UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

THE AMERICAN HOSPITAL ASSOCIATION, *et al.*,

Plaintiffs,

Civil Action No. 18-2084 (RC)

-v-

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

Defendants.

UNOPPOSED MOTION FOR PERMISSION TO FILE SECOND SUPPLEMANTAL 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 MEDICAL COLLEGES,
655 K Street, NW, Suite 100
Washington, DC 20001,

AMERICA'S ESSENTIAL HOSPITALS, 401 Ninth Street, NW, Suite 900 Washington, DC 20004,

NORTHERN LIGHT HEALTH, 43 Whiting Hill Road Brewer, ME 04412,

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 notfor-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

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.

- 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. § 1395*l*. 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. § 1395*l*(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. § 1395*l*(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. § 1395*l*(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. § 1395*l*(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. § 1395*l*(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 drugprice 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.

- 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. $\S 1395l(t)(14)(A)(iii)(II)$, 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. § 1395*l*(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. § 1395*l*(t)(14)(A)(iii)(II) and 42 U.S.C. § 1395*l*(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
 - 1. 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
 - 1. 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.

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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. § 1395*l*(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 OPPS 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 OPPS 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 OPPS 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. § 1395*l*(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.

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. § 1395*l*(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. § 1395*l*(t)(14)(A)(iii).

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. § 1395*l*(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. § 1395*l*(t)(14)(A)(iii).

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. § 1395*l*(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. § 1395*l*(t)(14)(A)(iii).

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. § 1395*l*(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;

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В. 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.

William B. Schultz (DC Bar No. 218990)

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

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**

NPT #: DATE:

1134144801 01/28/2020

PAGE #:

CHECK/EFT #:

EFT1312715

REND-PROV RARC	SERV-DATE	POS PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AM	COINS T ADJ-QT	PROV-PD Y BS
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					CO-97	12.00)	04
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PT RESP	1503.60	CARC 33407.54	CLAIM TOTALS	45874.00	45874.00	95.60	1408.00	10962.86
ADJ TO TOT	LS: PREV P	D	INTEREST		E FILING CHARGE	0.00		10962.86
		WARDED TO: BCBS	OF MICHIGAN		L LILLING CHANGE	0.00	, NEI	10,02.00

OTHER CLAIM REL IDENTIFICATION:

(EA) 9431321

GLOSSARY:

253	Sequestration - reduction in fede	ral payment
45	Charge exceeds fee schedule/maxim	um allowable

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

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 Contractural 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.

MEDICARE REMITTANCE ADVICE

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

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NPI #:

1134144801

PAGE #:

01/28/2020

CHECK/EFT #:

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REND-PROV SERV-DATE POS P RARC	D-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QT	PROV-PD Y BS
NAME:	MID:	ACNT: HB73	738784900	ICN:220014	00909404 ASG:N	MOA:MA01	N817
1134144801 0108 010820 96	372	1.000	52.00	52.00	58.67	0.00	0.00
				CO-45	-6.67		
1134144801 0108 010820 J3	357JG	90.000	66060.00	66060.00	139.33 140	00.80	10758.94
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				CO-253	219.57		
PT RESP 1606.00 CARC	53747.06 CL	AIM TOTALS	66112.00	66112.00	198.00 14	108.00	10758.94
ADJ TO TOTALS: PREV PD OTHER CLAIM REL IDENTIFICAT		EREST 51986	0.00 LATE	FILING CHARGE	0.00	NET	10758.94

GLOSSARY:

253 Sequestration - reduction in federal payment 45 Charge exceeds fee schedule/maximum allowable

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 Contractural 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.

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.

MEDICARE REMITTANCE ADVICE

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

HENRY FORD HEALTH SYSTEM PO BOX 670884 DETROIT, MI 482670884

NPI #: DATE:

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REND-PROV S RARC	ERV-DATE	POS PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QT	PROV-PD TY BS
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1134144801 0 N782	110 011020	A9606JG	130.000	48360.00	48360.00 CO-45 CO-253		381.05	11765.46
	S: PREV PI		CLAIM TOTALS INTEREST OF MICHIGAN -	49190.00 0.00 LAT MDHHS	49190.00 E FILING CHARGE		1408.00 NET	11871.10 11871.10

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 Contractural 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

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

CHECK/EFT #: EFT1465715

REND-PROV RARC	SERV-DA	TE P	POS PD-PRO	C/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-Q	PROV-PD TY BS
NAME			MID		ACNT: HB74	1958762800	ICN:221281	00236304 ASG	:N MOA:MAO:	1
1134144801	1001 10	0121	300000		1.000	4.00	4.00	0.00	0.00	0.00
							CO-97	4.00		04
1134144801	1001 10	0121	96375		2.000	270.00	270.00	0.00	15.41	61.66
							CO-45	192.93		
1134144801	1001 10	0121	96413		1.000	780.00	780.00	0.00	59.89	239.49
							CO-45	480.62		
1134144801	1001 10	0121	96415		3.000	630.00	630.00	0.00	35.84	143.27
							CO-45	450.89		
1134144801	1001 10	0121	J1200		1.000	0.60	0.60	0.00	0.00	0.00
							CO-97	0.60		04
1134144801	1001 10	0121	J2350J0	3	600.000	25159.42	25159.42	0.00 1	424.12	24146.68
							CO-45	-411.38		
1134144801	1001 10	0121	J2930		1.000	1.26	1.26	0.00	0.00	0.00
							CO-97	1.26		04
PT RESP	1535.2	6 0	CARC	718.92	CLAIM TOTALS	26845.28	26845.28	0.00	1535.26	24591.10
ADJ TO TOTAL			FICATION:	(EA)	INTEREST 57681807	0.00 LAT	E FILING CHARGE	0.00	NET	24591.10

GLOSSARY:

Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This 45 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) 97

Benefit for Billed Service Not Separately Payable
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.

Contractural Obligations

Alert: If you do not agree with what we approved for these services, you may appeal our decision. MA01 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 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 #: DATE: PAGE #: 1134144801 12/16/2021

CHECK/EFT #: EFT1478779

REND-PROV RARC	SERV-DATE	POS PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	CARC-AMT	COINS ADJ-Q	PROV-PD TY BS
NAME		ми	ACNT: HB75	067710200	ICN:221336	00331404 ASG:	N MOA:MAO	1
134144801	1124 11242	1	2.000	23.80	23.80	0.00	0.00	0.00
					CO-97	23.80		04
134144801	1124 11242	1 84443	1.000	87.00	87.00	0.00	0.00	0.00
					CO-97	87.00		0.4
134144801	1124 11242	1 96413PO	1.000	780.00	780.00	0.00	59.89	239.49
					CO-45	480.62		
134144801	1124 11242	1 J9271POJG	400.000	61662.32	61662.32	0.00 14	24.12	14003.88
					CO-45	46234.32		
T RESP	1484.01	CARC 46825.74	CLAIM TOTALS	62553.12	62553.12	0.00 1	484.01	14243.37
DJ TO TOTA	LS: PREV PI	P	INTEREST	0.00 LAT	E FILING CHARGE	0.00	NET	14243.37

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

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 Contractural 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.

MEDICARE REMITTANCE ADVICE

1134144801

11/03/2021

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 #: DATE:

PAGE #:

CHECK/EFT #: EFT1468747

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: HB7	983169100	ICN:221293	00368304 ASG:	N MOA:MA01	
1134144801	1013 10132	1	2.000	23.80	23.80	0.00	0.00	0.00
					CO-97	23.80		04
1134144801	1013 10132	1 80053	1.000	55.00	55.00	0.00	0.00	0.00
					CO-97	55.00		04
1134144801	1013 10132	1 85025PO	1.000	40.00	40.00	0.00	0.00	0.00
					CO-97	40.00		04
1134144801	1013 10132	1 96413PO	1.000	780.00	780.00	0.00	59.89	239.49
					CO-45	480.62		
1134144801	1013 10132	1 J2997POJG	2.000	464.18	464.18	0.00	11.75	116.56
					CO-45	335.87		
1134144801	1013 10132	1 J9271POJG	400.000	60454.16	60454.16	0.00 14	12.37 1	4015.63
					CO-45	45026.16		
PT RESP	1484.01	CARC 45961.45	CLAIM TOTALS	61817.14	61817.14	0.00 1	484.01	14371.68
	ALS: PREV P		INTEREST 31077624	0.00 LA	TE FILING CHARGE	0.00	NET	14371.68

GLOSSARY:

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) Benefit for Billed Service Not Separately Payable

4 (BS)

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 Contractural 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.

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

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-Q	PROV-PD FY BS
NAME		MID:	ACNT: HB7	4913781600	ICN:221285	00359004 Asg	:N MOA:MAO	10
1134144801	1006 10062:	1	2.000	20.68	20.68	0.00	0.00	0.00
					CO-97	20.68		04
1134144801	1006 10062	1 96365PO	1.000	305.00	305.00	0.00	39.21	156.84
					CO-45	108.95		
1134144801	1006 10062	1 J1300POJG	90.000	58711.91	58711.91	0.00 1	444.79	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 TOTA	ALS: PREV P	D.	INTEREST	0.00 LA	TE FILING CHARGE	0.00	NET	13795.69

GLOSSARY:

Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This 45 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 Contractural Obligations

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 MA01 being late.

Exhibit 3

Henry Ford Health 2022 Claims

MEDICARE REMITTANCE ADVICE

PAYER BUSINESS CONTACT INFORMATION: EDI DEPARTMENT EDIMEDICAREA@WFSIC.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: 05/11/2022 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 :		MID:	ACNT: HB75	452220300	ICN: 222117	00240204 ASG:	N MOA:MA01	
1134144801	0419 04192	2	2.000	31.00	31.00	0.00	0.00	0.00
					CO-97	31.00		04
1134144801	0419 04192	2 80053	1.000	58.00	58.00	0.00	0.00	0.00
					CO-97	58.00		04
1134144801	0419 04192	2 83615	1.000	33.00	33.00	0.00	0.00	0.00
					CO-97	33.00		04
1134144801	0419 04192	2 83735	1.000	37.00	37.00	0.00	0.00	0.00
					CO-97	37.00		04
1134144801	0419 04192	2 8373591	1.000	37.00	37.00	0.00	0.00	0.00
					CO-97	37.00		04
1134144801	0419 04192	2 84443	1.000	91.00	91.00	0.00	0.00	0.00
					CO-97	91.00		04
1134144801	0419 04192	2 86140	1.000	28.00	28.00	0.00	0.00	0.00
					CO-97	28.00		04
1134144801	0419 04192	2 85025	1.000	42.00	42.00	0.00	0.00	0.00
					CO-97	42.00		04
1134144801	0419 04192	2 96413PO	1.000	819.00	819.00	0.00	62.70	248.28
					CO-45	505.51		
					CO-253	2.51		
1134144801	0419 04192	2 J9022POJG	168.000	41414.29	41414.29	0.00 14	193.30	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 1	556.00	8408.99
	ALS: PREV P M REL IDENT	D IFICATION: (EA)	INTEREST 19501453	0.00 LAT	E FILING CHARGE	0.00	NET	8408.99

GLOSSARY:

253 Sequestration - reduction in federal pays	yment	pa	federal	in	reduction	-	Sequestration	253
---	-------	----	---------	----	-----------	---	---------------	-----

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

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 Contractural Obligations MA01 Alert: If you do not agre

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.

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

HENRY FORD HEALTH SYSTEM PO BOX 670884 DETROIT, MI 482670884 NPI #: DATE: PAGE #: 1134144801 05/25/2022

CHECK/EFT #:

EFT1518795

REND-PROV RARC	SERV-DATE	POS PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	CARC-AMT	COINS ADJ-Q	PROV-PD TY BS
NAME		MID:	ACNT: HB7	5353777000	ICN:222131	00255404 ASG	N MOA:MAO	1
134144801	0504 05042	2	2.000	20.68	20.68	0.00	0.00	0.00
					CO-97	20.68		04
134144801	0504 05042	2 96365PO	1.000	320.00	320.00	0.00	40.23	159.29
					CO-45	118.87		
					CO-253	1.61		
134144801	0504 05042	2 J1300POJG	90.000	58711.91	58711.91	0.00 15	15.77	13386.22
					CO-45	43674.71		
					CO-253	135.21		
T RESP	1556.00	CARC 43951.08	CLAIM TOTALS	59052.59	59052.59	0.00	1556.00	13545.51
	ALS: PREV P		INTEREST 24017972	0.00 LA	TE FILING CHARGE	0.00	NET	13545.51

GLOSSARY:

253 Sequestration - reduction in federal payment

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

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 Contractural Obligations MA01 Alert: If you do not agre

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 REMITTANCE

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

HENRY FORD HEALTH SYSTEM PO BOX 670884 DETROIT, MI 482670884

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

CHECK/EFT #: EFT1519195

REND-PROV RARC	SERV-DATE	POS PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-Q	PROV-PD TY BS
NAME (MID	ACNT: HB75	5446509800	ICN:222132	00192804 ASG	:N MOA:MAO	1
1134144801	0505 05052	2	100.000	424.00	424.00 CO-97	0.00	0.00	0.00
1124144901	0505 05052	2	3.000	39.30	39.30	0.00	0.00	0.00
1134144801	0505 05052	2	3.000	39.30	CO-97	39.30		04
1134144801	0505 05052	2 9637559	1.000	142.00	142.00	0.00	7.87	31.16
		*			CO-45 CO-253	102.66		
1134144801	0505 05052	2 80053	1.000	58.00	58.00	0.00	0.00	0.00
					CO-97	58.00		04
1134144801	0505 05052	2 83615	1.000	33.00	33.00	0.00	0.00	0.00
				27 00	CO-97	0.00	0.00	0.00
1134144801	0505 05052	2 83735	1.000	37.00	37.00 CO-97	37.00		0.00
1134144901	0505 05052	2 84443	1.000	91.00	91.00	0.00	0.00	0.00
1134144601	0303 03032	2 04443	1.000	31.00	CO-97	91.00	50 C S S	04
1134144801	0505 05052	2 86140	1.000	28.00	28.00	0.00	0.00	0.00
					CO-97	28.00		04
1134144801	0505 05052	2 85025	1.000	42.00	42.00	0.00	0.00	0.00
					CO-97	42.00		04
1134144801	0505 05052	2 96411	1.000	368.00	368.00	0.00	12.20	48.27
					CO-45	307.04		
				010.00	CO-253 819.00	0.49	62.70	248.28
1134144801	0505 05052	2 96413	1.000	819.00	CO-45	505.51		240.20
					CO-253	2.51		
1134144801	0505 05052	2 G1004		0.02	0.00	0.00	0.00	0.00
M41					CO-96	0.02	1.0	00 03
1134144801	0505 05052	2 71260MG	1.000	1628.00	1628.00	0.00	85.60	338.95
					CO-45	1200.03		
					CO-253	3.42		
1134144801	0505 05052	2 74177MG	1.000	3213.00	3213.00	0.00	0.00	0.00
					CO-97	3213.00		04
1134144801	0505 05052	2 G046325	1.000	125.00	125.00	0.00	23.36	92.53
					CO-45 CO-253	0.93		
1124144901	0505 05052	2 J1100	10.000	22.34	22.34	0.00	0.00	0.00
1134144601	0303 03032	.2 01100	10.000	22.33	CO-97	22.34		04
1134144801	0505 05052	2 J9271JG	400.000	61662.32	61662.32		195.66	14363.65
					CO-45	45957.92		
					co-253	145.09		
1134144801	0505 05052	2 J9305JG	50.000	11891.19	11891.19		212.60	2553.95
					CO-45	9098.84		
				1210 2 22	CO-253	25.80		
1134144801	0505 05052	2 J9305JG	20.000	4806.50	4806.50	0.00	85.04	1021.58
					CO-45	3689.56		
PT RESP	1605 03	CARC 65046.27	CLAIM TOTALS	85429.67	CO-253 85429.65	10.32	1685.03	18698.37
10000 0000 0000 0000 00000	1685.03 ALS: PREV P		INTEREST		TE FILING CHARGE			18698.37
	M REL IDENT		9117024	U. UU IIA	LL LILING CHARGE	0.00		
OTHER CHAI	IDENI	(EA)						

GLOSSARY:

253 Sequestration - reduction in federal payment

3 (BS) 45 Billed Service Not Covered by Health Plan

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

Case 1:18-cv-02084-RC Document 66-4 Filed 08/03/22 Page 5 of 6

 WPS GHA - MAC JB MI PART A
 MEDICARE

 NPI #:
 1134144801
 HENRY FORD HEALTH SYSTEM
 REMITTANCE

 CHECK/EFT #:EFT1519195
 05/26/2022
 PAGE #2
 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.

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 Contractural 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.

MEDICARE REMITTANCE ADVICE

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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-Q	PROV-PD TY BS
NAME :		MID:	ACNT: HB7	5539520600	ICN:222137	00385904 ASG	N MOA:MAO	1
1134144801	0510 05102	2	3.000	39.30	39.30	0.00	0.00	0.00
					CO-97	39.30		04
1134144801	0510 05102	2 9637259PO	1.000	62.00	62.00	0.00	0.00	0.00
					CO-97	62.00		04
1134144801	0510 05102	2 96375PO	1.000	142.00	142.00	0.00	7.87	31.16
					CO-45	102.66		
					CO-253	0.31		
1134144801	0510 05102	2 96411PO	1.000	368.00	368.00	0.00	12.20	48.27
					CO-45	307.04		
					CO-253	0.49		
1134144801	0510 05102	2 96413PO	1.000	819.00	819.00	0.00	62.70	248.28
					CO-45	505.51		
					CO-253	2.51		
1134144801	0510 05102	2 J1100PO	10.000	22.34	22.34	0.00	0.00	0.00
					CO-97	22.34		04
1134144801	0510 05102	2 J3420PO	1.000	25.97	25.97	0.00	0.00	0.00
					CO-97	25.97		04
1134144801	0510 05102	2 J9271POJG	400.000	61662.32	61662.32	0.00 1:	162.56	14396.42
					CO-45	45957.92		
					CO-253	145.42		
1134144801	0510 05102	2 J9305POJG	50.000	11941.19	11941.19	0.00	206.71	2559.78
					CO-45	9148.84		
					CO-253	25.86		
1134144801	0510 05102	2 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 TOT	ALS: PREV P	D	INTEREST	0.00 LAT	TE FILING CHARGE	0.00	NET	18819.78
OTHER CLAI	M REL IDENT	IFICATION: (EA)	62020592					

GLOSSARY:

253 Sequestration - reduction in federal payment

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

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 Contractural Obligations

MA01 Alext: 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

Encounter #275930642 4/23/2020 RACAREPT 5/26/2020 PAYMENT DATE: 05/ Case 1:18-CV-022084-RCDI PACUMENT 66-5 U Filed 08/03/22 Page 20f 19 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 PCN 000275930642 SERVICE FROM 20200423 THRU 20200423 POL# ICN 012841130 PAT STAT CLAIM STAT 1 CLAIM # 207 MRN 00303364 CRN 22013300442007MEA _____ PPS DATA: PAYMENT DATA: REPORTED 91039.60 DRG NUMBER REIMB RATE

NCOVD .00 DRG AMOUNT .00 PRIMARY PAY

DENIED .00 DRG/OPER .00 PROF COMP

DRG/CAPITAL .00 ESRD AMT

OUTLIER () .00 HCPCS AMT

---- NON LAB CHRG .00 OTH ADJ AMT

COST REPT 0 NEG REIMB .00 CONT ADJ AMT

COVD/UTIL 0 TOTAL DEDUCT .00 INTEREST

NON COVERED 0 COINSURANCE 1451.47 PAT REFUND

LTR 0 MSP LIAB MET .00 NET REIMB AMT

CO-PAY AMT .00 .00 .00 . 0.0 18671.00 .00 71867.29 .00 17366.42 ______ 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 ______ 11.10 PR 2 43.48 CO 45 43.48 CO 45 CO 253 PR 2 83.38 CO 45 1 427.00 371.53 N782 05692 0335 04/23/20 96417 0510 04/23/20 G0463 25 1 108.00 83.38 C0 45 1.65 N/82 03012 C0 253 1.70 PR 2 21.27

0636 04/23/20 J9228 JG 150 81075.00 15475.96 C0 45 64051.20 N782 09284 C0 253 315.84 PR 2 1232.00

0636 04/23/20 J9299 JG 48 4856.16 898.46 C0 45 3867.84 N782 09453 C0 253 18.34 PR 2 71.52 2578 56 N782 09453 .89

TAMC Encounter #276392230 5/14/2020 RACAREPT 6/19/2020

PAYMENT DATE: 06/Case 1:18-cy-02084-RC Document 66-5 UFiled 08/03/22 Page 3 9/19 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD PO BOX 151 ENDING 200930

