EXAMINER ADJUSTED SURVEY

Workpaper #:		Reviewer:
Examiner:		
Date:		
DSH Version	8.10	7/5/2022

). General Cost Report Year Information	10/1/2020 -	9/30/20
J. General Cost Report Tear Information	10/1/2020 -	9

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

			_	
1. Select Your Facility from the Drop-Down Menu Provided:	NGMC Barrow			
	10/1/2020			
	through			
Select Cost Report Year Covered by this Survey:	9/30/2021 X			
, , ,			I	
Status of Cost Report Used for this Survey (Should be audited if available)				
3a. Date CMS processed the HCRIS file into the HCRIS database:	3/9/2022			
	Data	Correct?	If Incorrect, Proper Information	
4. Hospital Name:	NGMC Barrow	-		
Medicaid Provider Number:	000002098A	-		
Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	-		
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	-		
8. Medicare Provider Number:	110045	_		
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Private	-		
DSH Pool Classification (Small Rural, Non-Small Rural, Urban):	Urban	-		
Out-of-State Medicaid Provider Number. List all states where yo	u had a Medicaid provider agreement during the cos	t report year:		
	State Name	Provider No.		
9. State Name & Number				
10. State Name & Number 11. State Name & Number				
12. State Name & Number				
13. State Name & Number				
14. State Name & Number				
15. State Name & Number				
(List additional states on a separate attachment)				
E. Disclosure of Medicaid / Uninsured Payments Received	i: (10/01/2020 - 09/30/2021)			
Section 1011 Payment Related to Hospital Services Included in Exhib			\$ -	
 Section 1011 Payment Related to Inpatient Hospital Services NOT In Section 1011 Payment Related to Outpatient Hospital Services NOT 			<u>\$</u>	
4. Total Section 1011 Payments Related to Hospital Services (See			\$-	
5. Section 1011 Payment Related to Non-Hospital Services Included in			\$ -	
6. Section 1011 Payment Related to Non-Hospital Services NOT Include			\$ -	
7. Total Section 1011 Payments Related to Non-Hospital Services	(See Note 1)		\$-	
8. Out-of-State DSH Payments (See Note 2)			\$ -	
, , , , ,				
			Inpatient Outpatient Total	
Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	W. P.)		\$ 19,385 \$ 392,838 \$412,223	
10. Total Cash Basis Patient Payments from All Other Patients (On Exhib			\$ 92,792 \$ 1,886,851 \$1,979,643	
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to C			\$112,177 \$2,279,689 \$2,391,866	
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Ca	ISD Basis Patient Payments:		17.28% 17.23% 17.23%	
13. Did your hospital receive any Medicaid managed care payments Should include all non-claim-specific payments such as lumn sum payments.		inus navments, canitation na	No yments received by the hospital (not by the MCO), or other incentive payments.	
chesis messes an non-elann-specime payments such as lamp sum payments	.o. ran moassa priority, supplementals, quanty payments, bu	раўтота, варкайот ра	ymento recented by the meaphur (not by the more), or other mountaine payments.	
14. Total Medicaid managed care non-claims payments (see question 13	above) received applicable to hospital services		\$ -	
15. Total Medicaid managed care non-claims payments (see question 13			\$ -	
16. Total Medicaid managed care pan claims payments (and question 12	The state of the s		<u> </u>	

Note 1: Subtitle B. Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented aliens. If your hospital received these funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

F. MIUR / LIUR Qualifying Data from the Cost Report (10/01/2020 - 09/30/2021)

F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6)

7,590

F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ratio (LIUR) Calculation):

- 2. Inpatient Hospital Subsidies
- 3. Outpatient Hospital Subsidies
- 4. Unspecified I/P and O/P Hospital Subsidies
- 5. Non-Hospital Subsidies
- 6. Total Hospital Subsidies
- 7. Inpatient Hospital Charity Care Charges
- Outpatient Hospital Charity Care Charges
- 9. Non-Hospital Charity Care Charges
- 10. Total Charity Care Charges

\$

4,147,150 12,438,965 757,407 17,343,522

F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report)

	Tota	Patient Revenues (Charge	es)		Contractual Adjustments		
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital 12. Psych Subprovider 13. Rehab. Subprovider 14. Swing Bed - SNF 15. Swing Bed - NF 16. Skilled Nursing Facility 17. Nursing Facility 18. Other Long-Term Care 19. Ancillary Services 20. Outpatient Services 21. Home Health Agency 22. Ambulance 23. Outpatient Rehab Providers	\$ 20,658,132 \$ - \$ - \$ 42,393,710	\$ - \$ - \$ - \$ - \$ 119,153,888 \$ 45,432,307	\$	\$ 16,560,504 \$ - \$ - \$ 33,984,737	\$ - \$ - \$ - \$ - \$ 95,519,207 \$ 36,420,616	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 4,097,628 \$ - \$ - \$ \$ \$ 32,043,654 \$ 9,011,691
24. ASC 25. Hospice 26. Other	\$ -	\$ - \$ 285,750	\$ - \$ - \$ -	\$ - \$ 61,887	\$ - \$ 229,070	\$ - \$ - \$ -	\$ - \$ 71,993
27. Total 28. Total Hospital and Non Hospital	\$ 63,129,042	\$ 164,871,945 Total from Above	\$ - \$ 228,000,987	\$ 50,607,128	\$ 132,168,893 Total from Above	\$ - \$ 182,776,021	\$ 45,224,966
 Total Per Cost Report Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on we patient revenue) 		nt Revenues (G-3 Line 1) is a decrease in net	\$ 228,000,987	Total Con	tractual Adj. (G-3 Line 2)	\$ 182,776,021 - \$ -	
 Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCl decrease in net patient revenue) 	LUDED on worksheet G-3, Li	ne 2 (impact is a			+	· \$ -	
 Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Re is a decrease in net patient revenue) 	venue INCLUDED on worksh	eet G-3, Line 2 (impact				· s -	
 Increase worksheet G-3, Line 2 to reverse offset of State and Local P G-3, Line 2 (impact is a decrease in net patient revenue) 	atient Care Cash Subsidies I	NCLUDED on worksheet				. \$.	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes increase in net patient revenue)	INCLUDED on worksheet G-	3, Line 2 (impact is an				\$ -	
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Ch INCLUDED on worksheet G-3, Line 2 (impact is an increase in net pa		insured patients			_	s -	
35. Adjusted Contractual Adjustments 36. Unreconciled Difference	Unreconciled E	Difference (Should be \$0)	\$ -	Unreconciled D	Difference (Should be \$0)	182,776,021 \$	

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2020-09/30/2021) NGMC Barrow

