

GA DSH Payment Results for SFY 2024 - Pool 2
DSH Uncompensated Care Cost & Allocation Factor Summary
Preliminary Results

4/8/2024 7:56

Provider Name	NORTHSIDE HOSPITAL DULUTH
Mcaid Provider Number	000001064A
Mcare Provider Number	110252

Below is the preliminary uncompensated care cost (UCC) and allocation factor used as a basis for the 2023 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.

GA Medicaid DSH Payment Uncompensated Care Cost (UCC) For State Fiscal Year:	7/1/2023 - 6/30/2024
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	(A)	(B)	(C)	(D)	(E)
	Cost Report Year Begin	Cost Report Year End	As-Filed DSH Uncompensated Care Cost (UCC)	Total Adjustments	Adjusted DSH Uncompensated Care Cost (UCC)
Cost Report Year UCC:	10/1/2021	9/30/2022	\$ 26,141,136	\$ 1,036,040	\$ 27,180,887
Less: 2022 Net UPL Payments					\$ 1,453,000
Less: 2024 Net DPP Payments					\$ 1,119,337
Plus: 2023 Net DPP Recoupments					\$ -
Less: GME Payments					\$ -
Add: Net OP Settlement (Difference between provider submitted and estimated)					\$ 203,828
Add: Provider tax excluded from the cost report (Medicaid primary & uninsured portion)					\$ 306,989
Uncompensated Care Allocation Factor					\$ 25,119,367
Hospital Specific DSH Limit					\$ 23,787,718
2024 Eligibility					Eligible
DSH Year Low Income Utilization Ratio (LIUR):					18.28%
DSH Year Medicaid Inpatient Utilization Ratio (MIUR):					23.76%

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

Workpaper #:		Reviewer:
Examiner:		
Date:		
DSH Version	8.11	2/10/2023

D. General Cost Report Year Information **10/1/2021 - 9/30/2022**

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

1. Select Your Facility from the Drop-Down Menu Provided: **Northside Hospital, Inc. - Duluth**

2. Select Cost Report Year Covered by this Survey: **10/1/2021 through 9/30/2022**

3. Status of Cost Report Used for this Survey (Should be audited if available): **X**

3a. Date CMS processed the HCRIS file into the HCRIS database: **1 - As Submitted**

2/28/2023

	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	Northside Hospital, Inc. - Duluth	-	
5. Medicaid Provider Number:	000001064A	-	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	-	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	-	
8. Medicare Provider Number:	110252	-	
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Non-State Govt.	-	

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	Alabama	247571
10. State Name & Number	Florida	107736700
11. State Name & Number	North Carolina	1457396079
12. State Name & Number	Tennessee	Q061341
13. State Name & Number	South Carolina	232810
14. State Name & Number		
15. State Name & Number		

(List additional states on a separate attachment)

E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2021 - 09/30/2022)

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)	\$	-			
			Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	\$	392,922	\$	4,594,275	\$4,987,197
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$	910,031	\$	8,860,205	\$9,770,236
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B)		\$1,302,953		\$13,454,480	\$14,757,433
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:		30.16%		34.15%	33.79%
13. Did your hospital receive any Medicaid managed care payments not paid at the claim level? <i>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.</i>		No			
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		\$-			

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 (10/01/2021 - 09/30/2022)

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) 34,571

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	35,333,025
8. Outpatient Hospital Charity Care Charges	30,400,334
9. Non-Hospital Charity Care Charges	-
10. Total Charity Care Charges	\$ 65,733,359

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 Revenues (Charges)			Contractual Adjustments			Net Hospital Revenue
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$ 84,691,841	\$ -	\$ -	\$ 68,954,037	\$ -	\$ -	\$ 15,737,804
12. Psych Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Rehab. Subprovider	\$ 3,489,437	\$ -	\$ -	\$ 2,841,015	\$ -	\$ -	\$ 648,422
14. Swing Bed - SNF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Swing Bed - NF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Skilled Nursing Facility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Nursing Facility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Other Long-Term Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Ancillary Services	\$ 262,886,974	\$ 487,813,048	\$ -	\$ 214,036,181	\$ 397,165,520	\$ -	\$ 139,498,321
20. Outpatient Services	\$ -	\$ 185,053,271	\$ -	\$ -	\$ 150,665,873	\$ -	\$ 34,387,398
21. Home Health Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Ambulance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Outpatient Rehab Providers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. ASC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Hospice	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26. Other	\$ 403,156	\$ 15,157,657	\$ -	\$ 328,240	\$ 12,340,996	\$ -	\$ 2,891,577
27. Total	\$ 351,471,408	\$ 688,023,976	\$ -	\$ 286,159,473	\$ 560,172,388	\$ -	\$ 193,163,523
28. Total Hospital and Non Hospital		Total from Above	\$ 1,039,495,384		Total from Above	\$ 846,331,861	
29. Total Per Cost Report		Total Patient Revenues (G-3 Line 1)	\$ 1,039,495,384		Total Contractual Adj. (G-3 Line 2)	\$ 846,331,861	
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)					+	\$ -	
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 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 worksheet 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 Local Patient Care Cash Subsidies INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)					+	\$ -	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)					-	\$ -	
35. Adjusted Contractual Adjustments						846,331,861	
36. Unreconciled Difference		Unreconciled Difference (Should be \$0)	\$ -		Unreconciled Difference (Should be \$0)	\$ -	

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		<i>Cost Report Worksheet B, Part I, Col. 26</i>	<i>Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)</i>	<i>Cost Report Worksheet C, Part I, Col.2 and Col. 4</i>	<i>Swing-Bed Curve Out - Cost Report Worksheet D-1, Part I, Line 26</i>	<i>Calculated</i>	<i>Days - Cost Report W/S D-1, Pt. 1, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others</i>	<i>Inpatient Routine Charges - Cost Report Worksheet C, Pt. 1, Col. 6 (Informational only unless used in Section L charges allocation)</i>	<i>Calculated Per Diem</i>

Routine Cost Centers (list below):

1	03000 ADULTS & PEDIATRICS	\$ 60,167,924	\$ -	\$ -	\$ -	\$ 60,167,924	36,945	\$ 78,716,024	\$ 1,628.58
2	03100 INTENSIVE CARE UNIT	\$ 1,729,157	\$ -	\$ -	\$ -	\$ 1,729,157	1,577	\$ 9,465,254	\$ 1,096.49
3	03200 CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
4	03300 BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
6	03500 OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
7	04000 SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
8	04100 SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
9	04200 OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
10	04300 NURSERY	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
18	Total Routine	\$ 61,897,081	\$ -	\$ -	\$ -	\$ 61,897,081	38,522	\$ 88,181,278	
19	Weighted Average								\$ 1,606.80

