GA DSH Payment Results for SFY 2025 - Pool 2 DSH Uncompensated Care Cost & Allocation Factor Summary Preliminary Results

Provider Name	NGMC BARROW
Mcaid Provider Number	00002098A
Mcare Provider Number	110045

Below is the preliminary uncompensated care cost (UCC) and allocation factor used as a basis for the 2025 Georgia Disproportionate Share Hospital (DSH) Payment. An initial review of the provider submitted survey and detailed information was performed and adjustments made, as appropriate. Please review the proposed adjustments and adjusted survey included with the preliminary results and respond with concerns within 5 business days. Hospital specific preliminary results are subject to change based on revisions needed after initial results are reviewed and possible additional validation work.

NOTE: These are initial results only.

	(.)					(0)		(5)		
	(A)	(B)	-	(C)		(D)		(E)		
			-	-Filed DSH		- !		justed DSH		
	Cost Report	Cost Report		ompensated		Total		ompensated		
	Year Begin	Year End		e Cost (UCC)		ustments	Care	e Cost (UCC)		
Cost Report Year UCC:	10/1/2022 -	9/30/2023	\$	7,520,355	Ş		Ş	7,520,355		
							ـ			
Less: 2023 Net UPL Payments							<u></u>	520,463		
Less: 2025 Net DPP Payments							\$	1,172,234		
Plus: 2024 Net DPP Recoupme	ents						\$	-		
Less: GME Payments							\$	-		
Add: Net OP Settlement (Diffe	erence between provi	der submitted and	d estin	nated)			\$	(69,741)		
Add: Provider tax excluded fro	om the cost report (N	1edicaid primary &	k unins	ured portion)			\$	-		
Jncompensated Care Allocati	on Factor						\$	5,757,917		
Hospital Specific DSH Limit							\$	5,757,918		
2025 Eligibility								Eligible		
OSH Year Low Income Utiliz	ation Ratio (LIUR):							22.67%		
								22.0770		

If you disagree with the findings presented above please respond within five days of receipt with additional supporting documentation.

All inquiries and additional documentation should be sent to the following:

e-mail:	gadsh@mslc.com
Fax:	816-945-5301
Web Portal Address:	https://DSH.MSLC.com
Phone Inquiries:	800-374-6858

EXAMINER ADJUSTED SURVEY Workpap	iper #:		Reviewer:
Examine	er:	'	
Date:			
	DSH Version	9.00	9/11/2024

D. General Cost Report Year Information 10/1/2022 - 9/30/2023 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

The bolicy indication is provided based on the information we received norm tests. Freede nerve and montation to retries 4 introduction and server resist in the neural agree of usage 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		1
 Select Cost Report Year Covered by this Survey: Status of Cost Report Used for this Survey (Should be audited if available) 	10/1/2022 through 9/30/2023 X 1 - As Submitted		
3a. Date CMS processed the HCRIS file into the HCRIS database:	3/4/2024		
	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	NGMC Barrow	Yes	
5. Medicaid Provider Number:	000002098A	Yes	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	Yes	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	Yes	
8. Medicare Provider Number:	110045	Yes	

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost 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: (10/01/2022 - 09/30/2023)

- 1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1)
- 2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
- 3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
- 4. Total Section 1011 Payments Related to Hospital Services (See Note 1)
- 5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)
- 6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
- 7. Total Section 1011 Payments Related to Non-Hospital Services (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 Exhibit B)	

- 11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B)
- 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

 Inpatient	 Outpatient	Total
\$ 8,502	\$ 421,155	\$429,657
\$ 129,294	\$ 2,274,334	\$2,403,628
\$137,796	\$2,695,489	\$2,833,285
6.17%	15.62%	15.16%

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments 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 above) received applicable to non-hospital services

16. Total Medicaid managed care non-claims payments (see question 13 above) received

584,318	\$
	\$
\$584.318	

Yes

 584,318
 <--These payments do NOT flow to Section H, and therefore do not impact the UCC. If these payments are not already considered in the UCC and should be, include the amount reported here on line 133 of Section H.

State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part II

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 titled "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 (10/01/2022 - 09/30/2023) 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) 4,130 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): Inpatient Hospital Subsidies 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 8. Outpatient Hospital Charity Care Charges 14.865.77 9. Non-Hospital Charity Care Charges 19,268,699

10. Total Charity Care Charges

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

	Tota	I Patient Revenues (Charg	es)		Contractual Adjustments		
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital	\$ 16,139,524	\$-	\$-	\$ 13,244,257	\$ -	\$-	\$ 2,895,267
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	\$ 34,345,411	\$ 177,537,243	\$-	\$ 28,184,192	\$ 145,688,857	\$-	\$ 38,009,605
20. Outpatient Services		\$ 62,137,788	\$-		\$ 50,990,897	\$-	\$ 11,146,891
21. Home Health Agency			\$-			\$-	
22. Ambulance			\$-			\$-	
23. Outpatient Rehab Providers	\$ -	\$ -	\$-	\$-	\$ -	\$-	\$-
24. ASC	\$ -	\$ -	\$	\$-	\$ -	\$ -	\$-
25. Hospice			\$ -			\$ -	
26. Other	\$ -	\$-	\$ 396,399	\$-	\$-	\$ 325,289	\$-
27. Total	\$ 50,484,935	\$ 239,675,031	\$ 396,399	\$ 41,428,448	\$ 196.679.755	\$ 325,289	\$ 52,051,763
28. Total Hospital and Non Hospital	φ 00,404,000	Total from Above	\$ 290,556,365	ψ +1,420,440	Total from Above	\$ 238,433,492	\$ 52,001,700
		Total Itotil Above	φ 290,000,000		Total IIOIII Above	φ 230,433,492	
29. Total Per Cost Report	Total Patie	nt Revenues (G-3 Line 1)	\$ 290.556.365	Total Con	tractual Adj. (G-3 Line 2)	\$ 238,433,492	1
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED or			φ 230,330,303	Total Con	tractual Auj. (0-5 Line 2)	φ 230,433,432	
patient revenue)	i worksneet G-3, Line 2 (impact	is a decrease in net					
					-	+ \$ -	
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT II	NCLUDED on worksheet G-3, L	ine 2 (impact is a					
decrease in net patient revenue)					-	+ \$ -	
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH	Revenue INCLUDED on works	heet G-3, Line 2 (impact					
is a decrease in net patient revenue)							
33. Increase worksheet G-3. Line 2 to reverse offset of State and Loca	al Patient Care Cash Subsidies	INCLUDED on worksheet				- φ	
G-3, Line 2 (impact is a decrease in net patient revenue)							
					-	+ \$ -	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Tax	ces INCLUDED on worksheet G	-3, Line 2 (impact is an					
increase in net patient revenue)					-	- \$ -	
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove	Charity Care Charges related	o insured patients					
INCLUDED on worksheet G-3, Line 2 (impact is an increase in net	t patient revenue)"				-	- \$ -	
36. Adjusted Contractual Adjustments						238,433,492	
37. Unreconciled Difference	Unreconciled	Difference (Should be \$0)	\$-	Unreconciled E	Difference (Should be \$0)	\$ -	