Part Cot 2 et al Offset ONL Part Cot 2 et al Offset ONL Part Cot 2 et al Offset ONL Part Cot 2 et al Part Cot 3 et al Part Cot 4 et al Part Cot 3 et al Part Cot 3 et al Part Cot 4 et al Part Cot 3 et al Part Cot 4 et al Part Cot 3 et al Part Cot 4 et al Part Cot 3 et al Part Cot 4 et al Part Cot	Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
Section Sect			Worksheet B,	Worksheet B, Part I, Col. 25 (Intern & Resident	Worksheet C, Part I, Col.2 and	Out - Cost Report Worksheet D-1,	Calculated	W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for	Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges		Calculated Per Diem
3000 NTRENSIVE CARE UNIT			-								
Second Corromant Care Unit				\$ -	\$ -	-			1 1/1 1/1		
Supposition				\$ -	\$ -			1,008			
Second Content (From Wild Superior) Second Content (From Wild Supe				7	Ψ			-	'		
Second S			7	7	Ÿ			-	Ψ		
Continue Section Sec			7	7					7		•
Supprovider				Ÿ	Ψ				Ψ		
Second Content Subprovider Subprovid				7	7			_	\$ -		
Total Routine S 11,889,492 S S S S S S S S S			7	\$ -	7			_	\$ -		•
Hospital Observation Days - Observation Days				\$ -	\$ -			-	\$ -		\$ -
Hospital Observation Days - Observation Days		Total Routine	\$ 11.889.492	\$ -	\$ -	\$ -	\$ 11.889.492	9.157	\$ 20.658.132		
Hospital Observation Days - Cost Report			*,,	•	•	•	*,	-,	+,,		\$ 1,298.40
Observation Days Cost Report Wis Cost Report Worksheet C, Pt. I, Col. 8 Col.		g-									,,
Cost Report Worksheet B, Part I, Col. 26 Part I, Col. 27 Part I, Col. 29 Par	Observatio	on Data (Non-Distinct)		Cost Report W/S S- 3, Pt. I, Line 28,	Cost Report W/S S- 3, Pt. I, Line 28.01,	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above	Cost Report Worksheet C, Pt. I,	- Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	Medicaid Calculated Cost-to-Charge Ratio
Cost Report Worksheet B, Part I, Col. 26 Part I, Col. 25 Cost Report Worksheet C, Part I, Col. 25 Cost Report Worksheet C, Part I, Col. 25 Cost Report Cost Report Worksheet C, Pt. I, Col. 6 Cost Report Worksheet C, Pt. I, Col. 8	09200 Obs	servation (Non-Distinct)		1,567	-	_	\$ 2,201,369	731,443	2,650,251	\$ 3,381,694	0.650966
\$ 3,306,225 \$ 532,722 \$ 5,747,021 \$ 6,279,743 0.55			Worksheet B,	Worksheet B, Part I, Col. 25	Worksheet C, Part I, Col.2 and		Calculated	Cost Report	- Cost Report	Cost Report	Medicaid Calculated
\$ 1,921,835 \$ 561,484 \$ 7,990,349 \$ 8,551,833 \$ 0.22	Ancillary	Cost Centers (from W/S C excluding Oh	servation) (list belo	5	Col. 4						Cost-to-Charge Ratio
\$400 RADIOLOGY-DIAGNOSTIC \$1,996,811 \$ - \$ - \$ \$ \$1,996,811 \$ 821,280 \$8,214,943 \$9,036,223 0.22 \$401 U.TRASOUND \$787,185 \$ - \$ - \$ \$787,185 \$1,945,171 \$7,155,008 \$9,100,179 0.01 \$400 CT SCAN \$9,036,23 \$1,247,225 \$1,945,171 \$7,155,008 \$9,100,179 0.01 \$1,000 CT SCAN \$9,036,23 \$1,247,272 \$1,247,245 \$1,24				w):			\$ 3.306.225	Col. 6	Col. 7	Col. 8	
\$ 787,185 \$ 1,945,171 \$ 7,155,008 \$ 9,100,179 \$ 0.00	5000 OPE	ERATING ROOM	\$ 3,306,225	w):	\$ -			Col. 6	Col. 7	Col. 8	0.526490
5600 RADIOISOTOPE \$ 787,048 \$ - \$ \$ 787,048 \$ 407,939 \$ 3,326,833 \$ 3,734,772 0.2 5700 CT SCAN \$ 990,875 \$ - \$ \$ 990,875 \$ 4,896,084 \$ 36,764,421 \$ 41,660,505 0.0 5800 MRI \$ 797,701 \$ - \$ - \$ 797,701 \$ 555,690 \$ 6,460,684 0.1 6000 LABORATORY \$ 3,831,645 \$ - \$ - \$ 3,831,645 \$ 7,476,587 \$ 14,701,649 \$ 22,178,236 0.1 6500 RESPIRATORY THERAPY \$ 2,172,626 \$ - \$ - \$ 2,172,626 \$ 6,083,915 \$ 4,870,438 \$ 10,954,353 0.1 6600 PHYSICAL THERAPY \$ 461,271 \$ - \$ - \$ 461,271 \$ 646,345 \$ 193,223 \$ 839,568 0.5 7100 MEDICAL SUPPLIES CHARGED TO PATIENT \$ 1,989,824 \$ - \$ \$ 1,989,824 \$ 4,265,542 \$ 2,832,508 \$ 7,098,050 0.2 7200 IMPLOAL SUPPLIES CHARGED TO PATIENTS \$ 2,070,399 \$ - \$ \$ 2,070,399 \$ 61,552,557,590 \$ 2,832,508 \$ 7,098,050 0.2	5000 OPE 5300 ANE	ERATING ROOM ESTHESIOLOGY	\$ 3,306,225 \$ 1,921,835	w): \$ - \$ -	\$ - \$ -		\$ 1,921,835	\$ 532,722 \$ 561,484	\$ 5,747,021 \$ 7,990,349	\$ 6,279,743 \$ 8,551,833	0.526490 0.224728
5800 MRI \$ 797,701 \$ - \$ - \$ \$ 797,701 \$ 555,879 \$ 5,904,805 \$ 6,460,684 0.13 6000 LABORATORY \$ 3,831,645 \$ - \$ - \$ \$ 3,831,645 \$ 7,476,587 \$ 14,701,649 \$ 22,178,236 0.13 6500 RESPIRATORY THERAPY \$ 2,172,626 \$ - \$ - \$ \$ 2,172,626 \$ 6,084,545 \$ 14,701,649 \$ 22,178,236 0.13 6600 PHYSICAL THERAPY \$ 461,271 \$ - \$ - \$ \$ 461,271 \$ 604,345 \$ 193,223 \$ 839,568 0.5 7100 MEDICAL SUPPLIES CHARGED TO PATIENT \$ 1,989,824 \$ - \$ - \$ \$ 1,989,824 \$ 2,070,399 \$ 7,098,050 0.2 7200 IMPL. DEV. CHARGED TO PATIENTS \$ 2,070,399 \$ - \$ - \$ \$ 2,070,399 \$ 615,524 \$ 5,992,729 \$ 6,608,253 0.3 7600 WOUND CARE \$ 859,127 \$ - \$ - \$ \$ 859,127 \$ 889,127 \$ 9,950 \$ 1,423,397 \$ 1,513,347 0.5	5000 OPE 5300 ANE 5400 RAD	ERATING ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811	w): \$ - \$ -	\$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811	\$ 532,722 \$ 561,484 \$ 821,280	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223	0.526490 0.224728 0.220978
6000 LABORATORY	5000 OPE 5300 ANE 5400 RAD 5401 ULT	ERATING ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC TRASOUND	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,185	w):	\$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,185	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179	0.526490 0.224728 0.220978 0.086502
6500 RESPIRATORY THERAPY \$ 2,172,626 \$ - \$ \$ 2,172,626 \$ 6,083,915 \$ 4,870,438 \$ 10,954,353 0.19 6600 PHYSICAL THERAPY \$ 461,271 \$ - \$ - \$ \$ 461,271 \$ 646,345 \$ 193,223 \$ 839,568 0.5 7100 MEDICAL SUPPLIES CHARGED TO PATIENT \$ 1,989,824 \$ - \$ \$ 1,289,824 \$ 4,265,542 \$ 2,832,508 \$ 7,098,050 0.2 7200 IMPL DEV. CHARGED TO PATIENTS \$ 2,070,399 \$ - \$ \$ 2,070,399 \$ 615,557,590 \$ 6,08,253 0.3 7300 DRUGS CHARGED TO PATIENTS \$ 5,557,590 \$ - \$ \$ 5,557,590 \$ 13,495,289 \$ 14,036,562 \$ 27,531,861 0.2 7600 WOUND CARE \$ 859,127 \$ - \$ \$ 859,127 \$ 89,950 \$ 1,423,397 \$ 1,513,347 0.5	5000 OPE 5300 ANE 5400 RAD 5401 ULT 5600 RAD	ERATING ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC RASOUND DIOISOTOPE	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048	w):	\$ - \$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171 \$ 407,939	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008 \$ 3,326,833	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179 \$ 3,734,772	0.526490 0.224728 0.220978 0.086502 0.210735
6600 PHYSICAL THERAPY \$ 461,271 \$ - \$ - \$ \$ 461,271 \$ 646,345 \$ 193,223 \$ 839,568 0.5 7100 MEDICAL SUPPLIES CHARGED TO PATIENT \$ 1,989,824 \$ - \$ - \$ 1,989,824 \$ 4,265,542 \$ 2,832,508 \$ 7,098,050 0.2 7200 IMPLOUV. CHARGED TO PATIENTS \$ 2,070,399 \$ - \$ - \$ 2,070,399 \$ 615,524 \$ 5,992,729 \$ 6,608,253 0.3 7300 DRUGS CHARGED TO PATIENTS \$ 5,557,590 \$ - \$ - \$ 5,557,590 \$ 13,495,289 \$ 14,036,562 \$ 27,531,851 0.2 7600 WOUND CARE \$ 859,127 \$ - \$ - \$ 859,127 \$ 89,950 \$ 1,423,397 \$ 1,513,347 0.55	5000 OPE 5300 ANE 5400 RAD 5401 ULT 5600 RAD 5700 CT S	ERATING ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC TRASOUND DIOISOTOPE SCAN	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701	w): S - S - S - S - S - S - S - S - S -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171 \$ 407,939 \$ 4,896,084 \$ 555,879	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008 \$ 3,326,833 \$ 36,764,421 \$ 5,904,805	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179 \$ 3,734,772 \$ 41,660,505 \$ 6,460,684	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470