	Hospital Observation Days - Cost Report W/S S-3, Pt. 1, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S-3, Pt. 1, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S-3, Pt. 1, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 7	Total Charges - Cost Report Worksheet C, Pt. 1, Col. 8	Medicaid Calculated Cost-to-Charge Ratio	
20	09200 Observation (Non-Distinct)	3,951	-	-	\$ 6,434,520	390,248	6,685,361	\$ 7,075,609	0.909395

Observation Data (Non-Distinct)

	<i>Cost Report Worksheet B, Part I, Col. 26</i>	<i>Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)</i>	<i>Cost Report Worksheet C, Part I, Col.2 and Col. 4</i>	<i>Calculated</i>	<i>Inpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 6</i>	<i>Outpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 7</i>	<i>Total Charges - Cost Report Worksheet C, Pt. 1, Col. 8</i>	<i>Medicaid Calculated Cost-to-Charge Ratio</i>
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Ancillary Cost Centers (from W/S C excluding Observation) (list below):

21	5000 OPERATING ROOM	\$ 10,446,649	\$ -	\$ -	\$ -	\$ 10,446,649	\$ 18,609,361	\$ 78,576,824	\$ 97,186,185	0.107491
22	5100 RECOVERY ROOM	\$ 4,099,235	\$ -	\$ -	\$ -	\$ 4,099,235	\$ 2,229,995	\$ 17,578,527	\$ 19,808,522	0.206943
23	5300 ANESTHESIOLOGY	\$ 507,069	\$ -	\$ -	\$ -	\$ 507,069	\$ 4,881,998	\$ 34,451,503	\$ 39,333,501	0.012892
24	5400 RADIOLOGY-DIAGNOSTIC	\$ 11,708,464	\$ -	\$ -	\$ -	\$ 11,708,464	\$ 19,273,178	\$ 91,181,561	\$ 110,454,739	0.106002
25	5600 RADIOISOTOPE	\$ 1,146,932	\$ -	\$ -	\$ -	\$ 1,146,932	\$ 2,721,420	\$ 6,523,548	\$ 9,244,968	0.124060
26	5700 CT SCAN	\$ 1,362,330	\$ -	\$ -	\$ -	\$ 1,362,330	\$ 25,764,823	\$ 58,505,982	\$ 84,270,805	0.016166
27	6000 LABORATORY	\$ 6,266,923	\$ -	\$ -	\$ -	\$ 6,266,923	\$ 62,046,037	\$ 61,103,684	\$ 123,149,721	0.050889
28	6500 RESPIRATORY THERAPY	\$ 3,054,058	\$ -	\$ -	\$ -	\$ 3,054,058	\$ 10,531,749	\$ 1,175,794	\$ 11,707,543	0.260862
29	6600 PHYSICAL THERAPY	\$ 9,080,391	\$ -	\$ -	\$ -	\$ 9,080,391	\$ 11,550,031	\$ 6,185,995	\$ 17,736,026	0.511974
30	6700 OCCUPATIONAL THERAPY	\$ 60,198	\$ -	\$ -	\$ -	\$ 60,198	\$ 1,522,292	\$ 182,695	\$ 1,704,987	0.035307
31	6800 SPEECH PATHOLOGY	\$ 52,529	\$ -	\$ -	\$ -	\$ 52,529	\$ 1,122,921	\$ 241,504	\$ 1,364,425	0.038499
32	6900 ELECTROCARDIOLOGY	\$ 1,544,309	\$ -	\$ -	\$ -	\$ 1,544,309	\$ 8,848,395	\$ 12,381,642	\$ 21,230,037	0.072742
33	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$ 20,094,283	\$ -	\$ -	\$ -	\$ 20,094,283	\$ 6,013,933	\$ 14,482,572	\$ 20,496,505	0.980376
34	7200 IMPL. DEV. CHARGED TO PATIENTS	\$ 17,567,675	\$ -	\$ -	\$ -	\$ 17,567,675	\$ 8,123,117	\$ 60,867,366	\$ 68,990,483	0.254639
35	7300 DRUGS CHARGED TO PATIENTS	\$ 15,735,901	\$ -	\$ -	\$ -	\$ 15,735,901	\$ 79,647,725	\$ 44,370,851	\$ 124,018,576	0.126883
36	7400 RENAL DIALYSIS	\$ 795,642	\$ -	\$ -	\$ -	\$ 795,642	\$ 3,364,403	\$ -	\$ 3,364,403	0.236488

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
37	7500 ASC (NON-DISTINCT PART)	\$ 10,779,421	\$ -	\$ -	\$ 10,779,421	\$ 3,927,269	\$ 50,994,036	\$ 54,921,305	0.196270
38	9000 CLINIC	\$ 3,079,658	\$ -	\$ -	\$ 3,079,658	\$ 15,312	\$ 872,656	\$ 887,968	3.468208
39	9100 EMERGENCY	\$ 22,807,183	\$ -	\$ -	\$ 22,807,183	\$ 19,455,310	\$ 99,348,676	\$ 118,803,986	0.191973
126	Total Ancillary	\$ 140,188,850	\$ -	\$ -	\$ 140,188,850	\$ 290,039,517	\$ 645,710,777	\$ 935,750,294	
127	Weighted Average								0.156691
128	Sub Totals	\$ 202,085,931	\$ -	\$ -	\$ 202,085,931	\$ 378,220,795	\$ 645,710,777	\$ 1,023,931,572	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$ -				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$ -				
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must calculate. Submit support for calculation of cost.)				\$ -				
131.01	Other Cost Adjustments (support must be submitted)				\$ -				
132	Grand Total				\$ 202,085,931				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost								0.00%

