#### **EXAMINER ADJUSTED SURVEY**

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

D. General Cost Report Year Information	10/1/2020	-	9/30/20
5. General Gost Report Tear Information	10/1/2020		3/0

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.

Select Your Facility from the Drop-Down Menu Provided:	NORTHEAST GEORGIA MEDICAL CENTER			
	10/1/2020 through 9/30/2021			
<ol><li>Select Cost Report Year Covered by this Survey:</li></ol>	X			
3. Status of Cost Report Used for this Survey (Should be audited if available)	1 - As Submitted			
3a. Date CMS processed the HCRIS file into the HCRIS database:	3/9/2022			
·				
	Data	Correct?	If Incorrect, Proper Information	
4. Hospital Name:	NORTHEAST GEORGIA MEDICAL CENTER	-		
5. Medicaid Provider Number:	000000888A	-		
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	000008888	-		
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	-		
8. Medicare Provider Number:	110029	-		
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Non-State Govt.	-		
DSH Pool Classification (Small Rural, Non-Small Rural, Urban):	Urban	-		
Out-of-State Medicaid Provider Number. List all states where you	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	: (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 Int     Section 1011 Payment Related to Outpatient Hospital Services NOT Int     Total Section 1011 Payments Related to Hospital Services (See I     Section 1011 Payment Related to Non-Hospital Services Included in I     Section 1011 Payment Related to Non-Hospital Services NOT Include     Total Section 1011 Payments Related to Non-Hospital Services (	cluded in Exhibits B & B-1 (See Note 1) included in Exhibits B & B-1 (See Note 1)  Note 1)  Exhibits B & B-1 (See Note 1)  ad in Exhibits B & B-1 (See Note 1)		\$ - \$ - \$ - \$ - \$ - \$ - \$ -	
8. Out-of-State DSH Payments (See Note 2)			\$ -	
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) 10. Total Cash Basis Patient Payments from All Other Patients (On Exhib 11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to C	column (N) on Exhibit B)		Inpatient   Outpatient   Total     \$ 1,731,211   \$ 5,695,761   \$7,426,972     \$ 8,907,582   \$ 33,376,191   \$42,283,773     \$ \$10,638,793   \$39,071,952   \$49,710,745	
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Ca	sh Basis Patient Payments:		16.27% 14.58% 14.94%	
Did your hospital receive any Medicaid managed care payments     Should include all non-claim-specific payments such as lump sum payments		nus payments, capitation pay	No yments received by the hospital (not by the MCO), or other incentive 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 Madicaid managed care pen plaims novements (see question 12			•	

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)

231,454

#### 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

Þ	-
	186,639,221
	183,845,057
	5,679,776
5	376,164,054

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

		Total	Patient	t Revenues (Charg	es)				Contractual	Adjustments				
	Inp	patient Hospital	Out	patient Hospital	ı	Non-Hospital	In	patient Hospital	Outpatie	nt Hospital		Non-Hospital	Net H	ospital 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 24. ASC 25. Hospice 26. Other	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	500.667,479 27,202,382 11,154.642 2,750.238,954	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,461,047,621 433,012,867		- - - 17,043,538 - - - - - - - - - - - - - - - - - - -	\$ \$ \$ \$ \$	381,484,878 20,726,925 8,499,308 2,095,551,672		375,201,589 329,935,272 - - 5,655,411	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	12,986,368 - 12,986,368 - - - - - - 20,625,574	\$ \$ \$ \$ \$ \$	119,182,601 6,475,457 2,655,334 1,240,533,313 103,077,595
27. Total 28. Total Hospital and Non Hospital	\$	3,324,082,816	\$	2,901,482,749 Total from Above	\$ \$	44,112,905 6,269,678,470	\$	2,532,793,485	\$ 2,2 Total from	210,792,272 Above	\$	33,611,942 4,777,197,699	\$	1,481,979,808
Total Per Cost Report     Total Per Cos	vorksheet			nues (G-3 Line 1) rease in net	\$	6,269,678,470		Total Con	tractual Adj.	(G-3 Line 2)	\$ + \$	4,777,197,699		
<ol> <li>Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INC decrease in net patient revenue)</li> </ol>	CLUDED	on worksheet G-3, Lir	ne 2 (im	pact is a							+ 6	_		
<ol> <li>Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH R is a decrease in net patient revenue)</li> </ol>	evenue II	NCLUDED on worksh	eet G-3	3, Line 2 (impact							+ ¢			
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local G-3, Line 2 (impact is a decrease in net patient revenue)	Patient C	are Cash Subsidies IN	NCLUD	ED on worksheet							+ 8			
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes increase in net patient revenue)	s INCLUE	ED on worksheet G-3	3, Line 2	2 (impact is an							٠			
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove O INCLUDED on worksheet G-3, Line 2 (impact is an increase in net p			insure	d patients							-   \$			
35. Adjusted Contractual Adjustments 36. Unreconciled Difference		Unreconciled D	ifferenc	ce (Should be \$0)	\$	<u>-</u>		Unreconciled D	ifference (Sh	ould be \$0)	\$	4,777,197,699		