7100 MEDICAL SUPPLIES CHARGED TO PATIENT \$ 1,989,824 \$ - \$ \$ 1,989,824 \$ 4,265,542 \$ 2,832,508 \$ 7,098,050 0.22 7200 IMPL. DEV. CHARGED TO PATIENTS \$ 2,070,399 \$ - \$ \$ 2,070,399 \$ 615,524 \$ 5,992,729 \$ 6,608,253 0.3 7300 DRUGS CHARGED TO PATIENTS \$ 5,557,590 \$ - \$ \$ 5,557,590 \$ 13,495,228 \$ 13,495,228 \$ 27,531,851 0.22 7600 WOUND CARE \$ 859,127 \$ - \$ \$ 859,127 \$ 859,127 \$ 859,127 \$ 1,423,397 \$ 1,513,347 0.5	5000 OPE 5300 ANE 5400 RAD 5401 ULT 5600 RAD 5700 CT \$ 5800 MRI 6000 LAB	ERATING ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC RASOUND DIOISOTOPE SCAN I BORATORY	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645	S	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171 \$ 407,939 \$ 4,896,084 \$ 555,879 \$ 7,476,587	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008 \$ 3,326,833 \$ 36,764,421 \$ 5,904,805 \$ 14,701,649	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179 \$ 3,734,772 \$ 41,660,505 \$ 6,460,684 \$ 22,178,236	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766
7200 IMPL. DEV. CHARGED TO PATIENTS \$ 2,070,399 \$ - \$ - \$ 2,070,399 \$ 615,524 \$ 5,992,729 \$ 6,608,253 0.3 7300 DRUGS CHARGED TO PATIENTS \$ 5,557,590 \$ - \$ - \$ 5,557,590 \$ 13,495,289 \$ 14,036,562 \$ 27,531,851 0.2 7600 WOUND CARE \$ 859,127 \$ - \$ - \$ 859,127 \$ 89,950 \$ 1,423,397 \$ 1,513,347 0.5	5000 OPE 5300 ANE 5400 RAD 5401 ULT 5600 RAD 5700 CT \$ 5800 MRI 6000 LAB 6500 RES	ERATING ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC FRASOUND DIOISOTOPE SCAN I SORATORY SPIRATORY THERAPY	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626	w): S	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171 \$ 407,939 \$ 4,896,084 \$ 555,879 \$ 7,476,587 \$ 6,083,915	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008 \$ 3,326,833 \$ 36,764,421 \$ 5,904,805 \$ 14,701,649 \$ 4,870,438	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179 \$ 3,734,772 \$ 41,660,505 \$ 6,460,684 \$ 22,178,236 \$ 10,954,353	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766
7300 DRUGS CHARGED TO PATIENTS \$ 5,557,590 \$ - \$ \$ 5,557,590 \$ 13,495,289 \$ 14,036,562 \$ 27,531,851 0.20 7600 WOUND CARE \$ 859,127 \$ - \$ - \$ 859,127 \$ 89,950 \$ 1,423,397 \$ 1,513,347 0.50	5000 OPE 5300 ANE 5400 RAL 5401 ULT 5600 RAL 5700 CT 5 5800 MRI 6000 LAB 6500 RES	ERATING ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC TRASOUND DIOISOTOPE SCAN BORATORY SPIRATORY THERAPY YSICAL THERAPY	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,148 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271	S	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171 \$ 407,939 \$ 4,896,084 \$ 555,879 \$ 7,476,587 \$ 6,083,915 \$ 646,345	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008 \$ 3,326,833 \$ 36,764,421 \$ 5,904,805 \$ 14,701,649 \$ 4,870,438 \$ 193,223	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179 \$ 3,734,772 \$ 41,660,505 \$ 6,460,684 \$ 22,178,236 \$ 10,954,353 \$ 839,568	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766 0.198334
7600 WOUND CARE \$ 859,127 \$ - \$ - \$ 859,127 \$ 89,950 \$ 1,423,397 \$ 1,513,347 0.51	5000 OPE 5300 ANE 5400 RAD 5401 ULT 5600 RAD 5700 CT \$ 5800 MRI 6500 LAB 6500 RES 6600 PHY 7100 MED	ERATING ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC RASOUND DIOISOTOPE SCAN I BORATORY SPIRATORY THERAPY YSICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271 \$ 1,989,824	S	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271 \$ 1,989,824	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171 \$ 407,939 \$ 4,896,084 \$ 555,879 \$ 7,476,587 \$ 6,083,915 \$ 646,345 \$ 4,265,542	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008 \$ 3,326,833 \$ 36,764,421 \$ 5,904,805 \$ 14,701,649 \$ 4,870,438 \$ 193,223 \$ 2,832,508	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179 \$ 3,734,772 \$ 41,660,505 \$ 6,460,684 \$ 22,178,236 \$ 10,954,353 \$ 839,568 \$ 7,098,050	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766 0.198334 0.549415
	5000 OPE 5300 ANE 5400 RAL 5401 ULT 5600 RAL 5700 CT 5800 MRI 6000 LAB 6500 RES 6600 PHY 7100 MEE 7200 IMP	ERATING ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC FRASOUND DIOISOTOPE SCAN I SORATORY SPIRATORY THERAPY (SICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT L. DEV. CHARGED TO PATIENTS	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271 \$ 1,988,824 \$ 2,070,399	w): \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,148 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271 \$ 1,989,824 \$ 2,070,399	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171 \$ 407,939 \$ 4,896,084 \$ 555,879 \$ 7,476,587 \$ 6,083,915 \$ 646,345 \$ 4,265,542 \$ 615,524	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008 \$ 3,326,833 \$ 36,764,421 \$ 5,904,805 \$ 14,701,649 \$ 4,870,438 \$ 193,223 \$ 2,832,508 \$ 5,992,729	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179 \$ 3,734,772 \$ 41,660,505 \$ 6,460,684 \$ 22,178,236 \$ 10,954,353 \$ 839,568 \$ 7,098,050 \$ 6,608,253	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766 0.198334 0.549415 0.280334
9100 EMERGENCY \$ 7,720,626 \$ - \$ - \$ 7,720,626 \$ 4,313,967 \$ 37,736,646 \$ 42,050,613 0.10	5000 OPE 5300 ANE 5400 RAD 5401 ULT 5600 RAD 5700 CT 5 5800 MRI 6000 LAB 6500 RES 6600 PHY 7100 MEE 7200 IMP	ERATING ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC FRASOUND DIOISOTOPE SCAN I SORATORY SPIRATORY THERAPY YSICAL THERAPY IL DEV. CHARGED TO PATIENTS JGS CHARGED TO PATIENTS	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271 \$ 1,989,824 \$ 2,070,399 \$ 5,557,590	w):	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271 \$ 1,989,824 \$ 2,070,399 \$ 5,557,590	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171 \$ 407,939 \$ 4,896,084 \$ 555,879 \$ 7,476,587 \$ 6,083,915 \$ 646,345 \$ 4,265,542 \$ 615,542 \$ 13,495,284	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008 \$ 3,326,833 \$ 36,764,421 \$ 5,904,805 \$ 14,701,649 \$ 4,870,438 \$ 193,223 \$ 2,832,508 \$ 5,992,729 \$ 14,036,562	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179 \$ 3,734,772 \$ 41,660,505 \$ 6,460,684 \$ 22,178,236 \$ 10,954,353 \$ 839,568 \$ 7,098,050 \$ 6,608,253 \$ 27,531,851	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766 0.198334 0.549415 0.280334 0.313305
Total Ancillary \$ 35,250,788 \$ - \$ - \$ 35,250,788 \$ 47,439,121 \$ 159,540,783 \$ 206,979,904	5000 OPE 5300 ANE 5400 RAL 5401 ULT 5600 RAL 5700 CT 5 5800 MRI 6000 LAB 6500 RES 6600 PHY 7100 MEC 7200 IMP 7300 DRU 7600 WO	ERATING ROOM STHESIOLOGY GRASOUND DIOLOGY-DIAGNOSTIC TRASOUND DIOISOTOPE SCAN SORATORY SPIRATORY THERAPY OICAL SUPPLIES CHARGED TO PATIENT L. DEV. CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UND CARE	\$ 3,306,225 \$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271 \$ 1,989,824 \$ 2,070,399 \$ 5,557,590 \$ 859,127	S	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 1,921,835 \$ 1,996,811 \$ 787,185 \$ 787,048 \$ 990,875 \$ 797,701 \$ 3,831,645 \$ 2,172,626 \$ 461,271 \$ 1,989,824 \$ 2,070,399 \$ 5,557,590 \$ 899,127	\$ 532,722 \$ 561,484 \$ 821,280 \$ 1,945,171 \$ 407,939 \$ 4,896,084 \$ 555,879 \$ 7,476,587 \$ 6,083,915 \$ 646,345 \$ 4,265,542 \$ 615,524 \$ 13,495,289 \$ 89,950	\$ 5,747,021 \$ 7,990,349 \$ 8,214,943 \$ 7,155,008 \$ 3,326,833 \$ 36,764,421 \$ 5,904,805 \$ 14,701,649 \$ 4,870,438 \$ 193,223 \$ 2,832,508 \$ 5,992,729 \$ 14,036,562 \$ 1,423,397	\$ 6,279,743 \$ 8,551,833 \$ 9,036,223 \$ 9,100,179 \$ 3,734,772 \$ 41,660,505 \$ 6,460,684 \$ 22,178,236 \$ 10,954,353 \$ 839,568 \$ 7,098,050 \$ 6,608,253 \$ 27,531,851 \$ 1,513,345	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.1123470 0.172766 0.198334 0.549415 0.280334 0.313305 0.201860 0.567700 0.183603

