12/21	86162		1-	-171.00	.00	CO 97	-171.00	
0300	05/05/21	87305		1-	-168.00	.00	CO 97	-168.00	
0300	05/12/21	87305		1-	-168.00	.00	CO 97	-168.00	
0300	05/19/21	87305		1-	-168.00	.00	CO 97	-168.00	
0300	05/26/21	87305		1-	-168.00	.00	CO 97	-168.00	
0300	05/05/21	87449		1-	-267.00	.00	CO 97	-267.00	
0300	05/12/21	87449		1-	-267.00	.00	CO 97	-267.00	
0300	05/19/21	87449		1-	-267.00	.00	CO 97	-267.00	
0300	05/26/21	87449		1-	-267.00	.00	CO 97	-267.00	
0300	05/05/21	87497		1-	-140.00	.00	CO 97	-140.00	
0300	05/12/21	87497		1-	-140.00	.00	CO 97	-140.00	
0300	05/19/21	87497		1-	-140.00	.00	CO 97	-140.00	
0510	05/05/21	G0463	25PO	1-	-211.00	-38.64	CO 45	-162.70	05012
							PR 2	-9.66	
0510	05/12/21	G0463	25PO	1-	-259.00	-38.64	CO 45	-210.70	05012
							PR 2	-9.66	
0510	05/19/21	G0463	25PO	1-	-259.00	-38.64	CO 45	-210.70	05012
							PR 2	-9.66	
0510	05/26/21	G0463	25PO	1-	-275.00	-38.64	CO 45	-226.70	05012
							PR 2	-9.66	
0636	05/05/21	J1300	JGPO	90-	-30366.90	-13695.92	CO 45	-15228.36	09236
							PR 2	-1442.62	
0636	05/12/21	J1300	JGPO	90-	-30366.90	-13695.92	CO 45	-15228.36	09236
							PR 2	-1442.62	
0636	05/19/21	J1300	JGPO	90-	-30366.90	-13695.92	CO 45	-15228.36	09236
							PR 2	-1442.62	
0636	05/26/21	J1300	JGPO	90-	-30366.90	-13831.72	CO 45	-15228.36	09236
							PR 2	-1306.82	
0636	05/26/21	J1459	JGPO	50-	-8607.50	-1437.35	CO 45	-7034.35	01214
							PR 2	-135.80	
0636	05/05/21	J7030	PO	1-	-12.22	.00	CO 97	-12.22	
0636	05/12/21	J7030	PO	1-	-12.22	.00	CO 97	-12.22	
0636	05/19/21	J7030	PO	1-	-12.22	.00	CO 97	-12.22	
0636	05/26/21	J7030	PO	1-	-12.22	.00	CO 97	-12.22	

PAYMENT DATE: 09/02/21 EASTERN MAINE MEDICAL CENTER RUN DATE: 09/02/21
 MEDICARE-ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
 43 WHITING HILL RD ENDING 210930 14011
 BREWER ME 044121005
 1790789147 BILL TYPE 137

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NAME PCN 155032061055 SERVICE FROM 20210505 THRU 20210526
 POL# ICN 017138086 PAT STAT CLAIM STAT 19 CLAIM # 249
 MRN 00941014 CRN 22123800138104MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	138831.98	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	62127.31
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	75376.80
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	6036.04	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	57419.14
		CO-PAY AMT	.00		

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REMARK CDS: MA01 MA18

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GROUP AND

STD CDS:	OA	STS19	CO	45		PR	2		CO	97			
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ADJ AMT:	.00	70950.92	6036.04	4425.88	.00	.00
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CHECK/EFT NUMBER: EFT1357864

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CROSS-OVER PAYER NAME: MAINECARE

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COMMENT 1:

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COMMENT 2:

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COV EXPR DATE: CLM RCVD DATE: 08/26/2021

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REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	05/05/21	96361	PO	1	162.00	32.54	CO	45	121.33			05691
							PR	2	8.13			
0260	05/12/21	96361	PO	2	324.00	65.07	CO	45	242.66			05691
							PR	2	16.27			
0260	05/19/21	96361	PO	1	162.00	32.54	CO	45	121.33			05691
							PR	2	8.13			
0260	05/26/21	96361	PO	1	162.00	32.54	CO	45	121.33			05691
							PR	2	8.13			
0260	05/05/21	96365	PO	1	488.00	165.53	CO	45	281.09			05693
							PR	2	41.38			
0260	05/12/21	96365	PO	1	488.00	165.53	CO	45	281.09			05693
							PR	2	41.38			
0260	05/19/21	96365	PO	1	488.00	165.53	CO	45	281.09			05693
							PR	2	41.38			
0260	05/26/21	96365	PO	1	488.00	165.53	CO	45	281.09			05693
							PR	2	41.38			
0260	05/26/21	96366	PO	1	265.00	32.54	CO	45	224.33			05691
							PR	2	8.13			
0260	05/26/21	96367	PO	1	300.00	50.40	CO	45	236.99			05692
							PR	2	12.61			
0300	05/05/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	05/12/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	05/19/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	05/26/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	05/05/21	82180		1	72.00	.00	CO	97	72.00			
0300	05/12/21	82668		1	115.00	.00	CO	97	115.00			
0300	05/26/21	82784		1	69.00	.00	CO	97	69.00			
0300	05/19/21	83010		1	63.00	.00	CO	97	63.00			
0300	05/05/21	83615	PO	1	47.00	.00	CO	97	47.00			
0300	05/12/21	83615	PO	1	47.00	.00	CO	97	47.00			
0300	05/19/21	83615	PO	1	47.00	.00	CO	97	47.00			
0300	05/26/21	83615	PO	1	47.00	.00	CO	97	47.00			
0300	05/05/21	83735	PO	1	77.00	.00	CO	97	77.00			
0300	05/12/21	83735	PO	1	77.00	.00	CO	97	77.00			
0300	05/19/21	83735	PO	1	77.00	.00	CO	97	77.00			
0300	05/26/21	83735	PO	1	77.00	.00	CO	97	77.00			
0300	05/05/21	85025	PO	1	60.00	.00	CO	97	60.00			
0300	05/12/21	85025	PO	1	60.00	.00	CO	97	60.00			
0300	05/19/21	85025	PO	1	60.00	.00	CO	97	60.00			
0300	05/26/21	85025	PO	1	60.00	.00	CO	97	60.00			
0300	05/05/21	85046		1	85.00	.00	CO	97	85.00			
0300	05/12/21	85046		1	85.00	.00	CO	97	85.00			
0300	05/19/21	85046		1	85.00	.00	CO	97	85.00			
0300	05/26/21	85046		1	85.00	.00	CO	97	85.00			

0300	05/12/21	86162		1	171.00	.00	CO 97	171.00	
0300	05/05/21	87305		1	168.00	.00	CO 97	168.00	
0300	05/12/21	87305		1	168.00	.00	CO 97	168.00	
0300	05/19/21	87305		1	168.00	.00	CO 97	168.00	
0300	05/26/21	87305		1	168.00	.00	CO 97	168.00	
0300	05/05/21	87449		1	267.00	.00	CO 97	267.00	
0300	05/12/21	87449		1	267.00	.00	CO 97	267.00	
0300	05/19/21	87449		1	267.00	.00	CO 97	267.00	
0300	05/26/21	87449		1	267.00	.00	CO 97	267.00	
0300	05/05/21	87497		1	140.00	.00	CO 97	140.00	
0300	05/12/21	87497		1	140.00	.00	CO 97	140.00	
0300	05/19/21	87497		1	140.00	.00	CO 97	140.00	
0300	05/19/21	87530		2	355.00	.00	CO 97	355.00	
0510	05/05/21	G0463	25PO	1	211.00	38.64	CO 45	162.70	05012
							PR 2	9.66	
0510	05/12/21	G0463	25PO	1	259.00	38.64	CO 45	210.70	05012
							PR 2	9.66	
0510	05/19/21	G0463	25PO	1	259.00	38.64	CO 45	210.70	05012
							PR 2	9.66	
0510	05/26/21	G0463	25PO	1	275.00	38.64	CO 45	226.70	05012
							PR 2	9.66	
0636	05/05/21	J1300	JGPO	90	30366.90	13695.92	CO 45	15228.36	09236
							PR 2	1442.62	
0636	05/12/21	J1300	JGPO	90	30366.90	13695.92	CO 45	15228.36	09236
							PR 2	1442.62	
0636	05/19/21	J1300	JGPO	90	30366.90	13695.92	CO 45	15228.36	09236
							PR 2	1442.62	
0636	05/26/21	J1300	JGPO	90	30366.90	13831.72	CO 45	15228.36	09236
							PR 2	1306.82	
0636	05/26/21	J1459	JGPO	50	8607.50	1437.35	CO 45	7034.35	01214
							PR 2	135.80	
0636	05/05/21	J7030	PO	1	12.22	.00	CO 97	12.22	
0636	05/12/21	J7030	PO	1	12.22	.00	CO 97	12.22	
0636	05/19/21	J7030	PO	1	12.22	.00	CO 97	12.22	
0636	05/26/21	J7030	PO	1	12.22	.00	CO 97	12.22	