PRESQUE ISLE 047690151

втт.т. тург 131

1396858999			BILL T	YPE 131				
NAME POL# MRN 00303364	ICN	01306465	6392230 59 20157004	PAT STAT	E FROM 202 CLAIM S	200514 TH STAT 1 C		
CHARGES:		PPS DA	ATA:		PAYMEN	NT DATA:		
NCOVD DENIED DAYS: COST REPT COVD/UTIL NON COVERED LTR	.00	DRG AN DRG/OI DRG/CI OUTLIN NON LI NEG RI TOTAL COINSUMSP LI CO-PAN	MOUNT PER APITAL ER () AB CHRG EIMB DEDUCT URANCE IAB MET Y AMT	1472.	00 OTH AI 00 CONT A 00 INTERE 74 PAT RE 00 NET RE	RY PAY COMP AMT AMT OJ AMT ADJ AMT EST EFUND EIMB AMT	.00 71304.54 .00 .00	
REMARK CDS:	MA01 N7	82					=======================================	
GROUP AND STD CDS: C	O 45	PR 2	1	I	1		 	
ADJ AMT: 7	1304.54	1472.7	4	.001	.00	.00		
CHECK/EFT NU	MBER: EFT12	50048					===========	
CROSS-OVER P		======	=======	=======	=======	======	=======================================	=====
COMMENT 1:	========	======	=======		=======	======	=======================================	=====
COMMENT 2:							=======================================	
COV EXPR DAT	Ε:			CLM	RCVD DATE	E: 06/05/		
REV DAT	E HCPCS/HIP	PS MODS	UNIT/VIS	SIT CHGS	ALLOWED	GC RSN	AMT RMK CI	D APC
0335 05/14/2	0 96413		1	494.00	227.22	CO 45 PR 2	209.98 N782 56.80	
0335 05/14/2	0 96415		1	174.00	44.37	CO 45 PR 2	118.53 N782 11.10	05692
0335 05/14/2	0 96417		1	427.00	44.37	CO 45 PR 2	371.53 N782 11.10	05692
0510 05/14/2	0 G0463	25	2	206.00	170.16		-6.70 N782 42.54	05012
0636 05/14/2	0 J9228	JG :	150	81075.00	15791.80		64051.20 N782 1232.00	09284
0636 05/14/2	0 J9299	JG	48	4924.32	916.80		3936.00 N782 71.52	09453
0636 05/14/2	O J9299	JWJG	32	3282.88	611.20		2624.00 N782 47.68	09453

Encounter #278860234 6/18/2020 RACAREPT 7/10/2020

PAYMENT DATE: 07/Case 1:18-cy-02084-RCDI PACUMENTE 66-5 UFiled 08/03/22 Page 4 of 19 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 PCN 000278860234 SERVICE FROM 20200618 THRU 20200618 POL# ICN 013244340 PAT STAT CLAIM STAT 1 CLAIM # 85 MRN 00303364 CRN 22017800406107MEA ______ CHARGES: PPS DATA: PAYMENT DATA: REPORTED 90819.20 DRG NUMBER DRG NUMBER

.00 DRG AMOUNT

.00 DRG/OPER

DRG/CAPITAL

OUTLIER ()

NON LAB CHRG

0 NEG REIMR REIMB RATE .00 PRIMARY PAY
.00 PROF COMP
.00 ESRD AMT
.00 HCPCS AMT .00 NCOVD .00 DENTED . 00 18671.00 DAYS: .00 OTH ADJ AMT .00 O TOTAL DEDUCT
O COINSURANCE
O MSP LIAB MET

CO-PAY AMT

O TOTAL DEDUCT
O MSP LIAB MET
CO-PAY AMT .00 CONT ADJ AMT COST REPT 71646.89 COVD/UTIL .00 NON COVERED .00 MOR LIAB MET .00 NET REIMB AMT .00 T.TR 17720.84 ______ 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 26.00 .00 CO 97 26.00 .00 CO 97 171.00 171.00 118.00 209.98 N782 05694 56.80 118.53 N782 05692 .00 CO 97 227.22 CO 45 PR 2 44.37 CO 45 PR 2 44.37 CO 45 174.00 0335 06/18/20 96415 1 11.10 PR 2 11.10 427.00 44.37 CO 45 371.53 N782 05692 PR 2 11.10 127.00 85.08 CO 45 20.65 N782 05012 PR 2 21.27 81075.00 15791.80 CO 45 64051.20 N782 09284 PR 2 1232.00 0335 06/18/20 96417 1 427.00 25 1 0510 06/18/20 G0463 150 0636 06/18/20 J9228 JG PR 2 916.80 CO 45 1232.00

4924.32

3282.88

PR 2

PR 2

611.20 CO 45

3936.00 N782 09453

2624.00 N782 09453

71.52

47.68

0636 06/18/20 J9299

0636 06/18/20 J9299

JG

JWJG

48

32

Encounter #274739770 4/2/2020 RACAREPT 7/10/2020

PAYMENT DATE: 07/Case 1:18-cy-022084-RCDI PACUMENTE 66-5 UFiled 08/03/22 Page 5 of 19 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD ENDING 200930

PO BOX 151 PRESQUE ISLE 047690151

1396858999

BILL TYPE 138 ______ NAME PCN 000274739770 SERVICE FROM 20200402 THRU 20200402 POL# ICN 013244340 PAT STAT CLAIM STAT 22 CLAIM # 83 CRN 22009900533307MEA MRN 00303364 ______ CHARGES: PPS DATA: PAYMENT DATA: REPORTED -90263.60 DRG NUMBER REIMB RATE .00 .00 DRG AMOUNT .00 PRIMARY PAY NCOVD .00 PROF COMP .00 ESRD AMT .00 HCPCS AMT .00 DRG/OPER .00 DENTED DRG/CAPITAL OUTLIER () . 00 -18671.00 DAYS: .00 OTH ADJ AMT NON LAB CHRG .00 .00 CONT ADJ AMT .00 INTEREST -1430.20 PAT REFUND .00 CONT ADJ AMT -71197.64 COST REPT O NEG REIMB 0 TOTAL DEDUCT 0 COINSURANCE COVD/UTIL .00 NON COVERED MOF LIAB MET .00 NET REIMB AMT .00 T₁T'R 0 MSP LIAB MET -17283.04 ______ REMARK CDS: MA01 N782 ______ GROUP AND STD CDS: CO 45 | CO 253 | PR 2 | - 1 ______ ADJ AMT: -71197.64| -352.72| -1430.20| .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 1- -494.00 -222.68 CO 45 -209.98 N782 05694 0335 04/02/20 96413 CO 253 PR 2 -43.48 CO 45 -4.54 -56.80 1- -174.00 -118.53 N782 05692 JG 48- -4856.16 -898.46 CO 45 -3867.84 N782 09453 0636 04/02/20 J9299 CO 253 -18.34 PR 2
0636 04/02/20 J9299 JWJG 32- -3237.44 -598.98 CO 45 PR 2 -71.52 CO 45 -2578.56 N782 09453 CO 253 -12.22

PR 2

-47.68

Encounter #274739770 4/2/2020 RACAREPT 7/10/2020

PAYMENT DATE: 07/Case 1:18-cy-02084-RCDI PACUMENTE 66-5 UFiled 08/03/22 Page 6 of 19

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD ENDING 200930 PO BOX 151

PRESQUE ISLE 047690151

MEDICARE-ACUTE

1396858999 BILL TYPE 137 ______ NAME PCN 000274739770 SERVICE FROM 20200402 THRU 20200402 POL# 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 .00 NCOVD .00 DRG AMOUNT .00 PRIMARY PAY .00 PROF COMP .00 ESRD AMT .00 HCPCS AMT .00 DRG/OPER .00 DENTED DRG/CAPITAL OUTLIER () . 00 18053.30 DAYS: NON LAB CHRG .00 OTH ADJ AMT . 0.0 .00 CONT ADJ AMT COST REPT O NEG REIMB .00 CONT ADJ AMT .00 INTEREST 1430.20 PAT REFUND 0 TOTAL DEDUCT 0 COINSURANCE COVD/UTIL NON COVERED .00 CO-PAY AMT .00 NET REIMB AMT T.TR 0 MSP LIAB MET ______ REMARK CDS: MA01 N782 ______ GROUP AND STD CDS: CO 45 | CO 253 | PR 2 | ______ ADJ AMT: 68780.24| 340.36| 1430.20| .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 1 494.00 222.68 CO 45 209.98 N782 05694 0335 04/02/20 96413 CO 253 4.54
PR 2 56.80
43.48 CO 45 118.53 N782 05692 1 174.00 0335 04/02/20 96415 0335 04/02/20 50415

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 JG 48 4856.16 896.06 CO 45 3867.84 N782 09453 0636 04/02/20 J9299 CO 253 PR 2 37.34 CO 45 18.29 73.97 0636 04/02/20 J9299 JWJG 2 202.34

161.16 N782 09453

.76

3.08

CO 253

PR 2

Encounter #275430957 4/22/2020 RACAREPT 5/12/2020

PAYMENT DATE: 05/Case 1:18-cy-02084-RCDI PACUMENTE 66-5 UFiled 08/03/22 Page 7 of 19 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD PO BOX 151 ENDING 200930

PO BOX 151 PRESQUE ISLE 047690151

1396858999 BILL TYPE 131 ______ NAME PCN 000275430957 SERVICE FROM 20200422 THRU 20200422 POL# ICN 012746393 PAT STAT CLAIM STAT 19 CLAIM # 38 CRN 22011900403707MEA MRN 01135599 ______ CHARGES: PPS DATA: PAYMENT DATA: REPORTED 85992.00 DRG NUMBER REIMB RATE .00 DRG AMOUNT .00 .00 PRIMARY PAY NCOVD .00 PROF COMP .00 ESRD AMT .00 HCPCS AMT .00 DRG/OPER .00 DENTED DRG/CAPITAL
OUTLIER ()
NON LAB CHRG . 0.0 17526.20 DAYS: .00 OTH ADJ AMT .00 .00 CONT ADJ AMT COST REPT 0 NEG REIMB .00 CONT ADJ AMT .00 INTEREST 1440.37 PAT REFUND COVD/UTIL 0 TOTAL DEDUCT 0 COINSURANCE 0 MSP LIAB MET NON COVERED .00 CO-PAY AMT .00 NET REIMB AMT T₁T'R 16201.04 ______ 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 26.00 .00 CO 97 171.00 .00 CO 97 63 00 0300 04/22/20 36415 0300 04/22/20 80053 1 171.00 .00 CO 97 0300 04/22/20 83615 1 63.00 .00 CO 97 0300 04/22/20 84443 1 184.00 .00 CO 97 0300 04/22/20 85025 1 118.00 .00 CO 97 0335 04/22/20 96413 Q6 1 494.00 222.68 CO 45 CO 253 PR 2 0335 04/22/20 96417 Q6 1 427.00 43.48 CO 45 CO 253 PR 2 1 1 0300 04/22/20 36415 26.00 171.00 63.00 184.00 118.00 209.98 05694 56.80 4.54 371.53 05692 .89 PR 2
CO 45
CO 253
PR 2
21.27
42700.80
209.48 PR 2 83.38 CO 45 0510 04/22/20 G0463 Q625 1 108.00 05012 JG 100 54050.00 10264.74 CO 45 0636 04/22/20 J9228 09284 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

PR 2

476.22

EMMC Encounter #225100640039 3/1/2020 RACAREPT 4/28/2020

PAYMENT DATE: 04/ Case 1:18-CY-02084-RC DOCUMENT 66-5-R Filed 08/03/22-Page 8 of 19

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

1/90/8914/			T TYPE 131				
NAME POL# MRN 01225346	PCN	2251006400 12576823		ICE FROM 20	200303 THRU		=====
CHARGES:		PPS DATA:			NT DATA:		
REPORTED NCOVD DENIED DAYS: COST REPT COVD/UTIL NON COVERED LTR	000000000000000000000000000000000000000	DRG AMOUNT DRG/OPER DRG/CAPITA OUTLIER (NON LAB CH NEG REIMB TOTAL DEDU COINSURANC MSP LIAB M CO-PAY AMT	L) IRG JCT EE IET	REIME .00 PRIMA .00 PROF .00 ESRD .00 HCPCS .00 OTH A .00 CONT .00 INTER .00 PAT R .00 NET R	COMP AMT AMT DJ AMT ADJ AMT EST EFUND EIMB AMT	1.00 .00 .00 .00 60663.96 .00 58195.68 .00 .00 55868.91	
REMARK CDS:	MA01 MA1	8 N782				-========	
GROUP AND STD CDS: OA ====================================	STS19 C ========= .00 5	O 45 ======= 8195.68	CO 253 ====================================	PR 2 ======== .00	.00	 .00	
CHECK/EFT NUM	BER: EFT123	6345					
COMMENT 1: ====================================	 		.=======	========	:=======		=====
REV DATE	HCPCS/HIPP	S MODS UNIT	VISIT CHGS	ALLOWED	GC RSN		CD APC
0260 03/03/20				148.74	CO 45 CO 253	0.0	05693
0260 03/19/20	96365 P	0 1		148.74	CO 45 CO 253	310.28 N782 40.98	05693
0260 03/31/20	96365 P	0 1	500.00	148.74	CO 45 CO 253 PR 2	310.28 N782 40.98 .00	05693
0636 03/03/20	J1300 J	GPO 120	39309.60	18474.23	CO 45 CO 253 PR 2	19088.28 N782 1747.09 .00	09236
0636 03/19/20	J1300 J	GPO 120	39309.60	18474.23	CO 45 CO 253 PR 2	19088.28 N782 1747.09 .00	09236
0636 03/31/20	J1300 J	GPO 120	39309.60	18474.23	CO 45 CO 253 PR 2	19088.28 N782 1747.09	09236

EMMC Encounter #152564360047 4/1/2020 RACAREPT 5/29/2020

PAYMENT DATE: 05/29/Case 1:18-CV-02084-RC-caPocument 66-5 FUNFILED ENDING PAYMENT DATE: 05/29/Case 1:18-CV-02084-FUNFILED FUNFILED ENDING PAYMENT DATE: 05/29/Case 1:18-CV-02084-FUNFILED FUNFILED FUN

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD 43 WHITING HILL RD ENDING 200930

Page 1 of 1

43 WH	IITING HII CR ME 0441	LL RD		ENDI	NG 20093	0 14	4011				
17907	89147			BILI	TYPE 13:					==========	========
NAME POL# MRN (0317739	ICN	012 C:	5256436004 880974 RN 2201320	PAT : 00620507M1	STAT EA	FROM 202 CLAIM	2004 STAT	102 T	HRU 20200430 CLAIM # 104	
CHARG	GES:		P	PS DATA:			PAYMEI				
REPOF NCOVI DENIE	RTED) ID	125303.3	37 D: 00 D: 00 D: D:	RG NUMBER RG AMOUNT RG/OPER RG/CAPITAI	ı	.00	REIMB O PRIMAI O PROF (RAT RY COME	PAY	1.00 .00 .00 .00 60663.96)
DAYS:			N:	UTLIER () ON LAB CHF	RG	.00	OTH A	AMI A U.C	- AMT	.00	5)
шік			C	UTLIER () ON LAB CHF EG REIMB OTAL DEDUC OINSURANCE SP LIAB ME O-PAY AMT	1 1	.00		EIME	3 AMT	.00 63681.86 .00 .00 56193.5)) 7
	RK CDS:			=======	.======	======				=========	
STD C		STS19		45 C						 	
ADJ A	MT:	.001	585	34.86	1146.84	428	31.10	5 1	47.0	0 .00	
CHECH ===== CROSS ====== COMME ======	C/EFT NUME ====================================	BER: EFT1	2447 ===== : WPS =====	14 - TRICARE	FOR LIF	======= E ======== =======		====			
=====	.======				.======						
REV	DATE	HCPCS/H1	PPS	MODS UNIT/	VISIT CI	HGS 	ALLOWED		RSN 	AMT I	05693
0260	04/02/20	96365	PΟ	1	474	19	148.74	CO PR	253 2 45	284.47 3.04 37.94 284.47	05693
					474			CO	253	3.04	
	04/30/20							CO PR	253 2	3.04 37.94	05693
0300	04/02/20 04/16/20	80053 80053	PO PO	1 1	7 2 7 2	.00	.00	CO	97	72.00 72.00	
0300	04/30/20 04/02/20	80053	PO PO	1 1	72	.00	.00	CO	97	72.00 46.00	
0300	04/16/20	83615	PO	1	4 6	.00	.00	CO	97	46.00 46.00	
	04/30/20 04/02/20		PO PO	1 1		.00	.00			58.00	
	04/16/20		PO	1		.00	.00			58.00	
	04/30/20 04/02/20		PO	1 1		.00	.00			58.00 83.00	
0300	04/16/20	85046		1		.00	.00	CO	97	83.00	
	04/30/20 04/30/20			1 1	83 166		.00			83.00 166.00	
0310	04/02/20	88184	PO	1	271	.00	229.42		253	-21.63 4.68 58.53	05673
	04/30/20		PO	1	271		.00	CO	97	271.00	
	04/02/20 04/30/20		PO PO	7 7	1897 1897		.00			1897.00 1897.00	
	04/02/20		25P		267		37.53	CO	45 253	219.12 .77 9.58	05012
0510	04/30/20	G0463	25P	0 1	267	.00	37.53	CO CO	45 253	219.12 .77	05012
0636	04/02/20	J1300	JGP	0 120	39309	.60 1	18494.41	CO	45 253	9.58 19088.28 377.44	09236
0636	04/16/20	J1300	JGP	0 120	39309	.60 1	18474.23	CO	45 253	1349.47 19088.28 377.03	09236
0636	04/30/20	J1300	JGP	0 120	39309	.60 1	18474.23	CO	45 253	1370.06 19088.28 377.03	09236
0761	04/30/20	36591	PO	1	139	.00	.00	PR CO		1370.06 139.00	

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD 43 WHITING HILL RD ENDING 200930

BREWER ME 044121005

1790789147

BILL TYPE 131

l ==========				======						=====
NAME POL# MRN 01225346		2251006 14201900 CRN 220	28001028	PAT ST	AΤ	ROM 202 CLAIM S	200901 TF STAT 19 C	IRU 20200929 CLAIM # 225		
CHARGES:		PPS DAT					NT DATA:			
REPORTED NCOVD DENIED DAYS: COST REPT COVD/UTIL NON COVERED LTR	0 0 0 0 0	DRG NUMDRG AMCORG/OPEDRG/CAPOUTLIERNON LABITOTAL DCOINSURMSP LIACO-PAY	BER UNT R PITAL C () C CHRG MB EDUCT ANCE B MET AMT		.00	REIMB PRIMAF PROF (ESRD F HCPCS OTH AF CONT F INTERF PAT RE	RATE RY PAY COMP AMT AMT OJ AMT ADJ AMT EST EFUND EIMB AMT	58195. 57009.	00 00 00 00 96 00 68 00 00 00	
REMARK CDS:	MA01 MA1	8 N782								
GROUP AND	STS19 CO	O 45	PR 2	I		1		1	1	
ADJ AMT:	.00 58	8195.68	4224	.001		.001	.00	.0	0	
CHECK/EFT NUMI	BER: EFT1282	2819								
CROSS-OVER PAY	YER NAME: MA	AINECARE	i I							
COMMENT 1:										
COMMENT 2:										
COV EXPR DATE	:				CLM RC	VD DATE	E: 10/13/	2020		
	HCPCS/HIPPS	S MODS U		T CHG			GC RSN			D APC
0260 09/01/20	96365 PC)	1	500.0	0	151.78	CO 45 PR 2	310.28 37.94	N782	05693
0260 09/17/20	96365 PC)	1	500.0	0	151.78	CO 45 PR 2	310.28 37.94	N782	05693
0260 09/29/20	96365 PC)	1	500.0	0	151.78	CO 45 PR 2	310.28	N782	05693
0636 09/01/20	J1300 J	GPO 12	0 3	9309.6	0 18	851.26	CO 45 PR 2	19088.28	N782	09236
0636 09/17/20	J1300 J	GPO 12	:0 3	9309.6	0 18	851.26		19088.28	N782	09236
0636 09/29/20	J1300 J0	GPO 12	0 3	39309.6	0 18	851.26		19088.28	N782	09236

EMMC Encounter #218109510030 3/1/2020 RACAREPT 4/20/2020

PAYMENT DATE: 04/20 Case 1:18-CW-02084-RC Document 66-5 RFiled 08/03/220/Page 11 of 19

MEDICARE-ACUTE ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT EASTERN MAINE MEDICAL CENTER FISCAL PERIOD

43 WH BREWE	ERN MAINE HITING HI ER ME 044 789147	LL RD		ENDI		14011			
=====		_=====		=======					
NAME POL# MRN (0150429		CN 01250	0712) SERV: PAT STA:)698607MEA			'HRU 20200330 CLAIM # 171	
CHARG				DATA:		PAYMEI	NT DATA:		
	RTED		.24 DRG .00 DRG	NUMBER AMOUNT /OPER /CAPITAL		REIMB .00 PRIMAI .00 PROF (COMP		00
DAYS:			OUT	LIER () LAB CHRO		.00 HCPCS	AMT DJ AMT ADJ AMT	46004.6	67 00
	UTIL			AL DEDUCT	Г	.00 INTER			00
	COVERED			NSURANCE			EFUND	. (
LTR				LIAB MET PAY AMT		.00 NET RI	EIMB AMT	41742.3	1.8
	RK CDS:	MA01						:=======:	
GROUE STD C	P AND CDS: CO	45 I	CO 25	3 PE	R 2 0	CO 97		 	1
ADJ A	AMT: 40	526.64	851	.91	4285.11	179.40	. 0	.00)
CHECK	K/EFT NUM	BER: EF	T1234322					:========	
CROSS	S-OVER PA	YER NAM	Ε:					========	
	======= ENT 1:	=====:	======	======			======	========	
	ENT 2:	=====:	======	======		:======:	======	========	========
COV E	EXPR DATE	:			Cl	M RCVD DATI	E: 04/06	5/2020 	
REV	DATE	HCPCS/		DS UNIT/V	/ISIT CHGS				RMK CD APC
0260	03/02/20			1	500.00	148.74	CO 45 CO 253	3.04	05693
0260	03/16/20	96365	PO	1	500.00	148.74	PR 2 CO 45 CO 253	3.04	05693
0260	03/30/20	96365	PO	1	500.00	148.74	PR 2 CO 45 CO 253	3.04	05693
0260	03/02/20	96366	PO	1	278.00	30.84	PR 2 CO 45 CO 253	37.94 238.65 .63 7.88	05691
0260	03/16/20	96366	PO	1	278.00	30.84	PR 2 CO 45 CO 253 PR 2	238.65 .63 7.88	05691
0260	03/30/20	96366	PO	1	278.00	30.84	CO 45 CO 253 PR 2	238.65 .63 7.88	05691
0260	03/02/20	96367	PO	1	278.00	48.95	CO 45 CO 253 PR 2	215.56 1.00 12.49	05692
0260	03/16/20	96367	PO	1	278.00	48.95	CO 45 CO 253 PR 2	215.56 1.00 12.49	05692
0260	03/30/20	96367	PO	1	278.00	48.95	CO 45 CO 253 PR 2	215.56 1.00 12.49	05692
	03/16/20			1	8.00		CO 97	8.00	
	03/02/20		PO	1	8.00		CO 97	8.00	
	03/02/20 03/16/20			1 1	46.00 46.00		CO 97 CO 97	46.00 46.00	
	03/10/20		PO	20	23.80		CO 97	23.80	
	03/16/20		PO	20	23.80		CO 97	23.80	
	03/30/20 03/02/20		PO JGPO	2 0 8	23.80 28079.28	.00 13685.53	CO 97 CO 45 CO 253	23.80 12744.39 279.30	09281
0636	03/16/20	J2507	JGPO	8	28079.28	13685.53	PR 2	1370.06 12744.39	09281
5 5 5 0	55,10,20	32301	0010	J	20079.20	10000.00	CO 253 PR 2	279.30 1370.06	0,7201
0636	03/30/20	J2507	JGPO	8	28079.28	13685.53		12744.39 279.30 1370.06	09281