## G. Cost Report - Cost / Days / Charges

Line #	Cost Center Description	Tot	al 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
		W	Cost Report forksheet B, art I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26		Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem
	Cost Centers (list below):										_	
	OULTS & PEDIATRICS	\$	254,408,554			-	\$	264,206,796	190,925	\$ 381,395,259		\$ 1,383.8
	TENSIVE CARE UNIT	\$	116,668,311	\$ 3,129,944	- \$		\$	119,798,255	39,507	\$ 157,629,244		\$ 3,032.3
	DRONARY CARE UNIT	\$	-	\$	- \$		\$	-	-	\$ -		\$ -
	IRN INTENSIVE CARE UNIT	\$	-	\$	- \$		\$	-	-	\$ -		\$ -
	IRGICAL INTENSIVE CARE UNIT	\$	-	\$	- \$		\$	-	-	\$ -		\$ -
	THER SPECIAL CARE UNIT	\$	-	\$	- \$ -		\$	-	-	\$ -		\$ -
	IBPROVIDER I	\$	-	\$	- \$		\$	-	-	\$ -		\$ -
	IBPROVIDER II	\$	-	\$	- \$		\$	-	-	\$ -		\$ -
	HER SUBPROVIDER	\$	-	\$	- \$		\$	-	-	\$ -		\$ -
04300 NU	JRSERY	\$	25,111,725	\$ 57,960	\$ -		\$	25,169,685	19,310	\$ 32,294,353		\$ 1,303.4
	Total Routine	\$	396,188,590	\$ 12,986,146	\$ -	\$ -	\$	409,174,736	249,742	\$ 571,318,856		
	Weighted Average											\$ 1,638.3
	ion Data (Non-Distinct)	1		Observation Days Cost Report W/S S 3, Pt. I, Line 28, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Μι	Calculated (Per Diems Above ultiplied by Days)	Cost Report Worksheet C, Pt. I, Col. 6	- Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
09200 Ob	servation (Non-Distinct)	j		25,244	-	-	\$	34,933,405	15,856,689	39,906,938	\$ 55,763,627	0.62645
	Cost Centers (from W/S C excluding Ob	W Pa	Cost Report forksheet B, art I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4			Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
Ancillary	PERATING ROOM	Φ.	88.791.299	\$ 1.357.304	- s		\$	90,148,603	\$ 314,393,607	\$ 443,533,546	\$ 757,927,153	0.11894
	LIVATING ROOM	\$										0.00000
5000 OP	LIVERY ROOM & LABOR ROOM	\$	18,354,477				\$	20,318,575	\$ 61,595,183	\$ 4,757,612	\$ 66,352,795	0.30622
5000 OP 5200 DE 5300 AN	LIVERY ROOM & LABOR ROOM IESTHESIOLOGY	Ψ		\$ 1,964,098			\$	20,318,575 4,862,064	\$ 61,595,183 \$ 113,289,693	\$ 4,757,612 \$ 134,715,016	\$ 66,352,795 \$ 248,004,709	0.30622 0.01960
5000 OP 5200 DE 5300 AN 5400 RA	ELIVERY ROOM & LABOR ROOM IESTHESIOLOGY DIOLOGY-DIAGNOSTIC	\$ \$ \$	18,354,477 4,862,064 35,743,924	\$ 1,964,098 \$ 217,898	\$ -		\$	4,862,064 35,961,822	\$ 113,289,693 \$ 55,022,152	\$ 134,715,016 \$ 208,332,741	\$ 248,004,709 \$ 263,354,893	0.01960 0.13655
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA	ELIVERY ROOM & LABOR ROOM IESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC	\$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866	\$ 1,964,098 \$ \$ 217,898 \$	\$ - \$ - \$ -		\$ \$	4,862,064 35,961,822 13,833,866	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043	0.01966 0.1365 0.0866
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5700 CT	ELIVERY ROOM & LABOR ROOM JESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC SCAN	\$ \$ \$	18,354,477 4,862,064 35,743,924	\$ 1,964,098 \$ \$ 217,898 \$	\$ - \$ - \$ -		\$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198	\$ 113,289,693 \$ 55,022,152	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110	0.01960 0.13655 0.08660 0.03164
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5700 CT 5800 MR	ELIVERY ROOM & LABOR ROOM JESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC SCAN RI	\$ \$ \$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866 12,779,198 5,553,163	\$ 1,964,098 \$ 217,898 \$ \$	\$ - \$ - \$ - \$ - \$ -		\$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198 5,553,163	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777 \$ 149,520,716 \$ 26,412,086	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394 \$ 75,851,584	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110 \$ 102,263,670	0.01960 0.13655 0.08660 0.03164 0.05430
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5700 CT 5800 MR 6000 LAB	ELIVERY ROOM & LABOR ROOM JESTHESIOLOGY JDIOLOGY-DIAGNOSTIC JDIOLOGY-THERAPEUTIC SCAN RI BORATORY	\$ \$ \$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866 12,779,198 5,553,163 63,745,411	\$ 1,964,098 \$ 217,898 \$ \$ \$ \$ \$	\$ - \$ - \$ - \$ - \$ -		\$ \$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198 5,553,163 63,745,411	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777 \$ 149,520,716 \$ 26,412,086 \$ 318,417,218	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394 \$ 75,851,584 \$ 273,881,398	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110 \$ 102,263,670 \$ 592,298,616	0.01960 0.13655 0.08666 0.03164 0.05430 0.10762
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5700 CT 5800 MR 6000 LAR 6500 RE	ELIVERY ROOM & LABOR ROOM IESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC SCAN RI BORATORY ESPIRATORY THERAPY	\$ \$ \$ \$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940	\$ 1,964,098 \$ 217,896 \$ \$ \$ \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ \$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777 \$ 149,520,716 \$ 26,412,086 \$ 318,417,218 \$ 214,248,628	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394 \$ 75,851,584 \$ 273,881,398 \$ 28,934,444	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110 \$ 102,263,670 \$ 592,298,616 \$ 243,183,072	0.01960 0.13650 0.08660 0.03164 0.05430 0.10762
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5700 CT 5800 MR 6000 LAI 6500 RE 6600 PH	ELIVERY ROOM & LABOR ROOM IESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC SCAN RI BORATORY SPIRATORY THERAPY IYSICAL THERAPY	\$ \$ \$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866 12,779,198 5,553,163 63,745,411	\$ 1,964,098 \$ 217,896 \$ \$ \$ \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ \$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777 \$ 149,520,716 \$ 26,412,086 \$ 318,417,218 \$ 214,248,628 \$ 37,163,525	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394 \$ 75,851,584 \$ 273,881,398	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110 \$ 102,263,670 \$ 592,298,616 \$ 243,183,072 \$ 69,139,693	0.0196 0.1365 0.0866 0.0316 0.0543 0.1076 0.0987
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5700 CT 5800 MR 6000 LAR 6500 RE 6600 PH	ELIVERY ROOM & LABOR ROOM JESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC SCAN RI BORATORY SPIRATORY THERAPY SPISCAL THERAPY ECTROCARDIOLOGY	\$ \$ \$ \$ \$ \$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386 48,350,037	\$ 1,964,098 \$ 217,898 \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ \$ \$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386 48,350,037	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777 \$ 149,520,716 \$ 26,412,086 \$ 318,417,218 \$ 214,248,628 \$ 37,163,525 \$ 176,880,973	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394 \$ 75,851,584 \$ 273,881,398 \$ 28,934,444 \$ 31,976,168 \$ 235,231,382	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110 \$ 102,263,670 \$ 592,298,616 \$ 243,183,072 \$ 69,139,693 \$ 412,112,355	0.0196 0.1365 0.0866 0.0316 0.0543 0.1076 0.0987 0.3465 0.1173
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5700 CT 5800 MR 6000 LAR 6500 RE 6600 PH 6900 ELI 7000 ELI	ELIVERY ROOM & LABOR ROOM IESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC SCAN BORATORY SPIRATORY THERAPY IYSICAL THERAPY ECTROCARDIOLOGY ECTROENCEPHALOGRAPHY	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386 48,350,037 5,171,915	\$ 1,964,098 \$ 217,898 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ \$ \$ \$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,383 48,350,037 5,172,415	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777 \$ 149,520,716 \$ 26,412,086 \$ 318,417,218 \$ 214,248,628 \$ 37,163,525 \$ 176,880,973 \$ 2,951,241	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394 \$ 75,851,584 \$ 273,881,398 \$ 28,934,444 \$ 31,976,168 \$ 235,231,382 \$ 9,386,408	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110 \$ 102,263,670 \$ 592,298,616 \$ 243,183,072 \$ 69,139,693 \$ 412,112,355 \$ 12,337,649	0.01960 0.13651 0.08660 0.03164 0.05431 0.10762 0.0987* 0.34651 0.11732 0.41923
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5700 CT 5800 MR 6000 LAE 6600 PH 6900 ELE 7000 ELI	ELIVERY ROOM & LABOR ROOM IESTHESIOLOGY JDIOLOGY-DIAGNOSTIC JDIOLOGY-THERAPEUTIC SCAN BI BORATORY SPIRATORY THERAPY IYSICAL THERAPY ECTROCARDIOLOGY ECTROENCEPHALOGRAPHY EDICAL SUPPLIES CHARGED TO PATIENT	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386 48,350,037 5,171,915 97,701,683	\$ 1,964,098 \$ 217,898 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ \$ \$ \$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386 48,350,037 5,172,415 97,701,683	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777 \$ 149,520,716 \$ 26,412,086 \$ 318,417,218 \$ 214,248,628 \$ 37,163,525 \$ 176,880,973 \$ 2,951,241 \$ 331,417,113	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394 \$ 75,851,584 \$ 273,881,398 \$ 28,934,444 \$ 31,976,168 \$ 235,231,382 \$ 9,386,408 \$ 176,991,751	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110 \$ 102,263,670 \$ 592,298,616 \$ 243,183,072 \$ 69,139,693 \$ 412,112,355 \$ 12,337,649 \$ 508,408,864	0.01960 0.13655 0.03166 0.0316 0.05430 0.10762 0.09877 0.34655 0.11732 0.41923
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5500 CT 5800 MR 6000 LAI 6500 RE 6600 PH 6900 ELI 7100 ME 7200 IMF	ELIVERY ROOM & LABOR ROOM IESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC SCAN RI BORATORY SPIRATORY THERAPY IYSICAL THERAPY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY PL. DEV. CHARGED TO PATIENTS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386 48,350,037 5,171,915 97,701,683 96,045,443	\$ 1,964,098 \$ 217,898 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ \$ \$ \$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386 48,350,037 5,172,415 97,701,683 96,045,443	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777 \$ 149,520,716 \$ 26,412,086 \$ 318,417,218 \$ 214,248,628 \$ 37,163,525 \$ 176,880,973 \$ 2,951,241 \$ 331,417,113 \$ 218,682,916	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394 \$ 75,851,584 \$ 273,881,398 \$ 28,934,444 \$ 31,976,168 \$ 235,231,382 \$ 9,386,408 \$ 176,991,751 \$ 145,154,125	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110 \$ 102,263,670 \$ 592,298,616 \$ 243,183,072 \$ 69,139,693 \$ 412,112,355 \$ 12,337,649 \$ 508,408,864 \$ 363,837,041	0.01960 0.13655 0.08666 0.03164 0.05430 0.10762 0.09871 0.34655 0.11732 0.41923 0.19217
5000 OP 5200 DE 5300 AN 5400 RA 5500 RA 5500 MR 6000 LAI 6500 RE 6600 PH 6900 ELI 7100 ME 7200 IMF	ELIVERY ROOM & LABOR ROOM IESTHESIOLOGY JDIOLOGY-DIAGNOSTIC JDIOLOGY-THERAPEUTIC SCAN BI BORATORY SPIRATORY THERAPY IYSICAL THERAPY ECTROCARDIOLOGY ECTROENCEPHALOGRAPHY EDICAL SUPPLIES CHARGED TO PATIENT	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	18,354,477 4,862,064 35,743,924 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386 48,350,037 5,171,915 97,701,683	\$ 1,964,098 \$ 217,898 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ \$ \$ \$ \$ \$	4,862,064 35,961,822 13,833,866 12,779,198 5,553,163 63,745,411 24,004,940 23,960,386 48,350,037 5,172,415 97,701,683	\$ 113,289,693 \$ 55,022,152 \$ 2,780,777 \$ 149,520,716 \$ 26,412,086 \$ 318,417,218 \$ 214,248,628 \$ 37,163,525 \$ 176,880,973 \$ 2,951,241 \$ 331,417,113	\$ 134,715,016 \$ 208,332,741 \$ 156,848,266 \$ 254,340,394 \$ 75,851,584 \$ 273,881,398 \$ 28,934,444 \$ 31,976,168 \$ 235,231,382 \$ 9,386,408 \$ 176,991,751	\$ 248,004,709 \$ 263,354,893 \$ 159,629,043 \$ 403,861,110 \$ 102,263,670 \$ 592,298,616 \$ 243,183,072 \$ 69,139,693 \$ 412,112,355 \$ 12,337,649 \$ 508,408,864 \$ 363,837,041 \$ 950,010,940	0.01960 0.13651 0.08660 0.0316- 0.05430 0.10760 0.0987* 0.34650 0.11731 0.41921

### G. Cost Report - Cost / Days / Charges

	Line	Total Allowable	Intern & Resident Costs Removed	Add-Back (If			Not Octob	I/P Days and I		I/P Routine charges and O/P	Tatal Observes	Medicaid Per Diem /
-	# Cost Center Description	Cost	on Cost Report *	Applicable						ncillary Charges	Total Charges	Cost or Other Ratios
37	7601 WOUND CARE CLINIC	\$ 2,715,503		\$ -	- Li	\$	2,715,503		_			0.336951
38	7602 DIABETIC EDUCATION	\$ 1,333,647		\$ -	-	\$	1,333,647		00 \$			4.705351
39	9100 EMERGENCY	+	\$ 8,626,819		L	<b>&gt;</b>	94,089,590	\$ 113,507,8				0.249410
126	Total Ancillary	\$ 752,582,915	\$ 12,346,493	\$ -	\$	\$	764,929,408	\$ 2,879,603,7	76 \$	2,764,695,665	\$ 5,644,299,441	
127	Weighted Average											0.141712
128	Sub Totals	\$ 1,148,771,505		•		\$	1,174,104,144	\$ 3,450,922,6	32 \$	2,764,695,665	\$ 6,215,618,297	
129	NF, SNF, and Swing Bed Cost for Medicaid	` ''	st Report Worksheet	D-3, Title 19, Column	3, Line 200 and	\$	-					
	Worksheet D, Part V, Title 19, Column 5-7, I	.ine 200)										
130	NF, SNF, and Swing Bed Cost for Medicare	` ''	st Report Worksheet	D-3, Title 18, Column	3, Line 200 and	\$	292,208					
	Worksheet D, Part V, Title 18, Column 5-7, I	.ine 200)										
131	NF, SNF, and Swing Bed Cost for Other Pay	ers (Hospital must cal	culate. Submit suppor	t for calculation of co	st.)	\$	_					
131.01	Other Cost Adjustments (support must be su	bmitted)			9	\$	-					
132	Grand Total				-	\$	1,173,811,936					
133	Total Intern/Resident Cost as a Percent of C	ther Allowable Cost					2.21%					
							,					

<sup>\*</sup> 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:

		Medicald Per	Medicald Cost to	In-State Medic	caid FFS Primary	In-State Medicaid N	lanaged Care Primary		FFS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-Sta	te Medicaid	%
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	Survey 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			
Routin	ne Cost Centers (from Section G):			Days		Days		Days		Days		Days		Days		
	ADULTS & PEDIATRICS	\$ 1,383,83		14.703		8,456		12.813		9.369		12 389		45.341		35.11%
	INTENSIVE CARE UNIT	\$ 3,032.33		4,939		545		2,396		1,868		567		9,748		26.44%
03200	CORONARY CARE UNIT	\$ -		-								-		-		
03300	BURN INTENSIVE CARE UNIT	\$ -		-		-		-		-		-		-		
	SURGICAL INTENSIVE CARE UNIT	\$ -		-		-		-		-		-		-		
	OTHER SPECIAL CARE UNIT	\$ -		-		-		-		-		-		-		
	SUBPROVIDER I	\$ -		-		-		-		-		-		-		
	SUBPROVIDER II OTHER SUBPROVIDER	\$ -		-		-		-		-		-				
	NURSERY	\$ - \$ 1,303.45		2 774		9.005		-		395		174		12,174		64.01%
04300	NORSERI	φ 1,303.43	Total Davs	22,416		18,006		15,209		11.632		13,130		67,263		36.07%
			Total Days	22,410		10,000		15,209		11,032	1	13,130		07,203		30.07%
Total D	Days per PS&R or Exhibit Detail			22,416		18,006		15,209		11,632		13,130				
	Unreconciled Days (E	Explain Variance)									_					
	E			Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
	Routine Charges			\$ 45,203,408		\$ 35,383,800		\$ 30,567,604		\$ 25,292,814		\$ 32,343,590		\$ 136,447,626		29.77%
11	Routine Charges Calculated Routine Charge Per Diem															29.77%
	Calculated Routine Charge Per Diem			\$ 45,203,408 \$ 2,016.57		\$ 35,383,800 \$ 1,965.11		\$ 30,567,604 \$ 2,009.84		\$ 25,292,814 \$ 2,174.42	]	\$ 32,343,590 \$ 2,463.34		\$ 136,447,626 \$ 2,028.57		
Ancilla	Calculated Routine Charge Per Diem	n G):	0.636455	\$ 45,203,408 \$ 2,016.57 Ancillary Charges	Ancillary Charges	\$ 35,383,800 \$ 1,965.11 Ancillary Charges	Ancillary Charges	\$ 30,567,604 \$ 2,009.84 Ancillary Charges	Ancillary Charges	\$ 25,292,814 \$ 2,174.42 Ancillary Charges	Ancillary Charges	\$ 32,343,590 \$ 2,463.34 Ancillary Charges	Ancillary Charges	\$ 136,447,626 \$ 2,028.57 Ancillary Charges	Ancillary Charges	
Ancilla 09200	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section  Observation (Non-Distinct)	n G):	0.626455	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509	\$ 1,370,419	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168,017	\$ 2,547,138	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372	\$ 1,621,834	\$ 25,292,814 \$ 2,174.42 Ancillary Charges \$ 1,013,417	\$ 1,333,311	\$ 32,343,590 \$ 2,463.34 Ancillary Charges \$ 1,852,917	\$ 3,935,089	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315	\$ 6,872,702	36.39%
Ancilla 09200 5000	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) 00 OPERATING ROOM	n <b>G</b> ):	0.118941	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509 \$ 23,630,279	\$ 1,370,419 \$ 11,905,768	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168,017 \$ 16,207,920	\$ 2,547,138 \$ 26,723,273	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946	\$ 1,621,834 \$ 21,285,838	\$ 25,292,814 \$ 2,174.42 Ancillary Charges \$ 1,013,417 \$ 11,181,551	\$ 1,333,311 \$ 9,278,618	\$ 32,343,590 \$ 2,463.34 Ancillary Charges \$ 1,852,917 \$ 25,737,142	\$ 3,935,089 \$ 31,433,233	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,696	\$ 6,872,702 \$ 69,193,497	36.39%
Ancilla 09200 5000 5200	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section  Observation (Non-Distinct)  OBERATING ROOM  DELIVERY ROOM & LABOR ROOM	n G):	0.118941 0.306220	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388	\$ 1,370,419 \$ 11,905,768 \$ 50,811	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168,017 \$ 16,207,920 \$ 11,573,808	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247	\$ 1,621,834 \$ 21,285,838 \$ 9,916	\$ 25,292,814 \$ 2,174.42 <b>Ancillary Charges</b> \$ 1,013,417 \$ 11,181,551 \$ 4,490,620	\$ 1,333,311 \$ 9,278,618 \$ 522,219	\$ 32,343,590 \$ 2,463.34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975	\$ 3,935,089 \$ 31,433,233 \$ 135,242	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599	2 36.39% 26.26% 32.85%
Ancilla 09200 5000 5200 5300	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section  Observation (Non-Distinct)  OPERATING ROOM  OBLIVERY ROOM & LABOR ROOM  NAMESTHESIOLOGY	n G):	0.118941 0.306220 0.019605	\$ 45,203,408 \$ 2,016.57 <b>Ancillary Charges</b> \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 6,600,243	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168,017 \$ 16,207,920 \$ 11,573,808 \$ 4,515,075	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652	\$ 1,621,834 \$ 21,285,838 \$ 9,916 \$ 6,122,383	\$ 25,292,814 \$ 2,174.42 Ancillary Charges \$ 1,013,417 \$ 11,181,551 \$ 4,490,620 \$ 3,508,440	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807	\$ 32,343,590 \$ 2,463.34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461	36.39% 26.26% 32.85% 24.04%
Ancilla 09200 5000 5200 5300 5400	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section  Observation (Non-Distinct)  OBERATING ROOM  DELIVERY ROOM & LABOR ROOM	n G):	0.118941 0.306220	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388	\$ 1,370,419 \$ 11,905,768 \$ 50,811	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168,017 \$ 16,207,920 \$ 11,573,808	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247	\$ 1,621,834 \$ 21,285,838 \$ 9,916	\$ 25,292,814 \$ 2,174.42 <b>Ancillary Charges</b> \$ 1,013,417 \$ 11,181,551 \$ 4,490,620	\$ 1,333,311 \$ 9,278,618 \$ 522,219	\$ 32,343,590 \$ 2,463.34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975	\$ 3,935,089 \$ 31,433,233 \$ 135,242	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599	26.26% 26.26% 32.85% 24.04% 5.25.48%
Ancilla 09200 5000 5200 5300 5400 5500	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) )0 (OPERATING ROOM )0 (OPERATING ROOM )0 (DELIVERY ROOM & LABOR ROOM )0 (DANESTHESIOLOGY )0 (RADIOLOGY-DIAGMOSTIC	n G):	0.118941 0.306220 0.019605 0.136553	\$ 45,203,408 \$ 2,016.57 <b>Ancillary Charges</b> \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 6,600,243	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168,017 \$ 16,207,920 \$ 11,573,808 \$ 4,515,075 \$ 1,762,514	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652 \$ 4,443,716	\$ 1,621,834 \$ 21,285,838 \$ 9,916 \$ 6,122,383 \$ 10,851,146	\$ 25,292,814 \$ 2,174.42 Ancillary Charges \$ 1,013,417 \$ 11,181,551 \$ 4,490,620 \$ 3,508,440 \$ 2,152,580	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449	\$ 32,343,590 \$ 2,463.34 Ancillary Charges \$ 1,862,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,186,854	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410 \$ 13,128,575	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633	2 36.399 26.269 32.859 24.049 4 25.489
Ancilla 09200 5000 5200 5300 5400 5500 5700	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) OPERATING ROOM )0 (DELIVERY ROOM & LABOR ROOM )0 (DELIVERY ROOM & LABOR ROOM )0 (ANESTHESIOLOGY )0 (RADIOLOGY-DIAGNOSTIC )0 (RADIOLOGY-THERAPEUTIC	n G):	0.118941 0.306220 0.019605 0.136553 0.086663	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 6,600,243 \$ 4,769,764 \$ \$	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$ -	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168,017 \$ 16,207,920 \$ 11,573,808 \$ 4,515,075 \$ 1,762,514 \$ 116,303	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840	\$ 30,567,604 \$ 2,009.84 <b>Ancillary Charges</b> \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652 \$ 4,443,716 \$ 151,014	\$ 1,621,834 \$ 21,285,838 \$ 9,916 \$ 6,122,383 \$ 10,851,146 \$ 8,949,814	\$ 25,292,814 \$ 2,174.42 Ancillary Charges \$ 1,013,417 \$ 11,181,551 \$ 4,490,620 \$ 3,508,440 \$ 2,152,580 \$ 197,800	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077	\$ 32,343,590 \$ 2,463,34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,186,854 \$ 4,494,708	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410 \$ 13,128,575 \$ 465,117	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731	26.26% 26.26% 32.85% 24.04% 11.96% 12.84%
Ancilla 09200 5000 5200 5300 5400 5500 5700	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) 00 OPERATING ROOM 100 DEELVERY ROOM & LABOR ROOM 100 LEVERY ROOM & LABOR ROOM 100 ANESTHESIOLOGY 100 RADIOLOGY-DIAGNOSTIC 100 IRADIOLOGY-THERAPEUTIC 100 TSCAN	n G):	0.118941 0.306220 0.019605 0.136553 0.086663 0.031643	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 6,600,243 \$ 4,769,764 \$ - \$ 11,121,494	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$ - \$ 7,069,183	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168,017 \$ 16,207,920 \$ 11,573,808 \$ 4,515,075 \$ 1,762,514 \$ 116,303 \$ 2,654,871	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840 \$ 12,243,785	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652 \$ 4,443,716 \$ 151,014 \$ 11,604,458	\$ 1,621,834 \$ 21,285,838 \$ 9,916 \$ 6,122,383 \$ 10,851,146 \$ 8,949,814 \$ 12,902,187	\$ 25,292,814 \$ 2,174.42 Ancillary Charges \$ 1,013,417 \$ 11,181,551 \$ 4,490,620 \$ 3,506,440 \$ 2,152,580 \$ 197,800 \$ 4,892,680	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454	\$ 32,343,590 \$ 2,463.34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097 \$ 13,968,989	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,186,854 \$ 4,494,708 \$ 33,984,010	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,996 \$ 18,939,063 \$ 21,119,410 \$ 13,128,575 \$ 465,117 \$ 30,273,503	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,786,609	2 36.39% 2 26.26% 3 32.85% 24.04% 11.96% 28.40% 28.40% 22.45%