PAYMENT DATE: 08/03/21 EASTERN MAINE MEDICAL CENTER RUN DATE: 08/03/21

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 210930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131

NAME [REDACTED] PCN 298736401068 SERVICE FROM 20210607 THRU 20210628
POL# [REDACTED] ICN 016902451 PAT STAT CLAIM STAT 19 CLAIM # 250
MRN 00516851 CRN 22119300728507MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	144763.00	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	60623.98
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	83199.50
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	3012.54	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	58465.96
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N372

GROUP AND

STD CDS: OA STS19| CO 97 | CO 50 | CO 45 | PR 2 |

ADJ AMT: .00| 164.00| 85.00| 83035.50| 3012.54| .00|

CHECK/EFT NUMBER: EFT1350984

CROSS-OVER PAYER NAME: ANTHEM ME

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/22/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	06/07/21	36415	PO	1	8.00	.00	CO	97	8.00			
0300	06/28/21	36415	PO	1	8.00	.00	CO	97	8.00			
0300	06/07/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	06/28/21	80053	PO	1	74.00	.00	CO	97	74.00			
0300	06/28/21	84443	GZ	0	85.00	.00	CO	50	85.00	N372		
0335	06/07/21	96413	PO	1	617.00	252.75	CO	45	301.05			05694
							PR	2	63.20			
0335	06/28/21	96413	PO	1	617.00	252.75	CO	45	301.05			05694
							PR	2	63.20			
0335	06/07/21	96417	PO	1	320.00	50.40	CO	45	256.99			05692
							PR	2	12.61			
0335	06/28/21	96417	PO	1	320.00	50.40	CO	45	256.99			05692
							PR	2	12.61			
0510	06/28/21	G0463	25PO	1	275.00	38.64	CO	45	226.70			05012
							PR	2	9.66			
0510	06/07/21	G0463	2725	1	275.00	38.64	CO	45	226.70			05012
							PR	2	9.66			
0636	06/07/21	J9228	JGPO	250	66845.00	27303.05	CO	45	38199.25			09284
							PR	2	1342.70			
0636	06/28/21	J9228	JGPO	250	66845.00	27303.05	CO	45	38199.25			09284
							PR	2	1342.70			
0636	06/07/21	J9299	JGPO	80	4200.00	1588.14	CO	45	2533.76			09453
							PR	2	78.10			
0636	06/28/21	J9299	JGPO	80	4200.00	1588.14	CO	45	2533.76			09453
							PR	2	78.10			

MEDICARE-ACUTE
ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 210930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131

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NAME	PCN 225100641037	SERVICE FROM 20210303 THRU 20210330
POL#	ICN 015793081	PAT STAT CLAIM STAT 19 CLAIM # 147
MRN 01225346	CRN 22109600798807MEA	

CHARGES:	PPS DATA:	PAYMENT DATA:
-----	-----	-----
REPORTED 123012.60	DRG NUMBER	REIMB RATE 1.00
NCOVD .00	DRG AMOUNT .00	PRIMARY PAY .00
DENIED .00	DRG/OPER .00	PROF COMP .00
	DRG/CAPITAL .00	ESRD AMT .00
DAYS:	OUTLIER () .00	HCPCS AMT 60620.76
-----	NON LAB CHRG .00	OTH ADJ AMT .00
COST REPT 0	NEG REIMB .00	CONT ADJ AMT 61771.11
COVD/UTIL 0	TOTAL DEDUCT .00	INTEREST .00
NON COVERED 0	COINSURANCE 4452.00	PAT REFUND .00
LTR 0	MSP LIAB MET .00	NET REIMB AMT 56789.49
	CO-PAY AMT .00	

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REMARK CDS: MA01 MA18 N782

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GROUP AND
STD CDS: OA STS19| CO 45 | PR 2 | | | |

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ADJ AMT:	.00	61771.11	4452.00	.00	.00	.00
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CHECK/EFT NUMBER: EFT1326190

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CROSS-OVER PAYER NAME: MAINECARE

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COMMENT 1:

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COMMENT 2:

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COV EXPR DATE: CLM RCVD DATE: 04/09/2021

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REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	03/03/21	96365	PO	1	515.00	165.53	CO	45	308.09	N782		05693
							PR	2	41.38			
0260	03/16/21	96365	PO	1	515.00	165.53	CO	45	308.09	N782		05693
							PR	2	41.38			
0260	03/30/21	96365	PO	1	515.00	165.53	CO	45	308.09	N782		05693
							PR	2	41.38			
0636	03/03/21	J1300	JGPO	120	40489.20	18764.30	CO	45	20282.28	N782		09236
							PR	2	1442.62			
0636	03/16/21	J1300	JGPO	120	40489.20	18764.30	CO	45	20282.28	N782		09236
							PR	2	1442.62			
0636	03/30/21	J1300	JGPO	120	40489.20	18764.30	CO	45	20282.28	N782		09236
							PR	2	1442.62			

PAYMENT DATE: 11/24/21 INLAND HOSPITAL RUN DATE: 11/24/21
 MEDICARE A -ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 INLAND HOSPITAL FISCAL PERIOD
 200 KENNEDY MEMORIAL D ENDING 210930 14011
 WATERVILLE ME 049014526
 1376579557 BILL TYPE 131

NAME [REDACTED] PCN 282478471083 SERVICE FROM 20210802 THRU 20210830
 POL# [REDACTED] ICN 017813514 PAT STAT CLAIM STAT 19 CLAIM # 64
 MRN 01082933 CRN 22130600490307MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	76996.20	DRG NUMBER		REIMB RATE	0.29
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	14077.90
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	61696.25
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	3060.00	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	12239.95
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND

STD CDS:	OA	STS19	CO	45	PR	2				
ADJ AMT:	.00		61696.25		3060.00		.00		.00	.00

CHECK/EFT NUMBER: EFT1377206

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 11/10/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	08/02/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	08/09/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	08/16/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	08/23/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	08/30/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	08/02/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0260	08/09/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0260	08/16/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0260	08/23/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0260	08/30/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0636	08/02/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	08/09/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	08/16/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	08/23/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	08/30/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			

PAYMENT DATE: 04/20/21 INLAND HOSPITAL RUN DATE: 04/20/21
 MEDICARE A -ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 INLAND HOSPITAL FISCAL PERIOD
 200 KENNEDY MEMORIAL D ENDING 210930 14011
 WATERVILLE ME 049014526
 1376579557 BILL TYPE 131

NAME [REDACTED] PCN 282478471034 SERVICE FROM 20210301 THRU 20210329
 POL# [REDACTED] ICN 015760046 PAT STAT CLAIM STAT 19 CLAIM # 151
 MRN 01082933 CRN 22109600677707MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	76792.20	DRG NUMBER		REIMB RATE	0.29
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	13955.55
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	61735.05
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	3011.41	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	12045.74
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND

STD CDS: OA STS19| CO 45 | PR 2 | | |

ADJ AMT: .00| 61735.05| 3011.41| .00| .00| .00|

CHECK/EFT NUMBER: EFT1325174

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 04/06/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	03/01/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	03/10/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	03/18/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	03/24/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	03/29/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	03/10/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0260	03/24/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0636	03/01/21	J0256	JG	844	14947.24	2232.89	CO	45	12156.13	N782		00901
							PR	2	558.22			
0636	03/10/21	J0256	JG	844	14947.24	2232.89	CO	45	12156.13	N782		00901
							PR	2	558.22			
0636	03/18/21	J0256	JG	844	14947.24	2232.89	CO	45	12156.13	N782		00901
							PR	2	558.22			
0636	03/24/21	J0256	JG	844	14947.24	2232.89	CO	45	12156.13	N782		00901
							PR	2	558.22			
0636	03/29/21	J0256	JG	844	14947.24	2232.89	CO	45	12156.13	N782		00901
							PR	2	558.22			

PAYMENT DATE: 01/20/22

MEDICARE A -ACUTE

RUN DATE: 01/20/22

ELECTRONIC MEDIA REMITTANCE ADVISE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

INLAND HOSPITAL

FISCAL PERIOD

200 KENNEDY MEMORIAL D

ENDING 220930

14011

WATERVILLE ME 049014526

1376579557

BILL TYPE 131

NAME [REDACTED] PCN 317132311125 SERVICE FROM 20211202 THRU 20211230

POL# [REDACTED] ICN 018247213 PAT STAT CLAIM STAT 19 CLAIM # 17

MRN 01058367 CRN 22200600245504MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	163867.50	DRG NUMBER		REIMB RATE	0.29
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	13008.40
-----		NON LAB CHR	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	148874.20
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	2998.67	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	11994.63
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18