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2020-09/30/2021) NGMC Barrow

	Line #	Cost Center Description		l Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therap Add-Back (If Applicable	у		Net Cost	I/P Days and I/P Ancillary Charges	I/P Routir Charges and Ancillary Cha	O/P	Total Charges	Medicaid Per Diem / Cost or Other Ratios
127		Weighted Average												0.180946
128 129 130		Sub Totals NF, SNF, and Swing Bed Cost for Medicaid Worksheet D, Part V, Title 19, Column 5-7, NF, SNF, and Swing Bed Cost for Medicare Worksheet D, Part V, Title 18, Column 5-7,	Line 200) (Sum of a	applicable Cos	st Report Worksheet			\$ \$	47,140,280	\$ 68,097,253	\$ 159,540	0,783	\$ 227,638,036	
131		NF, SNF, and Swing Bed Cost for Other Pa	yers (Hos	pital must calc	culate. Submit suppo	rt for calculation of o	cost.)	\$	-					
131.01		Other Cost Adjustments (support must be s	ubmitted)					\$	-					
132		Grand Total						\$	47,140,280					
133		Total Intern/Resident Cost as a Percent of C	Other Allov	wable Cost					0.00%					

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

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

ost Report Year	(10/01/2020-09/30/2021)	NGMC Barrow

			Medicaid Per	Medicald Cost to	In-State Medic	aid FFS Primary	In-State Medicaid M	fanaged Care Primary		FS Cross-Overs (with Secondary)	In-State Other Me Included E	dicaid Eligibles (Not Elsewhere)	Unir	sured	Total In-Sta	ate Medicaid	% Survey
	Line#	Cost Center Description	Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	to Cost Report Totals
			From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
	Routine Cost	Centers (from Section G):			Days		Days		Days		Days		Days		Days		
1		LTS & PEDIATRICS	\$ 1,404.83		606		58		305		961		489		1,930		36.87%
2		NSIVE CARE UNIT	\$ 438.02		61		-		19		-		4		80		8.33%
3		ONARY CARE UNIT	\$ -		-		-		-		-		-		-		
5		N INTENSIVE CARE UNIT GICAL INTENSIVE CARE UNIT	\$ - \$ -		-		-		-		-		-		-		
6		ER SPECIAL CARE UNIT	\$ -		-		-		-		-		-				
7	04000 SUBF		\$ -		-		-		-		-		-		-		
8	04100 SUBF	PROVIDER II	\$ -		-		-				-		-				
9		ER SUBPROVIDER	\$ -		-		-		-		-		-		-		
	04300 NURS	SERY	\$ -		-		-				-		-		-		
18				Total Days	667		58		324		961		493		2,010		33.08%
19	Total Days per	r PS&R or Exhibit Detail			667		58		324		961		493				
20		Unreconciled Days (E	Explain Variance)														
			_		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
21		ine Charges			\$ 1,048,775		\$ 109,684 \$ 1,891,10		\$ 670,104		\$ 1,465,005		\$ 863,909		\$ 3.293.568		20.18%
21.01	Calcu	lated Routine Charge Per Diem			\$ 1.572.38												
		diated Routine Charge Fer Dieni			ψ 1,372.30		φ 1,091.10		\$ 2,068.22		\$ 1,524.46		\$ 1,752.35		\$ 1,638.59		
	Ancillary Cos		n G):		, , , , , , , , , , , , , , , , , , , ,	Ancillary Charges	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ancillary Charges	, , , , , , , , , , , , , , , , , , , ,	Ancillary Charges	,	Ancillary Charges	, , , , , , , , , , , , , , , , , , , ,		\$ 1,638.59	Ancillary Charges	
22		st Centers (from W/S C) (from Section ervation (Non-Distinct)	n G):	0.650966	Ancillary Charges \$ 80,876	Ancillary Charges \$ 158,694	Ancillary Charges \$ 16,928	Ancillary Charges \$ 112,332	\$ 2,068.22 Ancillary Charges	Ancillary Charges	\$ 1,524.46 Ancillary Charges \$ 44,712	Ancillary Charges \$ 231,656	\$ 1,752.35 Ancillary Charges \$ 130,732	Ancillary Charges \$ 314,702		Ancillary Charges \$ 502,682	32.25%
	09200 Obse	st Centers (from W/S C) (from Section	n G):	0.650966 0.526490	Ancillary Charges		Ancillary Charges		, , , , , , , , , , , , , , , , , , , ,	Ancillary Charges \$ - \$ 2,269,459	Ancillary Charges		Ancillary Charges	Ancillary Charges	\$ 1,638.59 Ancillary Charges		32.25% 64.07%
23 24	09200 Obset 5000 OPEF 5300 ANES	st Centers (from W/S C) (from Section rivation (Non-Distinct) RATING ROOM STHESIOLOGY	n G):	0.526490 0.224728	Ancillary Charges \$ 80,876 \$ 43,231 \$ 4,318	\$ 158,694 \$ 133,939 \$ 33,926	Ancillary Charges \$ 16,928 \$ 3,398 \$ -	\$ 112,332 \$ 669,139 \$ 815,873	Ancillary Charges \$ - \$ 334,744 \$ 81,201	\$ 2,269,459 \$ 1,691,608	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039	\$ 231,656 \$ 167,632 \$ 182,048	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558	\$ 502,682 \$ 3,240,169 \$ 2,723,455	
23 24 25	09200 Obset 5000 OPEF 5300 ANES 5400 RADI	st Centers (from W/S C) (from Section ervation (Non-Distinct) RATING ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC	n G):	0.526490 0.224728 0.220978	Ancillary Charges \$ 80,876 \$ 43,231 \$ 4,318 \$ 81,873	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353	Ancillary Charges \$ 16,928 \$ 3,398 \$ - \$ 10,623	\$ 112,332 \$ 669,139 \$ 815,873 \$ 1,032,835	Ancillary Charges \$ - \$ 334,744 \$ 81,201 \$ 107,270	\$ 2,269,459 \$ 1,691,608 \$ 557,007	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1,128,625	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768	64.07% 35.81% 43.04%
23 24 25 26	5000 Obset 5000 OPEF 5300 ANES 5400 RADI 5401 ULTR	st Centers (from W/S C) (from Section rivation (Non-Distinct) RATING ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC RASOUND	n G):	0.526490 0.224728 0.220978 0.086502	Ancillary Charges \$ 80,876 \$ 43,231 \$ 4,318 \$ 81,873 \$ 144,386	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684	Ancillary Charges \$ 16,928 \$ 3,398 \$ -	\$ 112,332 \$ 669,139 \$ 815,873 \$ 1,032,835 \$ 437,939	Ancillary Charges \$ - \$ 334,744 \$ 81,201	\$ 2,269,459 \$ 1,691,608	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 67,997	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1,128,625 \$ 464,848	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742 \$ 515,254	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768 \$ 2,864,453	64.07% 35.81% 43.04% 44.28%
23 24 25 26 27	5000 Obset 5000 OPER 5300 ANES 5400 RADI 5401 ULTR 5600 RADI	St Centers (from W/S C) (from Section (Non-Distinct) RATING ROOM STHESIOLOGY OLOGY-DIAGNOSTIC AASOUND IOISOTOPE	n G):	0.526490 0.224728 0.220978 0.086502 0.210735	Ancillary Charges \$ 80,876 \$ 43,231 \$ 4,318 \$ 81,873 \$ 144,386 \$ 43,952	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,068	Ancillary Charges \$ 16,928 \$ 3,398 \$ - \$ 10,623 \$ 18,819 \$ -	\$ 112,332 \$ 669,139 \$ 815,873 \$ 1,032,835 \$ 437,939 \$ 66,675	Ancillary Charges \$ - \$ 334,744 \$ 81,201 \$ 107,270 \$ 284,052 \$ -	\$ - \$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ -	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 67,997 \$ 17,945	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 88,085	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994 \$ 32,987	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1,128,625 \$ 484,848 \$ 285,802	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742 \$ 515,254 \$ 61,897	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768 \$ 2,864,453 \$ 254,828	64.07% 35.81% 43.04% 44.28% 17.02%
22 23 24 25 26 27 28	09200 Obset 5000 OPEF 5300 ANES 5400 RADI 5401 ULTR 5600 RADI 5700 CT Se	St Centers (from W/S C) (from Section (Non-Distinct) RATING ROOM STHESIOLOGY OLOGY-DIAGNOSTIC AASOUND IOISOTOPE	n G):	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785	Ancillary Charges \$ 80.876 \$ 43,231 \$ 4,318 \$ 81,873 \$ 144,386 \$ 43,952 \$ 410,118	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,068 \$ 1,968,210	Ancillary Charges \$ 16,928 \$ 3,398 \$ - \$ 10,623	\$ 112,332 \$ 669,139 \$ 815,873 \$ 1,032,835 \$ 437,939 \$ 66,675 \$ 2,826,075	Ancillary Charges \$ - \$ 334,744 \$ 81,201 \$ 107,270 \$ 284,052 \$ - \$ 143,177	\$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ - \$ 1,036,590	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 67,997 \$ 17,945 \$ 278,615	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 88,085 \$ 817,369	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994 \$ 32,987 \$ 751,469	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1,128,625 \$ 464,848 \$ 285,802 \$ 5,747,835	Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742 \$ 515,254 \$ 61,897 \$ 919,926	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768 \$ 2,864,453 \$ 254,828 \$ 6,648,244	64.07% 35.81% 43.04% 44.28% 17.02% 33.93%