Page 1 of 1

EMMC Encounter #225100640013 1/1/2020 RACAREPT 2/21/2020

PAYMENT DATE: 02/Case 1:18 EGY-D2084 RC DOCUMENT 66 5 ER Filed 08/03/22 Page 1210 1219

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 POL# MRN 01225346	PCN ICN 01		40013		ICE FROM :	20200 M STA	107 THE T 19 CI	RU 20200121 .AIM # 191	
CHARGES:		PPS DAT			PAYI	MENT	DATA:		
DENIED DAYS: COST REPT COVD/UTIL NON COVERED LTR	.00.00	DRG NUM DRG AMO DRG/OPE DRG/CAP OUTLIER NON LAB NEG REI TOTAL D COINSUR MSP LIA CO-PAY	BER UNT R ITAL () CHRG MB EDUCT ANCE B MET AMT	198 2816	.00 ESR: .00 HCPG .00 OTH .00 CON' 3.00 INT' 5.00 PAT .00 NET	F COM D AMT CS AM ADJ T ADJ EREST REFU REIM	P T AMT AMT ND B AMT	1.00 .00 .00 .00 40442.64 .00 38797.12 .00 .00 37051.92	
	4A01 N817		N781		:=====:	=====	======		====
GROUP AND STD CDS: OA S		-	PR 1		CO 253				
ADJ AMT:	.00 38	3797.12	198	.001	756.16	2	816.00	.00	
CHECK/EFT NUMBE	ER: EFT1218	8642							
CROSS-OVER PAYE ====================================	ER NAME: MA	INECARE		.======	-======	====	======		:====
COV EXPR DATE:				CI	LM RCVD D	ATE:	02/07/2	 2020 	
REV DATE H	HCPCS/HIPPS	MODS U	NIT/VISI	T CHGS				AMT RMK CD	
0260 01/07/20 9				500.00	. '	00 CO	45 1	310.28 N781 0 189.72	5693
0260 01/21/20 9	96365 PC)	1	500.00		25 CO CO PR	45 253 2	310.28 N781 0 2.90 N782 36.29	5693
0636 01/07/20 3	J1300 JG	SPO 12	0 3	9309.60	18437.	CO	2.5.3	19088.28 N782 0	9236
0636 01/21/20 3	J1300 JG	GPO 12	0 3	9309.60	18472.	CO	45 253 2	1408.00 19088.28 N782 0 376.99 1371.71	9236

Encounter #282478470119 11/1/2020 RACAREPT 12/21/2020

PAYMENT DATE: 12/Case 1:18 CY-02084-RC Document 66-5 Filed 08/03/22 Page 13 of 19

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

INLAND HOSPITAL FISCAL PERIOD

ENDING 210930 200 KENNEDY MEMORIAL D 14011

WATERVILLE ME 049014526

MEDICARE A -ACUTE

1376579557 BILL TYPE 131

PCN 282478470119 SERVICE FROM 20201102 THRU 20201130 ICN 014685439 PAT STAT CLAIM STAT 19 CLAIM # 169 SERVICE FROM 20201102 THRU 20201130 NAME POL#

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 384.00 134.85 CO 45 215.44 N782 05693 0260 11/02/20 96365 PR 2 33.71

0260 11/09/20 96365 1 384.00 134.85 CO 45 215.44 N782 05693 PR 2 33.71 384.00 1 0260 11/16/20 96365 134.85 CO 45 215.44 N782 05693 PR 2 134.85 CO 45 33.71 0260 11/23/20 96365 384.00 1 215.44 N782 05693 PR 2 33.71 1 384.00 134.85 CO 45 0260 11/30/20 96365 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 27.96 CO 45 33.04 N782 05691 0260 11/09/20 96366 1 68.00 PR 2 7.00 1 27.96 CO 45 0260 11/16/20 96366 68.00 33.04 N782 05691 PR 2 7.00 0260 11/23/20 96366 1 27.96 CO 45 33.04 N782 05691 68.00 PR 2 7.00 0260 11/30/20 96366 68.00 27.96 CO 45 33.04 N782 05691 1 PR 2 7.00 12246.44 N782 0636 11/02/20 J0256 JG 844 14947.24 2160.64 CO 45 00901 PR 2 540.16 JG 12202.91 N782 00901 0636 11/09/20 J0256 8 4 1 2152.96 CO 45 14894.11 PR 2 538.24 538.24 12246.44 N782 00901 2160.64 CO 45 0636 11/16/20 J0256 JG 8 4 4 14947.24 PR 2 540.16 14947.24 12246.44 N782 00901 0636 11/23/20 J0256 JG 8 4 4 2160.64 CO 45 PR 2 540.16 12246.44 N782 00901 14947.24 0636 11/30/20 J0256 JG 8 4 4 2160.64 CO 45

PR 2

540.16

Page 1 of 1

IH Encounter #255683880017 1/1/2020 RACAREPT 7/13/2020

PAYMENT DATE: 07/Case 1:18 CY-02084-RC Document 66-5 Filed 08/03/22 Page 1430 129 MEDICARE A -ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

FISCAL PERIOD ENDING 200930 INLAND HOSPITAL

200 KENNEDY MEMORIAL D WATERVILLE ME 049014526

				L TYPE 138					
======================================		PCN 25 ICN 0132	56838800 56548	======================================	ICE FROM 20 CLAIM	======= 200106 THF STAT 22 CI	EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	====	:=====
CHARGES:			S DATA:			 NT DATA:			
REPORTED NCOVD DENIED	-65692	2.65 DR .00 DR .00 DR DR		L)	REIMB .00 PRIMA .00 PROF .00 ESRD .00 HCPCS	RATE RY PAY COMP	0.2 .0 .0 .0 -12153.7	000000000000000000000000000000000000000	
COST REPT COVD/UTIL NON COVERED LTR	D	0 NE 0 TO 0 CO 0 MS	G REIMB TAL DEDUC INSURANCI P LIAB MI D-PAY AMT	CT -9 E -254 ET	.00 CONT . 8.85 INTER 5.82 PAT R	ADJ AMT EST	-52864.7 .0	1 1 0 0 0 0	
REMARK CDS		N781 ======	N782	========	========	=======	========	=====	======
GROUP AND STD CDS:				PR 2	'	l		1	
ADJ AMT: -	-52864.71	-20	3.67	-2545.82 -25-	-98.85	.001	.00)	
CHECK/EFT 1	NUMBER: EI	T125558	6	=========					
CROSS-OVER	PAYER NAM	ME: MAIN	IECARE	=======					
				========	========	=======			:=====
COMMENT 2:									
COV EXPR DA	ATE:			_	LM RCVD DAT	E: 02/06/2	2020		
COV EXPR DA	ATE: ======= ATE HCPCS/	====== /HIPPS M	:======: IODS UNIT	C: ======== /VISIT CHGS	LM RCVD DAT: ====================================	E: 02/06/2 ======= GC RSN	2020 AMT	=====	
COV EXPR DA	ATE: ======== ATE HCPCS/	====== /HIPPS M	:======: IODS UNIT	C:	LM RCVD DAT	E: 02/06/2 ====================================	AMT203.44 -1.12 -13.94	RMK C	EEEEEE
COV EXPR DZ	ATE: ======== ATE HCPCS/ / 20 96365	====== /HIPPS M	IODS UNIT	C: ====================================	LM RCVD DAT ======= ALLOWED -54.65	E: 02/06/2 ====================================	AMT203.44 -1.12 -13.94 -98.85 -203.44 -2.70	RMK C N781 N782	D APC 05693
COV EXPR DZ ====================================	ATE: ====================================	====== /HIPPS M	1-	C: 	LM RCVD DAT ======== ALLOWED -54.65	E: 02/06/2 GC RSN CO 45 CO 253 PR 2 PR 1 CO 45 CO 253 PR 2 CO 45 CO 253 PR 2 CO 253	AMT203.44 -1.12 -13.94 -98.85 -203.44 -2.70 -33.71 -203.44 -2.70	RMK C N781 N782	05693
COV EXPR DA SEV	ATE: ====================================	====== /HIPPS M	1-	C: 	LM RCVD DAT ======= ALLOWED54.65 -132.15	E: 02/06/2 GC RSN CO 45 CO 253 PR 2 PR 1 CO 45 CO 253 PR 2 CO 45 CO 253 PR 2 CO 45 CO 253 PR 2 CO 45 CO 253	AMT -203.44 -1.12 -13.94 -98.85 -203.44 -2.70 -33.71 -203.44 -2.70 -33.71 -203.44 -2.70	RMK C N781 N782 N782	05693
COV EXPR DZ ====================================	ATE:	====== /HIPPS M	1- 1-	C: 	LM RCVD DAT ======= ALLOWED -54.65 -132.15 -132.15	E: 02/06/2 GC RSN CO 45 CO 253 PR 2 PR 1 CO 45 CO 253 PR 2 CO 45 CO 253	AMT -203.44 -1.12 -13.94 -98.85 -203.44 -2.70 -33.71 -203.44 -2.70 -33.71 -203.44 -2.70 -33.71 -10410.19 -38.89	N781 N782 N782 N782	05693 05693
COV EXPR DZ ====================================	ATE: ====================================	====== /HIPPS M	1- 1-	C: C	LM RCVD DAT ======== ALLOWED54.65 -132.15 -132.15 -132.15	E: 02/06/2 ===================================	AMT203.44 -1.12 -13.94 -98.85 -203.44 -2.70 -33.71 -203.44 -2.70 -33.71 -203.44 -2.70 -33.71 -10410.19 -38.89 -486.15 -10410.19 -38.89	RMK C N781 N782 N782 N782 N782	05693 05693 05693
COV EXPR DZ ====================================	ATE: ====================================	JG	1- 1- 747-	C:	LM RCVD DAT ======== ALLOWED54.65 -132.15 -132.15 -132.15 -1905.70 -1905.70	E: 02/06/2 ===================================	AMT	RMK C N781 N782 N782 N782 N782 N782	05693 05693 05693
COV EXPR DZ ====================================	ATE: ===================================	JG	1- 1- 747-	C: /VISIT CHGS -372.00 -372.00 -372.00 -372.00 -12840.93 -12840.93	LM RCVD DAT ======== ALLOWED54.65 -132.15 -132.15 -132.15 -1905.70 -1905.70	E: 02/06/2 ===================================	AMT203.44 -1.12 -13.94 -98.85 -203.44 -2.70 -33.71 -203.44 -2.70 -33.71 -203.44 -2.70 -33.71 -10410.19 -38.89 -486.15 -10410.19 -38.89 -486.15 -10410.19	N781 N781 N782 N782 N782 N782 N782	05693 05693 05693 05693 05693

IH Encounter #255683880017 1/1/2020 RACAREPT 7/13/2020

MEDICARE A -ACUTE

MEDICARE A -AC		та ргмтг	гт∆мсг		NGI F OT	דיים בל חין	ЕИФ СБРИ	ICE LINE DE:	ם דד ב	E P \ P T
INLAND HOSPITA 200 KENNEDY ME WATERVILLE ME	AL EMORIAL D		FISCAI	ADVICE SI L PERIOD G 200930			ENI SEKV.	TOE TINE DE.	INTT R	ALFUKT
1376579557	=======			ГҮРЕ 137 =======	======		:======:	========		======
NAME POL# MRN 01182767		13256548	3	SERV PAT STA 744507MEA	ICE FRO	OM 202 CAIM S	200106 TH	RU 20200127 LAIM # 8		
CHARGES:		PPS DAT					T DATA:			
REPORTED NCOVD DENIED	.00	DRG NUM DRG AMO DRG/OPE DRG/CAE	MBER DUNT ER PITAL		.00 E	REIMB PRIMAF PROF (ESRD <i>F</i>	RATE RY PAY COMP AMT		0 0	
DAYS: COST REPT COVD/UTIL NON COVERED LTR	0	OUTLIEF NON LAF NEG RES TOTAL I COINSUE MSP LIF CO-PAY	B CHRG IMB DEDUCT RANCE AB MET	9 2 5 4	.00 C .00 C 8.85 I 5.17 E	OTH AL CONT A INTERE PAT RE	AMT DJ AMT ADJ AMT EST EFUND EIMB AMT	52850.° .(0 0 7 8 0 0 0 0	
======================================	MA01 MA1	8 N781	1 N78	32						
GROUP AND STD CDS: OA	STS19 C	0 45	l CO	253	PR 2	I	PR 1	======================================	I	
======================================	.00 5	2850.78	2	203.62	2545.1	L7	98.85	.00)	
CHECK/EFT NUME	BER: EFT125	5586								
CROSS-OVER PAY	YER NAME: M	AINECARI	E ======		=====	=====	======	=======	=====	=====
COMMENT 2:										
COV EXPR DATE:	:			C	LM RCVI	DATE	E: 07/06/	2020		
	HCPCS/HIPP									D APC
0260 01/07/20	96365		1	372.00	5	54.65	CO 45 CO 253 PR 2	13.94		05693
0260 01/14/20	96365		1	372.00	13	32.15	PR 1 CO 45 CO 253 PR 2	98.85 203.44 2.70 33.71	N782	05693
0260 01/20/20	96365		1	372.00	13	32.15	CO 45 CO 253 PR 2	203.44 2.70 33.71	N782	05693
0260 01/27/20	96365		1	372.00	13	32.15	CO 45 CO 253 PR 2	203.44 2.70 33.71	N782	05693
0636 01/06/20	J0256 J	G 74	4 6	12823.74	190	3.14	CO 45 CO 253 PR 2	10396.26 38.84 485.50	N782	00901
0636 01/07/20	J0256 J	G 74	4 7	12840.93	190	5.70	CO 45 CO 253 PR 2	10410.19 38.89 486.15	N782	00901
0636 01/14/20	J0256 J	G 74	17	12840.93	190	5.70	CO 45 CO 253 PR 2	10410.19 38.89 486.15	N782	00901
0636 01/20/20	J0256 J	G 74	4 7	12840.93	190	5.70	CO 45 CO 253 PR 2	10410.19 38.89 486.15	N782	00901
								100.10		

Encounter #255683880033 3/1/2020 RACAIDPT 6/3/2020

PAYMENT DATE: 06/Gase01:18-Gy-02084-RCNE DOCUMENT 66-548-Filed 08/03/22ATP: age 1680f269 MAINECARE MD INSTITUTIONAL

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

ME MM

EASTERN MAINE HEALTHCARE SYST FISCAL PERIOD

222 KENNEDY MEMORIAL D ENDING

WATERVILLE ME 04901

1376579557 BILL TYPE 131

PCN 255683880033 SERVICE FROM 20200302 THRU 20200330 ICN 012963072 PAT STAT XX CLAIM STAT 2 CLAIM # 21 SERVICE FROM 20200302 THRU 20200330 NAME POL# MRN

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 CHRG	.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| .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 372.00 33.71 OA 23 338.29 05693 0260 03/09/20 96365 1 372.00 33.71 OA 23 338.29 372.00 33.71 OA 23 372.00 33.71 OA 23 372.00 33.71 OA 23 372.00 33.71 OA 23 12840.93 486.15 OA 23 12840.93 486.15 OA 23 0260 03/16/20 96365 338.29 0260 03/23/20 96365 1 338.29 05693 1 0260 03/30/20 96365 338.29 05693

JG 747 JG 747 JG 747 12354.78 0636 03/02/20 J0256 0636 03/09/20 J0256 0636 03/16/20 J0256 12354.78 00901 747 JG 12840.93 0636 03/23/20 J0256 486.15 OA 23 12354.78 00901 0636 03/30/20 J0256 JG 730 12548.70 475.08 OA 23 12073.62

Page 1 of 2

Encounter #255683880033 3/1/2020 RACAIDPT 6/3/2020

PAYMENT DATE: 06/Case 1:18 EGY-12084 ARINE DECLIMENT 66-5 SYSFILED 08/03/22 TP. age 1780 f 219 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

PCN 255683880033 SERVICE FROM 20200302 THRU 20200330 ICN 012963072 NAME PAT STAT XX CLAIM STAT 22 CLAIM # 22 POL# MRN

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 CHRG	.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| ______

CHECK/EFT NUMBER: 202006037572294 ______

CROSS-OVER PAYER NAME:

COMMENT 1: ______

COMMENT 2:

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

			======					====				====	
REV	DATE	HCPCS/HIP	PS MODS	UNIT/V	ISIT	CHGS	ALLOWED	GC	RSN	AMT	RMK	CD	APC
0260	03/02/20	96365		1	-37	72.00	-33.71	ΟA	23	-338.29		0.5	693
0260	03/09/20	96365		1	- 3 -	72.00	-33.71	ОΑ	23	-338.29		0.5	693
0260	03/16/20	96365		1	- 3 -	72.00	-33.71	ОΑ	23	-338.29		0.5	693
0260	03/23/20	96365		1	- 3 -	72.00	-33.71	ОΑ	23	-338.29		0.5	693
0260	03/30/20	96365		1	- 3 -	72.00	-33.71	ОΑ	23	-338.29		0.5	693
0636	03/02/20	J0256	JG	7 4 7	-1284	40.93	.00	СО	16	-12840.93	M119	0.0	901
0636	03/09/20	J0256	JG	7 4 7	-1284	40.93	.00	СО	16	-12840.93	M119	0.0	901
0636	03/16/20	J0256	JG	7 4 7	-1284	40.93	.00	СО	16	-12840.93	M119	0.0	901
0636	03/23/20	J0256	JG	747	-1284	40.93	.00	СО	16	-12840.93	M119	0.0	901
0636	03/30/20	J0256	JG	730	-1254	48.70	.00	СО	16	-12548.70	M119	0.0	901

IH Encounter #276922810060 6/1/2020 RACAREPT 7/20/2020

MEDICARE A -ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

FISCAL PERIOD ENDING 200930 INLAND HOSPITAL

200 KENNEDY MEMORIAL D WATERVILLE ME 049014526

1376579557

BILL TYPE 131

1376579557			В	BILL TY	PE 1	31								
NAME POL# MRN 01182767		CN 01	====== 27692281 3316110 CRN 2201		PAT	STAT					======================================	====	====	===
CHARGES:		· — — — — ·	PPS DATA	:				PAYME	NT I	DATA:				
REPORTED NCOVD DENIED DAYS: COST REPT COVD/UTIL NON COVERED LTR		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DRG NUME DRG AMOU DRG/OPER DRG/CAPI OUTLIER NON LAB NEG REIM TOTAL DE COINSURA MSP LIAB	INT CTAL () CHRG IB CDUCT NCE MET	.===	2558	.00	INTERE PAT RE NET RE	RY COMI AMT AMT DJ A ADJ EST EFUI	PAY P T AMT AMT ND B AMT	11950.0 52429.1 10234.2	0 0 0 0 0 0 0 0 0 2 0 0 5 2 0 0 0 0 0 0	:===:	====
REMARK CDS:	MA01	MA18	N782	=====	====	=====	=====			======	=======	====	.===:	====
GROUP AND STD CDS: OF	A STS19		-	PR 2		I		I		I		<u> </u>		
ADJ AMT:	.001	52	429.52	255	8.56	1		.00		.00	.00) C		
CHECK/EFT NUM			======	=====	====	====	=====	=====		======	=======	====	:===:	====
CROSS-OVER PA ====================================				=====	====	====	=====			======	=======		:====	====
COMMENT 1: ====================================			======	=====	====		=====				=======	====	====	====
COV EXPR DATE		:====:	======	:=====	====					====== 07/06/20		====	====	====
REV DATE			====== MODS UN									==== RMK		
0260 06/02/20	96365		1		37	2.00		 L34.85	СО		203.44	N782	0 !	5693
0260 06/08/20	96365		1		37	2.00	1	134.85	CO		33.71	N782	0 !	5693
0260 06/15/20	96365		1		37	2.00	1	L34.85		45	33.71	N782	0 !	5693
0260 06/22/20	96365		1		37	2.00	1	134.85	PR CO PR	45	33.71 203.44 33.71	N782	0 5	5693
0260 06/29/20	96365		1		37	2.00	1	134.85		45	203.44	N782	0 ;	5693
0636 06/02/20) J0256	JG	730)	1254	8.70	18	393.33		45	10182.04	N782	0 (0901
0636 06/08/20) J0256	JG	739)	1270	3.41	19	916.67		45	10307.57	N782	0 (0901
0636 06/15/20) J0256	JG	739)	1270	3.41	19	916.67		45	10307.57	N782	0 (0901
0636 06/22/20		JG	739			3.41		916.67	CO PR	45 2	10307.57 479.17			0901
0636 06/29/20) JU256	JG	739)	1270	3.41	19	916.67	CO PR		10307.57 479.17	N 782	0 (0901