GROUP AND

STD CDS: OA STS19| CO 97 | CO 45 | PR 2 | |

ADJ AMT: .00| 488.50| 148385.70| 2998.67| .00| .00|

CHECK/EFT NUMBER: EFT1389358

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 01/06/2022

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0250	12/16/21			1	5.03	.00	CO	97	5.03			
0260	12/02/21	96361		1	74.00	32.12	CO	45	33.85		05691	
							PR	2	8.03			
0260	12/08/21	96361		1	74.00	32.12	CO	45	33.85		05691	
							PR	2	8.03			
0260	12/16/21	96361		1	74.00	32.12	CO	45	33.85		05691	
							PR	2	8.03			
0260	12/23/21	96361		1	74.00	32.12	CO	45	33.85		05691	
							PR	2	8.03			
0260	12/30/21	96361		1	74.00	32.12	CO	45	33.85		05691	
							PR	2	8.03			
0260	12/02/21	96365		1	415.00	163.41	CO	45	210.74		05693	
							PR	2	40.85			
0260	12/08/21	96365		1	415.00	163.41	CO	45	210.74		05693	
							PR	2	40.85			
0260	12/16/21	96365		1	415.00	163.41	CO	45	210.74		05693	
							PR	2	40.85			
0260	12/23/21	96365		1	415.00	163.41	CO	45	210.74		05693	
							PR	2	40.85			
0260	12/30/21	96365		1	415.00	163.41	CO	45	210.74		05693	
							PR	2	40.85			
0260	12/02/21	96366		3	222.00	96.36	CO	45	101.55		05691	
							PR	2	24.09			
0260	12/08/21	96366		3	222.00	96.36	CO	45	101.55		05691	
							PR	2	24.09			
0260	12/16/21	96366		3	222.00	96.36	CO	45	101.55		05691	
							PR	2	24.09			
0260	12/23/21	96366		3	222.00	96.36	CO	45	101.55		05691	
							PR	2	24.09			
0260	12/30/21	96366		3	222.00	96.36	CO	45	101.55		05691	
							PR	2	24.09			
0260	12/08/21	96375		1	102.00	32.12	CO	45	61.85		05691	
							PR	2	8.03			
0260	12/16/21	96375		1	102.00	32.12	CO	45	61.85		05691	
							PR	2	8.03			
0260	12/23/21	96375		1	102.00	32.12	CO	45	61.85		05691	
							PR	2	8.03			
0260	12/30/21	96375		1	102.00	32.12	CO	45	61.85		05691	
							PR	2	8.03			
0300	12/08/21	36591		1	121.00	.00	CO	97	121.00			
0300	12/08/21	80053		1	111.00	.00	CO	97	111.00			
0300	12/08/21	85027		1	24.00	.00	CO	97	24.00			
0636	12/02/21	J1459	JG	80	31883.20	2081.34	CO	45	29281.52		01214	
							PR	2	520.34			

0636	12/08/21	J1459	JG	80	31883.20	2081.34	CO 45	29281.52	01214
							PR 2	520.34	
0636	12/16/21	J1459	JG	80	31883.20	2081.34	CO 45	29281.52	01214
							PR 2	520.34	
0636	12/23/21	J1459	JG	80	31883.20	2081.34	CO 45	29281.52	01214
							PR 2	520.34	
0636	12/30/21	J1459	JG	80	31883.20	2081.34	CO 45	29281.52	01214
							PR 2	520.34	
0636	12/16/21	J2920		1	19.42	.00	CO 97	19.42	
0636	12/23/21	J2920		1	19.42	.00	CO 97	19.42	
0636	12/30/21	J2920		1	19.42	.00	CO 97	19.42	
0636	12/08/21	J2930		1	47.81	.00	CO 97	47.81	
0636	12/02/21	J7050		2	24.28	.00	CO 97	24.28	
0636	12/08/21	J7050		2	24.28	.00	CO 97	24.28	
0636	12/16/21	J7050		2	24.28	.00	CO 97	24.28	
0636	12/23/21	J7050		2	24.28	.00	CO 97	24.28	
0636	12/30/21	J7050		2	24.28	.00	CO 97	24.28	

PAYMENT DATE: 09/02/21 INLAND HOSPITAL RUN DATE: 09/02/21
 MEDICARE A -ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 INLAND HOSPITAL FISCAL PERIOD
 200 KENNEDY MEMORIAL D ENDING 210930 14011
 WATERVILLE ME 049014526
 1376579557 BILL TYPE 131

NAME [REDACTED] PCN 282478471075 SERVICE FROM 20210706 THRU 20210726
 POL# [REDACTED] ICN 017138087 PAT STAT CLAIM STAT 19 CLAIM # 359
 MRN 01082933 CRN 22123100404704MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	61596.96	DRG NUMBER		REIMB RATE	0.29
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	11262.32
		NON LAB CHR	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	49357.00
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	2448.00	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	9791.96
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND

STD CDS: OA STS19| CO 45 | PR 2 | | | |

ADJ AMT: .00| 49357.00| 2448.00| .00| .00| .00|

CHECK/EFT NUMBER: EFT1357868

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 08/19/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	07/06/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	07/12/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	07/19/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	07/26/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	07/06/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0260	07/12/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0260	07/19/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0260	07/26/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0636	07/06/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	07/12/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	07/19/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	07/26/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			

PAYMENT DATE: 11/15/21 INLAND HOSPITAL RUN DATE: 11/15/21
 MEDICARE A -ACUTE
 ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
 INLAND HOSPITAL FISCAL PERIOD
 200 KENNEDY MEMORIAL D ENDING 210930 14011
 WATERVILLE ME 049014526
 1376579557 BILL TYPE 131

NAME [REDACTED] PCN 282478471091 SERVICE FROM 20210907 THRU 20210927
 POL# [REDACTED] ICN 017729000 PAT STAT CLAIM STAT 19 CLAIM # 165
 MRN 01082933 CRN 22130500338404MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
REPORTED	61392.96	DRG NUMBER		REIMB RATE	0.29
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	11262.32
		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	49273.45
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	2423.91	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	9695.60
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18 N782

GROUP AND
 STD CDS: OA STS19| CO 45 | PR 2 | | | |
 ADJ AMT: .00| 49273.45| 2423.91| .00| .00| .00|

CHECK/EFT NUMBER: EFT1374712

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 11/01/2021

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	09/07/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	09/13/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	09/20/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	09/27/21	96365		1	384.00	163.41	CO	45	179.74	N782		05693
							PR	2	40.85			
0260	09/07/21	96366		1	68.00	32.12	CO	45	27.85	N782		05691
							PR	2	8.03			
0636	09/07/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	09/13/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	09/20/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			
0636	09/27/21	J0256	JG	844	14947.24	2252.46	CO	45	12131.66	N782		00901
							PR	2	563.12			

Exhibit 6

Northern Light Health 2022 Claims

MEDICARE-ACUTE
ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT
EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 220930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131

NAME [REDACTED] PCN 291664322059 SERVICE FROM 20220502 THRU 20220531
POL# [REDACTED] ICN 019762362 PAT STAT XX CLAIM STAT 19 CLAIM # 112
MRN 02274615 CRN 22218800508304MEA

CHARGES: PPS DATA: PAYMENT DATA:

REPORTED 57060.00 DRG NUMBER REIMB RATE 1.00
NCOVD .00 DRG AMOUNT .00 PRIMARY PAY .00
DENIED .00 DRG/OPER .00 PROF COMP .00
DRG/CAPITAL .00 ESRD AMT .00
DAYS: OUTLIER () .00 HCPCS AMT 16912.50
----- NON LAB CHRG .00 OTH ADJ AMT .00
COST REPT 0 NEG REIMB .00 CONT ADJ AMT 39431.42
COVD/UTIL 0 TOTAL DEDUCT .00 INTEREST .00
NON COVERED 0 COINSURANCE 3130.58 PAT REFUND .00
LTR 0 MSP LIAB MET .00 NET REIMB AMT 14353.02
CO-PAY AMT .00

REMARK CDS: MA01 MA18

GROUP AND
STD CDS: OA STS19| CO 97 | CO 45 | CO 253 | PR 2 |
ADJ AMT: .00| 703.00| 38728.42| 144.98| 3130.58| .00|

CHECK/EFT NUMBER: EFT1431360

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/07/2022

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	05/02/22	80053	PO	1	108.00	.00	CO	97	108.00			
0300	05/31/22	80053	PO	1	108.00	.00	CO	97	108.00			
0300	05/02/22	84439		1	97.00	.00	CO	97	97.00			
0300	05/02/22	84443		1	124.00	.00	CO	97	124.00			
0300	05/31/22	84443		1	124.00	.00	CO	97	124.00			
0300	05/02/22	85025	PO	1	71.00	.00	CO	97	71.00			
0300	05/31/22	85025	PO	1	71.00	.00	CO	97	71.00			
0335	05/02/22	96413	PO	1	833.00	246.78	CO	45	521.41		05694	
							CO	253	2.49			
							PR	2	62.32			
0335	05/31/22	96413	PO	1	833.00	246.78	CO	45	521.41		05694	
							CO	253	2.49			
							PR	2	62.32			
0510	05/02/22	G0463	25PO	1	170.00	36.79	CO	45	123.55		05012	
							CO	253	.37			
							PR	2	9.29			
0510	05/31/22	G0463	25PO	1	170.00	36.79	CO	45	123.55		05012	
							CO	253	.37			
							PR	2	9.29			
0636	05/02/22	J9173	JGPO	150	27175.50	6892.94	CO	45	18719.25		09492	
							CO	253	69.63			
							PR	2	1493.68			
0636	05/31/22	J9173	JGPO	150	27175.50	6892.94	CO	45	18719.25		09492	
							CO	253	69.63			
							PR	2	1493.68			