Ancilla 09200 5000 5200 5300 5400 5500 5800 6000 6500	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) ODEPATATION ROOM ) DIELUKERY ROOM & LABOR ROOM ) DIELUKERY ROOM & LABOR ROOM ) AMESTHESIOLOGY  OR RADIOLOGY-DIAGNOSTIC ) RADIOLOGY-THERAPEUTIC ) CT SCAN ) OL CT SCAN ) UMRI  OL MAD ON THE ROOM ) OL MRI  OL MAD ON THE ROOM  OL MRI  OL MRI  OL RESPIRATORY THERAPY	n G):	0.118941 0.306220 0.019605 0.136553 0.086663 0.031643 0.054302 0.107624 0.098711	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,663,388 \$ 4,769,764 \$ 11,121,494 \$ 2,206,631 \$ 31,720,420 \$ 15,500,937	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168,017 \$ 16,207,920 \$ 11,573,808 \$ 4,515,075 \$ 1,762,514 \$ 116,303 \$ 2,654,627 \$ 564,425 \$ 13,745,454 \$ 6,673,744	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840 \$ 12,243,785 \$ 2,893,243 \$ 18,529,823 \$ 707,067	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652 \$ 4,443,716 \$ 11,004,459 \$ 1,984,655 \$ 25,343,113 \$ 11,119,785	\$ 1,621,834 \$ 21,285,838 \$ 9,916 \$ 6,122,383 \$ 10,851,146 \$ 8,949,814 \$ 12,902,187 \$ 3,766,455 \$ 11,038,041 \$ 511,655	\$ 25,292,814 \$ 2,174.42 Ancillary Charges \$ 1,013,417 \$ 11,181,551 \$ 4,490,620 \$ 3,508,440 \$ 2,152,590 \$ 197,800 \$ 4,892,680 \$ 723,755 \$ 16,419,013 \$ 9,455,554	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454 \$ 800,294 \$ 10,306,520 \$ 371,360	\$ 32,34,3690 \$ 2,463,34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097 \$ 13,968,869 \$ 3,015,790 \$ 25,415,037 \$ 6,466,401	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,186,854 \$ 4,494,708 \$ 33,984,010 \$ 5,038,648 \$ 33,200,541 \$ 859,048	\$ 136.447.626 \$ 2,028.57 Ancillary Charges \$ 7.441,315 \$ 71.757.696 \$ 18.939.063 \$ 21,119.410 \$ 13.128,575 \$ 465,177 \$ 30,273,503 \$ 5,389,466 \$ 87,228,000	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,786,609 \$ 9,431,323 \$ 49,042,360 \$ 1,934,909	2 36.39% 26.26% 32.85% 24.04% 5 25.48% 11.96% 28.40% 5 22.45% 33.13% 21.61%
Ancilla 09200 5000 5300 5400 5500 5700 5800 6000 6500	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) 00 (DEPRATING ROOM 00 (DELVERY ROOM & LABOR ROOM 00 (DELVERY ROOM & LABOR ROOM 00 (DELVERY ROOM & LABOR ROOM 00 (ANESTHESIOLOGY 00 (RADIOLOGY-DIAGNOSTIC) 00 (RADIOLOGY-DIAGNOSTIC) 00 (RADIOLOGY-THERAPEUTIC 00 (CT SCAN 01 (MR) 01 (MR) 01 (MR) 01 (LABORATORY 01 (NESPIRATORY THERAPY 01 (PRESPIRATORY THERAPY 01 (PRESPIRATORY THERAPY	n G):	0.118941 0.306220 0.019605 0.136553 0.086663 0.031643 0.054302 0.107624 0.098711	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 6,600,243 \$ 4,769,764 \$ 11,121,494 \$ 2,206,631 \$ 31,720,420 \$ 15,500,937 \$ 2,476,285	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$ 7,069,183 \$ 1,971,330 \$ 9,167,975 \$ 344,827 \$ 856,854	\$ 35,383,800 \$ 1,965.11 Ancillary Charges \$ 1,168.017 \$ 16,207,920 \$ 11,573,808 \$ 4,515,075 \$ 1,762,514 \$ 116,303 \$ 2,654,871 \$ 564,425 \$ 13,745,454 \$ 6,673,744 \$ 652,401	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840 \$ 12,243,785 \$ 2,2893,243 \$ 18,529,823 \$ 707,067 \$ 1,947,755	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652 \$ 4,443,716 \$ 11,604,458 \$ 1,894,655 \$ 25,343,113 \$ 11,119,785 \$ 25,343,113 \$ 11,119,785 \$ 2,598,601	\$ 1,621,834 \$ 21,285,838 \$ 9,916 \$ 6,122,383 \$ 10,851,146 \$ 8,949,814 \$ 12,902,187 \$ 3,766,455 \$ 11,038,041 \$ 511,655 \$ 1,244,838	\$ 25,292,814 \$ 2,174.42 Ancillary Charges \$ 1,013,417 \$ 11,181,551 \$ 4,490,620 \$ 3,508,440 \$ 2,152,580 \$ 197,800 \$ 4,892,880 \$ 723,755 \$ 16,419,013 \$ 9,455,554 \$ 1,048,814	\$ 1,333,311 \$ 9,276,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454 \$ 800,294 \$ 10,306,520 \$ 371,360 \$ 343,673	\$ 32,343,590 \$ 2,463,34 Anciliary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097 \$ 13,968,899 \$ 3,015,790 \$ 25,415,037 \$ 6,486,401 \$ 1,707,640	\$ 3,935,089 \$ 31,433,233 \$ 155,242 \$ 9,575,927 \$ 15,186,854 \$ 4,494,708 \$ 33,984,010 \$ 5,038,648 \$ 33,200,541 \$ 859,048 \$ 2,436,100	\$ 136.447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410 \$ 13,128,575 \$ 466,117 \$ 30,273,503 \$ 5,389,466 \$ 67,228,000 \$ 42,750,020 \$ 6,267,101	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,786,609 \$ 9,431,323 \$ 49,042,360 \$ 1,934,909 \$ 4,488,117	26.26% 26.26% 24.04% 4 25.48% 11.96% 2 24.45% 33.13% 2 1.61% 2 0.71%
Ancilla 09200 5000 5200 5300 5400 5500 5800 6500 6600 6900	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) ODEPATATION ROOM ) DIELLYERY ROOM & LABOR ROOM ) DIELLYERY ROOM & LABOR ROOM ) ROOM (AND ROOM PORT OF THE PROPERTY OF THE PROPE	n G):	0.118941 0.306220 0.019605 0.136553 0.08663 0.031643 0.054302 0.107624 0.098711 0.346550 0.117322	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376.509 \$ 23,630.279 \$ 2,666.388 \$ 4,769,764 \$ 11,121,494 \$ 2,206.631 \$ 31,720,420 \$ 15,500,937 \$ 2,476,285 \$ 10,147,07	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$ 7,069,183 \$ 7,069,183 \$ 1,971,330 \$ 9,167,975 \$ 344,827 \$ 856,654 \$ 4,603,611	\$ 35,383,800 \$ 1,965,11 Ancillary Charges \$ 1,168,017 \$ 16,207,920 \$ 11,573,808 \$ 4,515,075 \$ 1762,514 \$ 116,303 \$ 2,654,871 \$ 564,425 \$ 13,745,454 \$ 6,673,744 \$ 6,673,744 \$ 652,401 \$ 1,889,014	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840 \$ 12,243,785 \$ 2,893,243 \$ 18,529,823 \$ 707,067 \$ 1,947,752 \$ 3,874,193	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652 \$ 4,443,716 \$ 11,004,458 \$ 1,984,655 \$ 25,343,113 \$ 11,119,785 \$ 2,089,601 \$ 10,889,641	\$ 1,621,834 \$ 21,85,838 \$ 9,916 \$ 6,122,383 \$ 10,851,146 \$ 8,949,814 \$ 12,902,187 \$ 3,766,455 \$ 111,038,041 \$ 511,655 \$ 1,244,838 \$ 12,212,923	\$ 25,292,814 \$ 2,174,42 Ancillary Charges \$ 1,013,417 \$ 11,181,551 \$ 4,490,620 \$ 3,508,440 \$ 2,152,580 \$ 197,800 \$ 4,892,680 \$ 723,755 \$ 16,419,013 \$ 9,455,554 \$ 1,048,814 \$ 3,863,495	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454 \$ 800,294 \$ 10,306,520 \$ 371,360 \$ 438,673 \$ 3,097,842	\$ 32,34,3690 \$ 2,463,34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097 \$ 13,966,899 \$ 3,015,790 \$ 25,415,037 \$ 6,486,401 \$ 1,071,640	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,186,854 \$ 4,494,708 \$ 33,984,010 \$ 5,038,648 \$ 33,200,541 \$ 859,048 \$ 2,436,100 \$ 14,720,780	\$ 136.447.626 \$ 2,028.57 Ancillary Charges \$ 7.441,315 \$ 71.757.696 \$ 18,939.063 \$ 21.119.410 \$ 30.273.503 \$ 30.273.503 \$ 5.389.466 \$ 87.228,000 \$ 42,750,020 \$ 6.267,101 \$ 20.908,857	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,786,609 \$ 9,431,323 \$ 49,042,360 \$ 1,934,909 \$ 4,488,117 \$ 23,788,569	2 36.39% 26.26% 32.85% 24.04% 25.46% 11.96% 28.40% 32.61% 21.61% 21.61% 19.47%
Ancilla 09200 5000 5200 5300 5400 5500 5700 6000 6500 6600 6900	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) ODEPATING ROOM )0 DEELWERY ROOM & LABOR ROOM )0 DELVERY ROOM & LABOR ROOM )0 DELVERY ROOM & LABOR ROOM )0 RADIOLOGY-DIAGNOSTIC )0 RADIOLOGY-THERAPEUTIC )0 CT SCAN )0 IMAN 10 I		0.118941 0.306220 0.018605 0.136553 0.08663 0.031643 0.054302 0.107624 0.098711 0.346550 0.117322 0.419238	\$ 45,203,408 \$ 2,016,57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 6,600,243 \$ 4,769,764 \$ 2,206,631 \$ 31,720,420 \$ 11,121,494 \$ 2,206,631 \$ 31,720,420 \$ 15,500,337 \$ 2,476,285 \$ 10,314,707 \$ 22,082	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$ 7,069,183 \$ 1,971,330 \$ 9,167,975 \$ 344,827 \$ 856,854 \$ 4,003,611 \$ 485,529	\$ 35,383,800. \$ 1,965.11  Ancillary Charges \$ 1,168,017. \$ 16,207,920. \$ 11,573,808. \$ 4,515,075. \$ 1,762,514. \$ 116,303. \$ 2,654,871. \$ 564,425. \$ 13,745,454. \$ 6,673,744. \$ 6,62,401. \$ 1,889,014. \$ 710,856.	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840 \$ 12,243,785 \$ 2,893,243 \$ 18,529,823 \$ 707,067 \$ 1,947,752 \$ 3,674,193 \$ 1,153,011	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,662 \$ 4,443,716 \$ 115,04,458 \$ 15,916,458 \$ 25,343,113 \$ 11,119,785 \$ 25,343,113 \$ 11,119,785 \$ 2,099,601 \$ 10,859,641 \$ 2,210,859,641	\$ 1,621,834 \$ 21,285,838 \$ 9,916 \$ 6,122,383 \$ 10,851,146 \$ 12,902,167 \$ 3,766,455 \$ 11,038,041 \$ 511,655 \$ 1,244,838 \$ 12,212,923 \$ 430,066	\$ 25,292,814 \$ 2,174.42 Ancillary Charges \$ 1,013,417 \$ 11,181,551 \$ 4,490,620 \$ 3,508,440 \$ 2,152,580 \$ 197,800 \$ 4,882,680 \$ 723,755 \$ 16,419,013 \$ 9,455,554 \$ 1,048,814 \$ 3,863,495 \$ 18,612	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454 \$ 800,294 \$ 10,306,520 \$ 371,360 \$ 438,673 \$ 3,097,842 \$ 156,534	\$ 32,34,3690 \$ 2,463,34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097 \$ 13,968,899 \$ 25,415,037 \$ 6,466,401 \$ 1,071,640 \$ 13,964,879 \$ 13,964,879 \$ 13,964,879 \$ 18,971,87	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,186,854 \$ 4,494,708 \$ 33,984,100 \$ 5,038,648 \$ 33,200,541 \$ 859,048 \$ 2,436,100 \$ 14,720,780 \$ 580,497	\$ 136,447,626 \$ 2,028,57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410 \$ 131,28,575 \$ 465,117 \$ 30,273,503 \$ 87,222,000 \$ 42,750,020 \$ 6267,101 \$ 26,906,857 \$ 14,20,114	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,786,609 \$ 9,431,323 \$ 49,042,380 \$ 1,934,909 \$ 4,488,117 \$ 23,788,569 \$ 2,225,140	36.39% 26.26% 32.85% 24.04% 4 25.48% 11.96% 5 22.45% 33.13% 21.61% 20.71% 19.47%
