

Provider Number: [REDACTED]  
Provider Name: [REDACTED]

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Schedule S-7, Part I  
Charges and Revenues For Use In DSH Upper Payment Limit Calculations  
(Non-Dual Eligible)

Period: From 7/1/2014 To 6/30/2015

	Service Category	Charges	Net Revenues
		(1)	(2)
1	PA Medicaid (Title XIX) Fee-for-Service Inpatient	[REDACTED]	[REDACTED]
2	PA Medicaid (Title XIX) Fee-for-Service Outpatient	[REDACTED]	[REDACTED]
3	PA Medicaid (Title XIX) Managed Care Inpatient	[REDACTED]	[REDACTED]
4	PA Medicaid (Title XIX) Managed Care Outpatient	[REDACTED]	[REDACTED]
5	Total PA Medicaid (Title XIX)	[REDACTED]	[REDACTED]
6	General Assistance (GA) Fee-for-Service Inpatient	[REDACTED]	[REDACTED]
7	General Assistance (GA) Fee-for-Service Outpatient	[REDACTED]	[REDACTED]
8	General Assistance (GA) Managed Care Inpatient	0	0
9	General Assistance (GA) Managed Care Outpatient	0	0
10	Total General Assistance (GA)	[REDACTED]	[REDACTED]
11	Non-PA Medicaid (Title XIX) Fee-for-Service Inpatient	0	0
12	Non-PA Medicaid (Title XIX) Fee-for-Service Outpatient	0	0
13	Non-PA Medicaid (Title XIX) Managed Care Inpatient	0	0
14	Non-PA Medicaid (Title XIX) Managed Care Outpatient	0	0
15	Total Non-PA Medicaid (Title XIX) - (Line 11 + Line 12 + Line 13 + Line 14)	0	0
16	Self-Pay/Uninsured Inpatient	[REDACTED]	[REDACTED]
17	Self-Pay/Uninsured Outpatient	[REDACTED]	[REDACTED]
18	Total Self-Pay/Uninsured	[REDACTED]	[REDACTED]

Schedule S-7, Part II  
 Charges and Revenues For Use In DSH Upper Payment Limit Calculations  
 (Dual-Eligible)

Period: From 7/1/2014 To 6/30/2015

Service Category	Charges	Medicare Net Revenues	Title XIX/GA Net Revenues
	(1)	(2)	(3)
1 PA Dual Eligible Medicaid (Title XIX) Fee-for-Service Inpatient	██████████	██████████	██████████
2 PA Dual Eligible Medicaid (Title XIX) Fee-for-Service Outpatient	1,575,555	██████████	██████████
3 PA Dual Eligible Medicaid (Title XIX) Managed Care Inpatient	0	0	0
4 PA Dual Eligible Medicaid (Title XIX) Managed Care Outpatient	██████████	0	██████████
5 Total PA Dual Eligible Medicaid (Title XIX)	██████████	██████████	██████████
6 Non-PA Dual Eligible Fee-for-Service Inpatient	0	0	0
7 Non-PA Dual Eligible Fee-for-Service Outpatient	0	0	0
8 Non-PA Dual Eligible Managed Care Inpatient	0	0	0
9 Non-PA Dual Eligible Managed Care Outpatient	0	0	0
10 Total Non-PA Dual Eligible	0	0	0
11 Medicare/Medicaid Total Inpatient bed days relating to Dual Eligible patients	██████████	*****	*****