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

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

Cost Report Year (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		% Svcy to Cost Report Totals
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	
				From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
Routine Cost Centers (from Section G):				Days		Days		Days		Days		Days		Days		
1	03000 ADULTS & PEDIATRICS	\$ 1,628.58		2,024	1,250	1,849	2,110	4,289	7,233							35.01%
2	03100 INTENSIVE CARE UNIT	\$ 1,096.49		687	45	123	96	357	951							82.94%
3	03200 CORONARY CARE UNIT	\$ -		-	-	-	-	-	-							
4	03300 BURN INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-							
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-							
6	03500 OTHER SPECIAL CARE UNIT	\$ -		-	-	-	-	-	-							
7	04000 SUBPROVIDER I	\$ -		-	-	-	-	-	-							
8	04100 SUBPROVIDER II	\$ -		-	-	-	-	-	-							
9	04200 OTHER SUBPROVIDER	\$ -		-	-	-	-	-	-							
10	04300 NURSERY	\$ -		-	-	-	-	-	-							
18			Total Days	2,711	1,295	1,972	2,206	4,646	8,184							37.20%
19	Total Days per PS&R or Exhibit Detail			2,711	1,295	1,972	2,206	4,646								
20	Unreconciled Days (Explain Variance)			-	-	-	-	-	-							
21	Routine Charges			\$ 6,677,460	\$ 2,853,863	\$ 4,947,560	\$ 5,683,216	\$ 11,960,274	\$ 20,166,105							36.51%
21.01	Calculated Routine Charge Per Diem			\$ 2,463.10	\$ 2,205.30	\$ 2,508.90	\$ 2,577.16	\$ 2,574.32	\$ 2,464.09							
Ancillary Cost Centers (from W/S C) (from Section G):				Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		
22	09200 Observation (Non-Distinct)	0.909395		\$ 54,786	\$ 253,234	\$ -	\$ 335,206	\$ 301,337	\$ 1,608	\$ 621,956	\$ 1,049	\$ 1,279,567	\$ 86,486	\$ 1,511,734	40.96%	
23	5000 OPERATING ROOM	0.107491		\$ 1,240,669	\$ 1,666,459	\$ 1,004,314	\$ 6,553,476	\$ 1,175,302	\$ 2,631,847	\$ 1,439,730	\$ 3,005,468	\$ 2,335,103	\$ 7,026,024	\$ 4,860,015	\$ 13,857,249	28.95%
24	5100 RECOVERY ROOM	0.206943		\$ 98,342	\$ 305,237	\$ 152,953	\$ 1,084,385	\$ 140,817	\$ 576,221	\$ 165,589	\$ 663,242	\$ 266,321	\$ 772,767	\$ 557,701	\$ 2,629,085	21.34%
25	5300 ANESTHESIOLOGY	0.012893		\$ 201,457	\$ 410,245	\$ 242,124	\$ 1,561,211	\$ 283,186	\$ 767,350	\$ 329,872	\$ 882,090	\$ 588,462	\$ 1,233,744	\$ 1,056,639	\$ 3,629,896	16.53%
26	5400 RADIOLOGY-DIAGNOSTIC	0.106002		\$ 1,094,835	\$ 1,038,201	\$ 496,544	\$ 9,023,123	\$ 1,085,963	\$ 8,219,900	\$ 1,145,365	\$ 7,781,493	\$ 2,961,125	\$ 17,655,337	\$ 3,822,707	\$ 26,062,717	45.84%
27	5600 RADIOISOTOPE	0.124060		\$ 434,262	\$ 72,115	\$ 51,320	\$ 241,895	\$ 164,010	\$ 226,212	\$ 174,432	\$ 410,966	\$ 493,790	\$ 1,111,600	\$ 824,024	\$ 951,188	36.76%
28	5700 CT SCAN	0.016166		\$ 1,895,492	\$ 1,496,680	\$ 787,649	\$ 1,108,512	\$ 1,514,178	\$ 1,151,672	\$ 1,600,780	\$ 1,011,162	\$ 4,279,985	\$ 3,367,588	\$ 5,798,088	\$ 4,758,026	21.60%
29	6000 LABORATORY	0.050889		\$ 5,937,685	\$ 2,093,658	\$ 1,962,709	\$ 6,857,629	\$ 3,981,163	\$ 2,040,300	\$ 4,710,806	\$ 2,871,420	\$ 10,411,243	\$ 12,782,906	\$ 16,592,363	\$ 13,863,007	43.74%
30	6500 RESPIRATORY THERAPY	0.260862		\$ 826,664	\$ 34,228	\$ 185,154	\$ 143,645	\$ 575,325	\$ 777,431	\$ 859,430	\$ 84,444	\$ 1,060,245	\$ 255,584	\$ 2,446,573	\$ 1,039,748	41.11%
31	6600 PHYSICAL THERAPY	0.511974		\$ 199,778	\$ 35,661	\$ 49,402	\$ 73,256	\$ 237,770	\$ 231,501	\$ 343,864	\$ 194,685	\$ 360,548	\$ 274,502	\$ 830,814	\$ 535,103	41.29%
32	6700 OCCUPATIONAL THERAPY	0.035307		\$ 100,622	\$ 19,114	\$ 24,144	\$ 2,581	\$ 112,095	\$ 136,278	\$ 210,156	\$ 101,156	\$ 208,527	\$ 99,251	\$ 447,017	\$ 259,129	59.50%
33	6800 SPEECH PATHOLOGY	0.038499		\$ 96,961	\$ -	\$ 13,714	\$ 2,338	\$ 85,247	\$ 55,594	\$ 111,506	\$ 46,509	\$ 121,411	\$ 77,962	\$ 307,428	\$ 104,441	44.95%
34	6900 ELECTROCARDIOLOGY	0.072742		\$ 795,153	\$ 275,693	\$ 86,810	\$ 235,068	\$ 570,261	\$ 451,456	\$ 196,238	\$ 176,873	\$ 1,271,417	\$ 1,497,957	\$ 1,848,462	\$ 1,139,591	26.22%
35	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.980376		\$ 266,054	\$ 260,232	\$ 847,949	\$ 1,000,452	\$ 307,837	\$ 469,730	\$ 425,492	\$ 511,272	\$ 574,185	\$ 837,190	\$ 1,847,332	\$ 2,241,686	26.84%
36	7200 IMPL_DEV. CHARGED TO PATIENTS	0.254639		\$ 341,844	\$ 995,097	\$ 35,403	\$ 3,177,801	\$ 674,675	\$ 2,953,398	\$ 477,476	\$ 2,282,881	\$ 306,877	\$ 1,929,250	\$ 1,529,398	\$ 9,409,177	19.10%
37	7300 DRUGS CHARGED TO PATIENTS	0.126883		\$ 7,332,756	\$ 1,090,203	\$ 2,864,569	\$ 2,964,222	\$ 4,635,960	\$ 1,585,056	\$ 5,366,454	\$ 1,872,579	\$ 12,066,661	\$ 5,751,100	\$ 20,199,740	\$ 7,512,060	37.26%
38	7400 RENAL DIALYSIS	0.236488		\$ -	\$ -	\$ 38,418	\$ 6,066	\$ 331,330	\$ -	\$ 350,311	\$ 101,100	\$ 457,423	\$ 720,059	\$ 107,166	\$ 48,016	48.01%
39	7500 ASC (NON-DISTINCT PART)	0.196270		\$ -	\$ -	\$ 121,886	\$ 1,651,824	\$ 134,285	\$ 754,311	\$ 165,099	\$ 891,108	\$ 268,571	\$ 1,210,978	\$ 421,269	\$ 3,297,243	9.47%
40	9000 CLINIC	3.468208		\$ 2,044	\$ 17,369	\$ 37,687	\$ 85,729	\$ 17,677	\$ 6,029	\$ 5,173	\$ 35,710	\$ 246	\$ 70,017	\$ 62,581	\$ 144,837	31.81%
41	9100 EMERGENCY	0.191973		\$ 1,721,411	\$ 3,435,406	\$ 539,695	\$ 12,827,112	\$ 1,124,876	\$ 3,034,329	\$ 1,287,201	\$ 4,070,709	\$ 3,255,875	\$ 23,313,110	\$ 4,673,183	\$ 23,367,555	46.23%
				22,640,815	13,488,832	9,542,443	48,935,531	17,182,050	26,369,950	19,366,581	27,616,824	41,698,242	81,003,857			