Ancilla 09200 5000 5200 5300 5400 5500 5700 6800 6900 7000	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) ODEPATATION FOOM ) DELEVERY ROOM & LABOR ROOM ) DELUVERY ROOM & LABOR ROOM ) RADIOLOGY-DIAGNOSTIC ) ORADIOLOGY-DIAGNOSTIC ) ORADIOLOGY-THERAPEUTIC ) CT SCAN ) (IMPRICATE OF THE		0.118941 0.306220 0.019605 0.136553 0.086663 0.031643 0.054302 0.107624 0.098711 0.346550 0.117322 0.419238 0.192171	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376.509 \$ 23,630,279 \$ 2,696,388 \$ 4,769,764 \$ 11,121,494 \$ 2,206,631 \$ 31,720,420 \$ 15,500,837 \$ 12,476,285 \$ 10,314,707 \$ 282,082 \$ 222,33,732	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$ 7,069,183 \$ 1,971,330 \$ 9,167,975 \$ 856,854 \$ 4,003,611 \$ 485,529 \$ 2,838,711	\$ 35,383,800. \$ 1,965.11  Ancillary Charges \$ 1,168,017 \$ 16,207,920. \$ 11,573,808 \$ 4,515,075 \$ 1,762,514 \$ 116,303 \$ 2,664,871 \$ 564,425 \$ 13,745,454 \$ 6,673,744 \$ 6,673,744 \$ 6,673,744 \$ 710,856 \$ 1,89,014 \$ 710,856	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840 \$ 12,243,785 \$ 2,893,243 \$ 18,529,823 \$ 177,067 \$ 1,947,752 \$ 3,874,193 \$ 1,153,011 \$ 7,244,895	\$ 30,567,504 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652 \$ 4,443,716 \$ 151,014,458 \$ 1,894,655 \$ 25,343,113 \$ 11,119,785 \$ 2,089,601 \$ 10,959,641 \$ 20,005,647 \$ 20,005,647	\$ 1,621,834 \$ 21,285,838 \$ 9,916 \$ 6,122,383 \$ 10,851,146 \$ 8,949,814 \$ 12,902,187 \$ 3,766,455 \$ 11,038,041 \$ 12,12,223 \$ 1,224,438 \$ 12,212,923 \$ 430,066 \$ 10,665,218	\$ 25,292,814 \$ 2,174,42 Ancillary Charges \$ 1,1013,417 \$ 11,181,551 \$ 4,490,250 \$ 3,509,440 \$ 1,181,551 \$ 4,492,280 \$ 3,509,440 \$ 1,123,755 \$ 16,419,013 \$ 122,755 \$ 10,488,814 \$ 3,863,495 \$ 1,048,814 \$ 3,863,495 \$ 1,361,122 \$ 11,056,122	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454 \$ 10,306,520 \$ 130,306,520 \$ 438,673 \$ 3,097,842 \$ 156,534 \$ 156,534	\$ 32,343,590 \$ 2,463,34 Ancillary Charges \$ 1,862,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097 \$ 3,3015,790 \$ 325,415,037 \$ 6,486,401 \$ 1,071,640 \$ 13,984,879 \$ 189,714	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,242 \$ 15,186,654 \$ 4,494,708 \$ 33,984,010 \$ 5,038,648 \$ 32,00,541 \$ 2,436,100 \$ 14,720,780 \$ 580,497 \$ 580,497 \$ 10,887,885	\$ 136.447.626 \$ 2,028.57 Ancillary Charges \$ 7.441,315 \$ 71,757.696 \$ 18,939.063 \$ 21,119.410 \$ 30,273.503 \$ 465,117 \$ 30,273.503 \$ 5,389.466 \$ 67,228,000 \$ 42,755,020 \$ 6,267,101 \$ 26,906.857 \$ 1,420,114 \$ 64,540,967	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,786,609 \$ 9,431,323 \$ 49,042,360 \$ 1,934,909 \$ 4,488,117 \$ 23,788,569 \$ 2,225,116 \$ 2,2562,635	2 36.39% 2 26.6% 3 2.85% 2 4.04% 1 1.96% 1 2.548% 1 3.3.13% 2 2.45% 1 3.3.13% 1 21.61% 2 0.71% 1 9.47% 3 35.87%
Ancilla 09200 50000 53000 54000 55000 55000 65000 65000 65000 71000 7200	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) OperaThios ROOM ) OPERATING ROOM ) DELUKERY ROOM & LABOR ROOM ) DELUKERY ROOM & LABOR ROOM ) DELUKERY ROOM & LABOR ROOM ) ROOM (NON THE ROOM NO THE		0.118941 0.306220 0.019605 0.136553 0.086663 0.031643 0.054302 0.107624 0.098711 0.346550 0.117322 0.419238 0.192717 0.263979	\$ 45,203,408 \$ 2,016,57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 6,600,243 \$ 4,769,764 \$ 2,206,631 \$ 31,720,420 \$ 15,500,337 \$ 2,476,285 \$ 10,314,707 \$ 22,233,732 \$ 22,233,732 \$ 10,600,382 \$ 10,600,382	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,119,946 \$ 11,123,449 \$ 1,971,330 \$ 9,167,975 \$ 344,827 \$ 856,854 \$ 4,603,611 \$ 485,529 \$ 2,38,71 \$ 501,766	\$ 35,383,800. \$ 1,965.11  Ancillary Charges \$ 1,168,017. \$ 16,207,920. \$ 11,573,808. \$ 4,515,075. \$ 1,762,514. \$ 116,303. \$ 2,654,871. \$ 564,425. \$ 13,745,454. \$ 6,673,744. \$ 18,869,014. \$ 710,856. \$ 1,0,845,431. \$ 710,856.	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840 \$ 12,243,785 \$ 2,993,243 \$ 18,529,623 \$ 707,067 \$ 1,947,752 \$ 3,874,193 \$ 1,153,011 \$ 7,214,695 \$ 3,881,999	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,662 \$ 4,443,716 \$ 15,004,458 \$ 1,894,655 \$ 25,343,113 \$ 11,119,785 \$ 2,089,601 \$ 20,605,647 \$ 20,605,647 \$ 20,605,647 \$ 11,925,298	\$ 1.621.834 \$ 21.285.838 \$ 9.916 \$ 6.122.383 \$ 10.851.146 \$ 8.949.814 \$ 12.902.187 \$ 3.766.455 \$ 11.030.041 \$ 511.655 \$ 1.2212.923 \$ 12.212.923 \$ 430.066 \$ 10.065.218	\$ 25,292,814 \$ 2,174.42  Ancillary Charges \$ 1,1013,417 \$ 11,181,551 \$ 4,496,620 \$ 3,509,440 \$ 2,152,500 \$ 197,800 \$ 723,755 \$ 164,193,133 \$ 9,455,564 \$ 1,048,314 \$ 3,863,495 \$ 1,1048,314 \$ 3,863,495 \$ 11,1056,156 \$ 14,432,605 \$ 4,432,605 \$ 3,465,156 \$ 4,432,605 \$ 4,432	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454 \$ 800,294 \$ 10,306,520 \$ 371,360 \$ 438,673 \$ 3,097,842 \$ 156,534 \$ 3,443,810 \$ 2,361,674	\$ 32,34,3690 \$ 2,463,34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097 \$ 13,968,899 \$ 25,415,037 \$ 6,466,401 \$ 10,71,640 \$ 13,994,879 \$ 18,9714 \$ 19,432,768 \$ 19,432,768	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,186,854 \$ 4,494,708 \$ 33,984,010 \$ 5,038,648 \$ 33,200,541 \$ 859,048 \$ 2,436,100 \$ 14,720,780 \$ 580,497 \$ 10,887,885 \$ 6,486,154	\$ 136,447,626 \$ 2,028,57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410 \$ 131,128,575 \$ 465,117 \$ 30,273,503 \$ 57,228,000 \$ 42,750,020 \$ 6267,101 \$ 26,906,857 \$ 1,420,114 \$ 64,540,967 \$ 14,20,114 \$ 64,540,967	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,786,609 \$ 9,431,323 \$ 49,042,360 \$ 1,934,909 \$ 4,488,117 \$ 23,788,569 \$ 2,225,140 \$ 23,562,635 \$ 15,687,800	2 36.39% 26.26% 32.85% 24.04% 11.96% 28.40% 21.245% 33.13% 21.61% 21.61% 37.71% 19.47% 35.87% 17.27%
Ancilla 09200 50000 5200 5300 5400 5500 5700 6000 6000 7000 7100 7200	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) ODERATING ROOM ) DELEVERY ROOM & LABOR ROOM ) DELEVERY ROOM & LABOR ROOM ) RADIOLOGY-DIAGNOSTIC ) RADIOLOGY-DIAGNOSTIC ) CT SCAN ) CT SCAN ) (INTERPRETABLE OF THE CONTROL OF THE CO		0.118941 0.306220 0.019805 0.138553 0.086683 0.031643 0.054502 0.107624 0.088711 0.346550 0.117322 0.419238 0.192171 0.263979 0.124169	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 4,769,764 \$ 1,121,494 \$ 2,206,631 \$ 31,720,420 \$ 15,500,937 \$ 2,476,285 \$ 10,314,707 \$ 282,082 \$ 10,660,362 \$ 2,233,732 \$ 10,660,362 \$ 65,319,483	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$ 7,069,183 \$ 1,971,330 \$ 9,167,975 \$ 856,854 \$ 4,003,611 \$ 485,529 \$ 2,838,711	\$ 35,383,800. \$ 1,965.11  Ancillary Charges \$ 1,168,017 \$ 16,207,920. \$ 11,673,808 \$ 4,515,075 \$ 1,762,514 \$ 116,303 \$ 2,654,871 \$ 564,425 \$ 13,745,454 \$ 6,673,744 \$ 6,673,744 \$ 710,856 \$ 1,869,014 \$ 710,856 \$ 10,645,431 \$ 2,559,995 \$ 2,6,890,241	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840 \$ 12,243,785 \$ 18,529,823 \$ 707,067 \$ 1,947,752 \$ 3,874,193 \$ 1,153,011 \$ 7,214,695 \$ 3,581,999 \$ 9,141,586	\$ 30,567,504 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652 \$ 4,443,716 \$ 151,014,458 \$ 1,804,458 \$ 25,343,113 \$ 1,119,785 \$ 2,089,601 \$ 100,5647 \$ 20,056,647 \$ 11,192,5298 \$ 20,065,647 \$ 11,925,298 \$ 49,366,931	\$ 1,621,834 \$ 21,285,638 \$ 9,916 \$ 6,122,383 \$ 10,851,146 \$ 8,949,914 \$ 12,902,187 \$ 3,766,455 \$ 11,038,041 \$ 511,655 \$ 12,242,383 \$ 12,242,923 \$ 430,066 \$ 10,065,218 \$ 9,242,361 \$ 9,242,361 \$ 19,043,72	\$ 25,292,814 \$ 2,174,42 Ancillary Charges \$ 1,1013,417 \$ 11,181,551 \$ 4,490,252 \$ 3,509,440 \$ 1,181,551 \$ 4,192,502 \$ 3,509,440 \$ 1,178,800 \$ 197,800 \$ 197,800 \$ 1,197,800 \$	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454 \$ 103,06,520 \$ 371,360 \$ 438,673 \$ 3,097,842 \$ 156,534 \$ 3,443,810 \$ 3,443,810 \$ 3,236,674 \$ 3,236,674	\$ 32,343,590 \$ 2,463,34 Ancillary Charges \$ 1,862,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,007 \$ 13,968,969 \$ 3,015,790 \$ 25,415,037 \$ 6,466,401 \$ 1,071,640 \$ 13,984,879 \$ 189,714 \$ 194,927,66 \$ 10,472,448	\$ 3,935,089 \$ 31,433,233 \$ 1,433,233 \$ 9,575,927 \$ 15,186,654 \$ 4,494,708 \$ 33,209,411 \$ 659,048 \$ 2,436,100 \$ 14,720,780 \$ 10,887,685 \$ 6,486,154 \$ 3,320,341 \$ 10,887,685 \$ 10,887,685 \$ 6,486,154	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410 \$ 131,28,575 \$ 465,117 \$ 30,273,503 \$ 5,389,466 \$ 67,228,000 \$ 42,750,020 \$ 6,267,101 \$ 26,906,857 \$ 1,420,114 \$ 64,540,967 \$ 29,618,174	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,786,609 \$ 9,431,323 \$ 49,042,380 \$ 1,934,909 \$ 2,3788,569 \$ 2,225,140 \$ 23,562,635 \$ 15,687,800 \$ 57,448,263	2 36.39% 26.26% 32.85% 24.04% 11.96% 28.40% 28.40% 21.61% 20.71% 19.47% 35.87% 35.87% 34.14%