23 24 25 26 27 28	09200 Obsei 5000 OPEF 5300 ANES 5400 RADII 5401 ULTR 5600 RADII 5700 CT Se 5800 MRI	SE Centers (from W/S C) (from Section reaction (Non-Distinct) RATHING ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC VASOUND IOSOTOPE GAN	n G):	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470	Ancillary Charges \$ 80,876 \$ 43,231 \$ 4,318 \$ 81,873 \$ 144,386 \$ 43,952 \$ 410,118 \$ 44,290	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,068 \$ 1,968,210 \$ 170,519	Ancillary Charges \$ 16,928 \$ 3,398 \$ - \$ 10,623 \$ 18,819 \$ - \$ 88,016	\$ 112,332 \$ 669,139 \$ 815,873 \$ 1,032,835 \$ 437,939 \$ 66,675 \$ 2,826,075 \$ 409,645	Ancillary Charges \$ - \$ 334,744 \$ 81,201 \$ 107,270 \$ 284,052 \$ - \$ 143,177 \$ 144,511	\$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ - \$ 1,036,590 \$ 729,904	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 67,997 \$ 17,945 \$ 278,615 \$ 21,692	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 88,085 \$ 817,369 \$ 83,364	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994 \$ 32,987 \$ 751,469 \$ 96,824	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1,128,625 \$ 464,848 \$ 285,802 \$ 5,747,835 \$ 278,951	** 1,638.59 **Ancillary Charges** \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742 \$ 515,254 \$ 61,897 \$ 919,926 \$ 210,493	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,860,768 \$ 2,864,453 \$ 254,828 \$ 6,648,244 \$ 1,393,432	64.07% 35.81% 43.04% 44.28% 17.02% 33.93% 30.64%
23 24 25 26 27 28 29	09200 Obset 5000 OPER 5300 ANES 5400 RADIO 5401 ULTR 5600 RADIO 5700 CT SI 5800 MRI 6000 LABC	Et Centers (from W/S C) (from Section reaction (Non-Distinct) RATING ROOM STHESIOLOGY (IOLOGY-DIAGNOSTIC RASCUMD IOISOTOPE CAN DRATORY	n G):	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766	Ancillary Charges \$ 80,876 \$ 43,231 \$ 4,318 \$ 81,873 \$ 144,386 \$ 43,952 \$ 410,118 \$ 44,290 \$ 860,868	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,068 \$ 1,968,210 \$ 1,70,519 \$ 1,170,967	Ancillary Charges \$ 16,928 \$ 3,398 \$ - \$ 10,623 \$ 18,819 \$ - \$ 88,016 \$ - \$ 147,877	\$ 112,332 \$ 669,139 \$ 815,873 \$ 1,032,835 \$ 437,939 \$ 66,675 \$ 2,826,075 \$ 2,965,087	Ancillary Charges \$ 334,744 \$ 81,201 \$ 107,270 \$ 284,052 \$	\$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ - \$ 1,036,590 \$ 729,904 \$ 2,032,894	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 67,997 \$ 17,945 \$ 278,615 \$ 21,692 \$ 734,236	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 88,085 \$ 817,369 \$ 83,364 \$ 743,236	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994 \$ 32,987 \$ 751,469 \$ 96,824 \$ 1,058,968	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1,126,625 \$ 464,848 \$ 285,802 \$ 5,747,835 \$ 275,951 \$ 3,137,749	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742 \$ 515,254 \$ 61,897 \$ 919,926 \$ 210,493 \$ 2,564,809	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768 \$ 2,864,453 \$ 254,828 \$ 6,648,244 \$ 1,393,432 \$ 6,012,184	64.07% 35.81% 43.04% 44.28% 17.02% 33.93% 30.64% 57.89%
23 24 25 26 27 28 29 30	09200 Obsei 5000 OPER 5300 ANES 5400 RADIO 5401 ULTR 5600 RADIO 5700 CT SC 5800 MRI 6000 LABC 6500 RESE	SE Centers (from W/S C) (from Section reaction (Non-Distinct) RATHING ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC VASOUND IOSOTOPE GAN	n G):	0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470	Ancillary Charges \$ 80,876 \$ 43,231 \$ 4,318 \$ 81,873 \$ 144,386 \$ 43,952 \$ 410,118 \$ 44,290	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,068 \$ 1,968,210 \$ 170,519	Ancillary Charges \$ 16,928 \$ 3,398 \$. \$ 10,623 \$ 18,619 \$. \$ 88,016 \$. \$ 147,877 \$ 61,659	\$ 112,332 \$ 669,139 \$ 815,873 \$ 1,032,835 \$ 437,939 \$ 66,675 \$ 2,826,075 \$ 409,645	Ancillary Charges \$ - \$ 334,744 \$ 81,201 \$ 107,270 \$ 284,052 \$ - \$ 143,177 \$ 144,511	\$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ - \$ 1,036,590 \$ 729,904	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 67,997 \$ 17,945 \$ 278,615 \$ 21,692	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 88,085 \$ 817,369 \$ 83,364	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994 \$ 32,987 \$ 751,469 \$ 96,824	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1,128,625 \$ 464,848 \$ 285,802 \$ 5,747,835 \$ 278,951	** 1,638.59 **Ancillary Charges** \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742 \$ 515,254 \$ 61,897 \$ 919,926 \$ 210,493	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,860,768 \$ 2,864,453 \$ 254,828 \$ 6,648,244 \$ 1,393,432	64.07% 35.81% 43.04% 44.28% 17.02% 33.93% 30.64%
23 24 25 26 27 28 29 30 31	09200 Obsei 5000 OPER 5300 ANES 5400 RADII 5401 ULTR 5600 RADII 5700 CT S0 5800 MRII 6000 LABC 6500 RESB 6600 PHYS	SE Centers (from W/S C) (from Section relation (Non-Distinct) RATING ROOMS STHESIOL OGY IOLOGY-DIAGNOSTIC RASCUNID IOISOTOPE CAN PIRATORY PIRATORY THERAPY		0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766 0.198334	Ancillary Charges \$ 80,876 \$ 43,231 \$ 4,318 \$ 81,873 \$ 144,386 \$ 43,952 \$ 410,118 \$ 44,290 \$ 860,688 \$ 463,809	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,068 \$ 1,968,210 \$ 170,519 \$ 1,170,967 \$ 228,978	Ancillary Charges \$ 16,928 \$ 3,398 \$ - \$ 10,623 \$ 18,819 \$ - \$ 88,016 \$ - \$ 147,877	\$ 112,332 \$ 669,139 \$ 815,873 \$ 1,032,835 \$ 437,939 \$ 66,675 \$ 2,826,075 \$ 409,645 \$ 2,065,087 \$ 221,661	Ancillary Charges \$	\$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ \$ 1,036,590 \$ 729,904 \$ 2,032,894 \$ 382,846	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 67,997 \$ 17,945 \$ 278,615 \$ 278,615 \$ 734,236 \$ 430,968	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 88,085 \$ 817,369 \$ 83,364 \$ 743,236 \$ 130,535	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994 \$ 32,987 \$ 751,469 \$ 96,824 \$ 1,058,968 \$ 274,990	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1,128,625 \$ 464,848 \$ 285,802 \$ 5,747,835 \$ 276,951 \$ 3,137,749 \$ 469,230	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 445,189 \$ 145,558 \$ 263,742 \$ 515,254 \$ 61,897 \$ 919,926 \$ 210,493 \$ 2,564,809 \$ 1,049,561	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768 \$ 2,864,453 \$ 254,828 \$ 6,648,244 \$ 1,393,432 \$ 6,012,184 \$ 964,020	64.07% 35.81% 43.04% 44.28% 17.02% 33.93% 30.64% 57.89% 25.33%
3 4 5 6 7 8 9 9 0 1 2 3	09200 Obset 5000 OPEF 5300 ANES 5400 RADI 5401 ULTR 5600 RADI 5700 CT SG 5800 MRI 6000 LABC 6500 RESF 6600 PHYS 7100 MEDI 7200 IMPL	Et Centers (from W/S C) (from Section varion (Non-Distinct) RATING ROOM STHESIOLOGY (IOLOGY-DIAGNOSTIC ASSOUND OISSOTOPE CAN DRATORY PIRATORY THERAPY SIGAL THERAPY CAL SUPPLIES CHARGED TO PATIEN. DBY CHARGED TO PATIENTS		0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766 0.198334 0.549415	Ancillary Charges \$ 80.876 \$ 43.231 \$ 43.18 \$ 81.873 \$ 144.986 \$ 443.952 \$ 410.118 \$ 860.868 \$ 463.809 \$ 463.809 \$ 463.809	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,068 \$ 1,968,210 \$ 1,770,5967 \$ 228,978 \$ 782	Ancillary Charges \$ 16,928 \$ 3,398 \$. \$ 10,623 \$ 18,819 \$. \$ \$ 88,016 \$. \$ 47,877 \$ 61,655 \$ 962	\$ 112,332 \$ 669,139 \$ 815,873 \$ 1,032,835 \$ 437,939 \$ 66,675 \$ 2,826,075 \$ 409,645 \$ 22,661 \$ 7,198	Ancillary Charges \$. \$.334,744 \$.81,201 \$.107,270 \$.284,052 \$. \$.143,177 \$.144,511 \$.821,828 \$.92,125 \$.92,125	\$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ - \$ 1,036,590 \$ 729,904 \$ 2,032,894 \$ 382,846 \$ 24,988	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 67,997 \$ 17,945 \$ 278,615 \$ 21,692 \$ 734,236 \$ 430,968 \$ 55,033	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 88,085 \$ 817,369 \$ 83,364 \$ 743,236 \$ 130,535 \$ 8,365	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994 \$ 32,987 \$ 751,469 \$ 96,824 \$ 1,058,969 \$ 274,090 \$ 19,340	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1,128,625 \$ 464,848 \$ 285,802 \$ 6,747,835 \$ 278,951 \$ 3,137,749 \$ 469,230 \$ 6,256	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558 \$ 263.742 \$ 515,254 \$ 61,897 \$ 919,926 \$ 210,493 \$ 2,564,809 \$ 1,045,561 \$ 157,318	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768 \$ 2,864,453 \$ 254,828 \$ 6,648,244 \$ 1,393,432 \$ 6,012,184 \$ 964,020 \$ 41,332	64.07% 35.81% 43.04% 44.28% 17.02% 33.93% 30.64% 57.89% 25.33% 26.77%