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

Cost Report Year (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		%
Totals / Payments													
128 Total Charges (includes organ acquisition from Section J)	\$ 29,318,275	\$ 13,488,832	\$ 12,398,312	\$ 48,935,531	\$ 22,129,610	\$ 26,369,950	\$ 25,051,797	\$ 27,616,824	\$ 53,658,516	\$ 81,003,857	\$ 88,897,994	\$ 116,411,137	33.30%
129 Total Charges per PS&R or Exhibit Detail	\$ 29,318,275	\$ 13,488,832	\$ 12,398,312	\$ 48,935,531	\$ 22,129,610	\$ 26,369,950	\$ 25,051,797	\$ 27,616,824	\$ 53,658,516	\$ 81,003,857			
130 Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-	-	-	-	-	
131.01 Sampling Cost Adjustment (if applicable)													
131.02 Total Calculated Cost (includes organ acquisition from Section J)	\$ 6,757,289	\$ 2,141,954	\$ 3,951,808	\$ 7,950,985	\$ 5,459,460	\$ 4,234,171	\$ 6,171,129	\$ 4,639,799	\$ 12,227,400	\$ 12,237,641	\$ 22,339,686	\$ 18,966,909	32.65%
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 4,785,053	\$ 1,864,632	\$ -	\$ 585	\$ 236,230	\$ 319,174	\$ 118,129	\$ 217,174			\$ 5,139,412	\$ 2,401,565	
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$ -	\$ 1,782,590	\$ 4,672,498	\$ -	\$ -	\$ 5,481	\$ 57,780			\$ 1,788,071	\$ 4,730,278	
134 Private Insurance (including primary and third party liability)	\$ 93,810	\$ 1,768	\$ -	\$ 18,993	\$ -	\$ -	\$ 1,688,220	\$ 1,274,325			\$ 1,781,830	\$ 1,295,086	
135 Self-Pay (including Co-Pay and Spend-Down)	\$ -	\$ -	\$ 55	\$ 29,803	\$ -	\$ -	\$ 2,927	\$ 13,935			\$ 2,982	\$ 43,738	
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 4,878,863	\$ 1,866,400	\$ 1,782,645	\$ 4,721,879									
137 Medicaid Cost Settlement Payments (See Note B)	\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	
138 Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	
139 Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 3,272,602	\$ 2,000,445	\$ 15,629	\$ 4,770			\$ 3,288,231	\$ 2,005,215	
140 Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)					\$ -	\$ -	\$ 2,970,301	\$ 1,756,516			\$ 2,970,301	\$ 1,756,516	
141 Medicare Cross-Over Bad Debt Payments					\$ 3,183	\$ 27,692	\$ -	\$ -			\$ 3,183	\$ 27,692	
142 Other Medicare Cross-Over Payments (See Note D)					\$ 21,441	\$ -	\$ -	\$ -			\$ 21,441	\$ -	
143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									\$ 392,922	\$ 4,594,275			
144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)									\$ -	\$ -			
145 Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 1,878,626	\$ 275,554	\$ 2,169,163	\$ 3,229,106	\$ 1,926,004	\$ 1,886,860	\$ 1,370,442	\$ 1,315,299	\$ 11,834,478	\$ 7,643,366	\$ 7,344,235	\$ 6,706,819	
146 Calculated Payments as a Percentage of Cost	72%	87%	45%	59%	65%	55%	78%	72%	3%	38%	67%	65%	
147 Total Medicare Days from WIS S-3 of the Cost Report Excluding Swing-Bed (C/R, WIS S-3, PL I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)					13,901								
148 Percent of cross-over days to total Medicare days from the cost report					14%								