PAYMENT DATE: 07/21/22 EASTERN MAINE MEDICAL CENTER RUN DATE: 07/21/22

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
 43 WHITING HILL RD ENDING 220930 14011
 BREWER ME 044121005
 1790789147 BILL TYPE 131

NAME [REDACTED] PCN 309597832067 SERVICE FROM 20220601 THRU 20220615
 POL# [REDACTED] ICN 019762362 PAT STAT XX CLAIM STAT 19 CLAIM # 86
 MRN 00208900 CRN 22218800473207MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	34548.00	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	12432.90
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	21088.07
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	2692.00	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	10660.27
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18

GROUP AND

STD CDS: OA STS19| CO 97 | CO 45 | CO 253 | PR 2 |

ADJ AMT: .00| 1730.00| 19358.07| 107.66| 2692.00| .00|

CHECK/EFT NUMBER: EFT1431360

CROSS-OVER PAYER NAME: BLUE CROSS OF CALIFORNIA

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/07/2022

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	06/01/22	80053	PO	1	108.00	.00	CO	97	108.00			
0300	06/15/22	80053	PO	1	108.00	.00	CO	97	108.00			
0300	06/01/22	82784		1	85.00	.00	CO	97	85.00			
0300	06/01/22	83521		2	176.00	.00	CO	97	176.00			
0300	06/01/22	84165		1	99.00	.00	CO	97	99.00			
0300	06/01/22	85025	PO	1	71.00	.00	CO	97	71.00			
0300	06/15/22	85025	PO	1	71.00	.00	CO	97	71.00			
0333	06/01/22	77387	PO	1	1012.00	.00	CO	97	1012.00			
0333	06/01/22	77412	PO	1	808.00	187.08	CO	45	571.78		05622	
								CO 253	1.89			
								PR 2	47.25			
0335	06/01/22	96413	PO	1	833.00	246.78	CO	45	521.41		05694	
								CO 253	2.49			
								PR 2	62.32			
0335	06/15/22	96413	PO	1	833.00	246.78	CO	45	521.41		05694	
								CO 253	2.49			
								PR 2	62.32			
0335	06/01/22	96415	PO	1	385.00	47.99	CO	45	324.41		05692	
								CO 253	.48			
								PR 2	12.12			
0335	06/15/22	96415	PO	1	385.00	47.99	CO	45	324.41		05692	
								CO 253	.48			
								PR 2	12.12			
0510	06/15/22	G0463	25PO	1	258.00	36.79	CO	45	211.55		05012	
								CO 253	.37			
								PR 2	9.29			
0636	06/01/22	J9145	JGTB	150	14658.00	4923.43	CO	45	8441.55		09476	
								CO 253	49.73			
								PR 2	1243.29			
0636	06/15/22	J9145	JGTB	150	14658.00	4923.43	CO	45	8441.55		09476	
								CO 253	49.73			
								PR 2	1243.29			

PAYMENT DATE: 07/21/22 EASTERN MAINE MEDICAL CENTER RUN DATE: 07/21/22

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
 43 WHITING HILL RD ENDING 220930 14011
 BREWER ME 044121005
 1790789147 BILL TYPE 131

NAME [REDACTED] PCN 278896372069 SERVICE FROM 20220629 THRU 20220629
 POL# [REDACTED] ICN 019762362 PAT STAT XX CLAIM STAT 1 CLAIM # 186
 MRN 00331903 CRN 22218800479007MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	27352.40	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	10260.96
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	16733.40
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	1565.29	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	8963.18
		CO-PAY AMT	.00		

REMARK CDS: MA01

GROUP AND

STD CDS:	CO 97	CO 45	CO 253	PR 2		
ADJ AMT:	303.00	16430.40	90.53	1565.29	.00	.00

CHECK/EFT NUMBER: EFT1431360

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/07/2022

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	06/29/22	80053	PO	1	108.00	.00	CO	97	108.00			
0300	06/29/22	84443		1	124.00	.00	CO	97	124.00			
0300	06/29/22	85025	PO	1	71.00	.00	CO	97	71.00			
0335	06/29/22	96413	PO	1	833.00	246.78	CO	45	521.41			05694
							CO	253	2.49			
							PR	2	62.32			
0510	06/29/22	G0463	25PO	1	258.00	36.79	CO	45	211.55			05012
							CO	253	.37			
							PR	2	9.29			
0636	06/29/22	J9299	JGPO	480	25958.40	8679.61	CO	45	15697.44			09453
							CO	253	87.67			
							PR	2	1493.68			

PAYMENT DATE: 07/21/22 EASTERN MAINE MEDICAL CENTER RUN DATE: 07/21/22

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
 43 WHITING HILL RD ENDING 220930 14011
 BREWER ME 044121005
 1790789147 BILL TYPE 131

NAME [REDACTED] PCN 278896372069 SERVICE FROM 20220601 THRU 20220601
 POL# [REDACTED] ICN 019762362 PAT STAT XX CLAIM STAT 1 CLAIM # 187
 MRN 00331903 CRN 22218800479607MEA

CHARGES:	PPS DATA:	PAYMENT DATA:
REPORTED 27140.40	DRG NUMBER	REIMB RATE 1.00
NCOVD .00	DRG AMOUNT .00	PRIMARY PAY .00
DENIED .00	DRG/OPER .00	PROF COMP .00
	DRG/CAPITAL .00	ESRD AMT .00
DAYS:	OUTLIER () .00	HCPCS AMT 10260.96
-----	NON LAB CHRG .00	OTH ADJ AMT .00
COST REPT 0	NEG REIMB .00	CONT ADJ AMT 16521.40
COVD/UTIL 0	TOTAL DEDUCT .00	INTEREST .00
NON COVERED 0	COINSURANCE 1565.29	PAT REFUND .00
LTR 0	MSP LIAB MET .00	NET REIMB AMT 8963.18
	CO-PAY AMT .00	

REMARK CDS: MA01

GROUP AND

STD CDS: CO 97 | CO 45 | CO 253 | PR 2 | | |

ADJ AMT: 179.00 | 16342.40 | 90.53 | 1565.29 | .00 | .00 |

CHECK/EFT NUMBER: EFT1431360

CROSS-OVER PAYER NAME:

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/07/2022

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	06/01/22	80053	PO	1	108.00	.00	CO	97	108.00			
0300	06/01/22	85025	PO	1	71.00	.00	CO	97	71.00			
0335	06/01/22	96413	PO	1	833.00	246.78	CO	45	521.41		05	694
								CO 253	2.49			
								PR 2	62.32			
0510	06/01/22	G0463	25PO	1	170.00	36.79	CO	45	123.55		05	012
								CO 253	.37			
								PR 2	9.29			
0636	06/01/22	J9299	JGPO	480	25958.40	8679.61	CO	45	15697.44		09	453
								CO 253	87.67			
								PR 2	1493.68			

PAYMENT DATE: 07/21/22 EASTERN MAINE MEDICAL CENTER RUN DATE: 07/21/22

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 220930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131

NAME [REDACTED] PCN 306280122061 SERVICE FROM 20220614 THRU 20220628
POL# [REDACTED] ICN 019762362 PAT STAT XX CLAIM STAT 19 CLAIM # 251
MRN 00081014 CRN 22218800508804MEA

CHARGES:	PPS DATA:	PAYMENT DATA:
REPORTED 28282.48	DRG NUMBER	REIMB RATE 1.00
NCOVD .00	DRG AMOUNT .00	PRIMARY PAY .00
DENIED .00	DRG/OPER .00	PROF COMP .00
	DRG/CAPITAL .00	ESRD AMT .00
DAYS:	OUTLIER () .00	HCPCS AMT 8118.00
-----	NON LAB CHRG .00	OTH ADJ AMT .00
COST REPT 0	NEG REIMB .00	CONT ADJ AMT 19494.85
COVD/UTIL 0	TOTAL DEDUCT .00	INTEREST .00
NON COVERED 0	COINSURANCE 1757.53	PAT REFUND .00
LTR 0	MSP LIAB MET .00	NET REIMB AMT 6959.81
	CO-PAY AMT .00	

