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

			UCC) For State Fi			7/1/2023 -	6/30/2024
	(A)	(B)	(C)	(D)	(E)		
Cost Report Year UCC:	Cost Report Year Begin	Cost Report Year End - 9/30/2022	As-Filed DSH Uncompensated Care Cost (UCC) \$ 26,141,136	Total Adjustments \$ 1,036,040	Adjusted DSH Uncompensated Care Cost (UCC) \$ 27,180,887		
Less: 2022 Net UPL Payments Less: 2024 Net DPP Payments Plus: 2023 Net DPP Recoupmer Less: GME Payments Add: Net OP Settlement (Differ Add: Provider tax excluded froi Uncompensated Care Allocatio Hospital Specific DSH Limit	rence between pro m the cost report (•		\$ 1,453,000 \$ 1,119,337 \$ - \$ - \$ 203,828 \$ 306,989 \$ 25,119,367 \$ 23,787,718		
2024 Eligibility DSH Year Low Income Utiliza DSH Year Medicaid Inpatien		•			18.28% 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.

2. Select Coal Report Van Covered by this Survey; 2. Select Coal Report Van Covered by this Survey; 3. Select of Coal Report Van Covered by this Survey; 3. Select of Coal Report Van Covered by this Survey; 4. Hospital Name: 4. Hospital Name: 5. Medicated Provider Number: 6. Medicated Deprovider Number: 6. Medicated Subprovider Number: 7. Medicated Subprovider Number: 8. Suber Number: 8. Suber Number: 8. Suber Number: 8. Suber Number: 9. Subprovider Number: 9. Subp					
2. Select Cost Report Vaer Covered by this Survey; Saltant of Cost Report User for the Survey (Should be autited if available) 1As Submitted 3. Date CMS processed the MCRIS file into the MCRIS database: 2785/2023 Date Date Correct? If Incorrect, Proper Information At Hospital Name: Northside Hospital, Inc Duluth 000010944 4. Hospital Name: Northside Hospital, Inc Duluth 000010944 5. Medicaid Provider Number: 000010944 6. Medicaid Subprovider Number: (Psychiatric or Rehab): 0 0. Medicaid Subprovider Number: 2 (Psychiatric or Rehab): 0 0. Medicaid Subprovider Number: 2 (Psychiatric or Rehab): 0 0. Medicaid Frovider Number: 2 (Psychiatric or Rehab): 0 0. Medicaid Frovider Number: 2 (Psychiatric or Rehab): 0 0. Medicaid Frovider Number: 2 (Psychiatric or Rehab): 0 0. Medicaid Provider Number: 2 (Psychiatric or Rehab): 0 0. Medicaid Provider Number: 2 (Psychiatric or Rehab): 0 0. Medicaid Provider Number: 2 (Psychiatric or Rehab): 1. State Name A Number 1. State Name	Select Your Facility from the Drop-Down Menu Provided:	Northside Hospital, Inc Duluth			
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Date CMS processed the HCRIS file into the HCRIS database: Date	Select Cost Report Year Covered by this Survey:	X			
4. Hospital Name: Northeide Hospital, Inc Duluth 4. Hospital Name: Northeide Hospital, Inc Duluth	3. Status of Cost Report Used for this Survey (Should be audited if available)	1 - As Submitted			
4. Hospital Name: 5. Medical Provider Number: 6. Medical Subprovider Number: 7. Medicaid Subprovider Number: 8. Medical Subprovider Number: 9. Medicaid Subprovider Number: 9. Medicaid Subprovider Number: 9. Medicaid Subprovider Number: 1000001054. 110252 100000000000000000000000000000	3a. Date CMS processed the HCRIS file into the HCRIS database:	2/28/2023			
4. Hospital Name: 5. Medical Provider Number: 6. Medical Provider Number: 7. Medicaid Subprovider Number: 8. Medical Subprovider Number: 9. Medicaid Subprovider Number: 9. Medicaid Subprovider Number: 100001164A 9. Medicaid Subprovider Number: 110252 9. Medicaid Subprovider Number: 100001164B 110252 9. Medicaid Subprovider Number: 100001164B 110252 9. Medicaid Subprovider Number: 100001164B 110252 9. Substance Number: 9. State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year: 100001164B 100					
5. Medicaid Provider Number: 6. Medicaid Suprovider Number ((Psychiatric or Rehab): 9.		Data	Correct?	If Incorrect, Proper Inf	ormation
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Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year: State Name & Number	Owner/Operator (Private State Govt. Non-State Govt. HIS/Tribal):	Non-State Govt.			
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13. Did your hospital receive any Medicaid managed care payments not paid at the claim level? No	The state of the s				
				00070	30.7070
	13. Did your hospital receive any Medicaid managed care payments	s not paid at the claim level?		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 full 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)