ΙH Encounter #262356080057 5/1/2020 RACAREPT 6/22/2020

PAYMENT DATE: 06/Case 1:18 CY-02084-RC Document 66-5 Filed 08/03/22 Page 1920 f 219 MEDICARE A -ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

FISCAL PERIOD ENDING 200930 INLAND HOSPITAL

200 KENNEDY MEMORIAL D WATERVILLE ME 049014526

1376579557				TYPE 13	1						
NAME POL# MRN 01082933	P ICN	CN 26235 0130751	6080057 84	S	STAT				20200526 IM # 124		
CHARGES:		PPS D				PAYME					
REPORTED NCOVD DENIED DAYS: COST REPT	.0	2 DRG N 0 DRG A 0 DRG/O DRG/C OUTLI	UMBER MOUNT PER APITAL ER () AB CHRG		.00	REIMB PRIMAI PROF (ESRD A HCPCS OTH AI	RAT RY COMP AMT AMT DJ A	E PAY	11048.	. 0 0	
COVD/UTIL NON COVERED LTR		0 TOTAL 0 COINS 0 MSP L CO-PA	DEDUCT URANCE IAB MET Y AMT		.00 .00 2358.60 .00 .00	INTERI PAT RI	EST EFUN			.00	
REMARK CDS:			82	======	=======	:=====		======	=======		======
GROUP AND STD CDS: OA	STS19	CO 45	PR	. 2	CO 97	1		1	======		=====
ADJ AMT:	.001	48410.6	4 2	358.60	32	.00		.00		00	
CHECK/EFT NUME	BER: EFT1	250440									
CROSS-OVER PAY	ER NAME:	MAINECA	.RE								
COMMENT 1:											
COMMENT 2:											
COV EXPR DATE:					CLM RC	VD DATE	Ξ: 0	6/08/20	2 0		
	HCPCS/HI										CD APC
0260 05/04/20	96365		1	372	.00	134.85		45 2	203.44		05693
0260 05/11/20	96365		1	372	.00	134.85	CO PR	45 2	203.44	1 N782	05693
0260 05/18/20	96365		1	372	.00	134.85		45		1 N782	05693
0260 05/26/20	96365		1	372	.00	134.85		45		N782	05693
0260 05/04/20	96366		1	66	.00	27.96		45		1 N782	05691
0260 05/11/20	96366		1	66	.00	27.96		45		1 N782	05691
0300 05/11/20 0300 05/26/20 0636 05/04/20	36415	JG	1 1 852		.00 .00 .88 2		C O C O	97 97 45	16.00 16.00 11883.70))) N782	00901
0636 05/11/20	J0256	JG	852	14645	.88 2	209.74		45	552.44 11883.70	N782	00901
0636 05/18/20	J0256	JG	852	14645	.88 2	209.74	PR CO PR	45	552.44 11883.70 552.44	N782	00901
0636 05/26/20	J0256	JG	852	14645	.88 2	209.74	CO PR		11883.70		00901

Exhibit 5

Northern Light Health 2021 Claims

TAMC Encounter #310856687 7/8/2021 RACAREPT 8/11/2021

PAYMENT DATE: 08/11/Case 1:18-CV-02084-RC CEDPCUMENT 66-6, WFiled 08/03/2221 Page 2 of 24

MEDICARE-ACUTE ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD PO ROX 151 ENDING 210930

PRESQUE ISLE 047690151

1396858999 BILL TYPE 131

______ NAME SERVICE FROM 20210708 THRU 20210708

14011

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

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 2:

	ENT 2:								:=======	
	EXPR DATE					RCVD DATI				
====			=======						========	
REV					SIT CHGS				AMT	RMK CD APC
0250					7.90 454.00				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
								2	7.33	
	07/08/21		59	2	236.00	.00			236.00	
0260	07/08/21	96375		3	216.00	87.99			106.01	05691
	07/00/01	06445			0.7.00	0.0		2	22.00	
	07/08/21			1	27.00	.00			27.00	
	07/08/21			1	315.00	.00			315.00	
	07/08/21			1	171.00	.00			171.00	
	07/08/21			1	152.00	.00			152.00	
	07/08/21 07/08/21			1 1	167.00	.00			167.00	
	07/08/21			1	75.00 99.00	.00			75.00 99.00	
	07/08/21			1	145.00	.00			145.00	
	07/08/21				101.00	.00			101.00	
	07/08/21			1	190.00	.00			190.00	
	07/08/21			1	122.00				122.00	
	07/08/21			1 1 1	297.00	.00 45.43	CO	4.5	240.20	05692
0000	0 / / 0 0 / 2 1	30111		<u> </u>	237.00	10.10	PR		11.37	00032
0335	07/08/21	96413		1	509.00	227.85			224.17	05694
	. , ,						PR		56.98	
0335	07/08/21	96417		2	880.00	90.87			766.40	05692
							PR		22.73	
0510	07/08/21	G0463	25	2	332.00	174.14	CO	45	114.33	05012
							PR		43.53	
0510	07/08/21	G0463	25	1	166.00	87.07	CO	45	57.16	05012
							PR		21.77	
	07/08/21			8	8.96				8.96	
	07/08/21			4	110.68	.00	CO	97	110.68	
0636	07/08/21	J1439	JG	750	5280.00	585.15	CO	4 5	4659.00	09441
0.000	07/00/01	-1610				0.0	PR		35.85	
	07/08/21			50	5.50	.00			5.50	
	07/08/21		JG	10	106.50	.00			106.50	
	07/08/21			4 7	34.52	.00			34.52	
	07/08/21		TC	60	295.33 34416.60	.00			295.33	00004
0636	0//08/21	J 9 Z Z 8	JG	60	34410.00	0000.00	PR		402.21	09284
0636	07/08/21	тазза	JWJG	4 0	22944.40	4377.22			18299.04	09284
0000	0 / / 0 0 / 2 1	0 2 2 2 0	OWOG	4 O	22344.40	4011.22	PR		268.14	0 3 2 0 4
0636	07/08/21	. 19299	JG	3.60	38041.20	7166.36			30435.84	09453
0000	0,,00,21	0 1 2 1 3	0 G	5 0 0	20041.20	1100.50		2	439.00	0,71,00
0636	07/08/21	J9305	JG	9.0	36711.00	4600.50			31828.68	09213
0000	5.,00,21	5 5 5 5 5	0 0	- 0	00/11.00	1000.00	00		31020.00	0,210

Page 1 of 2

Encounter #310856687 7/8/2021 RACAREPT 8/11/2021

Case 1:18-cv-02084-RC Document 66-6 Filed 08/03/22 Page 3 of 24 281.82

TAMC Encounter #327435996 12/8/2021 RACAREPT 1/3/2022

PAYMENT DATE: 01/Case 1:18-cy-02084-RCDI PACUTENTE 66-6 UFiled 08/03/22 Page 4.9f 24 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD ENDING 220930 14011

PRESQUE ISLE 047690151

PRESQUE ISLE 04 1396858999			YPE 131				
NAME POL# MRN 00267284	PCN 000 ICN 01810	327435996	SERVIC PAT STAT	E FROM 202	211208 THRU	20211208	
CHARGES:	_	DATA:			IT DATA:		
REPORTED NCOVD DENIED	90812.72 DRG .00 DRG .00 DRG	AMOUNT		REIMB	RY PAY COMP	1.00 .00 .00	
DAYS:	OUT NON	LIER () LAB CHRG		00 HCPCS 00 OTH AD	AMT DJ AMT	16664.03	
COST REPT COVD/UTIL NON COVERED LTR	0 COI 0 MSP CO-	AL DEDUCT NSURANCE LIAB MET PAY AMT	1531.	00 INTERE 80 PAT RE 00 NET RE	EFUND EIMB AMT	73624.90 .00 .00 15656.02	
REMARK CDS: M	A01						
GROUP AND STD CDS: CO 4	5 PR 2	l CO	97	I	I	1	
	6.98 1531	.80 1	77.92	.001	.001	.00	
CHECK/EFT NUMBE	R: EFT1385432						
CROSS-OVER PAYE	R NAME:						
COMMENT 1:							
COMMENT 2:							
COV EXPR DATE:			CLM	RCVD DATE	E: 12/17/20	21	
	CPCS/HIPPS MO						K CD APC
0260 12/08/21 9	6366	1	74.00	29.33	CO 45 PR 2	37.34 7.33	05691
0260 12/08/21 9	6375	1	74.00	29.33	CO 45 PR 2	37.34	05691
0335 12/08/21 9	6413	1	524.00	227.85	CO 45 PR 2	239.17 56.98	05694
0335 12/08/21 9	6417	1	453.00	45.43		396.20 11.37	05692
0510 12/08/21 G	0463 25	1	171.00	87.07		62.16	05012
0636 12/08/21 J 0636 12/08/21 J 0636 12/08/21 J	1200 1642	1 1 50	157.05 14.87 6.00	.00	CO 97 CO 97 CO 97	157.05 14.87 6.00	
0636 12/08/21 J	9228 JG	75	46462.50	7954.50	CO 45 PR 2	37763.02 744.98	09284
0636 12/08/21 J	9228 JWJG	25	15487.50	2651.50	CO 45 PR 2	12587.67 248.33	09284
0636 12/08/21 J	9299 JG	240	27388.80	4631.01		22324.08	09453

Encounter #303800882 5/4/2021 RACAREPT 5/25/2021

PAYMENT DATE: 05/23/24 1:18-CV-02084-RCDI PACUTENTE 66-6 UFiled 08/03/22 Page 5.9f 24 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD ENDING 210930 PO BOX 151

PRESQUE ISLE 047690151

1396858999 BILL TYPE 131

______ NAME PCN 000303800882 SERVICE FROM 20210504 THRU 20210504 POL# 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 .00 NCOVD .00 DRG AMOUNT .00 PRIMARY PAY .00 DRG/OPER .00 PROF COMP .00 DENTED .00 .00 ESRD AMT .00 HCPCS AMT DRG/CAPITAL OUTLIER () . 0.0 15650.92 DAYS: NON LAB CHRG .00 OTH ADJ AMT .00 .00 CONT ADJ AMT COST REPT 63518.45 O NEG REIMB .00 CONT ADJ AMI .00 INTEREST 1500.77 PAT REFUND 0 TOTAL DEDUCT 0 COINSURANCE COVD/UTIL .00 NON COVERED CO-PAY AMT .00 NET REIMB AMT T₁T'R 0 MSP LIAB MET 14491.78 ______

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 509.00 227.85 CO 45 224.17 N782 05694 56.98 383.20 N782 05692 11.37 32131.89 N782 09284 732.59 13770.81 N782 09284 313.97 16968.40 N782 09453 PR 2 56.98 440.00 0335 05/04/21 96417 1 45.43 CO 45 PR 2 40152.70 7288.22 CO 45 0636 05/04/21 J9228 JG 70 17208.30 3123.52 CO 45 PR 2 0636 05/04/21 J9228 JWJG 30 0636 05/04/21 J9299 JG 200 21134.00 3785.14 CO 45 380.46 PR 2 0780 05/04/21 Q3014 1 67.00 21.62 CO 45 39.98 N782

5.40

PR 2

TAMC Encounter #308569102 6/16/2021 RACAREPT 7/6/2021

PAYMENT DATE: 07/ Case 1:18-cy-022084-RCDI PACUTENTE 66-6 UFiled 08/03/22 Page 6 of 24 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD ENDING 210930 PO BOX 151

PRESQUE ISLE 047690151

1396858999

BILL TYPE 131

PCN 000308569102 SERVICE FROM 20210616 THRU 20210616 ICN 016616633 PAT STAT CLAIM STAT 19 CLAIM # 141 NAME POL# SERVICE FROM 20210616 THRU 20210616 CRN 22117300413607MEA MRN 01312076

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			

______ REMARK CDS: MA01 MA18 N782 ______

GROUP AND

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

ADJ AMT: .00| 63535.63| 1517.14| .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	5	09.00	227.85	CO PR		224.17	N782	2 0	5694
0335	06/16/21	96417		1	4	40.00	45.43		45	383.20	N782	2 0	5692
0510	06/16/21	G0463	25	1	1	66.00	87.07	CO PR		57.16 21.77	N782	2 0	5012
0636	06/16/21	J9228	JG	70	401	52.70	7288.22	CO PR		32131.89 732.59	N782	2 0	9284
0636	06/16/21	J9228	JWJG	30	172	08.30	3123.52	CO PR		13770.81 313.97	N782	2 0	9284
0636	06/16/21	J9299	JG :	200	211	34.00	3785.14	CO PR		16968.40 380.46	N782	2 0	9453

Encounter #308633486 6/28/2021 RACAREPT 9/28/2021

PAYMENT DATE: 09/Case 1:18-cy-02084-RCDI PACUTENTE 66-6 UFiled 08/03/22 Page 72 of 24 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

AROOSTOOK MEDICAL CENTER-GOUL FISCAL PERIOD ENDING 210930 PO BOX 151 14011 PRESQUE ISLE 047690151 1396858999 BILL TYPE 131 ______ NAME PCN 000308633486 SERVICE FROM 20210628 THRU 20210628 POL# ICN 017339438 PAT STAT CLAIM STAT 1 CLAIM # 104 CRN 22125700449204MEA MRN 01152555 ______ CHARGES: PPS DATA: PAYMENT DATA: REPORTED 80759.50 DRG NUMBER REIMB RATE .00 NCOVD .00 DRG AMOUNT .00 PRIMARY PAY .00 DRG/OPER .00 PROF COMP .00 DENTED DRG/CAPITAL .00 .00 ESRD AMT .00 HCPCS AMT . 0.0 15623.90 DAYS: OUTLIER () NON LAB CHRG .00 OTH ADJ AMT . 0.0 .00 CONT ADJ AMT COST REPT 64685.13 O NEG REIMB 0 TOTAL DEDUCT 0 COINSURANCE .00 INTEREST 1517.14 PAT REFUND COVD/UTIL .00 NON COVERED .00 NET REIMB AMT LTR 0 MSP LIAB MET 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| ______ 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	. C	HGS	ALLOWED	GC	RSN		AMT	RMK	CD	APC
0300	06/28/21	36415						СО	97	2	7.00			
0300	06/28/21	80053		1 1	176	.00	.00	СО	97	17	6.00			
0300	06/28/21	82607					.00	СО	97	17	1.00			
0300	06/28/21	82728		1	152	.00	.00	СО	97	15	2.00			
0300	06/28/21	82746		1	167	.00	.00	СО	97	16	7.00			
0300	06/28/21	83540		1	7 5	.00	.00	СО	97	7	5.00			
0300	06/28/21	83550		1	99	.00		СО	97	9	9.00			
0300	06/28/21	8 4 4 4 3		1	190	.00	.00	СО	97	19	0.00			
0300	06/28/21	85025		1	122	.00	.00	СО	97	12	2.00			
0335	06/28/21	96413		1	509	.00	227.85	СО	45	22	4.17		0	5694
								PR	2	5	6.98			
0335	06/28/21	96417		1	440	.00	45.43	СО	45	38	3.20		0	5692
										1	1.37			
0510	06/28/21	G0463 25		1	131	.00	87.07	СО	45	2	2.16		0	5012
								PR	2	2	1.77			
0636	06/28/21	J1642		5 0	5	.50	.00	СО	97		5.50			
0636	06/28/21	J9228 JG		70 40	152	.70	7288.22	СО	45	3213	1.89		0	9284
								PR	2	73	2.59			
0636	06/28/21	J9228 JW	JG	30 17	208	.30	3123.52	СО	45	1377	0.81		0	9284
								PR	2	31	3.97			
0636	06/28/21	J9299 JG	:	200 21	134	.00	3785.14	СО	45	1696	8.40		0	9453
								PR	2	38	0.46			

EMMC Encounter #155032061063 6/1/2021 RACAREPT 9/1/2021

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

1790789147	21005		BILL TY	PE 138				
NAME POL# MRN 00941014	ICN	01712665	======= 061063 7 119600508	PAT STAT	ICE FROM 202	210602 THRU : STAT 22 CLAII	========= 20210630 M # 339	======
CHARGES:		PPS DA				NT DATA:		
REPORTED - NCOVD DENIED		DRG NU DRG AM DRG/OP DRG/CA	MBER OUNT ER			COMP	1.00 .00 .00	
DAYS:		OUTLIE	R () B CHRG		.00 HCPCS		-66481.80 .00	
COST REPT COVD/UTIL NON COVERED LTR	0	NON LA NEG RE TOTAL COINSU MSP LI CO-PAY	IMB DEDUCT RANCE AB MET	-6050	.00 CONT 2 .00 INTER	ADJ AMT	-75394.65 .00 .00	
REMARK CDS:	MA01							
GROUP AND STD CDS: CO	45	PR 2	CO 9	7 =======		1	I	
ADJ AMT: -704		-6050.07 ======		2.88 =======		.00	.00 ======	======
CHECK/EFT NUMB			======				=========	
CROSS-OVER PAY ====================================	=======	=======	======					
COMMENT 2:								
COV EXPR DATE:				Cl	LM RCVD DATI	E: 08/12/202	1	
REV DATE					ALLOWED		AMT RMK	
0260 06/30/21	96360	PO	1-	-407.00	-165.53		-200.09	05693
0260 06/02/21	96361	PO	1-	-162.00	-32.54		-41.38 -121.33	05691
0260 06/16/21	96361	PO	1-	-162.00	-32.54	PR 2 CO 45	-8.13 -121.33	05691
0260 06/30/21	96361	PO	1-	-162.00	-32.54	PR 2 CO 45	-8.13 -121.33	05691
0260 06/02/21	96365	PO	1-	-488.00	-165.53		-8.13 -281.09	05693
0260 06/09/21	96365	PO	1-	-488.00	-165.53		-41.38 -281.09	05693
0260 06/16/21	96365	PO	1-	-488.00	-165.53		-41.38 -281.09	05693
0260 06/23/21	96365	PO	1-	-488.00	-165.53		-41.38 -281.09	05693
0300 06/02/21		PO	1-	-74.00		PR 2 CO 97	-41.38 -74.00	
0300 06/09/21 0300 06/16/21	80053	PO PO	1 - 1 -	-74.00 -74.00	.00	CO 97	-74.00 -74.00	
0300 06/23/21 0300 06/30/21		PO PO	1 - 1 -	-74.00 -74.00		CO 97	-74.00 -74.00	
0300 06/02/21	81003		1 -	-33.00	.00	CO 97 CO 97	-33.00	
0300 06/16/21 0300 06/30/21			1 - 1 -	-69.00 -69.00		CO 97	-69.00 -69.00	
0300 06/02/21 0300 06/09/21		PO PO	1 - 1 -	-47.00 -47.00		CO 97	-47.00 -47.00	
0300 06/16/21	83615	PO	1 -	-47.00	.00	CO 97	-47.00	
0300 06/23/21 0300 06/30/21		PO PO	1 - 1 -	-47.00 -47.00		CO 97	-47.00 -47.00	
0300 06/02/21		PO	1 -	-77.00	.00	CO 97	-77.00	
0300 06/09/21 0300 06/16/21		PO PO	1 - 1 -	-77.00 -77.00		CO 97 CO 97	-77.00 -77.00	
0300 06/23/21 0300 06/30/21		PO PO	1 - 1 -	-77.00 -77.00		CO 97 CO 97	-77.00 -77.00	
0300 06/02/21	85025	PO	1 -	-60.00	.00	CO 97	-60.00	
0300 06/09/21 0300 06/16/21		PO PO	1 - 1 -	-60.00 -60.00		CO 97	-60.00 -60.00	
0300 06/23/21	85025	PO	1 -	-60.00	.00	CO 97	-60.00	
0300 06/30/21 0300 06/02/21	85046	PO	1 - 1 -	-60.00 -85.00	.00	CO 97 CO 97	-60.00 -85.00	
0300 06/09/21 0300 06/16/21			1 - 1 -	-85.00 -85.00		CO 97	-85.00 -85.00	
0300 06/23/21	85046		1 -	-85.00	.00	CO 97	-85.00	
0300 06/30/21	0 3 0 4 0		1 -	-85.00	.00	CO 97	-85.00	