Ancilla 09200 50000 53000 53000 54000 55000 60000 65000 69000 71000 7200 7300	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) OperaThios ROOM ) OPERATING ROOM ) DELUKERY ROOM & LABOR ROOM ) DELUKERY ROOM & LABOR ROOM ) DELUKERY ROOM & LABOR ROOM ) ROOM (NON THE ROOM NO THE		0.118941 0.306220 0.019605 0.138553 0.086663 0.031643 0.054302 0.107624 0.098711 0.346550 0.117322 0.419238 0.192717 0.265979 0.124169 0.127261	\$ 45,203,408 \$ 2,016,57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 6,600,243 \$ 4,769,764 \$ 2,206,631 \$ 31,720,420 \$ 15,500,937 \$ 2,476,285 \$ 10,314,707 \$ 22,233,732 \$ 10,600,362 \$ 16,500,362 \$ 16,500	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$	\$ 35,383,800. \$ 1,965.11  Ancillary Charges \$ 1,168,017. \$ 16,207,920. \$ 11,573,808. \$ 4,515,075. \$ 1,762,514. \$ 116,303. \$ 2,654,871. \$ 564,425. \$ 13,745,454. \$ 6,673,744. \$ 15,969,965. \$ 1,889,014. \$ 710,856. \$ 10,645,431. \$ 2,599,985. \$ 26,830,241. \$ 26,830,241. \$ 34,4077.	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,889 \$ 3,991,840 \$ 1,2243,785 \$ 2,983,243 \$ 18,529,623 \$ 707,667 \$ 1,947,752 \$ 3,874,193 \$ 1,153,011 \$ 7,214,895 \$ 3,581,999 \$ 1,9141,586 \$ 683,289	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,662 \$ 4,443,716 \$ 15,004,458 \$ 15,904,458 \$ 11,894,655 \$ 25,343,113 \$ 11,119,785 \$ 2,089,601 \$ 20,605,647 \$ 20,605,647 \$ 21,925,298 \$ 49,366,931 \$ 41,361,330	\$ 1.621.834 \$ 21.285.838 \$ 9.916 \$ 6.122.383 \$ 10.851.146 \$ 8.949.814 \$ 12.902.187 \$ 3.766.455 \$ 11.033.041 \$ 511.655 \$ 1.24.638 \$ 12.212.923 \$ 430.066 \$ 10.065.218 \$ 9.242.361 \$ 19.160.372 \$ 749.202	\$ 25,992,814 \$ 2,174.42 Ancillary Charges \$ 1,1013,417 \$ 11,181,351 \$ 4,490,620 \$ 3,509,440 \$ 2,152,500 \$ 197,800 \$ 197,800 \$ 722,755 \$ 164,191,301 \$ 9,455,581 \$ 1,048,31 \$ 1,104,81 \$ 1,1	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454 \$ 10,306,520 \$ 371,360 \$ 438,673 \$ 3,097,842 \$ 16,534 \$ 3,443,810 \$ 2,361,674 \$ 6,258,340 \$ 9,90,93	\$ 32,343,590 \$ 2,463,34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097 \$ 13,968,899 \$ 25,415,037 \$ 6,486,401 \$ 1,071,640 \$ 13,984,879 \$ 189,714 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,55,883	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,186,854 \$ 4,444,708 \$ 33,984,010 \$ 5,038,648 \$ 33,200,541 \$ 2,436,100 \$ 14,720,780 \$ 580,497 \$ 10,887,885 \$ 6,486,154 \$ 38,704,384 \$ 7,805,385	\$ 136,447,626 \$ 2,028,57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410 \$ 131,128,575 \$ 465,117 \$ 30,273,503 \$ 57,228,000 \$ 42,750,020 \$ 6267,101 \$ 26,906,857 \$ 1,420,114 \$ 64,540,967 \$ 1,420,114 \$ 19,140,114 \$ 19,140,114 \$ 19,140,114 \$ 19,140,114 \$ 19,140,114 \$ 11,539,817	\$ 6.872,702 \$ 69,193,407 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,766,000 \$ 9,431,323 \$ 49,042,300 \$ 1,934,909 \$ 4,488,117 \$ 22,788,569 \$ 2,225,140 \$ 2,356,263 \$ 15,566,363 \$ 15,566,363	2 36.39% 26.26% 32.85% 24.04% 21.98% 11.98% 12.45% 22.45% 33.13% 21.61% 20.71% 19.47% 35.87% 23.50% 17.27% 34.14%
Ancilla 09200 5000 5300 5300 5400 5500 5700 6800 6800 7000 7100 7200 7300 7400	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) ODERATING ROOM ) ODELEVERY ROOM & LABOR ROOM ) DELEVERY ROOM & LABOR ROOM ) ROOM (AND COMPANIED		0.118941 0.306220 0.019805 0.138553 0.086683 0.0314302 0.107624 0.088711 0.346550 0.117322 0.419238 0.192171 0.263979 0.1274169 0.127261	\$ 45,203,408 \$ 2,016.57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 4,769,764 \$ 1,121,494 \$ 2,206,631 \$ 31,720,420 \$ 15,500,937 \$ 2,476,285 \$ 10,314,707 \$ 282,082 \$ 10,660,362 \$ 2,233,732 \$ 10,660,362 \$ 65,319,483	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,119,946 \$ 11,123,449 \$ 1,971,330 \$ 9,167,975 \$ 344,827 \$ 856,854 \$ 4,603,611 \$ 485,529 \$ 2,38,71 \$ 501,766	\$ 35,383,800. \$ 1,965.11  Ancillary Charges \$ 1,168,017 \$ 16,207,920. \$ 11,673,808 \$ 4,515,075 \$ 1,762,514 \$ 116,303 \$ 2,654,871 \$ 564,425 \$ 13,745,454 \$ 6,673,744 \$ 6,673,744 \$ 710,856 \$ 1,869,014 \$ 710,856 \$ 10,645,431 \$ 2,559,995 \$ 2,6,890,241	\$ 2.547,138 \$ 26,723,273 \$ 1.518,653 \$ 8,303,325 \$ 9,014,589 \$ 3,991,840 \$ 12,243,785 \$ 2.893,243 \$ 18,529,823 \$ 707,067 \$ 1,947,752 \$ 3,874,193 \$ 1,153,011 \$ 7,214,895 \$ 3,581,999 \$ 19,141,586 \$ 683,289 \$ 683,289	\$ 30,567,504 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,652 \$ 4,443,716 \$ 151,014,458 \$ 1,804,458 \$ 25,343,113 \$ 1,119,785 \$ 2,089,601 \$ 100,5647 \$ 20,056,647 \$ 11,192,5298 \$ 20,065,647 \$ 11,925,298 \$ 49,366,931	\$ 1.621,834 \$ 21,226,638 \$ 9,916 \$ 6,122,383 \$ 10,851,146 \$ 8,949,914 \$ 12,902,187 \$ 3,766,455 \$ 11,038,041 \$ 511,655 \$ 12,244,838 \$ 12,21,923 \$ 430,066 \$ 10,065,218 \$ 19,242,361 \$ 19,063,72 \$ 749,202 \$ 503,046	\$ 25,292,814 \$ 2,174,42 Ancillary Charges \$ 1,1013,417 \$ 11,181,551 \$ 4,490,252 \$ 3,509,440 \$ 1,181,551 \$ 4,192,502 \$ 3,509,440 \$ 1,178,800 \$ 197,800 \$ 197,800 \$ 1,197,800 \$	\$ 1,333,311 \$ 9,278,618 \$ 2624,807 \$ 2,664,807 \$ 3,305,449 \$ 11,72,077 \$ 3,571,454 \$ 800,294 \$ 10,306,520 \$ 371,360 \$ 438,673 \$ 3,097,842 \$ 156,534 \$ 3,443,810 \$ 2,361,674 \$ 9,90,93 \$ 99,903 \$ 199,083	\$ 32,343,590 \$ 2,463,34 Ancillary Charges \$ 1,862,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,007 \$ 13,968,969 \$ 3,015,790 \$ 25,415,037 \$ 6,466,401 \$ 1,071,640 \$ 13,984,879 \$ 189,714 \$ 194,927,66 \$ 10,472,448	\$ 3,395,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,180,854 \$ 4,494,708 \$ 5,33,984,010 \$ 5,338,648 \$ 33,200,541 \$ 859,048 \$ 2,436,100 \$ 14,720,780 \$ 10,887,885 \$ 6,486,154 \$ 38,704,384 \$ 7,805,385 \$ 68,332	\$ 136,447,626 \$ 2,028.57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410 \$ 131,28,575 \$ 465,117 \$ 30,273,503 \$ 5,389,466 \$ 67,228,000 \$ 42,750,020 \$ 6,267,101 \$ 26,906,857 \$ 1,420,114 \$ 64,540,967 \$ 29,618,174	\$ 6,872,702 \$ 69,193,497 \$ 2,101,599 \$ 20,204,461 \$ 34,294,633 \$ 14,113,731 \$ 35,786,609 \$ 9,431,323 \$ 49,042,380 \$ 1,934,909 \$ 2,3788,569 \$ 2,225,140 \$ 23,562,635 \$ 15,687,800 \$ 57,448,263	2 36.39% 26.26% 32.85% 24.04% 11.96% 11.96% 12.45% 13.313% 20.47% 19.47% 35.87% 17.27% 34.14% 4.95% 34.3437%
Ancilla 09200 5000 5200 5300 5400 5700 6000 6500 6900 7000 7200 7300 7400 7600 7600	Calculated Routine Charge Per Diem  ary Cost Centers (from W/S C) (from Section ) Observation (Non-Distinct) ) OperaThios ROOM ) OPERATING ROOM ) DELUKERY ROOM & LABOR ROOM ) DELUKERY ROOM & LABOR ROOM ) DELUKERY ROOM & LABOR ROOM ) ROOM (NON THE ROOM NO THE		0.118941 0.306220 0.019605 0.138553 0.086663 0.031643 0.054302 0.107624 0.098711 0.346550 0.117322 0.419238 0.192717 0.265979 0.124169 0.127261	\$ 45,203,408 \$ 2,016,57 Ancillary Charges \$ 3,376,509 \$ 23,630,279 \$ 2,696,388 \$ 6,600,243 \$ 4,769,764 \$ 2,206,631 \$ 31,720,420 \$ 15,500,937 \$ 2,476,285 \$ 10,314,707 \$ 22,233,732 \$ 10,600,362 \$ 16,500,362 \$ 16,500	\$ 1,370,419 \$ 11,905,768 \$ 50,811 \$ 3,113,946 \$ 11,123,449 \$	\$ 35,383,800. \$ 1,965.11  Ancillary Charges \$ 1,168,017. \$ 16,207,920. \$ 11,573,808. \$ 4,515,075. \$ 1,762,514. \$ 116,303. \$ 2,654,871. \$ 564,425. \$ 13,745,454. \$ 6,673,744. \$ 15,969,965. \$ 1,889,014. \$ 710,856. \$ 10,645,431. \$ 2,599,985. \$ 26,830,241. \$ 26,830,241. \$ 34,4077.	\$ 2,547,138 \$ 26,723,273 \$ 1,518,653 \$ 8,303,325 \$ 9,014,889 \$ 3,991,840 \$ 1,2243,785 \$ 2,983,243 \$ 18,529,623 \$ 707,667 \$ 1,947,752 \$ 3,874,193 \$ 1,153,011 \$ 7,214,895 \$ 3,581,999 \$ 1,9141,586 \$ 683,289	\$ 30,567,604 \$ 2,009.84 Ancillary Charges \$ 1,883,372 \$ 20,737,946 \$ 178,247 \$ 6,495,662 \$ 4,443,716 \$ 15,004,458 \$ 15,904,458 \$ 11,894,655 \$ 25,343,113 \$ 11,119,785 \$ 2,089,601 \$ 20,605,647 \$ 20,605,647 \$ 21,925,298 \$ 49,366,931 \$ 41,361,330	\$ 1.621.834 \$ 21.285.838 \$ 9.916 \$ 6.122.383 \$ 10.851.146 \$ 8.949.814 \$ 12.902.187 \$ 3.766.455 \$ 11.033.041 \$ 511.655 \$ 1.24.638 \$ 12.212.923 \$ 430.066 \$ 10.065.218 \$ 9.242.361 \$ 19.160.372 \$ 749.202	\$ 25,992,814 \$ 2,174.42 Ancillary Charges \$ 1,1013,417 \$ 11,181,351 \$ 4,490,620 \$ 3,509,440 \$ 2,152,500 \$ 197,800 \$ 197,800 \$ 722,755 \$ 164,191,301 \$ 9,455,581 \$ 1,048,31 \$ 1,104,81 \$ 1,1	\$ 1,333,311 \$ 9,278,618 \$ 522,219 \$ 2,664,807 \$ 3,305,449 \$ 1,172,077 \$ 3,571,454 \$ 10,306,520 \$ 371,360 \$ 438,673 \$ 3,097,842 \$ 16,534 \$ 3,443,810 \$ 2,361,674 \$ 6,258,340 \$ 9,90,93	\$ 32,343,590 \$ 2,463,34 Ancillary Charges \$ 1,852,917 \$ 25,737,142 \$ 613,975 \$ 8,379,362 \$ 4,143,721 \$ 24,097 \$ 13,968,899 \$ 25,415,037 \$ 6,486,401 \$ 1,071,640 \$ 13,984,879 \$ 189,714 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,432,768 \$ 19,55,883	\$ 3,935,089 \$ 31,433,233 \$ 135,242 \$ 9,575,927 \$ 15,186,854 \$ 4,444,708 \$ 33,984,010 \$ 5,038,648 \$ 33,200,541 \$ 2,436,100 \$ 14,720,780 \$ 580,497 \$ 10,887,885 \$ 6,486,154 \$ 38,704,384 \$ 7,805,385	\$ 136,447,626 \$ 2,028,57 Ancillary Charges \$ 7,441,315 \$ 71,757,696 \$ 18,939,063 \$ 21,119,410 \$ 131,128,575 \$ 465,117 \$ 30,273,503 \$ 57,228,000 \$ 42,750,020 \$ 6267,101 \$ 26,906,857 \$ 1,420,114 \$ 64,540,967 \$ 1,420,114 \$ 19,140,114 \$ 19,140,114 \$ 19,140,114 \$ 19,140,114 \$ 19,140,114 \$ 11,539,817	\$ 6,872,702 \$ 69,193,702 \$ 2,101,599 \$ 2,2024,461 \$ 34,294,633 \$ 14,113,731 \$ 137,7630 \$ 9,431,232 \$ 49,042,360 \$ 1,934,909 \$ 2,225,165 \$ 22,256,635 \$ 15,667,800 \$ 5,544,863 \$ 1,531,584 \$ 1,1531,584	2 36.39% 26.26% 32.85% 24.04% 1 25.48% 1 1.96% 2 2.45% 3 3.13% 2 1.61% 2 2.71% 2 3.50% 1 23.50% 1 24.50% 3 34.14% 3 34.14% 3 34.14% 3 34.14%