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
- 8. Outpatient Hospital Charity Care Charges
- 9. Non-Hospital Charity Care Charges
- 10. Total Charity Care Charges

36. Unreconciled Difference

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 (Charg	es)		Contractual Adjustments		
	Inpa	tient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
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	
Total Per Cost Report Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED patient revenue)	on workshee		t Revenues (G-3 Line 1) t is a decrease in net	\$ 1,039,495,384	Total Co	ntractual Adj. (G-3 Line 2)	\$ 846,331,861	
 Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT decrease in net patient revenue) 	INCLUDED	on worksheet G-3,	Line 2 (impact is a				\$ -	
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DS is a decrease in net patient revenue)	H Revenue I	NCLUDED on work	sheet G-3, Line 2 (impact			+	\$ -	
 Increase worksheet G-3, Line 2 to reverse offset of State and Lo worksheet G-3, Line 2 (impact is a decrease in net patient rever 		are Cash Subsidies	INCLUDED on			+	\$ -	
 Decrease worksheet G-3, Line 2 to remove Medicaid Provider T increase in net patient revenue) 	axes INCLUE	DED on worksheet 0	G-3, Line 2 (impact is an				\$ -	
35. Adjusted Contractual Adjustments							846,331,861	

65,733,359

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 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 Diem
	Cost Centers (list below):									
	DULTS & PEDIATRICS	\$ 60,167,924	\$ -	\$ -	-	\$ 60,167,924	36,945	\$ 78,716,024		\$ 1,628.58
	TENSIVE CARE UNIT	\$ 1,729,157	\$ -	\$ -		\$ 1,729,157	1,577	\$ 9,465,254		\$ 1,096.49
	DRONARY CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
	JRN INTENSIVE CARE UNIT	\$ - \$ -	\$ -	-		\$ - \$ -	-	\$ -		\$ - \$ -
	JRGICAL INTENSIVE CARE UNIT THER SPECIAL CARE UNIT	\$ -	\$ - \$ -	\$ - \$ -		\$ - \$ -	-	\$ - \$ -		\$ - \$ -
	JBPROVIDER I	\$ -	\$ -	\$ -		\$ -	-	ф -		\$ -
	JBPROVIDER II	\$ -	\$ -	\$ -		\$ -	-	\$ -		\$ -
	THER SUBPROVIDER	\$ -	\$ -	7		\$ -	-	\$ -		\$ -
04300 NU		\$ -	\$ -			\$ -		\$ -		\$ -
04300 140		Ŧ	Ÿ	1.7	•		38,522	Ψ		Ψ -
	Total Routine	\$ 61,897,081	\$ -	5 -	\$ -	\$ 61,897,081	38,322	\$ 88,181,278		
	Weighted Average									\$ 1,606.80
				Observation Days -	Observation Days -	Calculated (Per	Coot Bonort	Coat Bonart	Coat Banart	Madigaid Calculated
Observat	tion Data (Non-Distinct)		Cost Report W/S S- 3, Pt. I, Line 28, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Diems Above Multiplied by Days)	Cost Report Worksheet C, Pt. I, Col. 6	- Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8	
	tion Data (Non-Distinct) pservation (Non-Distinct)		3, Pt. I, Line 28,	Cost Report W/S S- 3, Pt. I, Line 28.01,	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above	Worksheet C, Pt. I,	Worksheet C, Pt. I,	Worksheet C, Pt. I,	Cost-to-Charge Ratio
09200 Ob	oservation (Non-Distinct)	Cost Report Worksheet B, Part I, Col. 26	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report W/S S- 3, Pt. I, Line 28.01,	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days)	Worksheet C, Pt. I, Col. 6	Worksheet C, Pt. I, Col. 7	Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio 0.909395 Medicaid Calculated Cost-to-Charge Ratio
09200 Ob	, ,	Worksheet B, Part I, Col. 26	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col.2 and	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520	Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I,	Cost-to-Charge Ratio 0.90939