Page 2

Cost Report Year (10/01/2022-09/30/2023) NGMC Barrow

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 Ratio
		Cost Report Worksheet B, Part 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 Diel
	Cost Centers (list below):									
	DULTS & PEDIATRICS TENSIVE CARE UNIT	\$ 8,193,409 \$ 2,794.687	\$ -	\$-	-	\$ 8,193,409	5,651 655	\$ 12,788,499		\$ 1,449 \$ 4,266
	ORONARY CARE UNIT	\$ 2,794,007	s -	ə - S -		\$ 2,794,687 \$ -	000	\$ 3,351,025 \$		\$ 4,266
		\$ -	\$ -	\$-		\$ -	-	\$ -		\$
		\$ -	\$ -	\$ -		\$ -	-	\$ -		\$
		\$-	\$-	\$-		\$-		\$-		\$
		\$ -	\$-	\$-		\$ -	-	\$-		\$
		<u>\$</u> -	\$ -	<u>\$</u> -		s -	-	\$ -		\$
		<u>\$</u> - \$-	\$ - \$ -	s -		\$ - \$ -	-	\$ - e		\$
04300 110		\$ 10,988,096		\$ -	s -	\$ 10,988,096	6,306	\$ 16,139,524		4
	Weighted Average	φ 10,300,030	φ -	Ψ -	ų -	φ 10,300,030	0,000	φ 10,155,524		\$ 1,742.
Observati	ion Data (Non-Distinct)		Hospital Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	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 Calculate Cost-to-Charge Ra
09200 Ob	bservation (Non-Distinct)		2,176	-	-	\$ 3,154,982	1,692,154	3,790,587	\$ 5,482,741	0.575
		Cost Report Worksheet B,	Worksheet B,	Cost Report			Inpatient Charges -	Outpatient Charges -	Total Charges -	
		Part I, Col. 26	Part I, Col. 25 (Intern & Resident Offset ONLY	Worksheet C, Part I, Col.2 and Col. 4		Calculated	Cost Report Worksheet C, Pt. I, Col. 6	Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8	
	/ Cost Centers (from W/S C excluding Obse	Part I, Col. 26 ervation) (list below	(Intern & Resident Offset ONLY	Part I, Col.2 and Col. 4			Worksheet C, Pt. I, Col. 6	Worksheet C, Pt. I, Col. 7	Worksheet C, Pt. I, Col. 8	Cost-to-Charge Ra
5000 OF	PERATING ROOM	Part I, Col. 26 ervation) (list below \$ 6,094,958	(Intern & Resident Offset ONLY :	Part I, Col.2 and Col. 4		\$ 6,094,958	Worksheet C, Pt. I, Col. 6 \$ 586,929	Worksheet C, Pt. I, Col. 7 \$ 16,844,250	Worksheet C, Pt. I, Col. 8 \$ 17,431,179	Cost-to-Charge Ra
5000 OF 5300 AN	PERATING ROOM NESTHESIOLOGY	Part I, Col. 26 ervation) (list below \$ 6,094,958 \$ 2,247,914	(Intern & Resident Offset ONLY : : - - - -	Part I, Col.2 and Col. 4 \$ - \$ -		\$ 6,094,958 \$ 2,247,914	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728	Cost-to-Charge Ra
5000 OF 5300 AN 5400 RA	PERATING ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC	Part I, Col. 26 ervation) (list below \$ 6,094,958 \$ 2,247,914 \$ 2,316,578	(Intern & Resident Offset ONLY : \$ - \$ - \$ -	Part I, Col.2 and Col. 4 \$ - \$ - \$ -		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 11,505,223	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764	Cost-to-Charge Ra 0.349 0.125 0.189
5000 OF 5300 AN 5400 RA 5401 UL 5600 RA	PERATING ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE	Part I, Col. 26 ervation) (list below \$ 6,094,958 \$ 2,247,914	(Intern & Resident Offset ONLY \$ - \$ - \$ - \$ - \$ - \$ -	Part I, Col.2 and Col. 4 \$ - \$ -		\$ 6,094,958 \$ 2,247,914	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 11,505,223 \$ 10,122,973	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,612,743	Cost-to-Charge Ra 0.349 0.125 0.185 0.082
5000 OF 5300 AN 5400 RA 5401 UL 5600 RA 5700 CT	PERATING ROOM NESTHESIOLOGY DIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE 5 SCAN	Part I, Col. 26 ervation) (list below \$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297	(Intern & Resident Offset ONLY	Part I, Col.2 and Col. 4 \$		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,957 \$ 5,032,632	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 11,505,223 \$ 10,122,973 \$ 2,930,150 \$ 39,654,109	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,612,743 \$ 3,272,107 \$ 44,686,741	Cost-to-Charge Ra 0.349 0.125 0.189 0.082 0.227 0.024
5000 OF 5300 AM 5400 RA 5401 UL 5600 RA 5700 CT 5800 MR	PERATING ROOM WESTHESICLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE T SCAN RI	Part I, Col. 26 ervation) (list below \$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653	(Intern & Resident Offset ONLY	Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,957 \$ 5,032,632 \$ 519,940	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 11,505,223 \$ 10,122,973 \$ 2,930,150 \$ 39,654,109 \$ 6,548,412	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,261,2743 \$ 3,272,107 \$ 44,686,741 \$ 6,668,352	Cost-to-Charge Ra 0.349 0.125 0.189 0.082 0.227 0.024 0.119
5000 OF 5300 AN 5400 RA 5401 UL 5600 RA 5700 CT 5800 MR 6000 LA	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASQUND ADIOISOTOPE T SCAN RI BORATORY	Part I, Col. 26 rvation) (list below \$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496	(Intern & Resident Offset ONLY \$	Part I, Col.2 and Col. 4 \$		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 344,342 \$ 50,02,632 \$ 519,940 \$ 6,405,535	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 11,505,223 \$ 10,122,973 \$ 2,930,150 \$ 39,654,109 \$ 6,348,412 \$ 19,177,671	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,22,107 \$ 44,686,741 \$ 6,868,352 \$ 25,583,026	Cost-to-Charge Ra 0.349 0.125 0.189 0.082 0.227 0.0224 0.129 0.143