EMMC					RACAREPT 9/1/2	2021			
0200	0.6./0.2./0.1	oza Case	1:18-cv-	02084-RC	Document (66-6 Filed (08/03/22	Page <u>9</u> of 240	
0300	06/02/21 06/09/21			1-	-168.00		CO 97	-168.00	
0300	06/16/21			1 -	-168.00		CO 97	-168.00	
0300	06/23/21			1 -	-168.00		CO 97	-168.00	
	06/30/21			1 -	-168.00		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	
	06/23/21			1 -	-267.00	.00		-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	
	06/09/21			1 -	-140.00	.00	CO 97	-140.00	
	06/16/21			1 -	-140.00			-140.00	
	06/23/21			1 -	-140.00		CO 97	-140.00	
	06/30/21		0.5.0.0	1 -	-140.00		CO 97	-140.00	0.5.0.1.0
0510	06/02/21	G0463	25PO	1 –	-259.00	-38.64		-210.70	05012
0510	06/09/21	C0462	25PO	1-	-259.00	-38.64	PR 2	-9.66 -210.70	05012
0310	00/09/21	G0403	2310	1-	-239.00	-30.04	PR 2	-210.70	03012
0510	06/16/21	G0463	25PO	1 -	-259.00	-38.64		-210.70	05012
0010	00/10/21	00100	2010	-	209.00	30.01	PR 2	-9.66	00012
0510	06/23/21	G0463	25PO	1 -	-259.00	-38.64		-210.70	05012
i							PR 2	-9.66	
0510	06/30/21	G0463	25PO	1 -	-259.00	-38.64	CO 45	-210.70	05012
i							PR 2	-9.66	
0636	06/02/21	J0897	JGPO	60-	-2567.40	-802.08		-1685.94	09272
0.000	0.6.1.0.0.1.0.1	-1000		0.0	00066	10775	PR 2	-79.38	00000
0636	06/02/21	J1300	JGPO	90-	-30366.90	-13775.30		-15228.36	09236
0626	06/09/21	T1 2 0 0	JGPO	90-	-30366.90	-13695.92	PR 2	-1363.24 -15228.36	09236
0030	00/09/21	01300	JGPO	90-	-30366.90	-13093.92	PR 2	-1442.62	09230
0636	06/16/21	т1300	JGPO	90-	-30366.90	-13695.92		-15228.36	09236
0030	00/10/21	01300	0010	50	30300.30	13033.32	PR 2	-1442.62	0 7 2 3 0
0636	06/23/21	J1300	JGPO	120-	-40489.20	-18742.10		-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	
	06/23/21		PO	1 -	-12.22		CO 97	-12.22	
	06/30/21		PO	1 -	-12.22		CO 97	-12.22	
	06/30/21		PO	1 -	-57.76	-57.76		.00	
	06/30/21		PO	1-	-65.00	-40.67		-24.33	05691
0940	06/02/21	96372	XUPO	1 -	-143.00	.00	CO 97	-143.00	
1									

EMMC Encounter #155032061063 6/1/2021 RACAREPT 9/1/2021

PAYMENT DATE: 09/01 Case 1:18 ECV-02084 MECT CDOCLIMENT 66-6 RUN illed 08/03/22/2 Page 10 of 24 Payment Date: 09/01 Case 1:18 ECV-02084 MECT CDOCLIMENT 66-6 RUN illed 08/03/22/2 Page 10 of 24 Payment Date: 09/01 Case 1:18 ECV-02084 MECT CDOCLIMENT 66-6 RUN illed 08/03/22/2 Page 10 of 24 Payment Date: 09/01 Case 1:18 ECV-02084 MECT CDOCLIMENT 66-6 RUN illed 08/03/22/2 Page 10 of 24 Payment Date: 09/01 Case 1:18 ECV-02084 MECT CDOCLIMENT 66-6 RUN illed 08/03/22/2 Page 10 of 24 Payment Date: 09/01 Case 1:18 ECV-02084 MECT CDOCLIMENT 66-6 RUN illed 08/03/22/2 Page 10 of 24 Payment 66-6 RUN illed 08/03/22/2 Page 10 of 24 Payment 66-6 RUN illed 08/03/22/2 Page 10 of 24 Payment 66-6 RUN illed 08/03/22/2 Page 10 of 24 Payment 66-6 RUN illed 08/03/2 Payment 66-6 RUN illed

MEDICARE-ACUTE ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

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

1790789147 BILL TYPE 137

789147									
	P(ICN	CN 155032 01712665	061063 7	SER PAT ST	VICE FI	ROM 202	10602 THRU 20	0210630	
GES:		PPS DA	 .TA:			PAYMEN	IT DATA:		
	140707 0							1 00	
) CLED					. 0.0				
E D								.00	
					.00			.00	
-		NON LA	B CHRG		.00	OTH AI	J AMT	.00	
					.00				
				6.0					
		0 MSP LI	AB MET		.00			61928.22	
.======							:=======		
			=======		======		:=======	========	======
P AND									
			•			,	 :=======	 ========	
AMT:	.00						.00	.00	======
K/EFT NUME	BER: EFT1	357524							
S-OVER PAY	YER NAME:	MAINECAR	E						
ENT 1:									
ENT 2:									
		======	=======					=======	
								200.09	05693
		PO	1				PR 2	41.38	05691
			1				PR 2	8.13	05691
			_				PR 2	8.13	05691
			_				PR 2	8.13	
			_				PR 2	41.38	05693
06/09/21	96365	PO	1	488.0	0 1	165.53	CO 45 PR 2	281.09 41.38	05693
06/16/21	96365	PO	1	488.0	0 1	165.53	CO 45	281.09	05693
06/23/21	96365	PO	1	488.0	0 1	165.53	CO 45	281.09	05693
06/02/21	80053	PO	1	74 ∩	0	. 0.0			
		PO	1					74.00	
06/16/21	80053	PO	1	74.0	0			74.00	
		PO						74.00	
		1 0	1					33.00	
06/16/21	82784		1	69.0	0	.00	CO 97	69.00	
		PΛ						69.00	
, - ,		PO PO	1					47.00	
06/16/21	83615	PO	1	47.0	0	.00	CO 97	47.00	
		PO	1					47.00	
06/09/21	83735	PO	1			.00	CO 97	77.00	
		PO	1					77.00	
		PO	1					60.00	
06/09/21	85025	PO	1	60.0	0	.00	CO 97	60.00	
		PO PO						60.00	
		PO	1					60.00	
06/02/21	85046		1	85.0	0	.00	CO 97	85.00	
06/23/21	85046		1	85.0	0	.00	CO 97	85.00	
06/30/21	85046		1	85.0	0	.00	CO 97	85.00	
	GES: GED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (UTIL COVERED REPT (U	PICN 0941014 GES: RTED 143727.9 0 .0 GD .0 REPT UTIL COVERED RK CDS: MA01 M. CDS: OA STS19 CDS: OA STS19 COMMIT: .00 COMMIT: .00	PCN 155032 ICN 01712665 PO PFS DA ICN 01712665 PO PRG/CA OUTLIE ICN 01716 PCN 155032 ICN 01726 PO PFS DA ICN 017266 PO PFS DA ICN 01726 PO PFS DA ICN 01726 PO PFS DA ICN 01 PR ICN 12 PO PRG/CA OUTLIE ICN 01 PRG/CA OUTLIE ICN 01 PRG/CA OUTLIE ICN 01 PRG/CA ICN 01 PRG/CA	PCN 155032061063 ICN 017126657 CRN 2212360023 EES:	PON 155032061063 SER PAT ST CN 017126657 PAT ST CRN 22123600237804WEA CES: PFS DATA: TTED 143727.94 DRG NUMBER DRG/CAPITAL OUTLIER () DO DRG/OPER DRG/CAPITAL OUTLIER () NON LAB CHRG NON LAB CHRG NON LAB CHRG NON LAB CHRG OF CO-PAY ANT CO-P	PCN 155032061063 SERVICE F ICN 017126657 PAT STAT CRN 221233600237804MEA CRN 2212336000000000000000000000000000000000	PON 155032061063 SERVICE FROM 202 PON 17126657 PAT STAT CLAIM SES:	FON 155032061063 SERVICE FROM 20210602 THRU 21	PCN 15502061063 SERVICE PROM 20210602 THRU 20210630 PCN 157126597 SERVICE PROM 20210602 THRU 20210630 PCN 157126597 SERVICE PROM 20210602 THRU 20210630 PCN 1570260237804MRA

Page 3 of 4

EMMC					1 RACAREPT 9/1/202	21			
0300	06/02/21	。¬ 。Case	1:18-cv-	0208 <u>4</u> -RC	Document 66	-6 Filed O	8/03/2	2 Page 11 of 24	
0300	06/02/21	07303		1	168.00		CO 97		
	06/16/21			1	168.00		CO 97		
	06/23/21			1	168.00		CO 97		
	06/30/21			1	168.00		CO 97		
	06/02/21			1	267.00		CO 97		
	06/02/21			1	267.00		CO 97		
0300	06/09/21	8 / 4 4 9		Τ	267.00	.00	CO 97	207.00	
0300	06/16/21	87449		1	267.00		CO 97		
	06/23/21			1	267.00	.00			
0300	06/30/21	87449		1	267.00	.00	CO 97	267.00	
	06/02/21			1	140.00		CO 97		
0300	06/09/21	87497		1	140.00		CO 97		
	06/16/21			1	140.00		CO 97		
	06/23/21			1	140.00		CO 97		
	06/30/21			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	
	06/16/21		PO	1	12.22		CO 97		
	06/23/21		PO	1	12.22		CO 97		
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	
	06/30/21		PO	1	65.00	40.67	CO 45		
0940	06/02/21	96372	XUPO	1	143.00	.00	CO 97		

EMMC Encounter #228047911109 10/1/2021 RACAREPT 1/6/2022

PAYMENT DATE: 01/Case 1:18 EQY-D2084 RC DOCUMENT 66 FER Filed 08/03/22 Page 12 of 224

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

MEDICARE-ACUTE

1790789147 =========				TYPE 131							
NAME POL# MRN 00150711		PCN 2280 N 018140	47911109 416	SERV PAT STA	ICE FRO	M 202	21100	6 THRI	J 20211027		
CHARGES:		_	DATA:			AYMEN					
	549.	11 DRG 41 DRG 00 DRG/ OUTL NON 0 NEG 0 TOTA 0 COIN 0 MSP CO-F	NUMBER AMOUNT OPER (CAPITAL LIER () LAB CHRG REIMB L DEDUCT ISURANCE LIAB MET PAY AMT	5 9 3	R .00 P .00 E .00 H .00 O .00 C .00 I 36.00 P .00 N	EIMB RIMAF ROF (SRD F CPCS TH AI ONT F NTERE AT RE	RATE RY P COMP AMT AMT OJ AM ADJ A EST EFUND EIMB	AY IT MT AMT		000000000000000000000000000000000000000	.=====
REMARK CDS:	MA01	MA18 N	1425								
GROUP AND STD CDS: OA				R 2						1	
ADJ AMT:	.001	71466.	62 5	936.00	236.0	0	5 4	9.41	.00 .00		
CHECK/EFT NUM	BER: EFT	1386492									
CROSS-OVER PA	YER NAME	: ANTHEM	FEP MAI	NE							
COMMENT 1:											
COMMENT 2:											
COV EXPR DATE	:			(CLM RCVD	DATE	E: 12	/23/20			
				/ISIT CHGS							CD APC
0260 10/06/21	96365	PO	1	530.00	16	5.53	CO 4 PR 2	-	323.09 41.38		05693
0260 10/13/21	96365	PO	1	530.00	16	5.53		5	323.09		05693
0260 10/20/21	96365	PO	1	530.00	16	5.53	CO 4 PR 2		323.09 41.38		05693
0260 10/27/21	96365	PO	1	530.00	16	5.53	CO 4 PR 2		323.09 41.38		05693
0300 10/27/21 0300 10/27/21 0300 10/27/21	85652 86140	PO PO	1 1 1	9.00 59.00 91.00)	.00	CO 9 CO 9	7 7	9.00 59.00 91.00		
0636 10/06/21		JGPO	90	31277.70		1.02	PR 2		16194.06		09236
0636 10/13/21		JGP0	90	31277.70		1.02	PR 2		16194.06 1442.62		09236
0636 10/20/21 0636 10/27/21		JGPO JGPO	120	31277.70 41703.60		1.02 8.90	PR 2		16194.06 1442.62 21592.08		09236
0636 10/27/21 0636 10/13/21 0940 10/13/21	90734	POGY XUPO	0 1	549.41 77.00	L	.00	PR 2 PR 9 CO 9	6	1442.62 549.41 77.00	N425	

EMMC Encounter #155032061055 5/1/2021 RACAREPT 9/2/2021

PAYMENT DATE: 09/02 Case 1:18 ECY-02084-RECT CALOCUMENT 66-6 RUNI IBOL 08/03/22/2 Page 13 of 24 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

______ PCN 155032061055 SERVICE FROM 20210505 THRU 20210526 NAME PAT STAT CLAIM STAT 22 CLAIM # 248 POL#

ICN 017138086 PAT STA CRN 22116000711007MEA MRN 00941014

IIIII 00541014		CKN 22110000711	100711111			
CHARGES:		PPS DATA:		PAYMENT DATA:		
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			

______ REMARK CDS: MA01

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

______ ADJ AMT: -70950.92| -6036.04| -4070.88| .00| .00|

______ CHECK/EFT NUMBER: EFT1357864

CROSS-OVER PAYER NAME: MAINECARE ______

COMMENT 2:

COV EXPR I	 DATE:		CLM RCVD	DATE:	07/01/2021		
REV I	======================================	======================================	CHGS ALL	===== OWED GC	RSN	======================================	== P.C

REV	DATE	HCPCS/	HIPPS MODS	UNIT/VI	ISIT CHGS	ALLOWED	GC	RSN	AM'I' RI	MK CD APC
0260	05/05/21	96361	PO	1-	-162.00	-32.54			-121.33	05691
0260	05/12/21	96361	PO	2 -	-324.00	-65.07		4 5	-8.13 -242.66	05691
0260	05/19/21	96361	PO	1 -	-162.00	-32.54		45	-16.27 -121.33	05691
0260	05/26/21	96361	PO	1 -	-162.00	-32.54		4 5	-8.13 -121.33	05691
0260	05/05/21	96365	PO	1 -	-488.00	-165.53	PR CO PR	4 5	-8.13 -281.09 -41.38	05693
0260	05/12/21	96365	PO	1 -	-488.00	-165.53		45	-41.38 -281.09 -41.38	05693
0260	05/19/21	96365	PO	1 -	-488.00	-165.53		45	-41.36 -281.09 -41.38	05693
0260	05/26/21	96365	PO	1 -	-488.00	-165.53		45	-281.09 -41.38	05693
0260	05/26/21	96366	PO	1 -	-265.00	-32.54		45	-224.33 -8.13	05691
0260	05/26/21	96367	PO	1 -	-300.00	-50.40		45	-236.99 -12.61	05692
0300	05/05/21	80053	PO	1 -	-74.00	.00			-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	

PO 1-0300 05/26/21 80053 1 -1 -1 --74.00 -74.00 -72.00 -72.00 0300 05/05/21 82180 0300 05/12/21 82668 -115.00 -115.00 0300 05/26/21 82784 -69.00 -69.00 -63.00 -47.00

-47.00 -47.00 -77.00 -77.00

-77.00 -60.00 -60.00 -60.00 -60.00 -85.00

> -85.00 -85.00

-85.00

0300 05/26/21 85046 -85.00 Page 1 of 4

EMMC		Encounte	er #15503200	61055 5/1/202	1 RACAREPT 9/2/20	021			
0300	05/12/21	o c 1 Case	1:18-cv-0	02084-RC	Dogument 60	6-6 Filed O	8/03/22	Page <u>14-qf.24</u>	
0300	05/05/21			1 _	-168.00		CO 97	-168.00	
0300	05/03/21			1 –	-168.00		CO 97	-168.00	
0300	05/12/21			1-	-168.00		CO 97	-168.00	
0300	05/26/21			1-	-168.00		CO 97	-168.00	
	05/05/21			1-	-267.00		CO 97	-267.00	
	05/03/21			1-	-267.00		CO 97	-267.00	
0300	03/12/21	0/442		_	207.00	.00	CO 31	207.00	
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	
	05/19/21			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		-210.70	05012
							PR 2	-9.66	
0510	05/26/21	G0463	25PO	1 -	-275.00	-38.64		-226.70	05012
							PR 2	-9.66	
0636	05/05/21	J1300	JGPO	90-	-30366.90	-13695.92		-15228.36	09236
							PR 2	-1442.62	
0636	05/12/21	J1300	JGPO	90-	-30366.90	-13695.92		-15228.36	09236
							PR 2	-1442.62	
0636	05/19/21	J1300	JGPO	90-	-30366.90	-13695.92		-15228.36	09236
							PR 2	-1442.62	
0636	05/26/21	J1300	JGPO	90-	-30366.90	-13831.72		-15228.36	09236
							PR 2	-1306.82	
0636	05/26/21	J1459	JGPO	50-	-8607.50	-1437.35		-7034.35	01214
				_			PR 2	-135.80	
	05/05/21		PO	1-	-12.22		CO 97	-12.22	
	05/12/21		PO	1 -	-12.22			-12.22	
	05/19/21		PO	1 -	-12.22		CO 97	-12.22	
0636	05/26/21	J7030	PO	1 -	-12.22	.00	CO 97	-12.22	

EMMC Encounter #155032061055 5/1/2021 RACAREPT 9/2/2021

PAYMENT DATE: 09/02 Case 1:18 ECY-02084-RECT CADOCHMENT 66-6 RUNI ILEGA 08/03/22/2 Page 15 of 24

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

MEDICARE-ACUTE

1790789147 BILL TYPE 137 ______

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:
MRN 00941014	CRN 22123600136104MEA	

REMARK CDS: MA01 MA18 ______ GROUP AND

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

ADJ AMT: .00| 70950.92| 6036.04| 4425.88| .00| .00| ______

CHECK/EFT NUMBER: EFT1357864

CROSS-OVER PAYER NAME: MAINECARE ______

COMMENT 2:

COV EXPR	DATE:	ATE: CI					DATE	: (08/26/2021			
REV		HCPCS/HIPPS		, -						AMT	 	

| Name | 05691 05691 05691 05693 05693 05691

05692

Page 3 of 4

EMMC					1 RACAREPT 9/2/202	1			
		861 Case	1:18-cv-0		Document 66-			Page 16-0f.24	
0300	05/05/21 05/12/21			1 1	168.00 168.00		CO 97 CO 97	168.00 168.00	
0300	05/12/21			1	168.00		CO 97	168.00	
	05/26/21			1	168.00		CO 97	168.00	
	05/05/21				267.00		CO 97	267.00	
	05/03/21			1 1	267.00		CO 97	267.00	
0300	03/12/21	0/449		_	207.00	.00	CO 31	207.00	
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		210.70	05012
							PR 2	9.66	
0510	05/26/21	G0463	25PO	1	275.00		CO 45	226.70	05012
							PR 2	9.66	
0636	05/05/21	J1300	JGPO	90	30366.90	13695.92		15228.36	09236
							PR 2	1442.62	
0636	05/12/21	J1300	JGPO	90	30366.90		CO 45	15228.36	09236
							PR 2	1442.62	
0636	05/19/21	J1300	JGPO	90	30366.90		CO 45	15228.36	09236
							PR 2	1442.62	
0636	05/26/21	J1300	JGPO	90	30366.90	13831.72		15228.36	09236
							PR 2	1306.82	
0636	05/26/21	J1459	JGPO	50	8607.50	1437.35		7034.35	01214
0.606	05/05/01	-	D.O.	1	10.00		PR 2	135.80	
	05/05/21		PO	1	12.22		CO 97	12.22	
	05/12/21		PO	1	12.22		CO 97	12.22	
	05/19/21		PO	1	12.22		CO 97	12.22	
0636	05/26/21	J / U 3 U	PO	1	12.22	.00	CO 97	12.22	

Encounter #298736401068 6/1/2021 RACAREPT 8/5/2021

PAYMENT DATE: 08/Case 1:18 EGY-D2084 RC DOCUMENT 66 FER Filed 08/03/22 Page 1750 f 24 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

43 WHITING HIL:			ENDING	210930	140	11					
BREWER ME 0441. 1790789147				YPE 131							
NAME POL# MRN 00516851	PCN ICN (7 29873)169024	86401068	SE PAT S	RVICE F TAT	ROM 202	2106	07 THRU	20210628 M # 250		
CHARGES:		PPS D)ATA:			PAYMEN					
REPORTED NCOVD DENIED		DRG N DRG A DRG/C DRG/C	IUMBER AMOUNT PER CAPITAL		.00	REIMB PRIMAF PROF (ESRD A	RAT RY COMP AMT	'E PAY	1.0	000000000000000000000000000000000000000	
DAYS:	0	NON L	ER () AB CHRG		.00	OTH AI	OJ A		60623.9	0 0	
COST REPT COVD/UTIL NON COVERED LTR	0 0 0	MSP L CO-PA	DEDUCT SURANCE LIAB MET		.00 .00 012.54 .00	INTERE PAT RE	EST EFUN	AMT ID B AMT	. (0 0	
	MA01 MA1	.8 N3	372								
GROUP AND STD CDS: OA	STS19 C	0 97	CO	50	CO 45	1	PR	2		1	
ADJ AMT:	.00	164.0		85.00		.50		12.54	.00) ======	=====
CHECK/EFT NUMB			:======	======	======	======	====	:======	:======:	-=====	
CROSS-OVER PAY				======	======	======		:======	:======	======	=====
COMMENT 1:											
COMMENT 2:											
COV EXPR DATE:					CLM RC	VD DATE	Ξ: 0	7/22/202	1		
	HCPCS/HIPE		UNIT/VI							RMK CI	
0300 06/07/21 0300 06/28/21 0300 06/07/21 0300 06/07/21 0300 06/28/21	36415 E 36415 E 80053 E 80053 E	20 20 20 20 32	1 1 1 1 0	74. 85.	00	.00	CO CO CO	97 50		N372	0.5.604
0335 06/07/21		20	1	017.	0 0	252.75	PR	2	301.05		05694
0335 06/28/21		20	1	617.		252.75	PR	2	301.05		05694
0335 06/07/21		20	1	320.		50.40	PR	2	256.99 12.61		05692
0335 06/28/21		20	1	320.		50.40	PR	2	256.99 12.61		05692
0510 06/28/21		25PO	1	275.		38.64	PR	2	226.70		05012
0510 06/07/21		2725	1	275.		38.64	PR	2	226.70 9.66		05012
0636 06/07/21			250	66845.		303.05	PR	2	38199.25 1342.70		09284
0636 06/28/21		JGPO	250	66845.		303.05	PR	2	38199.25		09284
0636 06/07/21		JGPO	8 0	4200.		588.14	PR	2	2533.76 78.10		09453
0636 06/28/21	J9299 3	IGPO	8 0	4200.	00 1	588.14	CO PR		2533.76 78.10		09453