09200 Ob Ancillary 5000 OP	oservation (Non-Distinct)	Worksheet B, Part I, Col. 26 servation) (list below	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY) W):	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col. 2 and Col. 4	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated	Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	0.90939 Medicaid Calculated Cost-to-Charge Ratio
09200 Ob Ancillary 5000 OP 5100 RE	oservation (Non-Distinct) y Cost Centers (from W/S C excluding Ob	Worksheet B, Part I, Col. 26 servation) (list below \$ 10,446,649	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY) W):	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col.2 and Col. 4	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649	Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 18,609,361 \$ 2,229,995	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185	0.90939 Medicaid Calculated Cost-to-Charge Ratio
Ancillary 5000 OP 5100 RE 5300 AN	v Cost Centers (from W/S C excluding Ob PERATING ROOM ECOVERY ROOM	Worksheet B, Part I, Col. 26 servation) (list below \$ 10,446,649 \$ 4,099,235	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ - \$ - \$	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col. 2 and Col. 4	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235	Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 18,609,361 \$ 2,229,995 \$ 4,881,998	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739	0.90939 Medicaid Calculated Cost-to-Charge Ratio 0.10749 0.20694
Ancillary 5000 OP 5100 RE 5300 AN 5400 RA 5600 RA	v Cost Centers (from W/S C excluding Ob PERATING ROOM ECOVERY ROOM WESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOISOTOPE	Worksheet B, Part I, Col. 26 servation) (list below \$ 10,446,649 \$ 4,099,235 \$ 507,069	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ - \$ - \$ - \$ -	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col.2 and Col. 4	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932	Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 18,609,361 \$ 2,229,995 \$ 4,881,998 \$ 19,273,178 \$ 2,721,420	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968	0.90939 Medicaid Calculated Cost-to-Charge Ratio 0.10749 0.20694 0.01289 0.10600 0.12406
Ancillary 5000 OP 5100 RE 5300 AN 5400 RA 5600 RA 5600 CT	v Cost Centers (from W/S C excluding Ob PERATING ROOM ECOVERY ROOM MESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGYED	Worksheet B, Part I, Col. 26 servation) (list below \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ - \$ - \$ - \$ - \$ -	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col.2 and Col. 4 S - S - S - S - S - S - S - S - S - S	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 1,362,330	Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 18,609,361 \$ 2,229,995 \$ 4,881,998 \$ 19,273,178 \$ 2,721,420 \$ 25,764,823	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 58,505,982	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 84,270,805	0.90939 Medicaid Calculated Cost-to-Charge Ratio 0.10749 0.20694 0.01289 0.10600 0.12406 0.01616
Ancillary 5000 OP 5100 RE 5300 AN 5400 RA 5600 RA 5700 CT 6000 LAI	Cost Centers (from W/S C excluding Ob PERATING ROOM ECOVERY ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOISOTOPE F SCAN BORATORY	Worksheet B, Part I, Col. 26 servation) (list below \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col. 2 and Col. 4 S - S - S - S - S - S - S - S - S - S	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923	### Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 18,609,361 \$ 2,229,995 \$ 4,881,995 \$ 19,273,178 \$ 2,721,420 \$ 25,764,823 \$ 62,046,037	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 58,505,982 \$ 61,103,684	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 84,270,805 \$ 123,149,721	0.90939 Medicaid Calculated Cost-to-Charge Ratio 0.10749 0.20694 0.01289 0.10600 0.12406 0.01616 0.05088