5000 OF 5300 AN 5400 RA 5401 UL 5600 RA 5700 C1 5800 MF 6000 LA 6500 RE	PERATING ROOM VESTHESIOLOGY ADIOLOGY DIAGNOSTIC LTRASOUND ADIOISOTOPE 1 SCAN RI NBORATORY ESPIRATORY THERAPY	Part I, Col. 26 rvation) (list below \$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,106,087	(Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Part I, Col.2 and Col. 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,106,087	Worksheet C, Pt. I, Col. 6 \$ 586.029 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 344,957 \$ 5,032,632 \$ 519,940 \$ 6,405,351 \$ 6,753,114	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 11,505,223 \$ 10,122,973 \$ 2,930,150 \$ 39,654,109 \$ 6,348,412 \$ 19,177,671 \$ 7,070,353	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,206,764 \$ 3,272,107 \$ 44,686,741 \$ 6,688,352 \$ 25,583,026 \$ 13,823,467	Cost-to-Charge Ra 0.349 0.125 0.189 0.082 0.227 0.024 0.119 0.143 0.152
5000 OF 5300 AN 5400 RA 5401 UL 5600 RA 5700 C1 5800 MR 6000 LA 6500 RE 6600 PH	PERATING ROOM WESTHESIOLOGY NEDICLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE T SCAN RI BORATORY ESPIRATORY THERAPY YSIGCAL THERAPY	Part I, Col. 26 ervation) (list below \$ 6.094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,106,087 \$ 445,213	(Intern & Resident Offset ONLY \$	Part I, Col.2 and Col. 4 \$		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,106,087 \$ 445,213	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,357 \$ 5,032,632 \$ 519,940 \$ 6,405,355 \$ 6,753,114 \$ 379,202	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 11,505,223 \$ 10,122,973 \$ 2,930,150 \$ 39,654,109 \$ 6,348,412 \$ 19,177,671 \$ 7,070,353 \$ 402,014	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,261,764 \$ 12,261,764 \$ 3,272,107 \$ 44,686,741 \$ 6,868,352 \$ 25,583,026 \$ 13,823,467 \$ 781,216	Cost-to-Charge Ra 0.349 0.125: 0.189 0.082 0.227 0.024 0.119 0.143 0.152 0.559
5000 OF 5300 AN 5400 RA 5401 UL 5600 RA 5700 CT 5800 MR 6000 LA 6500 RE 6600 PH 7100 ME	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE T SCAN RI BBORATORY ESPIRATORY THERAPY HYSICAL THERAPY EICAL SUPPLIES CHARGED TO PATIENT	Part I, Col. 26 ervation) (list below \$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,106,087 \$ 445,213	(Intern & Resident Offset ONLY	Part I, Col.2 and Col. 4 S		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,106,087	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 3341,957 \$ 519,940 \$ 6,405,355 \$ 6,753,114 \$ 379,202 \$ 20,021	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,383 \$ 11,505,283 \$ 10,122,973 \$ 2,930,150 \$ 39,654,109 \$ 6,348,412 \$ 19,177,671 \$ 7,420,657	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,612,743 \$ 3,272,107 \$ 44,686,741 \$ 6,688,352 \$ 25,583,026 \$ 13,823,467 \$ 7,710,678	Cost-to-Charge Ra 0.349 0.125 0.189 0.082 0.227 0.024 0.129 0.024 0.143 0.152 0.569 0.1765
5000 OF 5300 AN 5400 RA 5400 CT 5600 RA 5700 CT 5800 MF 6000 LA 6500 RE 6600 PF 7100 ME 7200 IM 7300 DF	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASQUND ADIOISOTOPE T SCAN RI BORATORY ESPIRATORY THERAPY YSICAL THERAPY EDICAL SUPPLIES CHARGED TO PATIENT EDICAL SUPPLIES CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS	Part I, Col. 26 rvation) (list below \$ 6.094,958 \$ 2.247,914 \$ 2.316,578 \$ 1.041,493 \$ 1.041,493 \$ 1.041,493 \$ 3.660,496 \$ 2.106,078 \$ 3.660,496 \$ 2.106,078 \$ 3.660,496 \$ 2.106,078 \$ 4.45,213 \$ 1.361,498 \$ 6.613,796	(Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Part I. Col2 and Col. 4		\$ 6.094.958 \$ 2,247.914 \$ 2,316.578 \$ 1,041.433 \$ 1,041.433 \$ 1,10.297 \$ 318.653 \$ 3,660.496 \$ 2,106.087 \$ 445.213 \$ 1,361.498 \$ 2,785.961 \$ 4,3785.651 \$ 6,613.796	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 5132,632 \$ 519,940 \$ 6,405,355 \$ 6,753,114 \$ 379,202 \$ 290,021 \$ 548,991 \$ 9,922,984	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 11,505,223 \$ 10,122,973 \$ 2,930,150 \$ 39,654,109 \$ 6,348,412 \$ 10,77,671 \$ 7,070,353 \$ 402,014 \$ 7,420,657 \$ 13,854,815 \$ 13,858,808	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,612,743 \$ 3,272,107 \$ 44,686,741 \$ 6,686,352 \$ 25,583,026 \$ 13,823,467 \$ 7,710,678 \$ 14,193,806 \$ 29,781,592	Cost-to-Charge Ra 0.3499 0.1255 0.1859 0.0822 0.227 0.0244 0.1333 0.1552 0.5599 0.1766 0.1965 0.2221
5000 OF 5300 AN 5400 R/ 5401 UL 5600 R/ 5700 CT 5800 MF 6000 LA 6500 RE 6600 PH 7100 ME 7200 IM 7300 DF 7600 W	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE T SCAN RI BORATORY SEPIRATORY THERAPY HYSICAL THERAPY HYSICAL THERAPY EDICAL SUPPLIES CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS CUND CARE	Part I, Col. 26 arration) (list below \$ 0.094,958 \$ 2.247,914 \$ 2.316,578 \$ 1.041,493 \$ 744,998 \$ 746,997 \$ 745,951 \$ 746,613,796 \$ 1,077,899 \$ 1,077,990 \$ 1,075,991 \$ 1,075,991 \$ 1,075,991 \$ 1,	(Intern & Resident Offset ONLY \$	Part I. Col2 and Col. 4 S S S S S S S S S S S S S S S S S S S		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,106,087 \$ 445,213 \$ 1,361,498 \$ 2,785,951 \$ 6,613,796 \$ 1,097,899	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 519,940 \$ 6,753,114 \$ 379,202 \$ 290,021 \$ 9,922,844 \$ 9,922,848,991 \$ 9,922,846	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 11,505,223 \$ 10,122,973 \$ 2930,150 \$ 39,654,109 \$ 6,348,412 \$ 7,070,353 \$ 402,014 \$ 7,420,657 \$ 19,628,608 \$ 4,991,622	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,612,743 \$ 12,206,764 \$ 12,206,764 \$ 12,206,764 \$ 3,272,107 \$ 44,686,741 \$ 6,868,352 \$ 13,823,467 \$ 7,710,678 \$ 14,193,806 \$ 29,781,592 \$ 5,020,255	Cost-to-Charge Ra 0.349 0.125 0.189 0.082 0.227 0.024 0.199 0.143 0.143 0.1559 0.176 0.196 0.196 0.222 0.254 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.257 0.2770 0.2770 0.2770 0.2770000000000