REMARK CDS: MA01 MA18 N782

GROUP AND

STD CDS: OA STS19| CO 97 | CO 45 | CO 253 | PR 2 |

ADJ AMT: .00| 358.00| 19136.85| 70.29| 1757.53| .00|

CHECK/EFT NUMBER: EFT1431360

CROSS-OVER PAYER NAME: MAINECARE

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/07/2022

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0300	06/14/22	80053	PO	1	108.00	.00	CO	97	108.00			
0300	06/28/22	80053	PO	1	108.00	.00	CO	97	108.00			
0300	06/14/22	85025	PO	1	71.00	.00	CO	97	71.00			
0300	06/28/22	85025	PO	1	71.00	.00	CO	97	71.00			
0335	06/14/22	96413	PO	1	833.00	246.78	CO	45	521.41	N782		05694
							CO	253	2.49			
							PR	2	62.32			
0335	06/28/22	96413	PO	1	833.00	246.78	CO	45	521.41	N782		05694
							CO	253	2.49			
							PR	2	62.32			
0510	06/14/22	G0463	25PO	1	170.00	36.79	CO	45	123.55	N782		05012
							CO	253	.37			
							PR	2	9.29			
0636	06/14/22	J9173	JGPO	72	13044.24	3214.73	CO	45	8985.24	N782		09492
							CO	253	32.47			
							PR	2	811.80			
0636	06/28/22	J9173	JGPO	72	13044.24	3214.73	CO	45	8985.24	N782		09492
							CO	253	32.47			
							PR	2	811.80			

PAYMENT DATE: 07/21/22 EASTERN MAINE MEDICAL CENTER RUN DATE: 07/21/22

MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 220930 14011
BREWER ME 044121005
1790789147 BILL TYPE 131

NAME [REDACTED] PCN 000342995453 SERVICE FROM 20220630 THRU 20220630
POL# [REDACTED] ICN 019762362 PAT STAT XX CLAIM STAT 19 CLAIM # 335
MRN 00302744 CRN 22218800201504MEA

CHARGES:		PPS DATA:		PAYMENT DATA:	
-----		-----		-----	
REPORTED	3427.84	DRG NUMBER		REIMB RATE	1.00
NCOVD	.00	DRG AMOUNT	.00	PRIMARY PAY	.00
DENIED	.00	DRG/OPER	.00	PROF COMP	.00
		DRG/CAPITAL	.00	ESRD AMT	.00
DAYS:		OUTLIER ()	.00	HCPCS AMT	1336.80
-----		NON LAB CHRG	.00	OTH ADJ AMT	.00
COST REPT	0	NEG REIMB	.00	CONT ADJ AMT	1663.34
COVD/UTIL	0	TOTAL DEDUCT	.00	INTEREST	.00
NON COVERED	0	COINSURANCE	352.90	PAT REFUND	.00
LTR	0	MSP LIAB MET	.00	NET REIMB AMT	1397.49
		CO-PAY AMT	.00		

REMARK CDS: MA01 MA18

GROUP AND

STD CDS: OA STS19| CO 45 | CO 253 | PR 2 | CO 97 |

ADJ AMT: .00| 1613.34| 14.11| 352.90| 50.00| .00|

CHECK/EFT NUMBER: EFT1431360

CROSS-OVER PAYER NAME: ANTHEM ME

COMMENT 1:

COMMENT 2:

COV EXPR DATE: CLM RCVD DATE: 07/07/2022

REV	DATE	HCPCS/HIPPS	MODS	UNIT/VISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0510	06/30/22	92014	25PO	1	171.00	91.96	CO 45		54.89			05012
							CO 253		.93			
							PR 2		23.22			
0510	06/30/22	92134	PO	1	50.00	.00	CO 97		50.00			
0636	06/30/22	J0178	JGPO	2	2893.84	1058.75	CO 45		1557.04			01420
							CO 253		10.69			
							PR 2		267.36			
0761	06/30/22	67028	RTPO	1	313.00	246.78	CO 45		1.41			05694
							CO 253		2.49			
							PR 2		62.32			

Exhibit 7

AdventHealth Hendersonville 2020 Claims

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2020	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 11/18/2020	532 RIVERSIDE AVENUE
CHARLOTTE NC 282601558	CLM#: 586	JACKSONVILLE FL 32202
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2569748		

PATIENT: [REDACTED] PCN: 114867712
 MID: [REDACTED] SVC FROM: 10/29/20 MRN: 3121913
 CLAIM STAT: 1 THRU: 10/29/20 ICN: 22030902562807FLA
 COR MID:

CHARGES:	PAYMENT DATA:	=DRG	0.250=REIM RATE
73995.13=REPORTED	0.00=DRG AMOUNT		0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CA		0.00=PROF COMPONENT
0.00=CLAIM ADJS	0.00=LINE ADJ AM		0.00=ESRD AMOUNT
73995.13=COVERED	0.00=OUTLIER		20221.32=PROC CD AMOUNT
DAYS/VISITS:	0.00=CAP OUTLIER		18984.73=ALLOW/REIM
0=COST REPT	0.00=CASH DEDUCT		0.00=SEQUESTRA TN
0=COVD/UTIL	0.00=BLOOD DEDUC		0.00=INTEREST
0=NON-COVERED	1408.00=COINSURANCE		53602.40=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND		0.25=PER DIEM AMT
0=NCOV VISITS	0.00=PBP REDUCT		0.00=PA REDUCT
			18984.73=NET REIM AMT

REMARK CODES: MA01

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN			HCPI								
SVC Desc											
0258	10/29				3	48.46	0.00	CO	97	48.46	
114867712-1											
0260	10/29	96365	05693		1	616.36	137.13	CO	45	444.95	
								PR	2	34.28	N782
114867712-2											
0636	10/29	J1300	09236	JG	120	73330.31	18847.60	CO	45	53108.99	
								PR	2	1373.72	N782
114867712-3											

GLOSSARY

2 Coinsurance Amount

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

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Florida Medicare Remittance Advice
FLETCHER HOSPITAL INC          FPE: 12/31/2020   FIRST COAST SERVICE OPTIONS, I
PO BOX 601558                  PAID: 11/18/2020  532 RIVERSIDE AVENUE
CHARLOTTE NC 282601558        CLM#: 586         JACKSONVILLE FL 32202
NPI: 1427075027               TOB: 131          FTN: 560543246
CHECK/EFT: EFT2569748

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PATIENT: [REDACTED]          PCN: 114867712
MID: [REDACTED]             SVC FROM: 10/29/20  MRN: 3121913
CLAIM STAT: 1                THRU: 10/29/20     ICN: 22030902562807FLA
COR MID:

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... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

- 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- MA01 Alert:~If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
- N782 Alert:~Patient is a Medicaid/ Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.

* Medicare National Standard Intermediary Remittance Advice

PATIENT:	[REDACTED]	PCN:	112890682
MID:	[REDACTED]	SVC FROM:	03/03/20 MRN: 3122226
CLAIM STAT:	1	THRU:	03/03/20 ICN: 22009801985107FLA
COR MID:			

CHARGES :	PAYMENT DATA :	=DRG	0.250=REIM RATE
144265.57=REPORTED	0.00=DRG AMOUNT		0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CA		0.00=PROF COMPONENT
0.00=CLAIM ADJS	0.00=LINE ADJ AM		0.00=ESRD AMOUNT
144265.57=COVERED	0.00=OUTLIER	24339.00=PROC CD AMOUNT	
DAYS/VISITS :	0.00=CAP OUTLIER	22799.65=ALLOW/REIM	
0=COST REPT	0.00=CASH DEDUCT	465.30=SEQUESTERN	
0=COVD/UTIL	0.00=BLOOD DEDUC	0.00=INTEREST	
0=NON-COVERED	1419.29=COINSURANCE	119581.33=CONTRACT ADJ	
0=COVD VISITS	0.00=PAT REFUND	0.25=PER DIEM AMT	
0=NCOV VISITS	0.00=PBP REDUCT	0.00=PA REDUCT	
		22799.65=NET REIM AMT	

REMARK CODES: MA01

REV LICN	DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
SVC	Desc											
0258	03/03				1	29.42	0.00	CO	97	29.42		
112890682-1												
0335	03/03	96413	05694		1	799.06	226.44	CO	45	510.23		
								CO	253	4.62		
								PR	2	57.77		
112890682-2												
0335	03/03	96417	05692		1	243.12	44.22	CO	45	186.71		
								CO	253	0.90		
								PR	2	11.29		
112890682-3												
0636	03/03	J1642			50	16.79	0.00	CO	97	16.79		
112890682-4												
0636	03/03	J7030			1	29.42	0.00	CO	97	29.42		
112890682-5												

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2020	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 04/21/2020	532 RIVERSIDE AVENUE
CHARLOTTE NC 282601558	CLM#: 3388	JACKSONVILLE FL 32202
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2474287		

PATIENT: [REDACTED]	PCN: 112890682
MID: [REDACTED]	SVC FROM: 03/03/20 MRN: 3122226
CLAIM STAT: 1	THRU: 03/03/20 ICN: 22009801985107FLA
COR MID:	

... CONTINUED FROM PREVIOUS PAGE ...