EMMC Encounter #225100641037 3/1/2021 RACAREPT 4/23/2021

PAYMENT DATE: 04/Case1:18-cay-02084-RC Decument 66-6-FerFiled 08/03/22 Page 1830f 24 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 PCN 225100641037 SERVICE FROM 20210303 THRU 20210330 POL# ICN 015793081 PAT STAT CLAIM STAT 19 CLAIM # 147 CRN 22109600798807MEA MRN 01225346 ______

CHARGES: PPS DATA: PAYMENT DATA: REPORTED 123012.60 DRG NUMBER REIMB RATE .00 .00 DRG AMOUNT NCOVD .00 PRIMARY PAY .00 DRG/OPER .00 PROF COMP .00 DENTED .00 ESRD AMT .00 HCPCS AMT DRG/CAPITAL OUTLIER () . 00 60620.76 DAYS: .00 OTH ADJ AMT NON LAB CHRG . 00 .00 CONT ADJ AMT 61771.11 COST REPT O TOTAL DEDUCT
O COINSURANCE 4
O MSP LIAB MET O NEG REIMB .00 CONT ADJ AMT .00 INTEREST 4452.00 PAT REFUND COVD/UTIL .00 NON COVERED MOR LIAB MET .00 NET REIMB AMT .00 LTR 56789.49

______ REMARK CDS: MA01 MA18 N782 ______

GROUP AND

STD CDS: OA STS19| CO 45 | PR 2 | - 1 ______

ADJ AMT: .00| 61771.11| 4452.00| .00| .00| .00| ______

CHECK/EFT NUMBER: EFT1326190 ______

CROSS-OVER PAYER NAME: MAINECARE

______ COMMENT 1:

______ COMMENT 2:

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

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

ΙH Encounter #282478471083 8/1/2021 RACAREPT 11/24/2021

PAYMENT DATE: 11/Case 1:18 CY-02084-RC Document 66-6 Filed 08/03/22 Page 1940 244 MEDICARE A -ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

FISCAL PERIOD ENDING 210930 INLAND HOSPITAL

200 KENNEDY MEMORIAL D
WATERVILLE ME 049014526 WATERVILLE

13765	579557	04901452	6		LL TYPE 131	=				
===== NAME POL# MRN (01082933	P ICN		478471 3514	======================================	ERVICE E	FROM 202 CLAIM S	210802 THRU STAT 19 CLA	======================================	====
CHARC	GES:		PPS	DATA:			PAYMEN	IT DATA:		
REPOR NCOVI DENIE	D		0 DRG 0 DRG	AMOUN	Т	.00		RY PAY COMP	0.29 .00 .00	
DAYS:			OUT	LIER ()		HCPCS		14077.90	
COST COVD/ NON C LTR	REPT /UTIL COVERED		0 NEG 0 TOT 0 COI 0 MSP CO-	G REIMB PAL DEDI INSURANO PLIAB I	UCT CE 3 MET T	.00	CONT A INTERE PAT RE NET RE	ADJ AMT SST SFUND CIMB AMT	61696.25 .00 .00 12239.95	
REMAR	RK CDS:	MA01 M.	A18	N782					=======================================	
GROUE STD (P AND CDS: OA	STS19	CO 45	j	PR 2		1	1	 	
ADJ A	AMT:	.001	61696	.25	3060.00		.001	.00	.00	
CHECH	K/EFT NUME	BER: EFT1	377206)						
CROSS	S-OVER PAY	YER NAME:	MAINE	CARE					===========	
COMME	ENT 1:								==============	
COMME	ENT 2:								==============	
COV E	EXPR DATE:					CLM RO	CVD DATE	11/10/20	======================================	====
REV	=======	=======								
	DATE				T/VISIT CH				AMT RMK CD	
0260	DATE 08/02/21	HCPCS/HI		DS UNI		IGS A	ALLOWED	GC RSN CO 45	AMT RMK CD	APC
		HCPCS/HI 96365		DS UNI	T/VISIT CH	IGS A	ALLOWED	GC RSN CO 45 PR 2 CO 45	AMT RMK CD 179.74 N782 40.85 179.74 N782	APC 05693
0260	08/02/21	HCPCS/HI 96365 96365		DS UNI:	384.	IGS	ALLOWED 163.41 163.41	CO 45 PR 2 CO 45 PR 2 CO 45 PR 2	AMT RMK CD 179.74 N782 40.85 179.74 N782 40.85 179.74 N782	APC 05693 05693
0260	08/02/21	HCPCS/HI 96365 96365 96365		DDS UNI:	384.	1GS	ALLOWED 163.41 163.41	CO 45 PR 2 CO 45 PR 2 CO 45 PR 2 CO 45 PR 2	AMT RMK CD 179.74 N782 40.85 179.74 N782 40.85 179.74 N782 40.85 179.74 N782	APC 05693 05693
0260 0260 0260	08/02/21 08/09/21 08/16/21	HCPCS/HI 96365 96365 96365 96365		DDS UNI:	384. 384. 384. 384.	1GS	ALLOWED 163.41 163.41 163.41	CC RSN CO 45 PR 2 CO 45	AMT RMK CD 179.74 N782 40.85 179.74 N782	APC 05693 05693
0260 0260 0260 0260	08/02/21 08/09/21 08/16/21 08/23/21	HCPCS/HI 96365 96365 96365 96365 96365		DDS UNIT	384. 384. 384. 384.	00 00 00 00 00	163.41 163.41 163.41 163.41 163.41	GC RSN CO 45 PR 2 CO 45	AMT RMK CD 179.74 N782 40.85 27.85 N782	APC 05693 05693 05693
0260 0260 0260 0260 0260	08/02/21 08/09/21 08/16/21 08/23/21 08/30/21	HCPCS/HI 96365 96365 96365 96365 96366		DDS UNIT 1 1 1 1 1	384. 384. 384. 384. 384.	00 00 00 00 00 00	163.41 163.41 163.41 163.41 163.41 32.12	GC RSN CO 45 PR 2 CO 45	AMT RMK CD 179.74 N782 40.85 27.85 N782 8.03 27.85 N782	APC 05693 05693 05693 05693
0260 0260 0260 0260 0260	08/02/21 08/09/21 08/16/21 08/23/21 08/30/21 08/02/21	HCPCS/HI 96365 96365 96365 96365 96366		DDS UNIT	384. 384. 384. 384. 384. 68.	00 00 00 00 00 00 00	163.41 163.41 163.41 163.41 163.41 32.12	GC RSN CO 45 PR 2 CO 45	AMT RMK CD 179.74 N782 40.85 27.85 N782 8.03 27.85 N782 8.03 27.85 N782	APC 05693 05693 05693 05693 05691
0260 0260 0260 0260 0260 0260	08/02/21 08/09/21 08/16/21 08/23/21 08/30/21 08/02/21 08/09/21	HCPCS/HI 96365 96365 96365 96366 96366 96366		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	384. 384. 384. 384. 384. 68.	00 00 00 00 00 00 00 00	163.41 163.41 163.41 163.41 163.41 32.12 32.12	GC RSN CO 45 PR 2 CO 45	AMT RMK CD 179.74 N782 40.85 27.85 N782 8.03 27.85 N782 8.03 27.85 N782 8.03 27.85 N782 8.03 27.85 N782	APC 05693 05693 05693 05693 05691
0260 0260 0260 0260 0260 0260 0260	08/02/21 08/09/21 08/16/21 08/23/21 08/30/21 08/02/21 08/09/21 08/16/21	HCPCS/HI 96365 96365 96365 96366 96366 96366		DDS UNIT	384. 384. 384. 384. 384. 68. 68.	1GS	163.41 163.41 163.41 163.41 163.41 32.12 32.12	GC RSN CO 45 PR 2 CO 45	AMT RMK CD 179.74 N782 40.85 27.85 N782 8.03	APC 05693 05693 05693 05693 05691 05691
0260 0260 0260 0260 0260 0260 0260	08/02/21 08/09/21 08/16/21 08/23/21 08/30/21 08/02/21 08/09/21 08/16/21 08/23/21	HCPCS/HI 96365 96365 96365 96366 96366 96366 96366	PPS MC	DDS UNIT	384. 384. 384. 384. 384. 68. 68.	1GS 7 00 00 00 00 00 00 00 00	163.41 163.41 163.41 163.41 163.41 32.12 32.12 32.12	GC RSN CO 45 PR 2 CO 45	AMT RMK CD 179.74 N782 40.85 27.85 N782 8.03	APC 05693 05693 05693 05693 05691 05691 05691
0260 0260 0260 0260 0260 0260 0260 0260	08/02/21 08/09/21 08/16/21 08/23/21 08/30/21 08/02/21 08/09/21 08/16/21 08/23/21 08/30/21	HCPCS/HI 96365 96365 96365 96366 96366 96366 96366 96366 J0256	JG	DDS UNIT	384. 384. 384. 384. 384. 68. 68. 68.	1GS	163.41 163.41 163.41 163.41 163.41 32.12 32.12 32.12 32.12	CC RSN CO 45 PR 2 CO 45	AMT RMK CD 179.74 N782 40.85 27.85 N782 8.03 27.85 N782	APC 05693 05693 05693 05693 05691 05691 05691 05691
0260 0260 0260 0260 0260 0260 0260 0260	08/02/21 08/09/21 08/16/21 08/23/21 08/30/21 08/02/21 08/09/21 08/23/21 08/30/21 08/30/21 08/02/21 08/09/21 08/09/21	HCPCS/HI 96365 96365 96365 96365 96366 96366 96366 96366 J0256 J0256 J0256	JG JG	DDS UNIT	384. 384. 384. 384. 384. 68. 68. 68. 14947.	1GS	ALLOWED 163.41 163.41 163.41 163.41 32.12 32.12 32.12 32.12 32.12	CC RSN CO 45 PR 2	AMT RMK CD 179.74 N782 40.85 27.85 N782 8.03 27.85 N782	APC 05693 05693 05693 05693 05691 05691 05691 05691 05691
0260 0260 0260 0260 0260 0260 0260 0260	08/02/21 08/09/21 08/16/21 08/23/21 08/30/21 08/02/21 08/09/21 08/23/21 08/30/21 08/30/21 08/30/21 08/02/21	HCPCS/HI 96365 96365 96365 96365 96366 96366 96366 96366 J0256 J0256 J0256	JG JG	DDS UNIT	384. 384. 384. 384. 384. 68. 68. 68. 14947.	1GS	ALLOWED 163.41 163.41 163.41 163.41 32.12 32.12 32.12 32.12 32.12 32.12	GC RSN CO 45 PR 2	AMT RMK CD 179.74 N782 40.85 27.85 N782 8.03 27.85 N782	APC 05693 05693 05693 05693 05691 05691 05691 05691 00901

IH Encounter #282478471034 3/1/2021 RACAREPT 4/20/2021

 ${\tt PAYMENT\ DATE:\ 0.4/Case_11:18_{\bar{1}}CY-0.2084-RC_{\bar{1}}Pacument\ 66-6}\quad Filed\ 08/03/22_{ATE}Page_429_0/f_224}$ MEDICARE A -ACUTE

INLAND HOSPITA 200 KENNEDY M		ET C	CAL PERIOD		LENT SERVIC	E LINE DETAIL F	REPORT
	EMORIAL D	_		14011			
WATERVILLE ME 1376579557	049014526		L TYPE 131				
NAME		2824784710			210301 THRU		
POL# MRN 01082933	ICN U		PAT STAT 00677707MEA	CLAIM	STAT 19 CLA	IM # 151	
CHARGES:		PPS DATA:		PAYMEN	NT DATA:		
REPORTED NCOVD		DRG NUMBER DRG AMOUNT		REIMB .00 PRIMAR		0.29	
DENIED		DRG/OPER		.00 PROF (COMP	.00	
DAYS:		DRG/CAPITA: OUTLIER (NON LAB CH:)	.00 ESRD A .00 HCPCS .00 OTH AI		.00 13955.55 .00	
COST REPT		NEG REIMB		.00 CONT A	ADJ AMT	61735.05	
COVD/UTIL NON COVERED	0	TOTAL DEDUC	CT E 3011		EFUND	.00	
LTR	0	MSP LIAB M CO-PAY AMT		.00	EIMB AMT		
REMARK CDS:	MA01 MA1	8 N782				=======================================	
GROUP AND STD CDS: OA	STS19 C	O 45	PR 2	1	1		
ADJ AMT:	.00 6	1735.05	3011.41	.00	.001	.00	
CHECK/EFT NUM	BER: EFT132	5174				=========	
CROSS-OVER PA		-				==========	
COMMENT 1:						===========	
COMMENT 2:							
COV EXPR DATE							
	•		CL	M RCVD DATE	E: 04/06/20		=====
	========	=======	CL	M RCVD DATE ======= ALLOWED	E: 04/06/20 ======= GC RSN	21 ====================================	D APC
	HCPCS/HIPP	=======	CL ======== /VISIT CHGS	M RCVD DATE ======= ALLOWED	E: 04/06/20 ======= GC RSN	21 ========	D APC
REV DATE	HCPCS/HIPP 96365	S MODS UNIT	CL ======== /VISIT CHGS	M RCVD DATE ====================================	E: 04/06/20 ====================================	21 AMT RMK (179.74 N782 40.85 179.74 N782	D APC
REV DATE 	HCPCS/HIPP 96365 96365	S MODS UNIT	CL /VISIT CHGS 384.00	M RCVD DATE ======= ALLOWED 163.41	E: 04/06/20 ====================================	21 AMT RMK (179.74 N782 40.85 179.74 N782 40.85 179.74 N782 179.74 N782	====== CD APC 05693
REV DATE 0260 03/01/21 0260 03/10/21	HCPCS/HIPP 96365 96365 96365	S MODS UNIT 1	CL /VISIT CHGS 384.00	M RCVD DATH ====================================	E: 04/06/20 GC RSN CO 45 PR 2 CO 45	21 AMT RMK (179.74 N782 40.85 179.74 N782 40.85 179.74 N782 40.85 179.74 N782 40.85 179.74 N782	05693
REV DATE 0260 03/01/21 0260 03/10/21 0260 03/18/21	HCPCS/HIPP 96365 96365 96365 96365	S MODS UNIT 1 1	CL /VISIT CHGS 384.00 384.00	M RCVD DATH	E: 04/06/20 GC RSN CO 45 PR 2 CO 45	AMT RMK (179.74 N782 40.85 179.74 N782	05693 05693
REV DATE 0260 03/01/21 0260 03/10/21 0260 03/18/21 0260 03/24/21	HCPCS/HIPP 96365 96365 96365 96365 96365	S MODS UNIT 1 1 1	CL /VISIT CHGS 384.00 384.00 384.00	M RCVD DATH	E: 04/06/20 GC RSN CO 45 PR 2 CO 45	AMT RMK (179.74 N782 40.85 27.85 N782	05693 05693 05693
REV DATE 0260 03/01/21 0260 03/10/21 0260 03/18/21 0260 03/24/21 0260 03/29/21	HCPCS/HIPP 96365 96365 96365 96365 96365	S MODS UNIT 1 1 1 1 1	CL /VISIT CHGS 384.00 384.00 384.00 384.00	M RCVD DATH	E: 04/06/20 GC RSN CO 45 PR 2 CO 45	AMT RMK (179.74 N782 40.85 27.85 N782 8.03 27.85 N782	05693 05693 05693 05693
REV DATE 0260 03/01/21 0260 03/10/21 0260 03/18/21 0260 03/24/21 0260 03/29/21 0260 03/10/21	HCPCS/HIPP 96365 96365 96365 96365 96366 96366	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CL /VISIT CHGS 384.00 384.00 384.00 384.00 68.00	M RCVD DATH	E: 04/06/20 GC RSN CO 45 PR 2	21 AMT RMK (179.74 N782 40.85 27.85 N782 8.03 27.85 N782 8.03 12156.13 N782	05693 05693 05693 05693 05693 05693
REV DATE 0260 03/01/21 0260 03/10/21 0260 03/18/21 0260 03/24/21 0260 03/29/21 0260 03/10/21 0260 03/24/21	HCPCS/HIPP 96365 96365 96365 96365 96365 96366 96366 J0256 J	S MODS UNIT 1 1 1 1 1 1 1 1 1 3 1 1 1	CL /VISIT CHGS 384.00 384.00 384.00 384.00 68.00	M RCVD DATH	E: 04/06/20 GC RSN CO 45 PR 2	21 AMT RMK (179.74 N782 40.85 27.85 N782 8.03 27.85 N782 8.03	D APC 05693 05693 05693 05693 05691 05691
REV DATE 0260 03/01/21 0260 03/10/21 0260 03/18/21 0260 03/24/21 0260 03/29/21 0260 03/10/21 0260 03/24/21 0260 03/24/21	HCPCS/HIPP 96365 96365 96365 96365 96365 96366 96366 J0256 J	S MODS UNIT 1 1 1 1 1 1 1 1 3 844 G 844	CL /VISIT CHGS 384.00 384.00 384.00 384.00 68.00 68.00 14947.24	M RCVD DATH	E: 04/06/20 GC RSN CO 45 PR 2 CO 45	21 AMT RMK (179.74 N782 40.85 27.85 N782 8.03 27.85 N782 8.03 12156.13 N782 558.22 12156.13 N782	D APC 05693 05693 05693 05693 05693 05691 05691
REV DATE 0260 03/01/21 0260 03/10/21 0260 03/18/21 0260 03/24/21 0260 03/29/21 0260 03/10/21 0260 03/24/21 0260 03/24/21 0636 03/01/21	HCPCS/HIPP 96365 96365 96365 96365 96365 96366 96366 J0256 J	1 1 1 1 1 1 G 8 4 4 4 G 8 4 4 4 G 8 4 4	CL /VISIT CHGS 384.00 384.00 384.00 384.00 68.00 68.00 14947.24 14947.24	M RCVD DATH ====================================	E: 04/06/20 GC RSN CO 45 PR 2	21 AMT RMK (179.74 N782 40.85 27.85 N782 8.03 27.85 N782 8.03 12156.13 N782 558.22	D APC 05693 05693 05693 05691 05691 00901

ΙH Encounter #317132311125 12/1/2021 RACAREPT 1/20/2022

PAYMENT DATE: 01/20 Case 1:18-CV-02084-RC Document 66-6 RUN iled 28/03/22/2 Page 21 of 24 MEDICARE A -ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

FISCAL PERIOD INLAND HOSPITAL 200 KENNEDY MEMO

200 KENNEDY M WATERVILLE ME				14011			
1376579557 ========	=======	BILI	=========				
NAME POL# MRN 01058367	PCN ICN 0	31713231112 18247213 CRN 2220060	5 SERVI PAT STAT 0245504MEA	ICE FROM 202 CLAIM S	211202 THRU STAT 19 CLA	20211230 IM # 17	
CHARGES:		PPS DATA:			IT DATA:		
REPORTED NCOVD DENIED	163867.50	DRG AMOUNT DRG/OPER DRG/CAPITAL		REIMB .00 PRIMAF .00 PROF C	RATE RY PAY COMP AMT	0.29 .00 .00	
DAYS:		OUTLIER ()		.00 PROF C .00 ESRD F .00 HCPCS .00 OTH AL .00 CONT F	AMT OJ AMT	13008.40	
COST REPT COVD/UTIL NON COVERED LTR	0	NON LAB CHR NEG REIMB TOTAL DEDUC COINSURANCE MSP LIAB ME CO-PAY AMT	2998 T	3.67 PAT RE .00 NET RE	EFUND EIMB AMT	.00 11994.63	
REMARK CDS:	MA01 MA1	8					
GROUP AND STD CDS: OA	STS19 C	0 97 C	0 45 I	PR 2		I	
ADJ AMT:	.00	488.50 14	8385.70	2998.67	.001	.001	
CHECK/EFT NUM	BER: EFT138	9358					
CROSS-OVER PA	YER NAME: M	AINECARE					
COMMENT 1:							
COMMENT 2:							
COV EXPR DATE	:		CI	M RCVD DATE	E: 01/06/202	22	
REV DATE	HCPCS/HIPP	S MODS UNIT/	VISIT CHGS	ALLOWED	GC RSN	AMT RMF	CD APC
0250 12/16/21 0260 12/02/21	96361	1 1	5.03 74.00	.00 32.12	CO 97 CO 45	5.03 33.85	05691
0260 12/08/21	96361	1	74.00	32.12	CO 45	33.85 8.03	05691
0260 12/16/21	96361	1	74.00	32.12	PR 2 CO 45 PR 2	33.85 8.03	05691
0260 12/23/21	96361	1	74.00	32.12	CO 45 PR 2	33.85 8.03	05691
0260 12/30/21	96361	1	74.00		CO 45 PR 2		05691
0260 12/02/21	96365	1	415.00	163.41		210.74 40.85	05693
0260 12/08/21	96365	1	415.00	163.41		210.74	05693
0260 12/16/21	96365	1	415.00	163.41		210.74	05693
0260 12/23/21	96365	1	415.00	163.41		210.74	05693
0260 12/30/21	96365	1	415.00	163.41		210.74	05693
0260 12/02/21	96366	3	222.00	96.36		101.55	05691
0260 12/08/21	96366	3	222.00	96.36		101.55	05691
0260 12/16/21	96366	3	222.00	96.36		101.55	05691
0260 12/23/21	96366	3	222.00	96.36		101.55	05691
0260 12/30/21	96366	3	222.00	96.36		101.55	05691
0260 12/08/21	96375	1	102.00	32.12		61.85	05691
0260 12/16/21	96375	1	102.00	32.12		61.85 8.03	05691
0260 12/23/21	96375	1	102.00	32.12		61.85 8.03	05691
0260 12/30/21	96375	1	102.00	32.12		61.85 8.03	05691
0300 12/08/21 0300 12/08/21 0300 12/08/21 0636 12/02/21	80053 85027	1 1 1 G 80	121.00 111.00 24.00 31883.20	.00	CO 97 CO 97	8.03 121.00 111.00 24.00 29281.52	01214
, 52, 22					PR 2	520.34	