5000 OF 5300 AN 5400 R/ 5401 UL 5600 R/ 5700 CT 5800 MF 6000 LA 6500 RE 6600 PH 7100 ME 7200 IM 7300 DF 7600 W	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE T SCAN RI BORATORY SPIRATORY THERAPY TYSICAL THERAPY TYSICAL THERAPY EDICAL SUPPLIES CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS OUND CARE MERGENCY	Part I, Col. 26 reation) (list below \$ 6,094,956 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 3,660,496 \$ 2,106,087 \$ 445,213 \$ 445,213 \$ 445,213 \$ 6,613,796 \$ 2,786,988 \$ 2,786,988 \$ 2,786,988 \$ 2,822,536 \$ 8,262,536 \$ 8,262,536	(Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Part I. Col2 and Col. 4		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 3,660,496 \$ 2,106,087 \$ 445,213 \$ 1,361,498 \$ 2,785,951 \$ 6,613,796 \$ 1,097,899 \$ 8,262,536	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,957 \$ 513,2632 \$ 519,940 \$ 6,753,114 \$ 79,202 \$ 290,021 \$ 9,922,884 \$ 9,922,884 \$ 4,804,301	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 17,566,386 \$ 10,122,973 \$ 2,930,1654,109 \$ 6,348,412 \$ 17,7671 \$ 7,070,353 \$ 4,02,014 \$ 7,420,657 \$ 13,644,815 \$ 13,644,815 \$ 13,644,815 \$ 13,645,608 \$ 4,991,622 \$ 52,150,746	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,2612,743 \$ 3,272,107 \$ 44,686,741 \$ 6,686,352 \$ 25,583,026 \$ 13,823,467 \$ 7,710,678 \$ 14,193,806 \$ 29,781,592 \$ 5,020,255 \$ 56,655,047	Cost-to-Charge Ra 0.349 0.125 0.189 0.082 0.227 0.024 0.199 0.143 0.143 0.1559 0.176 0.196 0.196 0.222 0.254 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.255 0.257 0.2770 0.2770 0.2770 0.2770000000000
5000 OF 5300 AN 5400 R/ 5401 UL 5600 R/ 5700 CT 5800 MF 6000 LA 6500 RE 6600 PH 7100 ME 7200 IM 7300 DF 7600 W	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE I SCAN RI NBORATORY SEPIRATORY SEPIRATORY DEOLCAL SUPPLIES CHARGED TO PATIENTS EDICAL SUPPLIES CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS OUND CARE WERGENCY Total Ancillary	Part I, Col. 26 arration) (list below \$ 0.094,958 \$ 2.247,914 \$ 2.316,578 \$ 1.041,493 \$ 744,998 \$ 746,997 \$ 745,951 \$ 746,613,796 \$ 1,077,899 \$ 1,077,990 \$ 1,075,991 \$ 1,075,991 \$ 1,075,991 \$ 1,	(Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Part I. Col2 and Col. 4 S S S S S S S S S S S S S S S S S S S		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,106,087 \$ 445,213 \$ 1,361,498 \$ 2,785,951 \$ 6,613,796 \$ 1,097,899	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,957 \$ 513,2632 \$ 519,940 \$ 6,753,114 \$ 79,202 \$ 290,021 \$ 9,922,884 \$ 9,922,884 \$ 4,804,301	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 17,566,386 \$ 10,122,973 \$ 2,930,1654,109 \$ 6,348,412 \$ 17,7671 \$ 7,070,353 \$ 4,02,014 \$ 7,420,657 \$ 13,644,815 \$ 13,644,815 \$ 13,644,815 \$ 13,645,608 \$ 4,991,622 \$ 52,150,746	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,2612,743 \$ 3,272,107 \$ 44,686,741 \$ 6,686,352 \$ 25,583,026 \$ 13,823,467 \$ 7,710,678 \$ 14,193,806 \$ 29,781,592 \$ 5,020,255 \$ 56,655,047	Cost-to-Charge Ra 0.349 0.125 0.082 0.027 0.024 0.143 0.152 0.152 0.152 0.152 0.152 0.152
5000 OF 5300 AN 5400 R/ 5401 UL 5600 R/ 5700 CT 5800 MF 6000 LA 6500 RE 6600 PH 7100 ME 7200 IM 7300 DF 7600 W	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE T SCAN RI BORATORY SPIRATORY THERAPY TYSICAL THERAPY TYSICAL THERAPY EDICAL SUPPLIES CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS OUND CARE MERGENCY	Part I, Col. 26 reation) (list below \$ 6,094,956 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 3,660,496 \$ 2,106,087 \$ 445,213 \$ 445,213 \$ 445,213 \$ 6,613,796 \$ 2,786,988 \$ 2,786,988 \$ 2,786,988 \$ 2,822,536 \$ 8,262,536 \$ 8,262,536	(Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Part I. Col2 and Col. 4		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 744,998 \$ 1,110,297 \$ 3,660,496 \$ 2,106,087 \$ 445,213 \$ 1,361,498 \$ 2,785,951 \$ 6,613,796 \$ 1,097,899 \$ 8,262,536	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,957 \$ 513,2632 \$ 519,940 \$ 6,753,114 \$ 79,202 \$ 290,021 \$ 9,922,884 \$ 9,922,884 \$ 4,804,301	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 17,566,386 \$ 10,122,973 \$ 2,930,1654,109 \$ 6,348,412 \$ 17,7671 \$ 7,070,353 \$ 4,02,014 \$ 7,420,657 \$ 13,644,815 \$ 13,644,815 \$ 13,644,815 \$ 13,645,608 \$ 4,991,622 \$ 52,150,746	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,2612,743 \$ 3,272,107 \$ 44,686,741 \$ 6,686,352 \$ 25,583,026 \$ 13,823,467 \$ 7,710,678 \$ 14,193,806 \$ 29,781,592 \$ 5,020,255 \$ 56,655,047	Medicaid Calculated Cost-to-Charge Ra 0.1255 0.1255 0.2277 0.0242 0.0145 0.1352 0.1352 0.1352 0.1352 0.1352 0.1352 0.1352 0.1352 0.1352 0.13555 0.13555 0.13555 0.13555 0.135555 0.1355550 0.13
5000 OF 5300 AP 5400 R7 5400 R7 5700 CT 5800 MI 6500 R6 6600 PF 7200 MI 7200 MI 7200 MI 7200 MI 7200 MI 7200 MI 7200 MI 7460 WI 9100 EN	PERATING ROOM VESTHESIOLOGY ADIOLOGY DIAGNOSTIC LTRASOUND ADIOISOTOPE I SCAN RI BORATORY SEPIRATORY THERAPY VISICAL THERAPY DEOLAL SUPPLIES CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUG	Part I, Col. 26 arvation) (list below \$ 0.04.958 2.247.914 \$ 2.316.578 \$ 1.041.493 \$ 744.998 \$ 1.101.297 \$ 818.653 \$ 3.660.496 \$ 2.106.087 \$ 4.45.213 \$ 1.361.498 \$ 2.2765.951 \$ 6.613.796 \$ 0.2785.951 \$ 6.613.796 \$ 0.407.898 \$ 4.0,708.367 \$ 51.696.463 to of applicable Cost 200)	(Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Part I. Col2 and Col. 4 S S S S S S S S S		\$ 6.094.958 \$ 2.247.914 \$ 2.316.578 \$ 1.041.493 \$ 1.110.297 \$ 818.653 \$ 3.660.496 \$ 2.16.578 \$ 3.660.496 \$ 2.06.087 \$ 3.161.498 \$ 2.785.961 \$ 1.097.899 \$ 8.262.536 \$ 40.708.367 \$ 51.696.463 \$ 51.696.463	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,957 \$ 510,2632 \$ 519,940 \$ 6,675,3154 \$ 79,202 \$ 290,0211 \$ 548,99,2021 \$ 28,633 \$ 40,541,866	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 17,566,386 \$ 10,122,973 \$ 2,930,165 \$ 39,654,109 \$ 6,348,412 \$ 7,070,353 \$ 4,902,014 \$ 7,420,657 \$ 13,644,815 \$ 14,956,608 \$ 4,991,652 \$ 52,150,746 \$ 233,478,576	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,2612,743 \$ 3,272,107 \$ 44,686,741 \$ 6,868,352 \$ 25,583,026 \$ 13,823,467 \$ 7,710,678 \$ 14,193,806 \$ 29,761,592 \$ 5,020,255 \$ 56,655,047 \$ 274,020,442	Cost-to-Charge Ra 0.349 0.125 0.082 0.227 0.024 0.143 0.152 0.589 0.1433 0.152 0.599 0.1433 0.152