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
LICN			HCPI									
SVC Desc												
0636	03/03	J9228	09284	JG	200	128174.69	21004.29	CO	45	105482.89		
								CO	253	428.66		
								PR	2	1258.85		
112890682-6												
0636	03/03	J9299	09453	JG	68	12076.73	1296.00	CO	45	10676.61		
								CO	253	26.45		
								PR	2	77.67		
112890682-7												
0636	03/03	J9299	09453	JG JW	12	2896.34	228.70	CO	45	2649.26		
								CO	253	4.67		
								PR	2	13.71		
112890682-8												

GLOSSARY

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2020	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 04/21/2020	532 RIVERSIDE AVENUE
CHARLOTTE NC 282601558	CLM#: 3388	JACKSONVILLE FL 32202
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2474287		

PATIENT: [REDACTED]	PCN: 112890682
MID: [REDACTED]	SVC FROM: 03/03/20 MRN: 3122226
CLAIM STAT: 1	THRU: 03/03/20 ICN: 22009801985107FLA
COR MID:	

... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

2 Coinsurance Amount

253 Sequestration - reduction in federal payment

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

MA01 Alert:~If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

* Medicare National Standard Intermediary Remittance Advice

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2020	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 06/23/2020	532 RIVERSIDE AVENUE
CHARLOTTE NC 282601558	CLM#: 183	JACKSONVILLE FL 32202
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2502578		

PATIENT: [REDACTED] PCN: 113389830
 MID: [REDACTED] SVC FROM: 05/29/20 MRN: 3137376
 CLAIM STAT: 1 THRU: 05/29/20 ICN: 22016101191707FLA
 COR MID:

CHARGES:	PAYMENT DATA:	=DRG	0.250=REIM RATE
125207.13=REPORTED	0.00=DRG AMOUNT		0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CA		0.00=PROF COMPONENT
0.00=CLAIM ADJS	0.00=LINE ADJ AM		0.00=ESRD AMOUNT
125207.13=COVERED	0.00=OUTLIER	22022.04=PROC CD AMOUNT	
DAYS/VISITS:	0.00=CAP OUTLIER	21101.27=ALLOW/REIM	
0=COST REPT	0.00=CASH DEDUCT	0.00=SEQUESTERN	
0=COVD/UTIL	0.00=BLOOD DEDUC	0.00=INTEREST	
0=NON-COVERED	1457.64=COINSURANCE	102648.22=CONTRACT ADJ	
0=COVD VISITS	0.00=PAT REFUND	0.25=PER DIEM AMT	
0=NCOV VISITS	0.00=PBP REDUCT	0.00=PA REDUCT	
		21101.27=NET REIM AMT	

REMARK CODES: MA01

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN			HCPI								
SVC Desc											
0260	05/29	96367	05692	PO	1	232.82	45.12	CO	45	176.41	
								PR	2	11.29	
113389830-1											
0260	05/29	96375	05691	PO	1	391.00	28.43	CO	45	355.45	
								PR	2	7.12	
113389830-2											
0331	05/29	96411	05692	PO	1	387.62	45.12	CO	45	331.21	
								PR	2	11.29	
113389830-3											
0335	05/29	96413	05694	PO	1	799.06	231.06	CO	45	510.23	
								PR	2	57.77	
113389830-4											
0335	05/29	96417	05692	PO	1	243.12	45.12	CO	45	186.71	
								PR	2	11.29	
113389830-5											

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2020	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 06/23/2020	532 RIVERSIDE AVENUE
CHARLOTTE NC 282601558	CLM#: 183	JACKSONVILLE FL 32202
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2502578		

PATIENT: [REDACTED] PCN: 113389830
MID: [REDACTED] SVC FROM: 05/29/20 MRN: 3137376
CLAIM STAT: 1 THRU: 05/29/20 ICN: 22016101191707FLA
COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
LICN			HCPI									
SVC Desc												
0510	05/29	G0463	05012	PO 25	1	104.91	34.61	CO	45	61.65		
								PR	2	8.65		
113389830-7												
0510	05/29	96377		PO XU	1	308.99	0.00	CO	97	308.99		
113389830-6												
0636	05/29	J1453	09242	PO JG	150	301.06	142.77	CO	45	148.96		
								PR	2	9.33		
113389830-8												
0636	05/29	J1642		PO	50	17.25	0.00	CO	97	17.25		
113389830-9												
0636	05/29	J2469		PO	10	47.38	0.00	CO	97	47.38		
113389830-10												
0636	05/29	J2505	09119	PO JG	1	7458.18	2733.65	CO	45	4545.98		
								PR	2	178.55		
113389830-11												

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2020	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 06/23/2020	532 RIVERSIDE AVENUE
CHARLOTTE NC 282601558	CLM#: 183	JACKSONVILLE FL 32202
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2502578		

PATIENT: [REDACTED] PCN: 113389830
 MID: [REDACTED] SVC FROM: 05/29/20 MRN: 3137376
 CLAIM STAT: 1 THRU: 05/29/20 ICN: 22016101191707FLA
 COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
LICN			HCPI									
SVC Desc												
0636	05/29	J7030		PO	1	34.58	0.00	CO	97	34.58		
113389830-12												
0636	05/29	J7050		PO	3	102.07	0.00	CO	97	102.07		
113389830-13												
0636	05/29	J9000		PO	10	455.12	0.00	CO	97	455.12		
113389830-14												
0636	05/29	J9042	09287	PO JG	135	98271.20	15648.37	CO	45	81600.72		
113389830-15												
0636	05/29	J9042	09287	PO JG	15	10940.00	1738.71	CO	45	9087.72		
113389830-16												
0636	05/29	J9070	01408	PO	10	3014.70	299.00	CO	45	2696.17		
113389830-17												

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2020	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 06/23/2020	532 RIVERSIDE AVENUE
CHARLOTTE NC 282601558	CLM#: 183	JACKSONVILLE FL 32202
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2502578		

PATIENT: [REDACTED] PCN: 113389830
MID: [REDACTED] SVC FROM: 05/29/20 MRN: 3137376
CLAIM STAT: 1 THRU: 05/29/20 ICN: 22016101191707FLA
COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

REV	DATE	HCP	PCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
LICN				HCPI									
SVC Desc													
0636	05/29	J9070	01408		PO JG	4	1300.39	87.45	CO	45	1207.23		
									PR	2	5.71		
113389830-18													
0636	05/29	J9070	01408		PO JG	1	797.68	21.86	CO	45	774.39		
									PR	2	1.43		
113389830-19													

GLOSSARY

- 2 Coinsurance Amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

== Florida Medicare Remittance Advice
FLETCHER HOSPITAL INC FPE: 12/31/2020 FIRST COAST SERVICE OPTIONS, I
PO BOX 601558 PAID: 06/23/2020 532 RIVERSIDE AVENUE
CHARLOTTE NC 282601558 CLM#: 183 JACKSONVILLE FL 32202
NPI: 1427075027 TOB: 131 FTN: 560543246
CHECK/EFT: EFT2502578

PATIENT: [REDACTED] PCN: 113389830
MID: [REDACTED] SVC FROM: 05/29/20 MRN: 3137376
CLAIM STAT: 1 THRU: 05/29/20 ICN: 22016101191707FLA
COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

MA01 Alert:~If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

* Medicare National Standard Intermediary Remittance Advice

Exhibit 8

AdventHealth Hendersonville 2021 Claims

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC FPE: 12/31/2021 FIRST COAST SERVICE OPTIONS, I
 PO BOX 601558 PAID: 06/18/2021 P O BOX 2006
 CHARLOTTE NC 282601558 CLM#: 561 MECHANICSBURG PA 170550733
 NPI: 1427075027 TOB: 131 FTN: 560543246
 CHECK/EFT: EFT2669282
 TRANSFER TO (COB): MUTUAL OF OMAHA INSURANCE COMP ID CODE: 000030091

PATIENT: [REDACTED] PCN: 118023916
 MID: [REDACTED] SVC FROM: 04/29/21 MRN: 3269052
 CLAIM STAT: 19 THRU: 04/29/21 ICN: 22115502053307FLA
 COR MID:

CHARGES: PAYMENT DATA: =DRG 0.250=REIM RATE
 180597.29=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
 0.00=NCVD/DENIED 0.00=DRG/OPER/CA 0.00=PROF COMPONENT
 0.00=CLAIM ADJS 0.00=LINE ADJ AM 0.00=ESRD AMOUNT
 180597.29=COVERED 0.00=OUTLIER 37553.32=PROC CD AMOUNT
 DAYS/VISITS: 0.00=CAP OUTLIER 36294.71=ALLOW/REIM
 0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTERN
 0=COVD/UTIL 0.00=BLOOD DEDUC 0.00=INTEREST
 0=NON-COVERED 1492.87=COINSURANCE 142809.71=CONTRACT ADJ
 0=COVD VISITS 0.00=PAT REFUND 0.25=PER DIEM AMT
 0=NCOV VISITS 0.00=PBP REDUCT 0.00=PA REDUCT
 36294.71=NET REIM AMT