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Over (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
				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)
Routine Cost Centers (list below):				Days	Days	Days	Days	Days	Days	Days	Days	Days	Days
1	03000 ADULTS & PEDIATRICS	\$ 1,628.58		21	-	-	4	-	5	-	-	30	-
2	03100 INTENSIVE CARE UNIT	\$ 1,096.49		-	-	-	-	-	-	-	-	-	-
3	03200 CORONARY CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
4	03300 BURN INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
6	03500 OTHER SPECIAL CARE UNIT	\$ -		-	-	-	-	-	-	-	-	-	-
7	04000 SUBPROVIDER I	\$ -		-	-	-	-	-	-	-	-	-	-
8	04100 SUBPROVIDER II	\$ -		-	-	-	-	-	-	-	-	-	-
9	04200 OTHER SUBPROVIDER	\$ -		-	-	-	-	-	-	-	-	-	-
10	04300 NURSERY	\$ -		-	-	-	-	-	-	-	-	-	-
11		\$ -		-	-	-	-	-	-	-	-	-	-
12		\$ -		-	-	-	-	-	-	-	-	-	-
13		\$ -		-	-	-	-	-	-	-	-	-	-
14		\$ -		-	-	-	-	-	-	-	-	-	-
15		\$ -		-	-	-	-	-	-	-	-	-	-
16		\$ -		-	-	-	-	-	-	-	-	-	-
17		\$ -		-	-	-	-	-	-	-	-	-	-
18		\$ -		-	-	-	-	-	-	-	-	-	-
18			Total Days	21	-	-	4	-	5	-	-	30	-
19	Total Days per PS&R or Exhibit Detail				21	-	-	4	-	5	-	-	-
20	Unreconciled Days (Explain Variance)				-	-	-	-	-	-	-	-	-
				Routine Charges	Routine Charges	Routine Charges	Routine Charges	Routine Charges	Routine Charges	Routine Charges	Routine Charges	Routine Charges	Routine Charges
21	Routine Charges				\$ 53,496	\$ -	\$ -	\$ 6,408	\$ -	\$ 8,010	\$ -	\$ 67,914	\$ -
21.01	Calculated Routine Charge Per Diem				\$ 2,547.43	\$ -	\$ -	\$ 1,602.00	\$ 1,602.00	\$ -	\$ 2,263.80	\$ -	
Ancillary Cost Centers (from W/S C) (list below):				Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges
22	09200 Observation (Non-Distinct)		0.909395	-	17,800	-	-	2,862	-	-	-	-	20,662
23	5000 OPERATING ROOM		0.107491	6,941	40,310	-	-	6,163	-	446	6,941	46,919	
24	5100 RECOVERY ROOM		0.206943	1,189	-	-	-	-	-	-	1,189	-	
25	5300 ANESTHESIOLOGY		0.012892	2,031	-	-	-	-	-	-	2,031	-	
26	5400 RADIOLOGY-DIAGNOSTIC		0.106002	9,559	110,981	-	546	-	1,040	12,466	11,145	123,447	
27	5600 RADIOISOTOPE		0.124060	3,519	4,990	-	-	-	9,742	-	13,261	4,990	
28	5700 CT SCAN		0.016186	24,199	14,681	-	-	-	-	3,125	24,199	21,181	
29	6000 LABORATORY		0.050889	40,383	146,141	-	7,915	6,253	4,659	9,666	52,957	162,080	
30	6500 RESPIRATORY THERAPY		0.260882	-	9,542	-	1,210	-	-	-	1,210	9,542	
31	6600 PHYSICAL THERAPY		0.511974	589	-	-	-	-	589	-	1,178	-	
32	6700 OCCUPATIONAL THERAPY		0.035307	589	-	-	-	-	-	-	589	-	
33	6800 SPEECH PATHOLOGY		0.038499	1,268	-	-	-	-	827	-	2,095	-	
34	6900 ELECTROCARDIOLOGY		0.072742	2,084	3,532	-	254	392	2,700	589	5,038	4,513	
35	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.980376	-	-	-	-	-	-	-	-	-	
36	7200 IMPL. DEV. CHARGED TO PATIENTS		0.254639	-	-	-	-	-	-	-	-	-	
37	7300 DRUGS CHARGED TO PATIENTS		0.126883	47,752	51,444	-	23,241	6,268	7,866	1,044	78,859	58,756	
38	7400 RENAL DIALYSIS		0.236488	-	4,044	-	-	-	-	-	-	4,044	
39	7500 ASC (NON-DISTINCT PART)		0.196270	858	-	-	-	-	-	-	858	-	
40	9000 CLINIC		3.468208	-	-	-	-	-	5,695	-	5,695	-	
41	9100 EMERGENCY		0.191973	17,114	264,740	-	3,423	14,491	3,231	9,397	23,768	288,628	
42				-	-	-	-	-	-	-	-	-	
43				-	-	-	-	-	-	-	-	-	
44				-	-	-	-	-	-	-	-	-	
45				-	-	-	-	-	-	-	-	-	
46				-	-	-	-	-	-	-	-	-	
47				-	-	-	-	-	-	-	-	-	
48				-	-	-	-	-	-	-	-	-	
49				-	-	-	-	-	-	-	-	-	
50				-	-	-	-	-	-	-	-	-	
51				-	-	-	-	-	-	-	-	-	
52				-	-	-	-	-	-	-	-	-	
53				-	-	-	-	-	-	-	-	-	

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

			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)		Total Out-Of-State Medicaid	
											\$	\$
54			-	-	-	-	-	-	-	-	\$	-
55			-	-	-	-	-	-	-	-	\$	-
56			-	-	-	-	-	-	-	-	\$	-
57			-	-	-	-	-	-	-	-	\$	-
58			-	-	-	-	-	-	-	-	\$	-
59			-	-	-	-	-	-	-	-	\$	-
60			-	-	-	-	-	-	-	-	\$	-
61			-	-	-	-	-	-	-	-	\$	-
62			-	-	-	-	-	-	-	-	\$	-
63			-	-	-	-	-	-	-	-	\$	-
64			-	-	-	-	-	-	-	-	\$	-
65			-	-	-	-	-	-	-	-	\$	-
66			-	-	-	-	-	-	-	-	\$	-
67			-	-	-	-	-	-	-	-	\$	-
68			-	-	-	-	-	-	-	-	\$	-
69			-	-	-	-	-	-	-	-	\$	-
70			-	-	-	-	-	-	-	-	\$	-
71			-	-	-	-	-	-	-	-	\$	-
72			-	-	-	-	-	-	-	-	\$	-
73			-	-	-	-	-	-	-	-	\$	-
74			-	-	-	-	-	-	-	-	\$	-
75			-	-	-	-	-	-	-	-	\$	-
76			-	-	-	-	-	-	-	-	\$	-
77			-	-	-	-	-	-	-	-	\$	-
78			-	-	-	-	-	-	-	-	\$	-
79			-	-	-	-	-	-	-	-	\$	-
80			-	-	-	-	-	-	-	-	\$	-
81			-	-	-	-	-	-	-	-	\$	-
82			-	-	-	-	-	-	-	-	\$	-
83			-	-	-	-	-	-	-	-	\$	-
84			-	-	-	-	-	-	-	-	\$	-
85			-	-	-	-	-	-	-	-	\$	-
86			-	-	-	-	-	-	-	-	\$	-
87			-	-	-	-	-	-	-	-	\$	-
88			-	-	-	-	-	-	-	-	\$	-
89			-	-	-	-	-	-	-	-	\$	-
90			-	-	-	-	-	-	-	-	\$	-
91			-	-	-	-	-	-	-	-	\$	-
92			-	-	-	-	-	-	-	-	\$	-
93			-	-	-	-	-	-	-	-	\$	-
94			-	-	-	-	-	-	-	-	\$	-
95			-	-	-	-	-	-	-	-	\$	-
96			-	-	-	-	-	-	-	-	\$	-
97			-	-	-	-	-	-	-	-	\$	-
98			-	-	-	-	-	-	-	-	\$	-
99			-	-	-	-	-	-	-	-	\$	-
100			-	-	-	-	-	-	-	-	\$	-
101			-	-	-	-	-	-	-	-	\$	-
102			-	-	-	-	-	-	-	-	\$	-
103			-	-	-	-	-	-	-	-	\$	-
104			-	-	-	-	-	-	-	-	\$	-
105			-	-	-	-	-	-	-	-	\$	-
106			-	-	-	-	-	-	-	-	\$	-
107			-	-	-	-	-	-	-	-	\$	-
108			-	-	-	-	-	-	-	-	\$	-
109			-	-	-	-	-	-	-	-	\$	-
110			-	-	-	-	-	-	-	-	\$	-
111			-	-	-	-	-	-	-	-	\$	-
112			-	-	-	-	-	-	-	-	\$	-
113			-	-	-	-	-	-	-	-	\$	-
114			-	-	-	-	-	-	-	-	\$	-
115			-	-	-	-	-	-	-	-	\$	-
116			-	-	-	-	-	-	-	-	\$	-
117			-	-	-	-	-	-	-	-	\$	-
118			-	-	-	-	-	-	-	-	\$	-
119			-	-	-	-	-	-	-	-	\$	-
120			-	-	-	-	-	-	-	-	\$	-
121			-	-	-	-	-	-	-	-	\$	-
122			-	-	-	-	-	-	-	-	\$	-