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

			In-State Medic	caid Ff	FS Primary	In-S	State Medicaid M	/lanage	ed Care Primary	lr	n-State Medicare F Medicaid S			In-State Other Med Included E			Unin	sured	Total In-Stat	e Medicaid	%
	Totals / Payments																				
128	Total Charges (includes organ acquisition from Section J)	\$	266,763,324	\$	75,373,728	\$	140,626,494	\$	150,182,857	\$	218,960,222	\$ 138,253,710	\$	141,692,570	\$ 53,207,621		224,112,149 grees to Exhibit A)	\$ 260,312,393 (Agrees to Exhibit A)	\$ 768,042,610	\$ 417,017,916	27.04%
129	Total Charges per PS&R or Exhibit Detail	\$	266,763,324	\$	75,373,728	\$	140,626,494	\$	150,182,857	\$	218,960,222	\$ 138,253,710	\$	141,692,570	\$ 53,207,621	\$	224,112,149	\$ 260,312,393			
130	Unreconciled Charges (Explain Variance)		-				-					 	_		-				 ,		_
131.01	Sampling Cost Adjustment (if applicable)																		\$ -	\$ -	
131.02	Total Calculated Cost (includes organ acquisition from Section J)	\$	70,005,570	\$	10,311,962	\$	41,448,081	\$	22,640,980	\$	50,910,769	\$ 18,739,716	\$	35,479,829	\$ 7,744,253	\$	44,741,057	\$ 36,758,245	\$ 197,844,249	\$ 59,436,911	29.07%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$	42,110,951	\$	9,632,968	\$	-	\$	-	\$	1,065,243	\$ 1,187,200	\$	125,378	\$ 48,612	1			\$ 43,301,572	\$ 10,868,780	1
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$	-	\$	-	\$	26,520,030	\$	17,321,179	\$	-	\$ -	\$	1,055,186	\$ 289,614	1			\$ 27,575,216	\$ 17,610,793	
134	Private Insurance (including primary and third party liability)	\$	382,359	\$	12,814	\$	263,596	\$	196,441	\$	3,000	\$ 4,571	\$	15,835,371	\$ 7,136,996	1			\$ 16,484,326	\$ 7,350,821	
135	Self-Pay (including Co-Pay and Spend-Down)	\$	-	\$	-	\$	16,943	\$	38,915	\$	-	\$ -	\$	3,316	\$ 5,906	1			\$ 20,259	\$ 44,821	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	42,493,310	\$	9,645,782	\$	26,800,569	\$	17,556,535							_					
137	Medicaid Cost Settlement Payments (See Note B)	\$	-	\$	34,518	\$	-	\$	-										\$ -	\$ 34,518	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$	-	\$	-	\$	-	\$	-							_			\$ -	\$ -	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									\$	33,765,056	\$ 12,761,449	\$	9,126,914	\$ 609,898				\$ 42,891,970	\$ 13,371,347	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$	-	\$ -	\$	7,919,493	\$ 2,844,626				\$ 7,919,493	\$ 2,844,626	
141	Medicare Cross-Over Bad Debt Payments									\$	7,470	\$ 7,069	\$	-	\$ -	(A)	grees to Exhibit B	(Agrees to Exhibit B	\$ 7,470	\$ 7,069	
142	Other Medicare Cross-Over Payments (See Note D)									\$	5,795,430	\$ 2,234,806	\$	-	\$ -		and B-1)	and B-1)	\$ 5,795,430	\$ 2,234,806	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)															\$	1,731,211	\$ 5,695,761			
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from	Section	n E)													\$	-	\$ -			
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$	27,512,260 61%	\$	631,662 94%	\$	14,647,512 65%	\$	5,084,445 78%	\$	10,274,570 80%	\$ 2,544,621 86%	\$	1,414,171 96%	\$ (3,191,400 141%		43,009,846 4%	\$ 31,062,484 15%	\$ 53,848,513 73%	\$ 5,069,329 91%	
147 148	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Percent of cross-over days to total Medicare days from the cost report	, Col. 6,	Sum of Lns. 2,	3, 4, 1	14, 16, 17, 18 less	lines 5	& 6)				121,177 13%										

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, Sold Payments should NOT be included. UPL payments made on a state facial year basis should be reported in Section C of the survey.
Note D - Should include other Medicare corses-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 - Medicard Managed Care payments should include all Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
Note E - Medicard Managed Care payments should niculate all Medicare loss payments should be payments.