REMARK CODES: MA01 MA18

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN	SVC Desc		HCPI								
0260	04/29	96365	05693	PO	1	647.18	151.94	CO	45	457.25	
								PR	2	37.99	
118023916-1											
0510	04/29	G0463	05012	PO 25	1	154.32	35.46	CO	45	109.99	
								PR	2	8.87	
118023916-2											
0636	04/29	J1642		PO	50	18.35	0.00	CO	97	18.35	
118023916-5											
0636	04/29	J7050		PO	1	33.20	0.00	CO	97	33.20	
118023916-4											
0636	04/29	Q2043	09273	PO JG	1	179744.24	36107.31	CO	45	142190.92	
								PR	2	1446.01	
118023916-3											

GLOSSARY

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2021	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 06/18/2021	P O BOX 2006
CHARLOTTE NC 282601558	CLM#: 561	MECHANICSBURG PA 170550733
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2669282		
TRANSFER TO (COB): MUTUAL OF OMAHA INSURANCE COMP	ID CODE: 000030091	

PATIENT: [REDACTED]	PCN: 118023916
MID: [REDACTED]	SVC FROM: 04/29/21 MRN: 3269052
CLAIM STAT: 19	THRU: 04/29/21 ICN: 22115502053307FLA
COR MID:	

... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

2 Coinsurance Amount

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

MA01 Alert:~If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA18 Alert:~The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

* Medicare National Standard Intermediary Remittance Advice

== Florida Medicare Remittance Advice
 FLETCHER HOSPITAL INC FPE: 12/31/2021 FIRST COAST SERVICE OPTIONS, I
 PO BOX 601558 PAID: 07/21/2021 P O BOX 2006
 CHARLOTTE NC 282601558 CLM#: 526 MECHANICSBURG PA 170550733
 NPI: 1427075027 TOB: 131 FTN: 560543246
 CHECK/EFT: EFT2683532
 TRANSFER TO (COB): CHAMPVA-VA HEALTH ADMIN CTR ID CODE: 000080214

PATIENT: [REDACTED] PCN: 118536898
 MID: [REDACTED] SVC FROM: 06/10/21 MRN: 3344982
 CLAIM STAT: 19 THRU: 06/10/21 ICN: 22118801830907FLA
 COR MID:

CHARGES: PAYMENT DATA: =DRG 0.250=REIM RATE
 56875.37=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
 0.00=NCVD/DENIED 0.00=DRG/OPER/CA 0.00=PROF COMPONENT
 0.00=CLAIM ADJS 0.00=LINE ADJ AM 0.00=ESRD AMOUNT
 56875.37=COVERED 0.00=OUTLIER 15138.54=PROC CD AMOUNT
 DAYS/VISITS: 0.00=CAP OUTLIER 13844.47=ALLOW/REIM
 0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTRA TN
 0=COVD/UTIL 0.00=BLOOD DEDUC 0.00=INTEREST
 0=NON-COVERED 1484.00=COINSURANCE 41546.90=CONTRACT ADJ
 0=COVD VISITS 0.00=PAT REFUND 0.25=PER DIEM AMT
 0=NCOV VISITS 0.00=PBP REDUCT 0.00=PA REDUCT
 13844.47=NET REIM AMT

REMARK CODES: MA01 MA18

REV	DATE	HCP	PC	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN				HCPI								
SVC Desc												
0260	06/10	96365	05693			1	647.18	151.94	CO	45	457.25	
									PR	2	37.99	
118536898-1												
0636	06/10	J1300	09236	JG		90	56194.99	13692.53	CO	45	41056.45	
									PR	2	1446.01	
118536898-3												
0636	06/10	J7050				1	33.20	0.00	CO	97	33.20	
118536898-2												

GLOSSARY

2 Coinsurance Amount

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage:
 This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate
 provider adjustment amounts (payments and contractual reductions) that have resulted from prior
 payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2021	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 07/21/2021	P O BOX 2006
CHARLOTTE NC 282601558	CLM#: 526	MECHANICSBURG PA 170550733
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2683532		
TRANSFER TO (COB): CHAMPVA-VA HEALTH ADMIN CTR		ID CODE: 000080214

PATIENT: [REDACTED]	PCN: 118536898
MID: [REDACTED]	SVC FROM: 06/10/21 MRN: 3344982
CLAIM STAT: 19	THRU: 06/10/21 ICN: 22118801830907FLA
COR MID:	

... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

- 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- MA01 Alert:~If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
- MA18 Alert:~The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

* Medicare National Standard Intermediary Remittance Advice

Exhibit 9

AdventHealth Hendersonville 2022 Claims

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2022	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 04/18/2022	P O BOX 2006
CHARLOTTE NC 282601558	CLM#: 764	MECHANICSBURG PA 170550733
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2807111		

PATIENT: [REDACTED] PCN: 123122094
 MID: [REDACTED] SVC FROM: 03/29/22 MRN: 3441694
 CLAIM STAT: 1 THRU: 03/29/22 ICN: 22209403549907FLA
 COR MID:

CHARGES:	PAYMENT DATA:	=DRG	0.250=REIM RATE
49765.65=REPORTED	0.00=DRG AMOUNT		0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CA		0.00=PROF COMPONENT
0.00=CLAIM ADJS	0.00=LINE ADJ AM		0.00=ESRD AMOUNT
49765.65=COVERED	0.00=OUTLIER		9252.37=PROC CD AMOUNT
DAYS/VISITS:	0.00=CAP OUTLIER		7754.91=ALLOW/REIM
0=COST REPT	0.00=CASH DEDUCT		0.00=SEQUESTERN
0=COVD/UTIL	0.00=BLOOD DEDUC		0.00=INTEREST
0=NON-COVERED	1556.00=COINSURANCE		40454.74=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND		0.25=PER DIEM AMT
0=NCOV VISITS	0.00=PBP REDUCT		0.00=PA REDUCT
			7754.91=NET REIM AMT

REMARK CODES: MA01

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN			HCPI								
SVC Desc											
0331	03/29	96401	05692	PO	2	597.30	46.83	CO	45	538.76	
								PR	2	11.71	
123122094-1											
0636	03/29	J9041	09207	PO JG	24	8093.36	654.81	CO	45	7307.36	
								PR	2	131.19	
123122094-4											
0636	03/29	J9041	09207	PO JG	11	3722.62	300.12	CO	45	3362.37	
								PR	2	60.13	
123122094-3											
0636	03/29	J9144	09378	PO TB	180	37352.37	6753.15	CO	45	29246.25	
								PR	2	1352.97	
123122094-2											

GLOSSARY

== Florida Medicare Remittance Advice
 FLETCHER HOSPITAL INC FPE: 12/31/2022 FIRST COAST SERVICE OPTIONS, I
 PO BOX 601558 PAID: 04/18/2022 P O BOX 2006
 CHARLOTTE NC 282601558 CLM#: 764 MECHANICSBURG PA 170550733
 NPI: 1427075027 TOB: 131 FTN: 560543246
 CHECK/EFT: EFT2807111

 PATIENT: [REDACTED] PCN: 123122094
 MID: [REDACTED] SVC FROM: 03/29/22 MRN: 3441694
 CLAIM STAT: 1 THRU: 03/29/22 ICN: 22209403549907FLA
 COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

 GLOSSARY

2 Coinsurance Amount

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage:
 This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate
 provider adjustment amounts (payments and contractual reductions) that have resulted from prior
 payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

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 decision. To make sure that we are fair to you, we require another individual that did not process
 your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must
 write to us within 120 days of the date you received this notice, unless you have a good reason for
 being late.