3 4 5 6 6 7 8 9 9 0 1 1 2 3 4 5	09200 Obset	Et Centers (from W/S C) (from Section relation (Non-Distinct) RATING ROOM STHESIOLOGY (IOLOGY-DIAGNOSTIC RASOUND IOLOGY-DIAGNOSTIC RASOUND IOLOGY-DIAGNOSTIC RASOUND IOLOGY-DIAGNOSTIC RASOUND IOLOGOTOPE CAN DIRECTORY PIRATORY THERAPY SICAL THERAPY SICAL SUPPLIES CHARGED TO PATIENT DEV. CHARGED TO PATIENTS		0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766 0.198334 0.549415 0.280334 0.313305 0.221860	Ancillary Charges \$ 80,876 \$ 43,231 \$ 43,318 \$ 81,873 \$ 144,396 \$ 410,118 \$ 44,290 \$ 680,080 \$ 463,600 \$ 146,366 \$ 19,295 \$ 19,295 \$ 19,295	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,088 \$ 1,988,210 \$ 170,519 \$ 1,170,967 \$ 228,978 \$ 782 \$ 81,976 \$ 33,436 \$ 1,243,914	Ancillary Charges \$ 16,928 \$ 3,398 \$ \$ 10,623 \$ 18,819 \$ \$ 88,016 \$ 147,877 \$ 61,659 \$ 962 \$ 18,278 \$ 941 \$ 277,961	\$ 112.332 \$ 669.139 \$ 815.673 \$ 1,032.635 \$ 437.939 \$ 66.675 \$ 2.926.075 \$ 409.645 \$ 7,198 \$ 77.98 \$ 206.447 \$ 720.625 \$ 2,087.749	Ancillary Charges \$ 34,744 \$ 81,201 \$ 107,270 \$ 284,052 \$ 284,052 \$ 144,511 \$ 821,528 \$ 92,125 \$ 51,927 \$ 115,584 \$ 12,660 \$ 969,190	\$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ \$ 1,036,590 \$ 729,904 \$ 2,032,894 \$ 382,845 \$ 24,988 \$ 1,072,079 \$ 104,215 \$ 31,805	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 17,945 \$ 17,945 \$ 278,615 \$ 278,615 \$ 278,615 \$ 21,892 \$ 5,42,095 \$ 5,63,033 \$ 371,100 \$ 86,470 \$ 1,276,028	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 88,085 \$ 817,369 \$ 743,236 \$ 743,236 \$ 110,682 \$ 16,082 \$ 223,980	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994 \$ 32,987 \$ 751,469 \$ 96,824 \$ 1,056,969 \$ 274,090 \$ 19,340 \$ 159,617 \$ 35,886 \$ 172,9343	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1128,625 \$ 464,848 \$ 285,802 \$ 5,747,835 \$ 279,951 \$ 469,230 \$ 6,256 \$ 79,500 \$ 133,485 \$ 79,500 \$ 3,80,938	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742 \$ 515,254 \$ 61,897 \$ 919,926 \$ 210,493 \$ 2,564.809 \$ 1,045,561 \$ 157,318 \$ 119,366 \$ 119,3246 \$ 119,366 \$ 3,970,622	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768 \$ 2,864,453 \$ 254,828 \$ 6,648,224 \$ 1,393,432 \$ 6,012,184 \$ 964,020 \$ 41,332 \$ 1,476,884 \$ 1,088,456 \$ 4,742,246	64.07% 35.81% 43.04% 44.28% 17.02% 33.93% 30.64% 57.89% 25.33% 26.77% 41.11%
3 4 5 5 6 6 7 8 8 9 9 0 1 1 2 3 4 5 6	09200 Obset	Et Centers (from W/S C) (from Section varion (Non-Distinct) RATING ROOM STHESIOLOGY (DLOGY-DIAGNOSTIC ASSOUND DRATORY PIRATORY THERAPY SIGAL THERAPY CAL SUPPLIES CHARGED TO PATIENT SOS CHARGED TO PATIENTS NO CARE		0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766 0.198334 0.549415 0.200334 0.313305 0.201860 0.567700	Ancillary Charges \$ 80.876 \$ 43.231 \$ 4,318 \$ 81.873 \$ 144.386 \$ 44.9952 \$ 410,118 \$ 44.290 \$ 860.868 \$ 463.809 \$ 463.805 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873 \$ 1873	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,068 \$ 1,70,519 \$ 1,70,967 \$ 226,978 \$ 782,500 \$ 1,243,914 \$ 1,243,914 \$ 1,243,914	Ancillary Charges \$ 16,928 \$ 3,398 \$ 10,623 \$ 10,623 \$ 18,819 \$ \$ 88,016 \$ \$ 147,877 \$ 61,659 \$ 962 \$ 19,278 \$ 941 \$ 277,961 \$ 277,961 \$ 15,228	\$ 112.332 \$ 669,139 \$ 815,673 \$ 10,032,635 \$ 437,939 \$ 66,675 \$ 2,826,075 \$ 2,065,087 \$ 221,661 \$ 71,198 \$ 206,447 \$ 720,825 \$ 2,187,429 \$ 105,570	Ancillary Charges \$ \$	\$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ 1,036,590 \$ 729,904 \$ 2,032,894 \$ 382,846 \$ 24,988 \$ 1,072,079 \$ 104,215	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 67,997 \$ 17,945 \$ 27,615 \$ 27,615 \$ 21,692 \$ 734,236 \$ 430,968 \$ 560,033 \$ 371,100 \$ 86,470 \$ 1,276,028 \$ 16,471	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 83,085 \$ 83,364 \$ 743,236 \$ 130,535 \$ 8,364 \$ 116,082 \$ 223,980 \$ 929,098 \$ 929,098	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 177,594 \$ 32,987 \$ 751,469 \$ 96,824 \$ 1,058,969 \$ 274,090 \$ 19,340 \$ 159,617 \$ 35,686 \$ 1,729,343 \$ 1,729,343 \$ 5,686	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1128,625 \$ 464,848 \$ 285,802 \$ 5,747,835 \$ 3,137,749 \$ 469,230 \$ 79,500 \$ 136,485 \$ 3,803,938 \$ 142,640	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742 \$ 515,284 \$ 618,7 \$ 919,926 \$ 1,048,561 \$ 1,048,561 \$ 1,193,266 \$ 3,970,622 \$ 322,776	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768 \$ 2,864,453 \$ 254,828 \$ 6,648,244 \$ 1,393,432 \$ 6,012,184 \$ 964,020 \$ 41,332 \$ 1,476,584 \$ 1,088,456 \$ 4,742,246 \$ 3,33,492	64.07% 35.81% 43.04% 44.28% 17.02% 33.93% 30.64% 57.89% 25.33% 26.77% 41.11% 20.88% 52.01% 53.15%
23 24 25 26 27	09200 Obset	Et Centers (from W/S C) (from Section varion (Non-Distinct) RATING ROOM STHESIOLOGY (DLOGY-DIAGNOSTIC ASSOUND DRATORY PIRATORY THERAPY SIGAL THERAPY CAL SUPPLIES CHARGED TO PATIENT SOS CHARGED TO PATIENTS NO CARE		0.526490 0.224728 0.220978 0.086502 0.210735 0.023785 0.123470 0.172766 0.198334 0.549415 0.280334 0.313305 0.221860	Ancillary Charges \$ 80,876 \$ 43,231 \$ 43,318 \$ 81,873 \$ 144,396 \$ 410,118 \$ 44,290 \$ 680,080 \$ 463,600 \$ 146,366 \$ 19,295 \$ 19,295 \$ 19,295	\$ 158,694 \$ 133,939 \$ 33,926 \$ 450,353 \$ 246,684 \$ 100,088 \$ 1,988,210 \$ 170,519 \$ 1,170,967 \$ 228,978 \$ 782 \$ 81,976 \$ 33,436 \$ 1,243,914	Ancillary Charges \$ 16,928 \$ 3,398 \$ \$ 10,623 \$ 18,819 \$ \$ 88,016 \$ 147,877 \$ 61,659 \$ 962 \$ 18,278 \$ 941 \$ 277,961	\$ 112.332 \$ 669.139 \$ 815.673 \$ 1,032.635 \$ 437.939 \$ 66.675 \$ 2.926.075 \$ 409.645 \$ 7,198 \$ 77.98 \$ 206.447 \$ 720.625 \$ 2,087.749	Ancillary Charges \$ 34,744 \$ 81,201 \$ 107,270 \$ 284,052 \$ 284,052 \$ 144,511 \$ 821,528 \$ 92,125 \$ 51,927 \$ 115,584 \$ 12,660 \$ 969,190	\$ 2,269,459 \$ 1,691,608 \$ 557,007 \$ 2,029,094 \$ \$ 1,036,590 \$ 729,904 \$ 2,032,894 \$ 382,845 \$ 24,988 \$ 1,072,079 \$ 104,215 \$ 31,805	Ancillary Charges \$ 44,712 \$ 113,816 \$ 60,039 \$ 63,976 \$ 17,945 \$ 17,945 \$ 278,615 \$ 278,615 \$ 278,615 \$ 21,892 \$ 5,42,095 \$ 5,63,033 \$ 371,100 \$ 86,470 \$ 1,276,028	\$ 231,656 \$ 167,632 \$ 182,048 \$ 320,573 \$ 150,736 \$ 88,085 \$ 817,369 \$ 743,236 \$ 743,236 \$ 110,682 \$ 16,082 \$ 223,980	Ancillary Charges \$ 130,732 \$ 61,771 \$ 36,576 \$ 110,468 \$ 175,994 \$ 32,987 \$ 751,469 \$ 96,824 \$ 1,056,969 \$ 274,090 \$ 19,340 \$ 159,617 \$ 35,886 \$ 172,9343	Ancillary Charges \$ 314,702 \$ 226,166 \$ 156,875 \$ 1128,625 \$ 464,848 \$ 285,802 \$ 5,747,835 \$ 279,951 \$ 469,230 \$ 6,256 \$ 79,500 \$ 133,485 \$ 79,500 \$ 3,80,938	\$ 1,638.59 Ancillary Charges \$ 142,516 \$ 495,189 \$ 145,558 \$ 263,742 \$ 515,254 \$ 61,897 \$ 919,926 \$ 210,493 \$ 2,564.809 \$ 1,045,561 \$ 157,318 \$ 119,366 \$ 119,3246 \$ 119,366 \$ 3,970,622	\$ 502,682 \$ 3,240,169 \$ 2,723,455 \$ 2,360,768 \$ 2,864,453 \$ 254,828 \$ 6,648,224 \$ 1,393,432 \$ 6,012,184 \$ 964,020 \$ 41,332 \$ 1,476,884 \$ 1,088,456 \$ 4,742,246	64.07% 35.81% 43.04% 44.28% 17.02% 33.93% 30.64% 57.89% 25.33% 26.77% 41.11% 20.88% 52.01% 53.15%