5000 OF 5300 AN 5400 R4 5400 R4 5400 R7 5700 CT 5800 MI 6000 L4 6500 RE 6600 PH 7200 MI 7200 MI 7200 MI 7200 IM 7200 IM 7200 IM 7200 IM 7300 DF 7400 WI 9100 EN	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE I SCAN RI BORATORY ESPIRATORY THERAPY YSICAL THERAPY OLIVIES CHARGED TO PATIENTS RUGS CHARGED	Part I, Col. 26 rvation) (list below \$ 6.094,950 \$ 2.247,914 \$ 2.316,578 \$ 1.041,493 \$ 744,998 \$ 744,998 \$ 1.110,27 \$ 818,653 \$ 3.660,496 \$ 2.06,967 \$ 445,213 \$ 3.61,498 \$ 2.765,951 \$ 4.63,796 \$ 5 .0,977,899 \$ 8.262,556 \$ 4.0,708,367 \$ \$ 5 5 1.097,899 \$ 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Part I. Col2 and Col. 4 S S S S S S S S S		\$ 6,094,958 \$ 2,247,914 \$ 2,346,578 \$ 1,041,493 \$ 1,44,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,765,951 \$ 6,613,796 \$ 8,822,536 \$ 40,708,367 \$ 51,696,463 \$ - \$ - \$ - \$ -	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,957 \$ 510,2632 \$ 519,940 \$ 6,675,3154 \$ 79,202 \$ 290,0211 \$ 548,99,2021 \$ 28,633 \$ 40,541,866	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 17,566,386 \$ 10,122,973 \$ 2,930,165 \$ 39,654,109 \$ 6,348,412 \$ 7,070,353 \$ 4,902,014 \$ 7,420,657 \$ 13,644,815 \$ 14,956,608 \$ 4,991,652 \$ 52,150,746 \$ 233,478,576	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 44,686,741 \$ 6,868,352 \$ 25,583,026 \$ 13,823,467 \$ 7,710,678 \$ 14,193,027,852 \$ 5,020,255 \$ 56,655,047 \$ 274,020,442	Cost-to-Charge Ra 0.3496 0.125 0.0822 0.227 0.0224 0.133 0.1433 0.152 0.569 0.152 0.152 0.226 0.152 0.226 0.227 0.226 0.266 0.
5000 OF 5300 AN 5400 R4 5400 R4 5400 R7 5700 CT 5800 MI 6000 L4 6500 RE 6600 PH 7200 MI 7200 MI 7200 MI 7200 IM 7200 IM 7200 IM 7200 IM 7300 DF 7400 WI 9100 EN	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE T SCAN RI BORATORY SEPIRATORY T SCAN BORATORY SEPIRATORY SEPIRATORY T SCAN BORATORY SEPIRATORY SCAN BORATORY SCAN BORATORY SCAN BORATORY SCAN BORATORY SCAN S	Part I, Col. 26 rvation) (list below \$ 6.094,950 \$ 2.247,914 \$ 2.316,578 \$ 1.041,493 \$ 744,998 \$ 744,998 \$ 1.110,27 \$ 818,653 \$ 3.660,496 \$ 2.06,967 \$ 445,213 \$ 3.61,498 \$ 2.765,951 \$ 4.63,796 \$ 5 .0,977,899 \$ 8.262,556 \$ 4.0,708,367 \$ \$ 5 5 1.097,899 \$ 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Part I. Col2 and Col. 4 S S S S S S S S S		\$ 6,094,958 \$ 2,247,914 \$ 2,316,578 \$ 1,041,493 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,106,097 \$ 445,213 \$ 1,361,498 \$ 2,785,951 \$ 6,613,796 \$ 0,708,367 \$ 8,262,536 \$ 40,708,367 \$ 51,696,463 \$ 51,6	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,957 \$ 510,2632 \$ 519,940 \$ 6,675,3154 \$ 79,202 \$ 290,0211 \$ 548,99,2021 \$ 28,633 \$ 40,541,866	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 17,566,386 \$ 10,122,973 \$ 2,930,165 \$ 39,654,109 \$ 6,348,412 \$ 7,070,353 \$ 4,902,014 \$ 7,420,657 \$ 13,644,815 \$ 14,956,608 \$ 4,991,652 \$ 52,150,746 \$ 233,478,576	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 44,686,741 \$ 6,868,352 \$ 25,583,026 \$ 13,823,467 \$ 7,710,678 \$ 14,193,027,852 \$ 5,020,255 \$ 56,655,047 \$ 274,020,442	Cost-to-Charge Ra 0.349 0.125 0.082 0.227 0.024 0.143 0.152 0.589 0.1433 0.152 0.599 0.1433 0.152
5000 OF 5300 AN 5400 RZ 5401 UL 5401 VL 5600 RZ 5700 CT 5800 MR 5700 CT 5800 MR 6500 RZ 6600 PF 7000 MR 7200 IM 7400 IM 700 IM	PERATING ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC LTRASOUND ADIOISOTOPE I SCAN RI BORATORY ESPIRATORY THERAPY YSICAL THERAPY OLIVIES CHARGED TO PATIENTS RUGS CHARGED	Part I, Col. 26 arvation) (list below \$ 0.04.958 2.247.914 \$ 2.316.578 \$ 1.041.493 \$ 7.44.998 \$ 7.44.998 \$ 7.44.998 \$ 7.44.998 \$ 7.44.998 \$ 7.46.987 \$ 4.45.213 \$ 1.361.498 \$ 2.2160.087 \$ 4.45.213 \$ 1.361.498 \$ 2.2785.951 \$ 6.613.796 \$ 4.07.08.367 \$ 5.16.96.463 to of applicable Cost 200) (Hospital must calcutted)	(Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Part I. Col2 and Col. 4 S S S S S S S S S		\$ 6,094,958 \$ 2,247,914 \$ 2,346,578 \$ 1,041,493 \$ 1,44,998 \$ 1,110,297 \$ 818,653 \$ 3,660,496 \$ 2,765,951 \$ 6,613,796 \$ 8,822,536 \$ 40,708,367 \$ 51,696,463 \$ - \$ - \$ - \$ -	Worksheet C, Pt. I, Col. 6 \$ 586,929 \$ 344,342 \$ 701,541 \$ 2,489,770 \$ 341,957 \$ 519,940 \$ 6,673,114 \$ 73,114 \$ 79,202 \$ 200,021 \$ 248,931 \$ 9,922,984 \$ 40,541,866 \$ 56,681,390	Worksheet C, Pt. I, Col. 7 \$ 16,844,250 \$ 17,566,386 \$ 17,566,386 \$ 10,122,973 \$ 2,930,165 \$ 39,654,109 \$ 6,348,412 \$ 7,070,353 \$ 4,902,014 \$ 7,420,657 \$ 13,644,815 \$ 14,956,608 \$ 4,991,652 \$ 52,150,746 \$ 233,478,576	Worksheet C, Pt. I, Col. 8 \$ 17,431,179 \$ 17,910,728 \$ 12,206,764 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 12,206,774 \$ 44,686,741 \$ 6,868,352 \$ 25,583,026 \$ 13,823,467 \$ 7,710,678 \$ 14,193,027,852 \$ 5,020,255 \$ 56,655,047 \$ 274,020,442	Cost-to-Charge Ra 0.3496 0.125 0.0822 0.227 0.0224 0.133 0.1433 0.152 0.569 0.152 0.152 0.226 0.152 0.226 0.227 0.226 0.266 0.