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

				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)	Total Out-Of-State Medicaid													
123				-	-	-	-	-	\$	-											
124				-	-	-	-	-	\$	-											
125				-	-	-	-	-	\$	-											
126				-	-	-	-	-	\$	-											
127				-	-	-	-	-	\$	-											
				158,075	668,205	36,589	39,784	36,349	36,733												
Totals / Payments																					
128	Total Charges (includes organ acquisition from Section K)	\$	211,571	\$	668,205	\$	-	\$	-	\$	42,997	\$	39,784	\$	44,359	\$	36,733	\$	298,927	\$	744,721
129	Total Charges per PS&R or Exhibit Detail	\$	211,571	\$	668,205	\$	-	\$	-	\$	42,997	\$	39,784	\$	44,359	\$	36,733				
130	Unreconciled Charges (Explain Variance)		-		-		-		-		-		-		-		-				
131.01	Sampling Cost Adjustment (if applicable)		-		-		-		-		-		-		-		-				
131.02	Total Calculated Cost (includes organ acquisition from Section K)	\$	49,150	\$	101,630	\$	-	\$	-	\$	10,915	\$	7,243	\$	31,598	\$	3,891	\$	91,663	\$	112,764
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
134	Private Insurance (including primary and third party liability)	\$	-	\$	146	\$	-	\$	-	\$	-	\$	-	\$	-	\$	569	\$	-	\$	715
135	Self-Pay (including Co-Pay and Spend-Down)	\$	-	\$	40	\$	-	\$	-	\$	-	\$	-	\$	-	\$	90	\$	-	\$	130
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	-	\$	186	\$	-	\$	-												
137	Medicaid Cost Settlement Payments (See Note B)	\$	-	\$	-	\$	-	\$	-												
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$	-	\$	-	\$	-	\$	-												
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)	\$	-	\$	-	\$	-	\$	-	\$	2,779	\$	-	\$	-	\$	-	\$	-	\$	2,779
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	7,300	\$	1,712	\$	-	\$	7,300	\$	1,712
141	Medicare Cross-Over Bad Debt Payments	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
142	Other Medicare Cross-Over Payments (See Note D)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$	49,150	\$	101,444	\$	-	\$	-	\$	10,915	\$	4,464	\$	24,298	\$	1,520	\$	84,363	\$	107,428
144	Calculated Payments as a Percentage of Cost		0%		0%		0%		0%		0%		38%		23%		61%		8%		5%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

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

Cost Report Year (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

	Total Organ Acquisition Cost	Additional Add-Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	Total Useable Organs (Count)	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	
						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 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	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
2	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
3	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
4	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
5	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
6	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
7	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
8		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
9	Totals	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
10	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 D as part of your In-State Medicaid total payments.

Note C: Enter the total revenue applicable to organs furnished to other providers, to organ procurement 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 (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

	Total Organ Acquisition Cost	Additional Add-Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	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-Over (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	
						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 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	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
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 (10/01/2021-09/30/2022) Northside Hospital, Inc. - Duluth

Worksheet A Provider Tax Assessment Reconciliation:

	Dollar Amount	W/S A Cost Center Line
1 Hospital Gross Provider Tax Assessment (from general ledger)*	\$ 2,502,327	
1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Expense	40-00900-00141 (WTB Account #)
2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)	\$ 2,502,327	5.00 (Where is the cost included on w/s A?)
3 Difference (Explain Here ----->)	\$ -	
Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)		
4 Reclassification Code	\$ -	- (Reclassified to / (from))
5 Reclassification Code	\$ -	- (Reclassified to / (from))
6 Reclassification Code	\$ -	- (Reclassified to / (from))
7 Reclassification Code	\$ -	- (Reclassified to / (from))
DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
8 Reason for adjustment	\$ (1,311,462)	5.00 (Adjusted to / (from))
9 Reason for adjustment	\$ -	- (Adjusted to / (from))
10 Reason for adjustment	\$ -	- (Adjusted to / (from))
11 Reason for adjustment	\$ -	- (Adjusted to / (from))
DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
12 Reason for adjustment	\$ -	-
13 Reason for adjustment	\$ -	-
14 Reason for adjustment	\$ -	-
15 Reason for adjustment	\$ -	-
16 Total Net Provider Tax Assessment Expense Included in the Cost Report	\$ 1,190,865	

DSH UCC Provider Tax Assessment Adjustment:

17 Gross Allowable Assessment Not Included in the Cost Report	\$ 1,311,462
Apportionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured:	
18 Medicaid Hospital Charges Sec. G	206,352,779
19 Uninsured Hospital Charges Sec. G	134,662,374
20 Total Hospital Charges Sec. G	1,023,931,572
21 Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC	20.15%
22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	13.15%
23 Medicaid Provider Tax Assessment Adjustment to DSH UCC	\$ 264,299
24 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ 172,477
25 Provider Tax Assessment Adjustment to DSH UCC	\$ 436,776

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

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

DSH Examination Eligibility Summary

Hospital Name	Northside Hospital, Inc. - Duluth			
Hospital Medicaid Number	000001064A			
Cost Report Period	From	10/1/2021	To	9/30/2022