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

Cost Report Year (10/01/2020-09/30/2021) NGMC Barrow

			In-State Medi	caid FF	S Primary	In-State	e Medicaid Ma	anaged	d Care Primary	In-S	State Medicare FF Medicaid S		ith		dicaid Eligibles (No Elsewhere)	t	Unir	sured		Total In-State	e Medicaid	%
	Totals / Payments									_								F				1
128	Total Charges (includes organ acquisition from Section J)	\$	5,293,719	\$	7,945,915	\$	816,610	\$	17,467,028	\$	4,532,114	\$ 12,463,0	167	\$ 5,296,835	\$ 4,949,3		5,974,513 arees to Exhibit A)	\$ 22,447,596 (Agrees to Exhibit A)	\$	15,939,279	\$ 42,825,328	38.48%
																	grees to Exmist A)	(Agrees to Exhibit A)				
129	Total Charges per PS&R or Exhibit Detail	\$	5,293,719	\$	7,945,915	\$	816,610	\$	17,467,028	\$	4,532,114	\$ 12,463,0	67	\$ 5,296,835	\$ 4,949,3	18 \$	5,974,513	\$ 22,447,596				
130	Unreconciled Charges (Explain Variance)		-		-		-		-		<u> </u>					<u> </u>						_
131.01	Sampling Cost Adjustment (if applicable)												_ ∟						\$	- :	\$ -]
131.02	Total Calculated Cost (includes organ acquisition from Section J)	\$	1,703,877	\$	1,285,715	\$	212,063	\$	3,221,553	\$	1,406,167	\$ 2,925,0	003	\$ 2,162,834	\$ 1,022,0	88 \$	1,626,224	\$ 3,546,770	\$	5,484,941	\$ 8,454,359	40.70%
400	T. (11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 000 707	112	1001517						00.750		07			40.				4 057 000		1
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$	1,008,767	\$	1,294,547	\$	440.700	\$	2,211,143	\$	36,753	\$ 146,4	67	\$ 12,340	\$ 1,7 \$ 36.3				\$	1,057,860	\$ 1,442,728	1
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$	45.450	\$		\$	142,798	\$		\$		\$		\$ -					\$		\$ 2,247,506	1
134	Private Insurance (including primary and third party liability)	\$	15,159	\$	67	\$		\$	25,116	\$	-	\$		\$ 176,030	\$ 606,3				\$	191,189	\$ 631,518	4
135	Self-Pay (including Co-Pay and Spend-Down)	\$		\$	66	\$	-	\$	3,653	\$	-	\$	التا	\$ -	\$ 1,2	78			\$	- :	\$ 4,997	1
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	1,023,926	\$	1,294,680	\$	142,798	\$	2,239,912													4
137	Medicaid Cost Settlement Payments (See Note B)	\$	-	\$	(163,864)	\$	-	\$	-										\$	- :	\$ (163,864)	1
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$	-	\$	-	\$	-	\$	-							_			\$	- :	\$ -	1
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									\$	982,433	\$ 1,003,2	220	\$ 444,389	\$ 26,0				\$	1,426,822	\$ 1,029,242	1
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$	-	\$	<u> - </u>	\$ 603,998	\$ 267,7	06			\$	603,998	\$ 267,706	
141	Medicare Cross-Over Bad Debt Payments									\$	190	\$	14	\$ -	\$	- (A	grees to Exhibit B	(Agrees to Exhibit B	\$	190	\$ 14	
142	Other Medicare Cross-Over Payments (See Note D)									\$	372,527	\$ 426,2	257	\$ -	\$	ك	and B-1)	and B-1)	\$	372,527	\$ 426,257]
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)															\$	19,385	\$ 392,838]			
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from	Section	E)													\$	-	\$ -]			
																						_
145	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$	679,951		154,899	\$	69,265	\$		\$	14,264	\$ 1,349,0		\$ 926,077			1,606,839	\$ 3,153,932		1,689,556	\$ 2,568,255	
146	Calculated Payments as a Percentage of Cost		60%		88%		67%		70%		99%	5	4%	57%	9	2%	1%	11%		69%	70%	
147	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I,	. Col. 6. S	Sum of Lns. 2.	3, 4, 14	4. 16. 17. 18 less l	ines 5 & 6)				3,425											
148	Percent of cross-over days to total Medicare days from the cost report	,,		, ., .	, ,		•				9%											

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).

Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).

Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.

Note D - Should include other Medicaider cross-over payments not included in the paid claims data reported above. This includes payments jaid based on the Medicare corst report settlement (e.g., Medicare Graduate Medical Education payments).

Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments should include the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

NOTE: Inpatient uninsured payment rate is outside normal ranges, please verify this