* 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

Cost Report Year (10/01/2022-09/30/2023	NGMC Barrow

			Medicaid Per	Medicaid Cost to	In-State Medic	aid FFS Primary	In-State Medicaid M	anaged Care Primary	In-State Medicare F Medicaid S	FS Cross-Overs (with Secondary)	Secondary - Exclude	dicaid Eligibles (Not re & with Medicaid • Medicaid Exhausted •Covered)		O Exhausted and Non- Included Elsewhere)	Unin	sured	Total In-State Medi Medicaid FFS & MCO Cove	Exhausted and Non-	
	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	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	% Survey to Cost Report Totals (Includes all payers)
			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 PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
1 2 3 4 5 6 7 8	03000 03100 03200 03300 03400 03500 04000 04100	Ine Cost Centers (from Section G): 1 ADULTS & PEDATRICS 1 ADULTS & PEDATRICS 1 CORONARY CARE UNIT 1 CORONARY CARE UNIT 1 CORONARY CARE UNIT 1 DURN INTERSIVE CARE UNIT 1 DURN INTERSIVE CARE UNIT 1 SUBPROVIDER I 1 SUBPROVIDER I 1 DUTHR'S SIREDNIDFR 1 DUTHR'S CARE UNIT 1 DUTHR'S SIREDNIDFR	\$ 1,449.90 \$ 4,266.70 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		Days 329 		Days 109		Days 524		Days		Days		Days 414 3		Days 962 66 - - - - - - - - -		40.03% 10.53%
9 10 18 19	04300	NURSERY Days per PS&R or Exhibit Detai	<u>s</u> - <u>s</u> -	Total Days	- - 395 395		- - 109		- - 524 524						417		1,028		35.35%
20 21 21.01		Unreconciled Days (E: Routine Charges Calculated Routine Charge Per Diem	(plain Vanance)		Routine Charges \$ 753,603 \$ 1,907.86		Routine Charges \$ 215,121 \$ 1,973.59		Routine Charges \$ 1,046,074 \$ 1,996.32		Routine Charges \$ 408,280 \$		Routine Charges		Routine Charges \$ 802,203 \$ 1,923.75		Routine Charges \$ 2,423,078 \$ 2,357.08		20.14%
22 23 24 25 26 27 28 29 30 31 32 33 34 35 33 34 35 37	09200 500 533 540 586 5870 5860 6850 6850 6850 710 720 720 733 760	Iary Cost Centers (from W/S C) (from Section) Observation Net-Datined)) Observation Net-Datined) Observation Net-Datined) Observation Networks Observation		0.576433 0.346658 0.125607 0.0227681 0.0227681 0.0227681 0.0227681 0.0224646 0.119192 0.143083 0.152356 0.566697 0.122677 0.222077 0.222077 0.221694 0.145839	Ancillary Charges 5 177.364 5 40.656 5 3.854 5 9.9391 5 199.381 5 199.381 5 199.381 5 55.3160 5 76.881 5 245.983 5 245.983 5 245.983 5 4.432 5 4.432 5 356.684 4.251.202 200	Ancillary Charges \$ 168.937 \$ 165.960 \$ 262.652 \$ 266.6783 \$ 164.917 \$ 266.783 \$ 164.9069 \$ 164.41707 \$ 161.418 \$ 566.023 \$ 161.148 \$ 566.023 \$ 2161.2281 \$ 2161.2281 \$ 2161.2281 \$ 2161.2281 \$ 2161.2281 \$ 2162.221 \$ 2162.221 \$ 2162.221 \$ 2162.221 \$ 2162.221 \$ 2224.644 9.122.973	Ancillary Charges \$ 95,130] \$ 6,211] \$ 0.2011]	Ancillary Charges \$ 153.300 2.919.804 5 3.095.404 5 3.095.404 5 3.095.404 5 5 768.482 5 77.032 5 2.527.617 5 3.035.444 5 3.023.087 5 3.025.462 5 569.699 5 3.07.712 5 3.044776 2 8.9944.776 2 8.9944.776 2 8.2944.776	Ancillary Charges 5 238,300 5 58,669 5 77,824 5 150,103 5 268,867 5 268,867 5 642,507 5 422,862 5 422,862 5 423,862 5 428,403 5 428,403 5 428,403 5 429,403 5 3377 5 5,590,384	Ancillary Charges \$ 106,768 \$ 631,668 \$ 631,668 \$ 242,810 \$ 423,850 \$ 250,884 \$ 123,020 \$ 1772,028 \$ 248,800 \$ 123,020 \$ 1772,028 \$ 109,028 \$ 109,020 \$ 109,020 \$ 190,020 \$ 190,020 \$ 1,772,027 \$ 190,020 \$ 107,020 \$ 107,020 \$ 1,775,580 9,967,605	Ancillary Charges \$ 40,000 \$ 15,818 \$ - \$ 51,489 \$ 107,210 \$ 46,801 \$ 295,049 \$ 107,210 \$ 446,831 \$ 295,049 \$ 19,389 \$ 466,852 \$ 19,700 \$ 221,661,952 \$ 221,528	Ancillary Charges \$ 369,160 369,160 \$ 467,778 \$ 472,400 \$ 547,778 \$ 575,333 \$ 10,0471 \$ 17,76939 \$ 17,76939 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 17,7693 \$ 12,315,308	Anciliary Charges \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Anciliary Charges \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Ancillary Charges \$203,700 \$25,201 \$8,725 \$100,810 \$263,377 \$49,466 \$729,967 \$77,945 \$105,801 \$23,201 \$32,320 \$34,466 \$5,729,967 \$34,466 \$35,201 \$35,201 \$34,467,570 \$34,466,564 \$5,212,993	Ancillary Charges \$ 569,950 \$ 540,389 \$ 429,533 \$ 1249,994 \$ 745,084 \$ 429,533 \$ 1249,994 \$ 745,084 \$ 406,585 \$ 3.042,469 \$ 616,130 \$ 614,140 \$ 423,151 \$ 194,217 \$ 423,315 \$ 7,464,268 \$ 7,464,268 \$ 26,628,629	Ancillary Charges \$ 594.794.1 \$ 130.354 \$ 21,670 \$ 327,184 \$ 634,874.1 \$ 327,184 \$ 10,718 \$ 327,184 \$ 10,718 \$ 10,718 \$ 10,8748 \$ 119,674 \$ 32,677 \$ 32,677 \$ 32,677 \$ 32,677 \$ 4,759,328 \$ 1,071,778	Ancillary Charges § 161,795 \$ 4,754,970 \$ 4,212,356 \$ 3,257,841 \$ 1,530,160 \$ 3,4252 \$ 7,879,775 \$ 1,168,182 \$ 7,451,232 \$ 1,577,841 \$ 1,57,809 \$ 5,7,411 \$ 902,301 \$ 7,247,304 \$ 1,153,664 \$ 14,819,151	36.46% 31.30% 26.12% 42.21% 25.57% 26.25% 26.35% 26.35% 14.79% 11.38% 25.45% 43.11%
128 129		s / Payments Total Charges (includes organ a Charges per PS&R or Exhibit Detail	acquisition from Section	J)	\$ 5,004,805	\$ 9,122,973	\$ 1,894,381	\$ 28,291,791 \$ 28,291,791	\$ 6,639,458	\$ 8,967,605	\$ 2,619,808	\$ 12,315,308 \$ 12,315,308	\$ -	\$ -	\$ 6,015,196 (Agrees to Exhibit A)	\$ 26,628,629 (Agrees to Exhibit A)	\$ 16,158,451	\$ 58,697,678	37.35%
130 131.01 131.02 132 133 134 135 136 137 138 139 140 141	1 Samp 2 Total I Private Sell-P Total J Medic Other Medic Medic	Uneque jer Jako V Elvistani Uneconside Charges (Jing Cost Adjustment (if applicable) Total Calculated Cost (includes org) Medicald Pail Annont (rexcludes TPL, O-PPV) Medicald Maraged Cam Paid Announ (renclude te Insurance (including primary and tert party) Allowed Annount from Medicald PS&RF or RA B uf cost and Cost Paint Privato (Ser Note B) Medicald Payments Reported on Cost Report Medical Cost Settlement Privato (Ser Note B) Medicald Payments Reported on Cost Report are Traditional (norm400) Pail Annount (rexclud care Managed Care (HMO) Paid Annount (secula car Coss-Over Bab Delt Payments	an acquisition from Se and Spend-Down) s TPL, Co-Pay and Spe bility) tail (All Payments) fear (See Note C) les coinsurance/deduct	end-Down) (See Note E)	3 0,004,800 3 1,519,581 5 927,719 5 - 5 21,259 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ 1,515,755 \$ 1,515,755 \$ 1,143,406 \$ - \$ 2,027 \$ - \$ 2,027 \$ - \$ 1,145,432 \$ 65,621 \$ -	3 1,054,061 \$ 474,002 \$. \$ 161,840 \$ 120,377 \$. \$ 282,217 \$. \$. \$. \$. \$. \$. \$. \$.	3 2023(19) 5 4,714,717 5 114 5 2,415,366 5 912,872 5 890 5 3,329,243 5 5 5 -	\$ 1,427,222 \$ 1,427,222 \$ 58,166	\$ 100.079 \$ 100.079 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 221,141 \$ 221,141 \$ 221,141 \$ 121,141 \$ 121,141	\$ 2,001,551 \$ 2,001,551 \$ 79,897 \$ 62,168 \$ 463,454 \$ 966 \$ 162,844 \$ 564,839 \$.	3 - - - - - - - - - - - - - - - - - - -		\$ 1,511,141	3 20,00,000	\$ \$ 4,148,876 \$ 1,004,518 \$ 161,840 \$ 214,896 \$ \$ \$. \$. \$. \$. \$. \$. \$	\$ 9,640,422 \$ 1,323,496 \$ 2,477,534 \$ 1,378,353 \$ 1,856 \$ 65,621 \$	37.40%
142 143 144	Payme Sectio	Medicare Cross-Over Payments (See Note D) ent from Hospital Uninsured During Cost Report on 1011 Payment Related to Inpatient Hospital S	ervices NOT Included						\$ 376,683	\$ 151,044	\$ -	\$ -			and B-1) \$ 8,502 \$	and B-1) S 421,155 S -	\$ 376,683	\$ 151,044	
145 146 147		Iculated Payment Shortfall / (Longfall) (PRIOR Calculated Payments as a Medicare Days from W/S S-3 of the Cost Rep	Percentage of Cost		\$ 570,603 62% Col. 6, Sum of Lns. 2,	\$ 304,701 80% 8, 4, 14, 16, 17, 18 less	\$ 191,785 60%	\$ 1,385,474 71%	\$ (140,072) 108% 2,182	\$ 435,486 69%	\$ (109,377) 129%	\$ 667,384 67%	\$ - 0%	\$ - 0%	\$ 1,502,639 1%	\$ 3,461,998 11%	\$ 512,939 88%	\$ 2,793,046 71%	
148	Note A Note E Note C	ent of cross-over days to total Medicare days A - These amounts must agree to your inpatient B - Medicaid cost settlement payments refer to p C - Other Medicaid Payments such as Outliers a D - Should include other Medicare cross-over no	from the cost report and outpatient Medicai ayments made by Med nd Non-Claim Specific	id paid claims summary. I ficaid during a cost report payments. DSH paymen	For Managed Care, Cros settlement that are not r ts should NOT be includ	s-Over data, and other eflected on the claims p ed. UPL payments mad	eligibles, use the hospita aid summary (RA summa le on a state fiscal year b	ary or PS&F asis should be reported	in Section C of the surv						NOTE: Inpatient unin this is correct.	sured payment rate is	outside normal range	s, please verify	

Note C - Other Medicaid Payments such as Outlies and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments and on a state iscal year basis should be reported in Section C of the surv. Note D - Should include onther Medicaic encover payments included in the paydia distance data with the section of the section o

Note F - Medicare payments reported in FFS, MCO, MCD Exhausted Non-covered, and uninsured payor buckets should only include Medicare Part B payments for inpatient, Medicaid primary claims with Medicare Part B only coverage for Medicaid covered ancillary services. Such claims should not have Medicare Part A benefits (due to no coverage or exhausted benefits).