		As-Reported	Adjustments	As-Adjusted
LIUR				
1 Medicaid Hospital Net Revenue	Survey H & I (Sum all In-State & Out-of-State Medicaid Payments)	\$ 14,203,741	\$ -	\$ 14,203,741
2 Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
3 Total		\$ 14,203,741	\$ -	\$ 14,203,741
4 Net Hospital Patient Revenue	Survey F-3	\$ 193,163,523	\$ -	\$ 193,163,523
5 Medicaid Fraction		7.35%	0.00%	7.35%
6 Inpatient Charity Care Charges	Survey F-2	\$ 35,333,025	\$ -	\$ 35,333,025
7 Inpatient Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
8 Unspecified Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
9 Adjusted Inpatient Charity Care		\$ 35,333,025	\$ -	\$ 35,333,025
10 Inpatient Hospital Charges	Survey F-3	\$ 351,471,408	\$ -	\$ 351,471,408
11 Inpatient Charity Fraction		10.05%	0.00%	10.05%
12 LIUR		17.40%	0.00%	17.40%
MIUR				
13 In-State Medicaid Eligible Days	Survey H	8,184	-	8,184
14 Out-of-State Medicaid Eligible Days	Survey I	30	-	30
15 Total Medicaid Eligible Days		8,214	-	8,214
16 Total Hospital Days (excludes swing-bed)	Survey F-1	34,571	-	34,571
17 MIUR		23.76%	0.00%	23.76%

NOTE: LIUR calculated above does not include other Medicaid or supplemental payments reported on DSH Survey Part I and may not reconcile to DSH results letter as a result.

DSH Examination UCC Cost & Payment Summary Georgia

Hospital Name **Northside Hospital, Inc. - Duluth**
 Hospital Medicaid Number **00001064A**
 Cost Report Period From **10/1/2021** To **9/30/2022**

As-Reported:		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co-Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
		Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey E		
1 Medicaid Fee for Service	Inpatient	6,510,840	4,785,053	-	93,610	-	-	-	-	-	-	-	-	-	4,878,663	1,632,177	74.93%
2 Medicaid Fee for Service	Outpatient	2,124,993	1,864,632	-	1,768	-	-	-	-	-	-	-	-	-	1,866,400	258,593	87.83%
3 Medicaid Managed Care	Inpatient	3,801,871	-	1,782,590	-	55	-	-	-	-	-	-	-	-	1,782,645	2,019,226	46.89%
4 Medicaid Managed Care	Outpatient	7,928,533	585	4,672,498	18,993	29,803	-	-	-	-	-	-	-	-	4,721,879	3,206,654	59.56%
5 Medicare Cross-over (FFS)	Inpatient	5,235,657	236,230	-	-	-	-	-	3,272,602	-	3,183	21,441	-	-	3,533,456	1,702,201	67.49%
6 Medicare Cross-over (FFS)	Outpatient	4,213,987	319,174	-	-	-	-	-	2,000,445	-	27,692	-	-	-	2,347,311	1,866,676	55.70%
7 Other Medicaid Eligibles	Inpatient	5,917,927	118,129	5,481	1,688,220	2,927	-	-	15,629	2,970,301	-	-	-	-	4,800,687	1,117,240	81.12%
8 Other Medicaid Eligibles	Outpatient	4,598,140	217,174	57,780	1,274,325	13,935	-	-	4,770	1,756,516	-	-	-	-	3,324,500	1,273,640	72.30%
9 Uninsured	Inpatient	11,712,865	-	-	-	-	-	-	-	-	-	-	392,922	-	392,922	11,319,943	3.35%
10 Uninsured	Outpatient	12,151,935	-	-	-	-	-	-	-	-	-	-	4,594,275	-	4,594,275	7,557,660	37.81%
11 In-State Sub-total	Inpatient	33,179,160	5,139,412	1,788,071	1,781,830	2,982	-	-	3,288,231	2,970,301	3,183	21,441	392,922	-	15,388,373	17,790,787	46.38%
12 In-State Sub-total	Outpatient	31,017,588	2,401,565	4,730,278	1,295,086	43,738	-	-	2,005,215	1,756,516	27,692	-	4,594,275	-	16,854,365	14,163,223	54.34%
13 Out-of-State Medicaid	Inpatient	88,065	-	-	-	-	-	-	-	7,300	-	-	-	-	7,300	80,765	8.29%
14 Out-of-State Medicaid	Outpatient	111,381	-	-	715	130	-	-	2,779	1,712	-	-	-	-	5,336	106,045	4.79%
15 Sub-Total	I/P and O/P	64,396,194	7,540,977	6,518,349	3,077,631	46,850	-	-	5,296,225	4,735,829	30,875	21,441	4,987,197	-	32,255,374	32,140,820	50.09%
15.01 Provider Tax Assessment Adjustment to UCC																436,776	

Adjustments:		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co-Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
		1 Medicaid Fee for Service	Inpatient	246,449	-	-	-	-	-	-	-	-	-	-	-	-	-
2 Medicaid Fee for Service	Outpatient	16,961	-	-	-	-	-	-	-	-	-	-	-	-	-	16,961	-0.70%
3 Medicaid Managed Care	Inpatient	149,937	-	-	-	-	-	-	-	-	-	-	-	-	-	149,937	-1.78%
4 Medicaid Managed Care	Outpatient	22,452	-	-	-	-	-	-	-	-	-	-	-	-	22,452	-0.17%	
5 Medicare Cross-over (FFS)	Inpatient	223,803	-	-	-	-	-	-	-	-	-	-	-	-	-	223,803	-2.77%
6 Medicare Cross-over (FFS)	Outpatient	20,184	-	-	-	-	-	-	-	-	-	-	-	-	20,184	-0.27%	
7 Other Medicaid Eligibles	Inpatient	253,202	-	-	-	-	-	-	-	-	-	-	-	-	-	253,202	-3.33%
8 Other Medicaid Eligibles	Outpatient	41,659	-	-	-	-	-	-	-	-	-	-	-	-	-	41,659	-0.65%
9 Uninsured	Inpatient	514,535	-	-	-	-	-	-	-	-	-	-	-	-	-	514,535	-0.14%
10 Uninsured	Outpatient	85,706	-	-	-	-	-	-	-	-	-	-	-	-	-	85,706	-0.26%
11 In-State Sub-total	Inpatient	1,387,926	-	-	-	-	-	-	-	-	-	-	-	-	-	1,387,926	-1.86%
12 In-State Sub-total	Outpatient	186,962	-	-	-	-	-	-	-	-	-	-	-	-	-	186,962	-0.33%
13 Out-of-State Medicaid	Inpatient	3,598	-	-	-	-	-	-	-	-	-	-	-	-	-	3,598	-0.33%
14 Out-of-State Medicaid	Outpatient	1,383	-	-	-	-	-	-	-	-	-	-	-	-	-	1,383	-0.06%
15 Sub-Total	I/P and O/P	1,579,869	-	-	-	-	-	-	-	-	-	-	-	-	-	1,579,869	-1.20%
15.01 Provider Tax Assessment Adjustment to UCC																	