 * Medicare National Standard Intermediary Remittance Advice

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2022	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 04/18/2022	P O BOX 2006
CHARLOTTE NC 282601558	CLM#: 581	MECHANICSBURG PA 170550733
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2807111		

PATIENT: [REDACTED] PCN: 123122242
 MID: [REDACTED] SVC FROM: 03/01/22 MRN: 3447654
 CLAIM STAT: 1 THRU: 03/01/22 ICN: 22209403553807FLA
 COR MID:

CHARGES:	PAYMENT DATA:	=DRG	0.250=REIM RATE
53378.43=REPORTED	0.00=DRG AMOUNT		0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CA		0.00=PROF COMPONENT
0.00=CLAIM ADJS	0.00=LINE ADJ AM		0.00=ESRD AMOUNT
53378.43=COVERED	0.00=OUTLIER		8429.10=PROC CD AMOUNT
DAYS/VISITS:	0.00=CAP OUTLIER		7174.14=ALLOW/REIM
0=COST REPT	0.00=CASH DEDUCT		0.00=SEQUESTRA TN
0=COVD/UTIL	0.00=BLOOD DEDUC		0.00=INTEREST
0=NON-COVERED	1556.00=COINSURANCE		44648.29=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND		0.25=PER DIEM AMT
0=NCOV VISITS	0.00=PBP REDUCT		0.00=PA REDUCT
			7174.14=NET REIM AMT

REMARK CODES: MA01

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN			HCPI								
SVC Desc											
0335	03/01	96413	05694	PO	1	839.01	240.83	CO	45	537.97	
								PR	2	60.21	
123122242-1											
0636	03/01	J7030		PO	1	33.77	0.00	CO	97	33.77	
123122242-3											
0636	03/01	J9173	09492	PO JG	150	52505.65	6933.31	CO	45	44076.55	
								PR	2	1495.79	
123122242-2											

GLOSSARY

- 2 Coinsurance Amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2022	FIRST COAST SERVICE OPTIONS, I
PO BOX 601558	PAID: 04/18/2022	P O BOX 2006
CHARLOTTE NC 282601558	CLM#: 581	MECHANICSBURG PA 170550733
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2807111		

PATIENT: [REDACTED]	PCN: 123122242
MID: [REDACTED]	SVC FROM: 03/01/22 MRN: 3447654
CLAIM STAT: 1	THRU: 03/01/22 ICN: 22209403553807FLA
COR MID:	

... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

MA01 Alert:~If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

* Medicare National Standard Intermediary Remittance Advice

PATIENT:	[REDACTED]	PCN:	123985116
MID:	[REDACTED]	SVC FROM:	05/17/22
CLAIM STAT:	19	MRN:	3449019
COR MID:		THRU:	05/17/22
		ICN:	22215801323607FLA

CHARGES :	PAYMENT DATA :	=DRG	0.250=REIM RATE
49466.92=REPORTED	0.00=DRG AMOUNT		0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CA		0.00=PROF COMPONENT
0.00=CLAIM ADJS	0.00=LINE ADJ AM		0.00=ESRD AMOUNT
49466.92=COVERED	0.00=OUTLIER		4397.53=PROC CD AMOUNT
DAYS/VISITS :	0.00=CAP OUTLIER		3936.58=ALLOW/REIM
0=COST REPT	0.00=CASH DEDUCT		39.77=SEQUESTERN
0=COVD/UTIL	0.00=BLOOD DEDUC		0.00=INTEREST
0=NON-COVERED	994.14=COINSURANCE		44496.43=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND		0.25=PER DIEM AMT
0=NCOV VISITS	0.00=PBP REDUCT		0.00=PA REDUCT
			3936.58=NET REIM AMT

REMARK CODES: MA01 MA18

REV LICN	DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
SVC	Desc											
0260	05/17	96367	05692	PO	2	488.92	92.70	CO	45	371.85		
								CO	253	0.94		
								PR	2	23.43		
123985116-2												
0260	05/17	96375	05691	PO	1	410.55	29.92	CO	45	372.77		
								CO	253	0.30		
								PR	2	7.56		
123985116-1												
0335	05/17	96413	05694	PO	1	839.01	238.42	CO	45	537.97		
								CO	253	2.41		
								PR	2	60.21		
123985116-4												
0335	05/17	96417	05692	PO	2	510.56	92.70	CO	45	393.49		
								CO	253	0.94		
								PR	2	23.43		
123985116-3												

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2022	FIRST COAST SERVICE OPTIONS, I
PO BOX 948117	PAID: 06/21/2022	P O BOX 2006
ATLANTA GA 303948117	CLM#: 1973	MECHANICSBURG PA 170550733
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2837997		
TRANSFER TO (COB): AMERICAN CONTINENTAL INSU.	ID CODE: 000030074	

PATIENT: [REDACTED] PCN: 123985116
MID: [REDACTED] SVC FROM: 05/17/22 MRN: 3449019
CLAIM STAT: 19 THRU: 05/17/22 ICN: 22215801323607FLA
COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
LICN			HCPI									
SVC Desc												
0636 05/17 J1100 123985116-16				PO	10	26.94	0.00	CO	97	26.94		
0636 05/17 J1453 123985116-15				PO	150	632.77	0.00	CO	97	632.77		
0636 05/17 J1642 123985116-14				PO	50	19.26	0.00	CO	97	19.26		
0636 05/17 J2469 123985116-13				PO	10	43.52	0.00	CO	97	43.52		
0636 05/17 J7030 123985116-12				PO	1	33.76	0.00	CO	97	33.76		
0636 05/17 J7050 123985116-11				PO	3	97.26	0.00	CO	97	97.26		

FLETCHER HOSPITAL INC	FPE: 12/31/2022	FIRST COAST SERVICE OPTIONS, I
PO BOX 948117	PAID: 06/21/2022	P O BOX 2006
ATLANTA GA 303948117	CLM#: 1973	MECHANICSBURG PA 170550733
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2837997		
TRANSFER TO (COB): AMERICAN CONTINENTAL INSU.		ID CODE: 000030074

PATIENT:	[REDACTED]	PCN:	123985116
MID:	[REDACTED]	SVC FROM:	05/17/22
CLAIM STAT:	19	MRN:	3449019
COR MID:		THRU:	05/17/22
		ICN:	22215801323607FLA

... CONTINUED FROM PREVIOUS PAGE ...

REV	DATE	HCPCS	APC/HIPPS HCPI	MODS		QTY	CHARGES	ALLOW/REIM	GC	RSN		AMOUNT	REMARK	CODES
LICN	SVC Desc													
0636	05/17	J7070		PO		1	69.12	0.00	CO	97		69.12		
123985116-10														
0636	05/17	J9045		PO		9	545.56	0.00	CO	97		545.56		
123985116-9														
0636	05/17	Q2050	07046	PO JG		1	3713.49	103.54	CO	45		3582.75		
										CO	253		1.05	
										PR	2		26.15	
123985116-7														
0636	05/17	Q2050	07046	PO JG		5	6883.57	517.72	CO	45		6229.88		
										CO	253		5.23	
										PR	2		130.74	
123985116-8														
0636	05/17	Q5107	09329	PO TB		20	9792.97	572.32	CO	45		9070.35		
										CO	253		5.78	
										PR	2		144.52	
123985116-5														

== Florida Medicare Remittance Advice

FLETCHER HOSPITAL INC	FPE: 12/31/2022	FIRST COAST SERVICE OPTIONS, I
PO BOX 948117	PAID: 06/21/2022	P O BOX 2006
ATLANTA GA 303948117	CLM#: 1973	MECHANICSBURG PA 170550733
NPI: 1427075027	TOB: 131	FTN: 560543246
CHECK/EFT: EFT2837997		
TRANSFER TO (COB): AMERICAN CONTINENTAL INSU.	ID CODE: 000030074	

PATIENT: [REDACTED] PCN: 123985116
MID: [REDACTED] SVC FROM: 05/17/22 MRN: 3449019
CLAIM STAT: 19 THRU: 05/17/22 ICN: 22215801323607FLA
COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

REV	DATE	HCP	PCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
LICN				HCPI									
SVC Desc													
0636	05/17	Q5107	09329		PO TB	80	25359.66	2289.26	CO	45	22469.18		
									CO	253	23.12		
									PR	2	578.10		
123985116-6													

GLOSSARY

- 2 Coinsurance Amount
- 253 Sequestration - reduction in federal payment
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
- 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

== Florida Medicare Remittance Advice
FLETCHER HOSPITAL INC FPE: 12/31/2022 FIRST COAST SERVICE OPTIONS, I
PO BOX 948117 PAID: 06/21/2022 P O BOX 2006
ATLANTA GA 303948117 CLM#: 1973 MECHANICSBURG PA 170550733
NPI: 1427075027 TOB: 131 FTN: 560543246
CHECK/EFT: EFT2837997
TRANSFER TO (COB): AMERICAN CONTINENTAL INSU. ID CODE: 000030074

PATIENT: [REDACTED] PCN: 123985116
MID: [REDACTED] SVC FROM: 05/17/22 MRN: 3449019
CLAIM STAT: 19 THRU: 05/17/22 ICN: 22215801323607FLA
COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

MA01 Alert:␣If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA18 Alert:␣The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

* Medicare National Standard Intermediary Remittance Advice

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

THE AMERICAN HOSPITAL ASSOCIATION,
et al.,

Plaintiffs,

—v—

XAVIER BECERRA, in his official capacity as
the Secretary of Health and Human Services, *et*
al.,

Defendants.

Civil Action No. 18-2084 (RC)

[PROPOSED]
ORDER

Having considered Plaintiffs' unopposed Motion for Permission to File Second Supplemental Complaint, it is hereby

ORDERED that the Motion is **GRANTED**. Plaintiffs' Second Supplemental Complaint is deemed filed and served as the operative pleading in this case.

Dated: _____, 2022

Hon. Rudolph Contreras
United States District Judge