Printed 3/20/2025

Version 9.00

Cost Report Y	Year (10/01/2022-09/30/2023)	NGMC Barrow								Out-or-State Other M			
		Medicaid Per	Medicaid Cost to	Out-of-State Me	dicaid FFS Primary		caid Managed Care nary		are FFS Cross-Overs aid Secondary)	Included Elsewhe Seco	re & with Medicaid ndary)	Total Out-Of-	State 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	Outpatient
		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)		
	st Centers (list below):			Days		Days		Days		Days		Days	
	JLTS & PEDIATRICS ENSIVE CARE UNIT	\$ 1,449.90 \$ 4,266.70		- 7						-		- 15	
	RONARY CARE UNIT RN INTENSIVE CARE UNIT	\$ - \$ -				-				-		-	
03400 SUR	RGICAL INTENSIVE CARE UNIT	\$ -		-		-						-	
	HER SPECIAL CARE UNIT SPROVIDER I	\$ - \$ -		-		-		-		-		-	
04100 SUB	BPROVIDER II	\$ -		-						-		-	
04200 OTH 04300 NUR	HER SUBPROVIDER	\$ - \$ -		-				-					
01000 11011		Ŷ	Total Days	7						8		15	
Total Days pe	er PS&R or Exhibit Detail			7		-		-		8			
	Unreconciled Days (E	Explain Variance		·		<u> </u>				<u> </u>			
Rout	tine Charges	-		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges \$ 25,515	
	culated Routine Charge Per Diem			\$ 1,701.00		\$ -		\$ -		\$ 1,701.00		\$ 1,701.00	
	ost Centers (from W/S C) (list below): ervation (Non-Distinct)		0.575439	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges 5,040	Ancillary Charges 4,620	Ancillary Charges \$ 7,455	Ancillary Char \$ 15
5000 OPE	RATING ROOM		0.349658	5,376	-	-	-	-		-		\$ 5,376	\$
	STHESIOLOGY DIOLOGY-DIAGNOSTIC		0.125507 0.189778	6,771 1,041	- 33,595			-		- 1,383	- 5,817	\$ 6,771 \$ 2,424	\$ 39
5401 ULTF	RASOUND		0.082575	5,063	9,583	-		-		9,769	5,701	\$ 14,832	\$ 15
5600 RAD 5700 CT S	DIOISOTOPE		0.227681 0.024846	- 6,291	9,490 90,844	-		-	-	2,254 21,493	- 33,522	\$ 2,254 \$ 27,784	\$ 9 \$ 124
5800 MRI			0.119192	2,816	5,810	-	-	-	-	-	-	\$ 2,816	\$ 5
6000 LABC 6500 RES	ORATORY SPIRATORY THERAPY		0.143083 0.152356	11,289 404	76,292					22,978 11,204	13,348 2,279	\$ 34,267 \$ 11.608	\$ 89 \$ 14
6600 PHY	SICAL THERAPY		0.569897	-	800	-	-	-	-	2,030	-	\$ 2,030	\$
7100 MEDI 7200 IMPL	DICAL SUPPLIES CHARGED TO PATIENT L. DEV. CHARGED TO PATIENTS		0.176573 0.196279	2,830							277	\$ 2,830 \$ -	\$
	JGS CHARGED TO PATIENTS		0.222077	16,364	90,800	-	-	-	-	41,347	22,678	\$ 57,711	\$ 113
7600 WOL 9100 EME		-	0.218694 0.145839	- 5,418	7,051 190,351					8,127	- 20,538	\$ 13,545	\$ 210
				66,078	537,878	-	-	-	-	125,625	108,780		
Totals / Payr													
	Total Charges (includes organ a	cquisition from Secti	ion K)	\$ 77,985		\$ -	\$ -	\$ -	s -	\$ 139,233	· · · · · ·	\$ 217,218	\$ 640
Total Charge	es per PS&R or Exhibit Detail Unreconciled Charges	(Explain Variance		\$ 77,985	\$ 537,878	\$ -	5 -	\$ -	\$ -	\$ 139,233	\$ 108,780		
Sampling Cos	ost Adjustment (if applicable)											\$-	\$
	Total Calculated Cost (includes org	an acquisition from S	Section K)	\$ 21,977	\$ 81,236	\$ -	\$ -	\$ -	\$ -	\$ 33,135	\$ 15,404	\$ 55,112	\$ 96
		and On and Dama		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$
	aid Paid Amount (excludes TPL, Co-Pay		1.0. 1.0. 11 .		5 -	ş -	<u> </u>	5 ·	5 - 5 -	\$ - \$ -	\$ - \$ 6.077	s - s -	\$
Total Medicai	aid Managed Care Paid Amount (exclude	s TPL, Co-Pay and Sp	bend-Down) (See Note I	\$ - \$ -	\$ -	IS - I							i.
Total Medicai Private Insura Self-Pay (incl	aid Managed Care Paid Amount (exclude rance (including primary and third party li cluding Co-Pay and Spend-Down	s TPL, Co-Pay and Sp ability	oend-Down) (See Note I	\$- \$- \$-	\$ - \$ 59	\$- \$-	\$ -	\$ -	\$ -	\$-	\$-	\$ -	2
Total Medicai Private Insura Self-Pay (incl Total Allowed	aid Managed Care Paid Amount (exclude rance (including primary and third party li cluding Co-Pay and Spend-Down d Amount from Medicaid PS&R or RA De	s TPL, Co-Pay and Sp ability	bend-Down) (See Note I	s - s - s - s -	\$ - \$ 59 \$ 59 \$ -	\$ - \$ -	<mark>\$ -</mark> \$ -	\$ -	\$ -	\$-	\$-	s -	s S
Total Medicai Private Insura Self-Pay (incl Total Allowed Medicaid Cos Other Medica	aid Managed Care Paid Amount (exclude rance (including primary and third party li Juding Co-Pay and Spend-Down d Amount from Medicaid PS&R or RA D ist Settlement Payments (See Note B aid Payments Reported on Cost Report 1	is TPL, Co-Pay and Sp ability atail (All Payments Year (See Note C		s - s - s - s - s -	\$- \$59 \$59 \$- \$-	\$ \$ \$	\$ \$	\$ -	-	\$-	\$ -	\$ - \$ - \$ -	\$
Total Medicai Private Insura Self-Pay (incl Total Allowed Medicaid Cos Other Medica Medicare Tra	aid Managed Care Paid Amount (exclude rance (including primary and third party li Juding Co-Pay and Spend-Down d Amount from Medicaid PS&R or RA Dr st Settlement Payments (See Note B aid Payments Reported on Cost Report aditional (non-HMO) Paid Amount (exclu	is TPL, Co-Pay and Sp ability etail (All Payments Year (See Note C des coinsurance/deduc	ctibles) (See Note F	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$- \$59 \$59 \$- \$-	\$- \$- \$- \$- \$-	\$ \$ \$	\$ \$	\$ \$	\$- \$-	\$ 1,082 \$ 2,685	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	
Total Medicai Private Insura Self-Pay (incl Total Allowed Medicaid Cos Other Medica Medicare Tra Medicare Man Medicare Cro	aid Managed Care Paid Amount (exclude ance (including primary and third party li Juding Co-Pay and Spend-Down d Amount from Medicaid PS&R or RA Di st Settlement Payments (See Note B aid Payments Reported on Cost Report aiditional (non-HMO) Paid Amount (exclu anaged Care (HMO) Paid Amount (exclu oss-Over Bad Debt Payments	is TPL, Co-Pay and Sp ability etail (All Payments Year (See Note C des coinsurance/deduc	ctibles) (See Note F	s - s - s - s - s - s - s - s -	\$ - \$ 59 \$ 59 \$ - \$ -	\$ \$ \$ \$ \$ \$	\$- \$- \$-	\$ \$ \$	\$ \$ \$	\$	\$ - \$ 1,082 \$ 2,685 \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	
Total Medicai Private Insura Self-Pay (incl Total Allowed Medicaid Cos Other Medica Medicare Tra Medicare Man Medicare Cro	aid Managed Care Paid Amount (exclude ance (including primary and third part) li luding Co-Pay and Spend-Down d Amount from Medicaid PS&R or RA D st Settlement Payments (Sec Note B aid Payments Reported on Cost Report additional (non-HMO) Paid Amount (exclu nanged Care (HMO) Paid Amount (exclu	is TPL, Co-Pay and Sp ability etail (All Payments Year (See Note C des coinsurance/deduc	ctibles) (See Note F	s - s - s - s - s - s - s - s -	\$ \$59 \$59 \$ \$- \$ \$	\$ - \$ - \$ - \$ - \$ -	\$ - \$ -	\$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ -	\$ - \$ 27,861 \$ - \$ -		\$ - \$ - \$ - \$ 27,861 \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Total Medicai Private Insura Self-Pay (incl Total Allowed Medicaid Cos Other Medica Medicare Tra Medicare Mai Medicare Cro Other Medica	aid Managed Care Paid Amount (exclude ance (including primary and third party li Juding Co-Pay and Spend-Down d Amount from Medicaid PS&R or RA Di st Settlement Payments (See Note B aid Payments Reported on Cost Report aiditional (non-HMO) Paid Amount (exclu anaged Care (HMO) Paid Amount (exclu oss-Over Bad Debt Payments	is TPL, Co-Pay and Sp ability etail (All Payments Year (See Note C des coinsurance/deduc des coinsurance/deduc	ctibles) (See Note F ctibles	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ 59 \$ 59 \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$	\$ · · · · · · · · · · · · · · · · · · ·	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ -	\$ 2,685 \$ - \$ -	\$ - \$ - \$ - \$ 27,861 \$ - \$ 27,251	

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 apyments houtdle NDT be included. UPL payments made the deciae on a state fiscally set bases should be reported in Section C of the surv. Note D - Should include other Medicare cross-over payments not included in the paid dams data reported above. This includes, LyUPL payments made by payments should be reported in Section C of the surv. Note D - Should include other Medicare cross-over payments not included in the paid dams data reported above. This includes, LyUPL payments made based on the Medicare cross report settlement (e.g., Medicare Graduate Medical Education paymer Note E - Medicare payments hould hanaged Care payments related to the services provided, including, but not limited to, includine payments, foreidate Medicare Cost report testificant (e.g., Medicare Graduate Medical Education paymer Note F - Medicare payments reported in FS, MCO, MCD Eshausted/hon-covered, and uninsured payor buckets should only include Medicare Part B payments, related to a setter fiscal.