DSH Examination UCC Cost & Payment Summary Georgia

Hospital Name **Northside Hospital, Inc. - Duluth**
 Hospital Medicaid Number **000001064A**
 Cost Report Period From **10/1/2021** To **9/30/2022**

As-Adjusted:	Service Type	Survey Data													Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)			
		A	B	C	D	E	F	G	H	I	J	K	L	M						
		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co-Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)						
	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey E							
	1 Medicaid Fee for Service	Inpatient	6,757,289	4,785,053	-	93,610	-	-	-	-	-	-	-	-	-	-	4,878,663	1,878,626	72.20%	
	2 Medicaid Fee for Service	Outpatient	2,141,954	1,864,632	-	1,768	-	-	-	-	-	-	-	-	-	-	1,866,400	275,554	87.14%	
	3 Medicaid Managed Care	Inpatient	3,951,808	-	1,782,590	-	55	-	-	-	-	-	-	-	-	-	1,782,645	2,169,163	45.11%	
	4 Medicaid Managed Care	Outpatient	7,950,985	585	4,672,498	18,993	29,803	-	-	-	-	-	-	-	-	-	4,721,879	3,229,106	59.39%	
	5 Medicare Cross-over (FFS)	Inpatient	5,459,460	236,230	-	-	-	-	3,272,602	-	3,183	21,441	-	-	-	-	3,533,456	1,926,004	64.72%	
	6 Medicare Cross-over (FFS)	Outpatient	4,234,171	319,174	-	-	-	-	2,000,445	-	27,692	-	-	-	-	-	2,347,311	1,886,860	55.44%	
	7 Other Medicaid Eligibles	Inpatient	6,171,129	118,129	5,481	1,688,220	2,927	-	15,629	2,970,301	-	-	-	-	-	-	4,800,687	1,370,442	77.79%	
	8 Other Medicaid Eligibles	Outpatient	4,639,799	217,174	57,780	1,274,325	13,935	-	4,770	1,756,516	-	-	-	-	-	-	3,324,500	1,315,299	71.65%	
	9 Uninsured	Inpatient	12,227,400	-	-	-	-	-	-	-	-	-	392,922	-	-	-	392,922	11,834,478	3.21%	
	10 Uninsured	Outpatient	12,237,641	-	-	-	-	-	-	-	-	-	4,594,275	-	-	-	4,594,275	7,643,366	37.54%	
	11 In-State Sub-total	Inpatient	34,567,086	5,139,412	1,788,071	1,781,830	2,982	-	3,288,231	2,970,301	3,183	21,441	392,922	-	-	-	15,388,373	19,178,713	44.52%	
	12 In-State Sub-total	Outpatient	31,204,550	2,401,565	4,730,278	1,295,086	43,738	-	2,005,215	1,756,516	27,692	-	4,594,275	-	-	-	16,854,365	14,350,185	54.01%	
	13 Out-of-State Medicaid	Inpatient	91,663	-	-	-	-	-	-	7,300	-	-	-	-	-	-	7,300	84,363	7.96%	
	14 Out-of-State Medicaid	Outpatient	112,764	-	-	715	130	-	2,779	1,712	-	-	-	-	-	-	5,336	107,428	4.73%	
	15 Cost Report Year Sub-Total	I/P and O/P	65,976,063	7,540,977	6,518,349	3,077,631	46,850	-	5,296,225	4,735,829	30,875	21,441	4,987,197	-	-	-	32,255,374	33,720,689	48.89%	
15.01																		Provider Tax Assessment Adjustment	436,776	
16																		Less: Out of State DSH Payments from Adjusted Survey	-	
17																		Adjusted Sub-Total UCC Prior to Supplemental Medicaid Payments	34,157,465	

Medicaid DSH Survey Adjustments

PROVIDER: Northside Hospital, Inc. - Duluth
FROM: 10/1/2021

TO: 9/30/2022

Mcaid Number: 000001064A
Mcare Number: 110252

Myers and Stauffer DSH Survey Adjustments

Adj. #	Schedule	Line #	Line Description	Column	Column Description	Explanation for Adjustmen	Original Amount	Adjustment	Adjusted Total	W/P Ref.
1	G - CR Data	1	ADULTS & PEDIATRICS	3.00	Total Allowable Cos ¹	Adjust to cost report.	\$ 50,154,484.00	\$ 10,013,440	\$ 60,167,924.00	1405
1	G - CR Data	2	INTENSIVE CARE UNIT	3.00	Total Allowable Cos ¹	Adjust to cost report.	\$ 1,984,639.00	\$ (255,482)	\$ 1,729,157.00	1405
1	G - CR Data	8	SUBPROVIDER II	3.00	Total Allowable Cos ¹	Adjust to cost report.	\$ 9,757,958.00	\$ (9,757,958)	\$ -	1405
1	G - CR Data	1	ADULTS & PEDIATRICS	8.00	Days - Cost Report W/S D-1, Pt. 1, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Adjust to cost report.	33,245	3,700	36,945	1405
1	G - CR Data	2	INTENSIVE CARE UNIT	8.00	Days - Cost Report W/S D-1, Pt. 1, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Adjust to cost report.	1,810	(233)	1,577	1405
1	G - CR Data	8	SUBPROVIDER II	8.00	Days - Cost Report W/S D-1, Pt. 1, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Adjust to cost report.	3,467	(3,467)	-	1405
1	G - CR Data	1	ADULTS & PEDIATRICS	9.00	Inpatient Routine Charges - Cost Report Worksheet C, Pt. 1, Col. 6 (Informational only unless used in Section L charges allocation)	Adjust to cost report.	\$ 75,226,587.00	\$ 3,489,437	\$ 78,716,024.00	1405
1	G - CR Data	8	SUBPROVIDER II	9.00	Inpatient Routine Charges - Cost Report Worksheet C, Pt. 1, Col. 6 (Informational only unless used in Section L charges allocation)	Adjust to cost report.	\$ 3,489,437.00	\$ (3,489,437)	\$ -	1405

Medicaid DSH Report Notes

PROVIDER: Northside Hospital, Inc. - Duluth

Mcaid Number: 000001064A

FROM: 10/1/2021 TO: 9/30/2022

Mcare Number: 110252

Myers and Stauffer DSH Report Notes

Note #	Note for Report	Amounts
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