I. Out-of-State Medicaid Data:

March Country Countr		Cost Report	t Year (10/01/2020-09/30/2021)	NGMC Barrow											
Control Cont				_		Out-of-State Med	dicaid FFS Primary							Total Ou <u>t-Of-S</u>	tate Medicaid
		Line#	Cost Center Description	Diem Cost for Routine Cost	Charge Ratio for Ancillary Cost										
Column C				From Section G	From Section G										
STATE STAT						Days		Days		Days		Days			
Control Charges Control Ch	1					- 5		-		-		3			
Second Processing Code P	3	03200 CO	RONARY CARE UNIT	\$ -		-		-		-		-		-	
	1					-		-		-		-			
Total Days per PSRF or Enhance Changes) 3							-				-			
Total Days par PARA or chindred Datal	7	04000 SUI	BPROVIDER I	T		-		-		-		-		-	
Total Days Tot	3			T		-		-				-			
Total Days per PSSA or chain Charges Routine	10			T		-									
December	18				Total Days	5		-		-		3		8	
Realize Charges Realize Ch	19	Total Days				5		-		-		3			
	20		Unreconciled Days (E	Explain Variance)											
Cacolistic Routine Charge Pro Dram \$1,480.0 \$				_				Routine Charges		Routine Charges					
Ancillary Charges Charges Ancillary Charges Charges Ancillary Charges Charge	21							\$ -		\$ -				7	
2 2002 Columnian Non-Castrical 0.650968 	21.01	Cai	iculated Routine Charge Fer Diem			\$ 1,469.00		5 -		5 -		\$ 1,469.00		\$ 1,469.00	
Second Content				_		Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges
Solicy April Solicy So	22					-	-	-					-	\$ -	\$ -
Storogramme						-		-					-	\$ -	7
Second And DIGISTOPE 0.210785 0.023786 0.583 51.666 0.023786 0.	25	5400 RAI	DIOLOGY-DIAGNOSTIC		0.220978									\$ 3,369	\$ 22,607
STOOL SCAN 0.023785 0.538 5.0565	26					2,332	6,384		-		-		-	\$ 2,332	\$ 6,384
SSOOLARCH	27 28					9.583	51.656		-		-		8.590	\$ 9.583	\$ 60.246
1 SSOR RESPIRATORY THERAPY 0.198334 10.897 5.712	29					-	-				-	-	-		\$ -
Company Comp	30								-		-				\$ 42,486
1710 MEDICAL SUPPLIES CHARGED TO PATIENT						10,897	5,712						/16		\$ 6,428
1,000 1,00	33			Т		4,390	-		-		-		-		\$ -
Food Control	34					-	-	-	-		-	-	-		\$ -
Totals / Payments Totals / Payments Totals / Payments Total Charges (includes organ acquisition from Section K) \$ 75,476 \$ 260,289 \$.						18,689	38,814						2,951		
Total Charges (includes organ acquisition from Section K) 28	37					6,180	98,220	-	-		-	2,160	9,625	\$ 8,340	\$ 107,845
Total Charges (includes organ acquisition from Section K) \$ 75,476 \$ 260,288 \$.						68,031	260,289	-	-	-	-	32,892	27,472		
29 Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Sampling Cost Adjustment (if applicable)		Totals / Pay	yments												
Unreconciled Charges (Explain Variance)	128		Total Charges (includes organ	acquisition from Sect	tion K)	\$ 75,476	\$ 260,289	\$ -	\$ -	\$ -	\$ -	\$ 37,359	\$ 27,472	\$ 112,835	\$ 287,761
Sampling Cost Adjustment (if applicable) Sampling Cost Adjustment (excludes Cost Adjustment	129	Total Charg	es per PS&R or Exhibit Detail			\$ 75,476	\$ 260,289	\$ -	\$ -	\$ -	\$ -	\$ 37,359	\$ 27,472		
31.02 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) S	130		Unreconciled Charges	(Explain Variance)											
32 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) \$ \$ \$ \$ \$ \$ \$ \$ \$															7
Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) \$ \$ \$ \$ \$ \$ \$ \$ \$	131.02	2	Total Calculated Cost (includes org	gan acquisition from S	Section K)	\$ 18,646	\$ 40,062	\$ -	\$ -	\$ -	\$ -	\$ 11,021	\$ 3,765	\$ 29,667	\$ 43,827
Private Insurance (including primary and third party liability)	132					\$ -	\$ 6,045	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,045
Self-Pay (including Co-Pay and Spend-Down)	133				end-Down) (See Note E)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) \$ -				ability)		\$ - \$ -	\$ 966 \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ 11,774	\$ 4,465 \$ -	\$ 11,774	
38 Other Medicard Payments Reported on Cost Report Year (See Note C) \$ - \$	136			etail (All Payments)		\$ -	\$ 7,011	\$ -	\$ -					_	· .
Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) \$ -	137	Medicaid Co	ost Settlement Payments (See Note B)			\$ -	\$ -							\$ -	\$ -
40 Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) \$ -	138				stibles)	\$ -	\$ -	\$ -	\$ -				6 040	\$ -	\$ -
41 Medicare Cross-Over Bad Debt Payments \$ - \$ - \$ - \$ - \$ - \$										\$ - \$ -	\$ - \$ -	э - \$ -		\$ -	
42 Other Medicare Cross-Over Payments (See Note D)	141				,					\$ -	\$ -	\$ -	\$ -	\$ -	
	142	Other Medic	care Cross-Over Payments (See Note D)							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Out-Of-State Medicaio

17,893 \$

Included Elsewhere

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2020-09/30/2021)

NGMC Barrow

Out-of-State Medicaid Managed Care
Out-of-State Medicaid Managed Care
Out-of-State Medicaid Secondary)
Include

Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).

Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.

Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).

Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, capitation and sub-capitation payments.

J. Transplant Facilities Only: Organ Acquisition Cost In-State Medicaid and Uninsured

Cost Report Year (10/01/2020-09/30/2021) NGMC Barrow

	Total			Revenue for	Total	In-State Medic	caid FFS Primary	In-State Medicaid I	Managed Care Primary		FS Cross-Overs (with Secondary)		dicaid Eligibles (Not Elsewhere)	Unin	nsured
	Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost		Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's O Internal Analysis							
gan Acquisition Cost Centers (list below):				0			0					0			0
Lung Acquisition		5 -		5 -	0	5 -	0	5 -	0	5 -	0	5 -	0	5 -	0
Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	0	5 -	-	\$ -	0	5 -	-
Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Pancreas Acquisition Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
•	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Islet Acquisition	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	0	5 -	-	\$ -	0	5 -	-
	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Totals	e .	\$ -	1.	-											

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).

Note B: Enter Organ Acquisition Payments in Section D as part of your in-State Medicaid total payments.

Note C: Enter the total revenue applicable to organs furnished to other providers, to organ procurement organ providers, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients (but where organs acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid

Cost Report Year (10/01/2020-09/30/2021) NGMC Barrow

Total			Revenue for	Total	Out-of-State Med	dicaid FFS Primary	Out-of-State Medicaid	l Managed Care Primar		are FFS Cross-Overs aid Secondary)		Medicaid Eligibles (Not Elsewhere)
Organ Acquisition	Additional Add-Ir Intern/Resident ost Cost		Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)						
Cost Repo Worksheet I Pt. III, Co. 1 61	4, on Section G, Line		Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)							
Organ Acquisition Cost Centers (list below):												
11 Lung Acquisition \$	- \$	- \$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
12 Kidney Acquisition \$	- \$	· \$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
13 Liver Acquisition \$	- \$	· \$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
14 Heart Acquisition \$	- \$	- \$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
15 Pancreas Acquisition \$	- \$.	- \$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
16 Intestinal Acquisition \$	- \$.	· \$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
17 Islet Acquisition \$	- \$	· \$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
18 \$	- \$.	- \$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
	•											
19 Totals \$	- \$	· \$ -	\$ -	-	\$ -	_	\$ -	_	\$ -	_	\$ -	_
20 Total Cost Note A - These amounts must agree to your inpatient and outs	atient Medicaid paid cl	aims summary, if avail	able (if not, use hospita	l's logs and subm	nit with survey			_		_		_

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey Note B: Enter Organ Acquisition Payments in Section E as part of your Out-of-State Medicaid total payments.

L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (10/01/2020-09/30/2021)	NGMC Barrow
--	-------------

Worksheet A Provider Tax Assessment Reconciliation:

		W/S A Cost Center Dollar Amount Line	
1 Hospita	al Gross Provider Tax Assessment (from general ledger)*	\$ -	
1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment		\$ - 0 (WTB Account #)	
2 Hospita	al Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)	\$ - (Where is the cost included	n w/s A?
3 Differe	nce (Explain Here>)	\$ -	
Provid	der Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)	 	
4	Reclassification Code 0	\$ - (Reclassified to / (from))	
5	Reclassification Code 0	\$ - (Reclassified to / (from))	
6	Reclassification Code 0	\$ - (Reclassified to / (from))	
7	Reclassification Code 0	\$ - (Reclassified to / (from))	
		, , , , , , , , , , , , , , , , , , , ,	
DSH U	JCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
8	Reason for adjustment 0	\$ - (Adjusted to / (from))	
9	Reason for adjustment 0	\$ - (Adjusted to / (from))	
10	Reason for adjustment 0	\$ - (Adjusted to / (from))	
11	Reason for adjustment 0	\$ - (Adjusted to / (from))	
	ICC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
12	Reason for adjustment 0	<u> </u>	
13	Reason for adjustment 0	<u> </u>	
14	Reason for adjustment 0	<u> </u>	
15	Reason for adjustment 0	\$ -	
16 Total N	Net Provider Tax Assessment Expense Included in the Cost Report	•	
16 Total N	vet Provider Tax Assessment Expense Included in the Cost Report	5	
CC Provid	der Tax Assessment Adjustment:		
17 Gross	Allowable Assessment Not Included in the Cost Report	\$ -	
Annor	tionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured:		
18	Medicaid Hospital Charges Sec. G	59,165,203	
19	Uninsured Hospital Charges Sec. G	28,422,110	
	Total Hospital Charges Sec. G	227,638,036	
	· · · · · · · · · · · · · · · · · · ·		
20	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC		
20 21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC	25.99%	
20 21 22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	25.99% 12.49%	
20 21			

^{*} Assessment must exclude any non-hospital assessment such as Nursing Facility.

^{**} The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and Uninsured based on Charges Sec. G unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.