I. Out-of-State Medicaid Data:

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

Cost Report Year (10/01/2022-09/30/2023) NGMC Barrow

		Total			Revenue for	Total	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Outer medicato Englotes (Not Included Elsewhere & with Medicaid Secondary - Exclude Medicaid Exhausted and Non-Covered)		Medicaid FFS & MCO Exhausted and Non-Covered (Not to be Included Elsewhere)		Uninsured	
				Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	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	Sum of Cost Report Organ Acquisition Cost and the Add- On 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)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis				
	Organ Acquisition Cost Centers (list below):		1.	1.								,						
	Lung Acquisition	\$ -	\$ -	s -	\$ -	0	S -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
-	Kidney Acquisition	\$ ·	\$ -	\$ -	s -	0	\$ -	0	\$ -	0	<u>s</u> -	0	<u>\$</u> -	0	\$ -	0	\$ -	0
_	Liver Acquisition	\$ -	s -	\$ -	S -	0	\$ -	0	<u>s</u> -	0	s -	0	s -	0	\$ -	0	\$ -	0
_	Heart Acquisition Pancreas Acquisition	\$ -	s -	\$ -	<u>s</u> -	0	\$ -	0	\$ -	0	s -	0	<u>\$</u> -	0	\$ -	0	\$ -	0
	Pancreas Acquisition		3 ·	s -	3 ·	0	s .	0	3 ·	0	5 ·	0	3 - e	0	3 ·	0	3 ·	0
⊢	Islet Acquisition			· ·	s -	0	3 - 0	0	3 ·	0	s -	0	\$ -	0	5 - 0	0	3 ·	0
F	Islet Acquisition	\$ -	s -	ş -	s -	0	s -	0	s -	0	s -	0	s -	0	s -	0	ş -	0
1	Totals	\$ -	s -	s -	ş -		s -		\$ -		ş -		\$ -		\$		\$ -	-
N	Total Cost te A - These amounts must agree to your inp		ant Modicaid paid of	time cummary. If avai	lable (if not use besnits	l's loss and subr	it with curvey					-				-		-

Note A - These amounts must agree to your inpatient and outpatient Medicaid patients summary, if available (if not, use hospital's logs and submit with survey Note B : Enter (tog an Acquisition Payments in Section D as part of your). State Medicaid total payments Note C : Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, 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 who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ 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 (10/01/2022-09/30/2023) NGMC Barrow

	Total			Revenue for	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)		Included Elsewhere & with Medicaid Secondary)	
	Organ Acquisition Cost	Organ Intern/Resident	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold		Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organ (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	Sum of Cost Report Organ Acquisition Cost and the Add- On 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 Clain Data or Provide Logs (Note A)				
rgan Acquisition Cost Centers (list below):													
Lung Acquisition	\$ -	\$-	s -	s -	0	S -	0	\$ -	0	S -	0	\$ -	
Kidney Acquisition	\$ -	\$-	s -	s -	0	S -	0	\$ -	0	S -	0	\$ -	
Liver Acquisition	s -	\$-	s -	s -	0	S -	0	S -	0	S -	0	S -	
Heart Acquisition	\$-	\$-	s -	ş -	0	\$ -	0	\$-	0	\$ -	0	\$-	
Pancreas Acquisition	\$-	\$-	s -	ş -	0	\$ -	0	\$-	0	\$ -	0	\$-	
Intestinal Acquisition	\$-	\$-	s -	ş -	0	\$ -	0	\$-	0	\$ -	0	\$-	
Islet Acquisition	\$-	\$ -	ş -	ş -	0	\$ -	0	\$-	0	\$ -	0	\$-	
	\$ -	\$-	s -	ş -	0	\$-	0	\$-	0	\$ -	0	\$ -	
Totals	ş -	\$-	s -	\$ -		\$ -		\$-	-	ş -		\$-	
Total Cost e A - These amounts must agree to your in e B: Enter Organ Acquisition Payments in					I's logs and subr	nit with survey			-				

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	(10/01/2022-09/30/2023)	NGMC Barrow					
Worksheet A P	rovider Tax Assessment Re	conciliation:					
				Dollar	Amount	W/S A Cost Center Line	
1 Hospi	ital Gross Provider Tax Assessm	ent (from general ledger)*		S	506,973		-
		and Account # that includes Gross Provider Tax Assessment	t	Expense		308001-69000	(WTB Account #)
		nent Included in Expense on the Cost Report (W/S A, Col. 2)		S	506,973		(Where is the cost included on w/s A?)
		· · · · · · · · · · · · · · · · · · ·					,
3 Differ	ence (Explain Here>)	0		s	-		
				Ŧ			
Provi	ider Tax Assessment Reclassi	fications (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	UCC ALLOWABLE - Provider	Tax Assessment Adjustments (from w/s A-8 of the Medic	care 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))
		der Tax Assessment Adjustments (from w/s A-8 of the M	ledicare cost report)				
12	Reason for adjustment	0		\$	-	-	
13	Reason for adjustment	0		\$	-	-	
14	Reason for adjustment	0		\$	-	-	
15	Reason for adjustment	0		S	-	-	

DSH UCC Provider Tax Assessment Adjustment:

17 Gross Allowable Assessment Not Included in the Cost Report

16 Total Net Provider Tax Assessment Expense Included in the Cost Report

18	Medicaid Eligible***	Charges Sec. G								
19	Uninsured Hospital	Charges Sec. G								
20	Total Hospital	Charges Sec. G								
21	Medicaid Eligible Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***									
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC									
23	Medicaid Eligible Provider Tax Assessment Adjustment to DSH UCC***									
24	24 Uninsured Provider Tax Assessment Adjustment to DSH UCC \$									
25 Provider Ta	x Assessment Adjustme	nt to DSH UCC Including all Medicaid eligibles***	\$							
Apportion	ment of Provider Tax A	ssessment Adjustment to Medicaid Primary & Uninsured:								
26	Medicaid Primary***	Charges Sec. G								
27	Uninsured Hospital	Charges Sec. G								
28	Total Hospital	Charges Sec. G								
29	Medicaid Primary Perce	entage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***								
30	Percentage of Provider	Tax Assessment Adjustment to include in DSH Uninsured UCC								
31	Medicaid Primary Provi	der Tax Assessment Adjustment to DSH UCC***	\$							
32	Uninsured Provider Tax	Assessment Adjustment to DSH UCC	\$							
33 Medicaid P	rimary Tax Assessment	Adjustment to DSH UCC***	\$							

* 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 costto-charge ratios and per diems used in the survey.

\$

\$

506,973

75.720.00

26.10% 11.25%

44 929 813 32.643.825 290.159.966 15.48% 11.25%

***For state plan rate years (SPRY) beginning on or after October 1, 2021, Medicaid UCC includes only Medicaid primary cost and payments, unless a provider qualifies for 97th percentile exception and it benefits them. The exception is based on SPRY. For cost report periods overlapping SPRYs beginning on or after effective date, the Medicaid primary tax assessment adjustment to DSH UCC (line 33, above) will be utilized unless the provider qualifies for the 97th percentile exception and the SPRY UCC is greater utilizing total Medicaid eligible population. In which case, the provider tax assessment adjustment to DSH UCC including all Medicaid eligibles (line 25, above) will be utilized.