ΙH		Encounter	#3171323111	125 12/1/202	21 RACAREPT 1/	20/2022			
0636	12/08/21	_{J14} Case 1	L: <u>1</u> &-cv-02	084-RC	Dacument	66-6 _{2 0} ΕίΙες Δε	8/03/22 PR 2	Page ₂ 2280 f. 24 520.34	01214
0636	12/16/21	J1459	JG	8 0	31883.20	2081.34	CO 45 PR 2	29281.52 520.34	01214
0636	12/23/21	J1459	JG	8 0	31883.20	2081.34	CO 45 PR 2	29281.52 520.34	01214
0636	12/30/21	J1459	JG	80	31883.20	2081.34	CO 45 PR 2	29281.52 520.34	01214
0636 0636 0636 0636 0636 0636	12/16/21 12/23/21 12/30/21 12/08/21 12/02/21 12/08/21 12/16/21 12/23/21 12/30/21	J2920 J2920 J2930 J7050 J7050 J7050 J7050		1 1 1 1 2 2 2 2 2 2	19.42 19.42 19.42 47.81 24.28 24.28 24.28 24.28	.00 .00 .00 .00 .00	CO 97 CO 97 CO 97 CO 97	19.42 19.42 19.42 47.81 24.28 24.28 24.28 24.28	

ΙH Encounter #282478471075 7/1/2021 RACAREPT 9/2/2021

PAYMENT DATE: 09/Case 1:18 CY-02084-RC Document 66-6 Filed 08/03/22 Page 2320 24 MEDICARE A -ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

FISCAL PERIOD ENDING 210930 INLAND HOSPITAL

200 KENNEDY MEMORIAL D WATERVILLE ME 049014526

WATERVILLE 1376579557	7			TYPE 13								
======================================		PCN 282	======== 2478471075 38087 N 22123100	S PAT	SERVIC STAT	CE FRO	M 202	2107	706 THRU	20210726		
CHARGES:			S DATA:			P	AYMEN					
REPORTED NCOVD DENIED DAYS: COST REPT COVD/UTIL NON COVERE LTR	ΣD	6.96 DRG .00 DRG .00 DRG OUT NON 0 NEG 0 TOT 0 COT	G AMOUNT G/OPER G/CAPITAL FLIER () N LAB CHRG G REIMB FAL DEDUCT INSURANCE P LIAB MET -PAY AMT		2448.	00 P 00 E 00 H 00 O 00 C 00 I	EIMB RIMAF ROF (SRD F CPCS TH AI ONT F NTERE AT RE	RAT RY AMT AMT J F ADJ SST	PAY P I AMT AMT	.(11262.3 .(49357.(00 00 00 00 32 00 00 00	
REMARK CDS	S: MA01	MA18	N782		:=====		=====	===		=======	=====	=====
GROUP AND STD CDS:	OA STS19		- 1	R 2	:=====		 	.===		=======	 	=====
ADJ AMT:	.00	49357	7.00 2	2448.00		.0	0		.00	.00)	
CHECK/EFT	NUMBER: E	FT1357868	3									
CROSS-OVEF	 : 		=======							=======		
COMMENT 2:	========	=======		======							=====	=====
COV EXPR I ======= REV I								===		=======	===== RMK C	
0260 07/06	 5/21 96365		1	384	.00	16	3.41			179.74	N782	05693
0260 07/12	2/21 96365		1	384	.00	16	3.41	СО		40.85	N782	05693
0260 07/19	9/21 96365		1	384	.00	16	3.41		45	40.85	N782	05693
0260 07/26	5/21 96365		1	384	.00	16	3.41	PR CO PR	45	40.85 179.74 40.85	N782	05693
0260 07/06	5/21 96366		1	6.8	.00	3	2.12		45	27.85 8.03	N782	05691
0260 07/12	2/21 96366		1	6.8	3.00	3	2.12		4 5	27.85 8.03	N782	05691
0260 07/19	9/21 96366		1	6.8	.00	3	2.12		45	27.85 8.03	N782	05691
0260 07/26	5/21 96366		1	6.8	.00	3	2.12		45	27.85 8.03	N782	05691
0636 07/06	5/21 J0256	JG	8 4 4	14947	.24	225	2.46		45	12131.66 563.12	N782	00901
0636 07/12	2/21 J0256	JG	8 4 4	14947	.24	225	2.46		45	12131.66 563.12	N782	00901
0636 07/19			8 4 4	14947	.24	225	2.46		45	12131.66 563.12	N782	00901
0636 07/26	5/21 J0256	JG	8 4 4	14947	.24	225	2.46	CO PR		12131.66 563.12	N782	00901

IH Encounter #282478471091 9/1/2021 RACAREPT 11/15/2021

 ${\tt PAYMENT\ DATE:\ 11/Case_11:18_{\bar{1}N'}Page_124_50f_224}$ MEDICARE A -ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

FISCAL PERIOD ENDING 210930 INLAND HOSPITAL

200 KENNEDY MEMORIAL D WATERVILLE ME 049014526

1376579557

BILL TYPE 131

13/65/955/ =========			TYPE 131				
NAME POL# MRN 01082933	PCN	282478471093 17729000 CRN 2213050	1 SERVI PAT STAT	CE FROM 202	210907 THRU	20210927	
CHARGES:		PPS DATA:			NT DATA:		
	000000000000000000000000000000000000000	DRG NUMBER DRG AMOUNT DRG/OPER DRG/CAPITAL OUTLIER () NON LAB CHRO NEG REIMB TOTAL DEDUCY COINSURANCE MSP LIAB MEY CO-PAY AMT	G I 2423 I	REIMB .00 PRIMAN .00 PROF (.00 ESRD A .00 HCPCS .00 OTH AN .00 CONT A .00 INTERN .91 PAT RN .00 NET RN	RATE RY PAY COMP AMT AMT DJ AMT ADJ AMT EST EFUND EIMB AMT	0.29 .00 .00 .00 11262.32 .00 49273.45 .00 .00 9695.60	
	MA01 MA1	8 N782					
GROUP AND	STS19 CO	D 45 PI	R 2	1			
ADJ AMT:			2423.91 ========	.00	.00	.00	=====
CHECK/EFT NUMB		- :	========	========	========		======
CROSS-OVER PAY				========	========		======
COMMENT 1:							
COMMENT 2:							
COV EXPR DATE:			CL	M RCVD DATE	E: 11/01/202	21	
REV DATE	HCPCS/HIPPS	S MODS UNIT/	VISIT CHGS	ALLOWED	GC RSN	AMT RMK (
0260 09/07/21		1	384.00		CO 45 PR 2	179.74 N782 40.85	05693
0260 09/13/21	96365	1	384.00	163.41	CO 45 PR 2	179.74 N782 40.85	05693
0260 09/20/21	96365	1	384.00	163.41	CO 45 PR 2	179.74 N782 40.85	05693
0260 09/27/21	96365	1	384.00	163.41		179.74 N782 40.85	05693
0260 09/07/21	96366	1	68.00	32.12	CO 45 PR 2	27.85 N782 8.03	05691
0636 09/07/21	J0256 J0	G 844	14947.24	2252.46		12131.66 N782 563.12	00901
0636 09/13/21	J0256 J0	G 844	14947.24	2252.46		12131.66 N782 563.12	00901
0636 09/20/21	J0256 J0	G 844	14947.24	2252.46		12131.66 N782 563.12	00901
0636 09/27/21	J0256 J0	G 844	14947.24	2252.46		12131.66 N782 563.12	00901

Exhibit 6

Northern Light Health 2022 Claims

EMMC Encounter #291664322059 5/1/2022 RACAREPT 7/21/2022

PAYMENT DATE: 07/2 Case 1:18-cy-02084-RC Document 66-7 Filed 08/03/24 Page/210f27 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD 43 WHITING HILL RD ENDING 220930

BREWER ME 044121005 1790789147 BILL TYPE 131 ______ PCN 291664322059 SERVICE FROM 20220502 THRU 20220531 ICN 019762362 PAT STAT XX CLAIM STAT 19 CLAIM # 112 NAME POL# CRN 22218800508304MEA MRN 02274615 ______ PPS DATA: PAYMENT DATA: DRG NUMBER

.00 DRG AMOUNT

.00 DRG/OPER

DRG/CAPITAL

OUTLIER ()

NON LAB CHRG

0 NEG REIMB

0 TOTAL DEDUCT REPORTED 57060.00 DRG NUMBER REIMB RATE .00 PRIMARY PAY
.00 PROF COMP
.00 ESRD AMT
.00 HCPCS AMT .00 NCOVD DENIED .00 . 0.0 16912.50 .00 OTH ADJ AMT DAYS: U NEG REIMB .00 CONT ADJ AMT
O TOTAL DEDUCT .00 INTEREST
O COINSURANCE 3130.58 PAT REFUND
O MSP LIAB MET .00 NET REIMB AMT
CO-PAY AMT .00 .00 COST REPT COVD/UTIL NON COVERED .00 T₁T'R 14353.02 ______ 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 05/31/22 84443 1 124.00 .00 CO 97 124.00 0300 05/31/22 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 CO 253 2.49 PR 2 ______ 521.41 05694 2.49 62.32 PR 2 0335 05/31/22 96413 PO 1 833.00 246.78 CO 45 CO 45 CO 253 521.41 05694 2.49 PR 2 36.79 CO 45 62.32 25PO 1 170.00 123.55 0510 05/02/22 G0463 05012 CO 253 PR 2 36.79 CO 45 .37 9.29 25PO 1 170.00 0510 05/31/22 G0463 123.55 05012 09492 09492 EMMC Encounter #309597832067 6/1/2022 RACAREPT 7/21/2022

PAYMENT DATE: 07/2 Case 1:18-cy-02084-RC Document 66-7 Filed 08/03/22 Page 310f27 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD 43 WHITING HILL RD ENDING 220930 43 WHITING HILL RD

43 WH BREWE: 17907	ITING HII R ME 0441 89147	121005		ENDI BILL	NG 220930	0 140	11			
NAME POL#		ICN	CN 3095	9783206 362	7 SI	ERVICE F STAT XX	ROM 202	220601 TF	======================================	
CHARG	ES:		_	DATA:				NT DATA:		
NCOVD DENIE DAYS:		. 0	0 DRG 0 DRG 0 DRG/ DRG/ OUTI	NUMBER AMOUNT OPER CAPITAL JIER () LAB CHR			REIMB PRIMAI PROF (ESRD A HCPCS OTH AI	RATE RY PAY COMP	.00 .00 12432.90 .00	
COVD/	UTIL OVERED		0 TOTA 0 COIN 0 MSP CO-E	L DEDUC	Т	.00	INTERI PAT RI		.00	======
	K CDS:	MA01 M		======	======	======	:=====	======		=======
	DS: OA	STS19 =======			0 45		- '		 	=======
ADJ A		.00	1730.	1	9358.07			2692.00	.00	=======
CHECK	/EFT NUME	BER: EFT1	431360						-=======	
CROSS	-OVER PAY	YER NAME:	BLUE C	CROSS OF	CALIFOR	NIA				
COMME	NT 1:									
COMME	NT 2:									
COV E	XPR DATE:	:				CLM RC	CVD DATE	E: 07/07/		
REV		====== HCPCS/HI	PPS MOI	S UNIT/					AMT RM	K CD APC
0300 0300 0300 0300 0300	06/01/22 06/01/22 06/01/22 06/01/22 06/15/22	80053 80053 82784 83521 84165 85025 85025	PO PO PO	1 1 2 1 1	71 71	.00	.00	CO 97 CO 97 CO 97 CO 97 CO 97 CO 97 CO 97	176.00 99.00 71.00 71.00	
	06/01/22 06/01/22		PO PO	1	1012		187.08	CO 97 CO 45 CO 253 PR 2	1012.00 571.78 1.89 47.25	05622
0335	06/01/22	96413	PO	1	833	.00	246.78		521.41 2.49 62.32	05694
0335	06/15/22	96413	PO	1	833	.00	246.78	CO 45 CO 253 PR 2	521.41 2.49 62.32	05694
0335	06/01/22	96415	PO	1	385	.00	47.99	CO 45 CO 253 PR 2	324.41 .48 12.12	05692
0335	06/15/22	96415	PO	1	385	.00	47.99	CO 45 CO 253 PR 2	324.41 .48 12.12	05692
0510	06/15/22	G0463	25PO	1	258	.00	36.79	CO 45 CO 253 PR 2	211.55 .37 9.29	05012
0636	06/01/22	J9145	JGTB	150	14658	.00 4	923.43		8441.55 49.73 1243.29	09476
0636	06/15/22	J9145	JGTB	150	14658	.00 4	923.43	CO 45 CO 253 PR 2	8441.55 49.73 1243.29	09476

EMMC Encounter #278896372069 6/1/2022 RACAREPT 7/21/2022

PAYMENT DATE: 07/2 Case 1:18-cy-02084-RC Document 66-7 Filed 08/03/22 Page/410f27 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD

ENDING 220930 43 WHITING HILL RD 14011

BREWER ME 044121005

1790789147 BILL TYPE 131

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

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 108.00 .00 CO 97 108.00 1 .00 CO 97 124.00 124.00 0300 06/29/22 85025 PΟ 1 71.00 .00 CO 97 71.00 833.00 0335 06/29/22 96413 PO 246.78 CO 45 521.41 05694 CO 253 2.49 PR 2 62.32 36.79 CO 45 0510 06/29/22 G0463 25PO 1 258.00 05012 211.55 .37 CO 253 9.29 PR 2 15697.44 09453

0636 06/29/22 J9299 JGPO 480 25958.40 8679.61 CO 45 CO 253 87.67 PR 2 1493.68 Encounter #278896372069 6/1/2022 RACAREPT 7/21/2022

PAYMENT DATE: 07/2 Case 1:18-cy-02084-RC Document 66-7 Filed 08/03/24 Page 510f27 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD 43 WHITING HILL RD ENDING 220930

BREWER ME 044121005

1790789147 BILL TYPE 131

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

______ CHARGES: PPS DATA: PAYMENT DATA: REIMB RATE

REPORTED 27140.40 DRG NUMBER NCOVD .00 PRIMARY PAY .00 .00 DRG AMOUNT .00 DRG/OPER .00 PROF COMP .00 DENTED .00 ESRD AMT .00 HCPCS AMT DRG/CAPITAL OUTLIER () . 0.0 10260.96 DAYS: NON LAB CHRG .00 OTH ADJ AMT .00 .00 CONT ADJ AMT COST REPT 16521.40 O NEG REIMB 0 TOTAL DEDUCT 0 COINSURANCE .00 INTEREST 1565.29 PAT REFUND COVD/UTIL NON COVERED .00 .00 NET REIMB AMT LTR 0 MSP LIAB MET 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 05694 CO 253 2.49 PR 2 36.79 CO 45 62.32 123.55 0510 06/01/22 G0463 25PO 1 170.00 05012 CO 253 .37

9.29 0636 06/01/22 J9299 JGPO 480 25958.40 8679.61 CO 45 15697.44 CO 253 87.67 09453 EMMC Encounter #306280122061 6/1/2022 RACAREPT 7/21/2022

PAYMENT DATE: 07/2 Case 1:18-cy-02084-RC Document 66-7 Filed 08/03/22 Page 610/27 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

14011

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD 43 WHITING HILL RD ENDING 220930

BREWER ME 044121005

1790789147

BILL TYPE 131

1790789147			BILL T	_							
======================================	PCN ICN 0	306280 1976236	122061	S PAT	ERVICE STAT XX	FROM 202	2206	======== 514 THRU 2 5 19 CLAIN	20220628	=====	=====
CHARGES:		PPS DA	TA:			PAYMEI	NT [DATA:			
REPORTED NCOVD DENIED DAYS: COST REPT COVD/UTIL NON COVERED LTR	.00	DRG NU DRG AM DRG/OP DRG/CA OUTLIE NON LA NEG RE TOTAL COINSU MSP LI CO-PAY	MBER OUNT ER PITAL R () B CHRG IMB DEDUCT RANCE AB MET AMT		.00 .00 .00 .00 .00 .00 .00 .00) ESRD 2) HCPCS) OTH Al) CONT 2) INTERI B PAT RI) NET RI	RY COME AMT AMI DJ A ADJ EST EFUN EIME	PAY P AMT AMT JD AMT AMT	19494.8	00 00 00 00 00 00 85 00 00 83	
REMARK CDS:	MA01 MA1	8 N78	2								
GROUP AND STD CDS: OA ====================================				=====	======		====				:=====
ADJ AMT:	========	======				1				- 1	=====
CHECK/EFT NUMB	========	======		=====	======		====				=====
CROSS-OVER PAY			_	=====	======		====				=====
COMMENT 1:	=======	=====	======	=====	======		====			=====	=====
COMMENT 2:	=======	=====	======	=====	======	======					=====
COV EXPR DATE:		=====	======	=====	-)7/07/2022 ========		=====	=====
	HCPCS/HIPP										CD APC
0300 06/14/22 0300 06/28/22 0300 06/14/22 0300 06/28/22 0335 06/14/22	80053 Pe 80053 Pe 85025 Pe 85025 Pe 96413 Pe	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1	108 108 71 71 833	.00	.00 .00 .00 .00 246.78	CO CO	45 253	521.41 2.49	N782	05694
0335 06/28/22	96413 P	O	1	833	.00	246.78	СО	45 253	62.32 521.41 2.49	N782	05694
0510 06/14/22	G0463 2	5PO	1	170	.00	36.79		45 253	62.32 123.55 .37 9.29	N782	05012
0636 06/14/22	J9173 J	GPO	72	13044	.24	3214.73	СО	45 253	8985.24 32.47 811.80	N782	09492
0636 06/28/22	J9173 J	GPO	72	13044	.24	3214.73	СО	45 253	8985.24 32.47 811.80	N782	09492

EMMC Encounter #342995453 6/30/2022 RACAREPT 7/21/2022

PAYMENT DATE: 07/2 Case 1:18-cy-02084-RC Document 66-7 Filed 08/03/22 Page/710f27 MEDICARE-ACUTE

ELECTRONIC MEDIA REMITTANCE ADVICE SINGLE OUTPATIENT SERVICE LINE DETAIL REPORT

EASTERN MAINE MEDICAL CENTER FISCAL PERIOD
43 WHITING HILL RD ENDING 220930 43 WHITING HILL RD

43 WHITING HIL BREWER ME 0441 1790789147	21005	ENDING 2 BILL TYP		11		
NAME POL# MRN 00302744	ICN 0	000342995453 19762362 CRN 22218800201	PAT STAT XX	ROM 20220630 THRU CLAIM STAT 19 CLA		:====
CHARGES:		PPS DATA:		PAYMENT DATA:		
REPORTED NCOVD DENIED		DRG NUMBER DRG AMOUNT DRG/OPER DRG/CAPITAL	.00	REIMB RATE PRIMARY PAY PROF COMP ESRD AMT	1.00 .00 .00	
DAYS:		OUTLIER () NON LAB CHRG	.00	HCPCS AMT OTH ADJ AMT	1336.80	
COST REPT COVD/UTIL NON COVERED LTR	0	NEG REIMB TOTAL DEDUCT COINSURANCE MSP LIAB MET CO-PAY AMT	.00 .00 352.90 .00	CONT ADJ AMT INTEREST PAT REFUND NET REIMB AMT	1663.34 .00 .00 1397.49	
REMARK CDS:	MA01 MA1	8 				·== = =
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: 0//0//2022										
REV	DATE	HCPCS/	HIPPS MODS	UNIT/V	/ISIT	CHGS	ALLOWED	GC	RSN		TMA	RMK	CD	APC
0510	06/30/22	92014	25PO	1	1	71.00	91.96		253	54. 23.	93		0	5012
0510	06/30/22	92134	PO	1		50.00	.00	СО	97	50.	00			
0636	06/30/22	J0178	JGPO	2	28	93.84	1058.75		253	1557. 10. 267.	69		0	1420
0761	06/30/22	67028	RTPO	1	3	13.00	246.78		253	= -	41 49 32		0	5694

Exhibit 7

AdventHealth Hendersonville 2020 Claims

FLETCHER HOSPITAL INC FPE: 12/31/2020 FIRST COAST SERVICE OPTIONS, I

PAID: 11/18/2020 532 RIVERSIDE AVENUE PO BOX 601558 CLM#: 586 JACKSONVILLE FL 32202 TOB: 131 FTN: 560543246 CHARLOTTE NC 282601558

NPI: 1427075027

CHECK/EFT: EFT2569748

PCN: 114867712 PATIENT: PCN: 11486777 SVC FROM: 10/29/20 MRN: 3121913 MID:

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=SEQUESTRATN
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 LICN	DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES	
SVC D	esc											
	10/29 67712-1				3	48.46	0.00	CO	97	48.46		
1140	0//12-1											
0260	10/29	96365	05693		1	616.36	137.13	СО	45	444.95		
								PR	2	34.28	N782	
1148	67712-2											
0636	10/29	J1300	09236	JG	120	73330.31	18847.60	СО	45	53108.99		
								PR	2	1373.72	N782	
1148	67712-3											

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)

FLETCHER HOSPITAL INC

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

NPI: 1427075027 TOB: 131 FTN: 560543246

CHECK/EFT: EFT2569748

PATIENT: PCN: 114867712 SVC FROM: 10/29/20 MRN: 3121913 MID:

CLAIM STAT: 1 THRU: 10/29/20 ICN: 22030902562807FLA 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:ÿIf 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:ÿPatient 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

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

PCN: 112890682 SVC FROM: 03/03/20 MRN: 3122226 THRU: 03/03/20 ICN: 22009801985107FLA PATIENT: MID:

CLAIM STAT: 1

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=SEQUESTRATN
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

		. 111101								_	
REV LICN	DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC D	esc										
	03/03 90682-1				1	29.42	0.00	CO	97	29.42	
0335	03/03	96413	05694		1	799.06	226.44	CO	45 253	510.23 4.62	
1128	90682-2							PR	2	57.77	

112890682-2						PR	2	57.77
112090002-2								
0335 03/03	96417	05692	1	243.12	44.22	CO CO PR	45 253 2	186.71 0.90 11.29
112890682-3							_	
0636 03/03 112890682-4	J1642		50	16.79	0.00	CO	97	16.79
0636 03/03 112890682-5	J7030		1	29.42	0.00	CO	97	29.42

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: PCN: 112890682
MID: SVC FROM: 03/03/20 MRN: 3122226

CLAIM STAT: 1 THRU: 03/03/20 ICN: 22009801985107FLA

COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

REV LICN		HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
SVC D	esc											
0636	03/03	J9228	09284	JG	200	128174.69	21004.29	CO	45	105482.89		
								CO	253	428.66		
								PR	2	1258.85		
1128	90682-6											
0636	03/03	J9299	09453	JG	68	12076.73	1296.00	CO	45	10676.61		
								CO	253	26.45		
								PR	2	77.67		
1128	90682-7											
0636	03/03	J9299	09453	JG JW	12	2896.34	228.70	СО	45	2649.26		
								CO	253	4.67		
								PR	2	13.71		
1128	90682-8											

GLOSSARY

FPE: 12/31/2020 FIRST COAST SERVICE OPTIONS, I PAID: 04/21/2020 532 RIVERSIDE AVENUE FLETCHER HOSPITAL INC

PO BOX 601558 CHARLOTTE NC 282601558 CLM#: 3388 JACKSONVILLE FL 32202

FTN: 560543246 NPI: 1427075027 TOB: 131

CHECK/EFT: EFT2474287

PATIENT: PCN: 112890682 SVC FROM: 03/03/20 MRN: 3122226 MID:

CLAIM STAT: 1 THRU: 03/03/20 ICN: 22009801985107FLA

COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

97

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)
 - 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:ÿIf 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

 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 ______

SVC FROM: 05/29/20 MRN: 3137376 THRU: 05/29/20 ICN: 22016101 PATIENT: PCN: 113389830 MID:

CLAIM STAT: 1 THRU: 05/29/20 ICN: 22016101191707FLA

COR MID: ______

ARGES:

125207.13=REPORTED

0.00=NCVD/DENIED

0.00=CLAIM ADJS

125207.13=COVERED

0=COST REPT

0=COVD/UTIL

0=COVD/UTIL

0=COVD/UTIL

0=COVD/UTIL

0=COVD/UTIS

0 CHARGES: DAYS/VISITS:

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 1 391.00 28.43 CO 45 355.45 PR 2 7.12 0260 05/29 96375 05691 PO 113389830-2 0331 05/29 96411 05692 PO 1 387.62 45.12 CO 45 331.21 PR 2 11.29 113389830-3 799.06 231.06 CO 45 PR 2 1 0335 05/29 96413 05694 PO 510.23

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

FLETCHER HOSPITAL INC FPE: 12/31/2020 FIRST COAST SERVICE OPTIONS, I

PO BOX 601558 PAID: 06/23/2020 532 RIVERSIDE AVENUE PO BOX 601336

CHARLOTTE NC 282601558

NDT - 1427075027

TOB: 131

JACKSONVILLE FL 32202

FTN: 560543246

CHECK/EFT: EFT2502578

PATIENT: PCN: 113389830 MID:

SVC FROM: 05/29/20 MRN: 3137376 THRU: 05/29/20 ICN: 22016101191707FLA CLAIM STAT: $\overline{1}$

COR MID:

... CONTINUED FROM PREVIOUS PAGE ... ______

REV LICN	DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
SVC D	esc											
	05/29	G0463	05012	PO 25	1	104.91	34.61	CO PR	45 2	61.65 8.65		
1133	89830-7								_	3.33		
	05/29 89830-6	96377		PO XU	1	308.99	0.00	CO	97	308.99		
0636	05/29	J1453	09242	PO JG	150	301.06	142.77	CO PR	45 2	148.96 9.33		
1133	89830-8								_			
	05/29 89830-9	J1642		PO	50	17.25	0.00	CO	97	17.25		
	05/29 89830 - 10			PO	10	47.38	0.00	CO	97	47.38		
	05/29 89830-11		09119	PO JG	1	7458.18	2733.65	CO PR	45 2	4545.98 178.55		
1133	0,0000-1.	L										

FLETCHER HOSPITAL INC FPE: 12/31/2020 FIRST COAST SERVICE OPTIONS, I

PO BOX 601558 PAID: 06/23/2020 532 RIVERSIDE AVENUE PO BOX 601336

CHARLOTTE NC 282601558

CLM#: 183

JACKSONVILLE FL 32202

NDT - 1427075027

TOB: 131

FTN: 560543246

PATIENT: PCN: 113389830 MID:

SVC FROM: 05/29/20 MRN: 3137376 THRU: 05/29/20 ICN: 22016101191707FLA CLAIM STAT: $\overline{1}$

COR MID:

CHECK/EFT: EFT2502578

... CONTINUED FROM PREVIOUS PAGE ...

REV DA LICN	TE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC Desc 0636 05 1133898	5/29			PO	1	34.58	0.00	CO	97	34.58	
0636 05 1133898				PO	3	102.07	0.00	CO	97	102.07	
0636 05 1133898				PO	10	455.12	0.00	CO	97	455.12	
0636 05 1133898			09287	PO JG	135	98271.20	15648.37	CO PR	45 2	81600.72 1022.11	
0636 05 1133898			09287	PO JG	15	10940.00	1738.71	CO PR	45 2	9087.72 113.57	
0636 05 1133898			01408	PO	10	3014.70	299.00	CO PR	45 2	2696.17 19.53	

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

PATIENT: PCN: 113389830 MID: SVC FROM: 05/29/20 MRN: 3137376

CLAIM STAT: 1 THRU: 05/29/20 ICN: 22016101191707FLA

COR MID:

CHECK/EFT: EFT2502578

... CONTINUED FROM PREVIOUS PAGE ...

REV LICN	DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC D		J9070	01408	PO JG	4	1300.39	87.45	СО	45	1207.23	
	·		01400	ro og	4	1300.39	07.45	PR	2	5.71	
1133	39830-18	3									
0636	05/29	J9070	01408	PO JG	1	797.68	21.86	CO	45	774.39	
1133	39830-19	9						PR	2	1.43	

GLOSSARY

2 Coinsurance Amount

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)

FLETCHER HOSPITAL INC

FPE: 12/31/2020 FIRST COAST SERVICE OPTIONS, I
PAID: 06/23/2020 532 RIVERSIDE AVENUE
CLM#: 183 JACKSONVILLE FL 32202
TOP: 131

FTN: 560543246 TOB: 131

NPI: 1427075027 CHECK/EFT: EFT2502578

PATIENT: PCN: 113389830 MID: SVC FROM: 05/29/20 MRN: 3137376

THRU: 05/29/20 ICN: 22016101191707FLA CLAIM STAT: 1

COR MID:

PO BOX 601558

CHARLOTTE NC 282601558

... 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:ÿIf 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

FPE: 12/31/2021 FIRST COAST SERVICE OPTIONS, I FLETCHER HOSPITAL INC

PAID: 06/18/2021 P O BOX 2006 PO BOX 601558

CLM#: 561 MECHANICSBURG PA 170550733 TOB: 131 FTN: 560543246 CHARLOTTE NC 282601558

NPI: 1427075027

CHECK/EFT: EFT2669282

TRANSFER TO (COB): MUTUAL OF OMAHA INSURANCE COMP ID CODE: 000030091

PATIENT: PCN: 118023916 MID: 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 AMOUN	TI	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.	O OO=CAP OUTI.	rer	36294 71=AT.T.OW/RETM

DAYS/VISITS: 0.00=CAP OUTLIER 36294.71=ALLOW/REIM 0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTRATN
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 LICN		HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
SVC De	esc											
0260	04/29	96365	05693	PO	1	647.18	151.94	CO	45	457.25		
								PR	2	37.99		
11802	23916-1											
0510	04/29	G0463	05012	PO 25	1	154.32	35.46	CO	45	109.99		
	, -		-	-		-		PR	2	8.87		
1180	23916-2								2	0.07		
	04/29 23916-5	J1642		PO	50	18.35	0.00	CO	97	18.35		
	04/29 23916-4	J7050		PO	1	33.20	0.00	CO	97	33.20		
0636	04/29	Q2043	09273	PO JG	1	179744.24	36107.31	CO	45	142190.92		
								PR	2	1446.01		
11802	23916-3											

GLOSSARY

FPE: 12/31/2021 FIRST COAST SERVICE OPTIONS, I
PAID: 06/18/2021 P O BOX 2006
CLM#: 561 MECHANICSBURG PA 170550733
TOB: 131 FTN: 560543246 FLETCHER HOSPITAL INC

PO BOX 601558

CHARLOTTE NC 282601558

NPI: 1427075027

CHECK/EFT: EFT2669282

TRANSFER TO (COB): MUTUAL OF OMAHA INSURANCE COMP ID CODE: 000030091

PATIENT: PCN: 118023916 SVC FROM: 04/29/21 MRN: 3269052 MID:

CLAIM STAT: 19 THRU: 04/29/21 ICN: 22115502053307FLA

COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

97

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)
 - 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:ÿIf 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: $ilde{A}_c$ 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

FLETCHER HOSPITAL INC FPE: 12/31/2021 FIRST COAST SERVICE OPTIONS, I

PO BOX 601558 PAID: 07/21/2021 P O BOX 2006

CLM#: 526 MECHANICSBURG PA 170550733 TOB: 131 FTN: 560543246 CHARLOTTE NC 282601558

NPI: 1427075027

CHECK/EFT: EFT2683532

TRANSFER TO (COB): CHAMPVA-VA HEALTH ADMIN CTR ID CODE: 000080214

PCN: 118536898 PATIENT: SVC FROM: 06/10/21 MRN: 3344982 MID:

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=SEQUESTRATN
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	0 00	0 00

0.00=PBP REDUCT 0=NCOV VISITS 0.00=PA REDUCT 13844.47=NET REIM AMT

REMARK CODES: MA01 MA18

									_	
DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
esc										
06/10	96365	05693		1	647.18	151.94	CO	45	457.25	
							PR	2	37.99	
86898-1										
06/10	J1300	09236	JG	90	56194.99	13692.53	СО	45	41056.45	
							PR	2	1446.01	
36898-3										
06/10 86898-2	J7050			1	33.20	0.00	СО	97	33.20	
	esc 06/10 66898-1 06/10 66898-3	esc 06/10 96365 6898-1 06/10 J1300 6898-3 06/10 J7050	HCPI esc 06/10 96365 05693 e6898-1 06/10 J1300 09236 e6898-3	HCPI esc 06/10 96365 05693 66898-1 06/10 J1300 09236 JG 66898-3 06/10 J7050	HCPI 288C 06/10 96365 05693 1 26898-1 06/10 J1300 09236 JG 90 26898-3 06/10 J7050 1	HCPI 285C 06/10 96365 05693 1 647.18 26898-1 06/10 J1300 09236 JG 90 56194.99 26898-3 06/10 J7050 1 33.20	HCPI 288	HCPI 285C 06/10 96365 05693 1 647.18 151.94 CO PR 26898-1 06/10 J1300 09236 JG 90 56194.99 13692.53 CO PR 26898-3 06/10 J7050 1 33.20 0.00 CO	HCPI 28C 06/10 96365 05693	HCPI 28C 06/10 96365 05693

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)

Coinsurance Amount

FPE: 12/31/2021 FIRST COAST SERVICE OPTIONS, I FLETCHER HOSPITAL INC

PO BOX 601558

PAID: 07/21/2021 P O BOX 2006
CLM#: 526 MECHANICSBURG PA 170550733
TOB: 131 FTN: 560543246 CHARLOTTE NC 282601558

FTN: 560543246 TOB: 131 NPI: 1427075027

CHECK/EFT: EFT2683532

TRANSFER TO (COB): CHAMPVA-VA HEALTH ADMIN CTR ID CODE: 000080214

PATIENT: PCN: 118536898 SVC FROM: 06/10/21 MRN: 3344982 MID:

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:ÿIf 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:ÿThe 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

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

CHECK/EFT: EFT2807111 ______

PATIENT: PCN: 123122094

PCN: 123122094 SVC FROM: 03/29/22 MRN: 3441694 THRU: 03/29/22 ICN: 22209403549907FLA MID: CLAIM STAT: 1

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=SEQUESTRATN
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 LICN		HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
SVC D	esc											
0331	03/29	96401	05692	PO	2	597.30	46.83	CO	45	538.76		
								PR	2	11.71		
1231	22094-1											
0636	03/29	J9041	09207	PO JG	24	8093.36	654.81	СО	45	7307.36		
								PR	2	131.19		
1231	22094-4											
0636	03/29	J9041	09207	PO JG	11	3722.62	300.12	CO	45	3362.37		
								PR	2	60.13		
1231	22094-3											
0636	03/29	J9144	09378	PO TB	180	37352.37	6753.15	СО	45	29246.25		
								PR	2	1352.97		
1231	22094-2											
												7

GLOSSARY

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: PCN: 123122094 MID: 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

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)

MA01 Alert:ÿIf 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

FLETCHER HOSPITAL INC FPE: 12/31/2022 FIRST COAST SERVICE OPTIONS, I

PAID: 04/18/2022 P O BOX 2006 PO BOX 601558

CLM#: 581 MECHANICSBURG PA 170550733 TOB: 131 FTN: 560543246 CHARLOTTE NC 282601558

NPI: 1427075027

CHECK/EFT: EFT2807111 ______

PCN: 123122242 PATIENT: PCN: 1231222-SVC FROM: 03/01/22 MRN: 3447654 MID:

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=SEQUESTRATN
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 LICN	DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC D	esc										
0335	03/01	96413	05694	PO	1	839.01	240.83	CO	45	537.97	
								PR	2	60.21	
1231	22242-1										
	03/01 22242-3	J7030		PO	1	33.77	0.00	CO	97	33.77	
0636	03/01	J9173	09492	PO JG	150	52505.65	6933.31	CO	45	44076.55	
1231	22242-2							PR	2	1495.79	

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)

FPE: 12/31/2022 FIRST COAST SERVICE OPTIONS, I
PAID: 04/18/2022 P O BOX 2006 FLETCHER HOSPITAL INC

CLM#: 581 MECHANICSBURG PA 170550733

FTN: 560543246 TOB: 131

CHECK/EFT: EFT2807111

CHARLOTTE NC 282601558

PO BOX 601558

NPI: 1427075027

PATIENT: PCN: 123122242 MID: SVC FROM: 03/01/22 MRN: 3447654

THRU: 03/01/22 ICN: 22209403553807FLA

CLAIM STAT: 1 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:ÿIf 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

FIGURE FIGURE FIGURE FILE FILE FLOW FROM THE FRO FPE: 12/31/2022 FIRST COAST SERVICE OPTIONS, I

TRANSFER TO (COB): AMERICAN CONTINENTAL INSU. ID CODE: 000030074

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

COR MID:

CHARGES:	PAYMENT DATA:	=DRG	0.250=REIM RATE
49466.92=REPORTED	0.00=DRG AMO	UNT	0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPE	R/CA	0.00=PROF COMPONENT
0.00=CLAIM ADJS	0.00=LINE AD	J AM	0.00=ESRD AMOUNT
49466.92=COVERED	0.00=OUTLIER		4397.53=PROC CD AMOUNT
DAYS/VISITS:	0.00=CAP OUT	LIER	3936.58=ALLOW/REIM
0=COST REPT	0.00=CASH DE	DUCT	39.77=SEQUESTRATN
0=COVD/UTIL	0.00=BLOOD D	EDUC	0.00=INTEREST
0=NON-COVERED	994.14=COINSUR	ANCE	44496.43=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REF	UND	0.25=PER DIEM AMT
0=NCOV VISITS	0.00=PBP RED	UCT	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 (
SVC D											
0260	05/17	96367	05692	PO	2	488.92	92.70	CO CO PR	45 253 2	371.85 0.94 23.43	
1239	85116-2							ΓN	۷	23.43	
0260	05/17	96375	05691	PO	1	410.55	29.92	CO	45 253	372.77 0.30	
1239	85116-1							PR	2	7.56	
0335	05/17	96413	05694	PO	1	839.01	238.42	CO CO PR	45 253 2	537.97 2.41 60.21	
1239	85116-4								_	00.22	
0335	05/17	96417	05692	PO	2	510.56	92.70	CO CO PR	45 253 2	393.49 0.94 23.43	
1239	85116-3										

CODES

FLETCHER HOSPITAL INC FPE: 12/31/2022 FIRST COAST SERVICE OPTIONS, I

PO BOX 948117 PAID: 06/21/2022 P O BOX 2006

CLM#: 1973 MECHANICSBURG PA 170550733 TOB: 131 FTN: 560543246 ATLANTA GA 303948117

CHECK/EFT: EFT2837997

NPI: 1427075027

TRANSFER TO (COB): AMERICAN CONTINENTAL INSU. ID CODE: 000030074 ______

PATIENT: PCN: 123985116 SVC FROM: 05/17/22 MRN: 3449019 MID:

CLAIM STAT: 19 THRU: 05/17/22 ICN: 22215801323607FLA

COR MID:

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... CONTINUED FROM PREVIOUS PAGE ...

										_		
REV LICN	DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	I GC	RSN	AMOUNT	REMARK	CODES
SVC D	esc											
	05/17 85116-1			PO	10	26.94	0.00	CO	97	26.94		
	05/17 85116-1			PO	150	632.77	0.00	CO	97	632.77		
	05/17 85116-1			PO	50	19.26	0.00	CO	97	19.26		
	05/17 85116-1			PO	10	43.52	0.00	СО	97	43.52		
	05/17 85116-1:			PO	1	33.76	0.00	CO	97	33.76		
	05/17 85116-1			PO	3	97.26	0.00	CO	97	97.26		

FLETCHER HOSPITAL INC FPE: 12/31/2022 FIRST COAST SERVICE OPTIONS, I PAID: 06/21/2022 P O BOX 2006

CLM#: 1973 MECHANICSBURG PA 170550733 TOB: 131 FTN: 560543246 ATLANTA GA 303948117

NPI: 1427075027

CHECK/EFT: EFT2837997

TRANSFER TO (COB): AMERICAN CONTINENTAL INSU. ID CODE: 000030074

______ PCN: 123985116 PATIENT:

SVC FROM: 05/17/22 MRN: 3449019 MID:

THRU: 05/17/22 ICN: 22215801323607FLA CLAIM STAT: 19

COR MID:

123985116-5

... CONTINUED FROM PREVIOUS PAGE ...

REV LICN	DATE	HCPCS	APC/HIPPS HCPI	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC D			11011								
0636	05/17 85116-1			PO	1	69.12	0.00	CO	97	69.12	
	-										
0636	05/17	J9045		PO	9	545.56	0.00	CO	97	545.56	
1239	85116-9										
0636	05/17	Q2050	07046	PO JG	1	3713.49	103.54	СО	45	3582.75	
								CO	253	1.05	
								PR	2	26.15	
1239	85116-7										
0636	05/17	Q2050	07046	PO JG	5	6883.57	517.72	СО	45	6229.88	
		~						CO	253	5.23	
								PR	2	130.74	
1239	85116-8										
0636	05/17	Q5107	09329	PO TB	20	9792.97	572.32	СО	45	9070.35	
								CO	253	5.78	
								PR	2	144.52	

FPE: 12/31/2022 FIRST COAST SERVICE OPTIONS, I
PAID: 06/21/2022 P O BOX 2006
CLM#: 1973 MECHANICSBURG PA 170550733
TOB: 131 FTN: 560543246 FLETCHER HOSPITAL INC

PO BOX 948117

ATLANTA GA 303948117

NPI: 1427075027

CHECK/EFT: EFT2837997

ID CODE: 000030074 TRANSFER TO (COB): AMERICAN CONTINENTAL INSU. ______

PATIENT: PCN: 123985116

MID: SVC FROM: 05/17/22 MRN: 3449019

CLAIM STAT: 19 THRU: 05/17/22 ICN: 22215801323607FLA

COR MID:

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______ REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES LICN HCPI SVC Desc 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.

FLETCHER HOSPITAL INC FPE: 12/31/2022 FIRST COAST SERVICE OPTIONS, I PO BOX 948117 PAID: 06/21/2022 P O BOX 2006 CLM#: 1973 MECHANICSBURG PA 170550733 NPI: 1427075027 TOB: 131 FTN: 560543246

CHECK/EFT: EFT2837997

TRANSFER TO (COB): AMERICAN CONTINENTAL INSU. ID CODE: 000030074

PATIENT: PCN: 123985116 SVC FROM: 05/17/22 MRN: 3449019 MID:

THRU: 05/17/22 ICN: 22215801323607FLA CLAIM STAT: 19

COR MID:

... CONTINUED FROM PREVIOUS PAGE ...

GLOSSARY

MA01 Alert:ÿIf 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:ÿThe 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

,								
C' 'I A 4' - N - 19 2094 (DC)								
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 Complain								
is deemed filed and served as the operative pleading in this case.								
Rudolph Contreras ted States District Judge								