#### I. Out-of-State Medicaid Data:

						Out-of-State Medi			are FFS Cross-Overs		Medicaid Eligibles (Not		
		Medicaid Per Diem Cost for Routine Cost	Medicaid Cost to Charge Ratio for Ancillary Cost	Out-of-State Med	dicaid FFS Primary	Prir	nary	(with Medica	id Secondary)	Included	Elsewhere)	Total Out-Of-	State Medicaid
Line #	Cost Center Description	Centers	Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatien
		From Section G	From Section G	From PS&R Summary (Note A)									
	Cost Centers (list below):			Days		Days		Days		Days		Days	
	ADULTS & PEDIATRICS	\$ 1,383.83		290		-		-		151		441 130	
	NTENSIVE CARE UNIT	\$ 3,032.33		- 84		-		-		46 -		130	
	BURN INTENSIVE CARE UNIT	\$ -		-		-		-		-		-	
	SURGICAL INTENSIVE CARE UNIT	\$ -		-		-		-		-		-	
	OTHER SPECIAL CARE UNIT	\$ -		-		-		-		-		-	
	SUBPROVIDER I	\$ -		-		-		-		-		-	
	OTHER SUBPROVIDER	\$ -		<del></del>		-		-		-			
	NURSERY	\$ 1,303.45		13		-		-		-		13	
		•	Total Days	387		-		-		197		584	
Total Day	ys per PS&R or Exhibit Detail			387		-		-		197			
,	Unreconciled Days	(Explain Variance)						-					
				Bouting Charges		Boutine Charges		Routine Charges		Bouting Charges		Routine Charges	
F	Routine Charges	_		Routine Charges \$ 879,121		Routine Charges		\$ -		Routine Charges \$ 407.510		\$ 1,286,631	
	Calculated Routine Charge Per Diem			\$ 2,271.63		\$ -		\$ -		\$ 2,068.58		\$ 2,203.14	
	Cost Centers (from W/S C) (list below	):		Ancillary Charges	Ancillary Charges	Ancillary Ch							
	Observation (Non-Distinct) OPERATING ROOM		0.626455 0.118941	29,766	85,155	-	-	-	-	3,956	73,928	\$ 33,722	\$ 15
	DELIVERY ROOM & LABOR ROOM		0.306220	611,576 3,811	161,666 4.395	<del></del>		-		106,780 1,151	58,094	\$ 718,356 \$ 4,962	\$ 21
	ANESTHESIOLOGY		0.019605	237,505	46,885	-	-	-	-	34,361	19,695	\$ 271,866	\$ 66
5400 F	RADIOLOGY-DIAGNOSTIC		0.136553	87,591	171,723	-	-	-	-	46,831	44,999	\$ 134,422	\$ 216
	RADIOLOGY-THERAPEUTIC		0.086663	- 040.007	-	-	-	-	-	-	83	\$ -	\$
5800 N	CT SCAN		0.031643 0.054302	242,667 60,092	308,533 9.088	-	-	-	-	50,786 12,973	67,954 3,685	\$ 293,453 \$ 73.065	\$ 376
	_ABORATORY		0.107624	504,129	432,833	-	-	-	-	329,106	51,367	\$ 833,235	\$ 484
	RESPIRATORY THERAPY		0.098711	283,289	10,639	-	-	-	-	223,552	4,032	\$ 506,841	\$ 14
	PHYSICAL THERAPY		0.346550	32,656	453	-	-	-	-	20,693	2,736	\$ 53,349	\$
	ELECTROCARDIOLOGY		0.117322	413,950	142,928	-	-	-	-	215,599	44,181	\$ 629,549	\$ 18
	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIE	NIT	0.419238 0.192171	3,036 711,301	7,168 64,524	-	-	-	-	248,894	31,761	\$ 3,036 \$ 960,195	\$ 96
	MPL. DEV. CHARGED TO PATIENTS	111	0.263979	371.744	22,251			-		171.574	574	\$ 543.318	\$ 22
	DRUGS CHARGED TO PATIENTS		0.124169	1,063,358	449,584	-	-	-	-	652,709	71,397	\$ 1,716,067	\$ 52
	RENAL DIALYSIS		0.127261	18,742	-	-	-	-	-	41,154	-	\$ 59,896	\$
	WOUND CARE CLINIC		0.336951	-	-	-	-	-	-	-	420	\$ -	\$
	DIABETIC EDUCATION  EMERGENCY		4.705351 0.249410	117.845	564.281	-	-	-	-	30.063	49.937	\$ - \$ 147,908	\$ 614
3100 L	LIVILINGLING		0.249410	4,793,058	2,482,106					2,190,181	524,843	ψ 147,500	φ 01-
				4,790,000	2,402,100	-	•	•	-	2,150,101	324,043		
Totals / P	Payments												
	Total Charges (includes orga	n acquisition from Sect	tion K)	\$ 5,672,179	\$ 2,482,106	\$	\$ -	\$	\$ -	\$ 2,597,691	\$ 524,843	\$ 8,269,871	\$ 3,00
Total Cha	arges per PS&R or Exhibit Detail			\$ 5,672,179	\$ 2,482,106	\$ -	\$ -	\$ -	\$ -	\$ 2,597,691	\$ 524,843		
	Unreconciled Charg	es (Explain Variance)											
Sampling	Cost Adjustment (if applicable)											\$ -	\$
	Total Calculated Cost (includes	organ acquisition from	Section K)	\$ 1,335,098	\$ 390,945	\$ -	\$ -	\$ -	\$ -	\$ 650,213	\$ 101,885	\$ 1,985,311	\$ 49
Total Moo	dicaid Paid Amount (excludes TPL, Co-Pa			\$ 54.071	\$ 13.338	\$	\$	s	\$	\$	S	\$ 54,071	\$ 1
	dicaid Paid Amount (excludes TPL, Co-Pi dicaid Managed Care Paid Amount (exclu		end-Down) (See Note F)	\$ -	\$ 1,784	\$ -	\$ -	\$ -	\$ -	\$ 52,612	\$ -	\$ 52,612	\$
	nsurance (including primary and third part		, (500 Note L)	\$ 109,684	\$ 27,150	\$ -	\$ -	\$ -	\$ -	\$ 7,446	\$ 33,295	\$ 117,130	\$ 6
	(including Co-Pay and Spend-Down)			\$ -	\$ 6	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
	wed Amount from Medicaid PS&R or RA	Detail (All Payments)		\$ 163,755	\$ 42,278	\$ -	\$ -						
	Cost Settlement Payments (See Note B)			\$ -	\$ -							\$ -	\$
	edicaid Payments Reported on Cost Repo												\$

#### I. Out-of-State Medicaid Data:

	Cost Report Year (10/01/2020-09/30/2021) NORTHEAST GEORGIA MEDICAL CENTER											
		Out-of-State Medicaid FFS Primary		e Medicaid Managed Care Primary		state Medicare FFS Cross vith Medicaid Secondary)			er Medicaid Eligibles (Not ed Elsewhere)		-State Medicaid	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)				\$	- \$		\$ 108,03	3 \$ 10,268	\$ 108,033	\$ 10,268	3
141	Medicare Cross-Over Bad Debt Payments				\$	- \$	-	\$	- \$ -	\$ -	\$ -	-1
142	Other Medicare Cross-Over Payments (See Note D)				\$	- \$	-	\$	- \$ -	\$ -	\$ -	-1
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 1,171,343 \$ 348,6	\$67	- \$ -	\$	- \$	-	\$ 167,99	2 \$ 42,126	\$ 1,339,335	\$ 390,793	3
144	Calculated Payments as a Percentage of Cost	12%	1%	0% 0%	-	0%	0%	74	% 59%	33%	21%	%

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 elitement that are not reflected on the claims paid summary (RA summary or PS&R).

Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report elitement 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 claims data report 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) NORTHEAST GEORGIA MEDICAL CENTER

		Total			Revenue for	Total	In-State Medi	caid FFS Primary	In-State Medicaid N	fanaged Care Primary		FFS Cross-Overs (with Secondary)		idicaid Eligibles (Not Elsewhere)	Unin	sured
		Organ Acquisition Cost	Additional Add-In Intern/Resident 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	122 v Total Coat		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 Own Internal Analysis							
0	Organ Acquisition Cost Centers (list below): Lung Acquisition		e	e	e	0	•		e	0	e	0	e	0	e	0
`—	* '	5 -	5 -		5 -	0		0	5 -	0	5 -	0	5 -	0	5 -	0
_	Kidney Acquisition	5 -	5 -		5 -	0		0	5 -	0	5 -	0	5 -	0	\$ -	0
4	Liver Acquisition Heart Acquisition	\$ -	\$ -	S -	\$ -	0	\$ -	0	5 -	0	5 -	0	\$ -	0	\$ -	0
<u>'</u>	<u> </u>	5 -	5 -		5 -	0		0	5 -	0	5 -	0	5 -	0	5 -	0
	Pancreas Acquisition Intestinal Acquisition	s -	\$ -		\$ -	0		0	\$ -	0		0	o -	0		0
,	Islet Acquisition	e -	•		•	0	•	0	· ·	0	•	0	e -	0		0
`\—	Islet Acquisition	5 -	5 -		5 -	0		0	5 -	0	5 -	0	5 -	0	\$ -	0
"		-	-	-	-	U	-	U	-	U	-	U	-	U	-	U
9	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	_	\$ -	_	\$ -	-	\$ -	-	\$ -	-
	Total Cost									_		_		-		_

India Loss:

India 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) NORTHEAST GEORGIA MEDICAL CENTER

		Total			Revenue for Medicaid/ Cross- Over / Uninsured Organs Sold	Total Useable Organs (Count)	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	
		Organ Acquisition Cost	Additional Add-In Intern/Resident Cost				Charges	Useable Organs (Count)	Charges	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 Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	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 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) NORTHEAST GEORGIA MEDICAL CENTER

Worksheet A Provider Tax Assessment Reconciliation:

					Dollar Amount	W/S A Cost Center Line			
	1 Hospital C	ross Provider Tax Assessment (from g	onoral ladger\*	_	e	Lille			
			t # that includes Gross Provider Tax Assessment	-	<del>-</del>	0	(WTB Account # )		
			d in Expense on the Cost Report (W/S A, Col. 2)	-	<del>-</del>		(Where is the cost included on w/s A?)		
	Z 1103pital O	1033 I TOVIGET TAX ASSESSMENT INCIGGE	d III Expense on the Cost Neport (W/O A, Col. 2)		<u>-</u>		(Where is the cost included on wis A:)		
	2 Difference	(Explain Here>)	0		\$ -				
	3 Dillerence	(Explain Here)	0	L	<b>-</b>				
	Provider 1	ax 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))		
				_	<u> </u>		, , , , ,		
DSH UCC 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))		
1	0	Reason for adjustment	0		\$ -	-	(Adjusted to / (from))		
1	1	Reason for adjustment	0		\$ -	-	(Adjusted to / (from))		
			sessment Adjustments (from w/s A-8 of the Medicare cost re	eport)			1		
	2	Reason for adjustment	0		\$ -	-			
	3	Reason for adjustment	0		\$ -	-			
	4	Reason for adjustment	0		\$ -	-			
1	5	Reason for adjustment	0		\$ -	-			
				г					
1	6 Total Net F	Provider Tax Assessment Expense Inc	uded in the Cost Report	L	\$ -				
DOLL HO	0.0								
DSH UC	C Provider	Tax Assessment Adjustment:							
4	7 0 411		Ocat Bound	Г	<b>C</b>				
1	/ Gross Allo	wable Assessment Not Included in the	Cost Report	L	-				
	Annortion	ment of Broylder Tay Assessment	Adjustment to Medicaid & Uninsured:						
1	8	Medicaid Hospital Charges Se	•	Г	1,196,337,345				
	9	Uninsured Hospital Charges Se		-	484.424.543				
	.0	Total Hospital Charges Se		-	6,215,618,297				
	11		nent Adjustment to include in DSH Medicaid UCC	-	19.25%				
	2		nent Adjustment to include in DSH Uninsured UCC	F	7.79%				
	3	Medicaid Provider Tax Assessment		-	\$ -				
	4	Uninsured Provider Tax Assessment		<u> </u>	\$ -				
		ax Assessment Adjustment to DSH UC		-	\$ -				
2	.o i iovidel I	ax / 10000011116111 Aujustinent to DON OC	, <u>,</u>	L	Ψ -				
	* 4								

<sup>\*</sup> Assessment must exclude any non-hospital assessment such as Nursing Facility.

<sup>\*\*</sup> 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.