Ancillary 5000 Ob 5100 RE 5300 AN 5400 RA 5600 RA 5600 CT 6000 LA 6500 RE	Cost Centers (from W/S C excluding Ob PERATING ROOM COVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOISOTOPE F SCAN BORATORY ESPIRATORY THERAPY	Worksheet B, Part I, Col. 26 servation) (list below \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ \$ -	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 3,054,058	### Worksheet C, Pt. I, Col. 6 390,248	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 58,505,982 \$ 61,103,684 \$ 1,175,794	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 84,270,805 \$ 123,149,721 \$ 11,707,543	0.90939 Medicaid Calculated Cost-to-Charge Ratio 0.10749 0.20694 0.01289 0.10600 0.12406 0.01616 0.05088 0.26086
Ancillary 5000 OP 5100 RE 5300 AN 5600 RA 5700 CT 6000 LAI 6500 RE 6500 PH	v Cost Centers (from W/S C excluding Ob PERATING ROOM ECOVERY ROOM WESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOL	Worksheet B, Part I, Col. 26 servation) (list belovation of the color	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ \$	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391	Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges Cost Report Worksheet C, Pt. I, Col. 6 \$ 18,609,361 \$ 2,229,995 \$ 4,881,998 \$ 19,273,178 \$ 2,721,420 \$ 25,764,823 \$ 62,046,037 \$ 10,531,749 \$ 11,550,031	Worksheet C, Pt. I, Col. 7 6,685,361 Cutpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 58,505,982 \$ 61,103,684 \$ 1,175,794 \$ 6,185,995	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 84,270,805 \$ 123,149,721 \$ 11,707,543 \$ 17,736,026	0.90939 Medicaid Calculated Cost-to-Charge Rati 0.10748 0.20694 0.01289 0.10600 0.12406 0.01616 0.05088 0.26086
Ancillary 5000 OP 5100 RE 5300 AN 5400 RA 5600 RA 6500 RE 6600 RE 6600 RE 6600 OP 6700 OC	Cost Centers (from W/S C excluding Ob- PERATING ROOM ECOVERY ROOM WESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOISOTOPE T SCAN UBORATORY SPIRATORY THERAPY TYSICAL THERAPY COUPATIONAL THERAPY COUPATIONAL THERAPY	Worksheet B, Part I, Col. 26 servation) (list below \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col.2 and Col. 4 S - S - S - S - S - S - S - S - S - S	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198	## Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 18,609,361 \$ 2,229,995 \$ 4,881,998 \$ 19,273,178 \$ 2,721,420 \$ 25,764,823 \$ 62,046,037 \$ 10,531,749 \$ 11,550,031 \$ 1,522,292	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 68,505,982 \$ 61,103,684 \$ 1,175,794 \$ 6,185,995 \$ 182,695	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 84,270,805 \$ 123,149,721 \$ 11,707,543 \$ 17,736,026 \$ 1,704,987	0.90939 Medicaid Calculated Cost-to-Charge Rati 0.10749 0.20694 0.01289 0.10600 0.12406 0.01616 0.05088 0.26086 0.51197 0.03530
Ancillary 5000 OP 5100 RE 5300 RA 5500 CT 6600 LA 6500 RE 6600 PH 6700 OC 6800 SP	Cost Centers (from W/S C excluding Obperating ROOM COVERY ROOM VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLSOTOPE T SCAN BORATORY ESPIRATORY THERAPY TYSICAL THERAPY CCUPATIONAL THERAPY PEECH PATHOLOGY	Worksheet B, Part I, Col. 26 servation) (list below \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198 \$ 52,529	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col. 2 and Col. 4 S - S - S - S - S - S - S - S - S - S	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198 \$ 52,529	### Worksheet C, Pt. I, Col. 6 390,248	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 58,505,982 \$ 61,103,684 \$ 1,175,794 \$ 6,185,995 \$ 182,695 \$ 241,504	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 84,270,805 \$ 123,149,721 \$ 11,707,543 \$ 17,736,026 \$ 1,704,987 \$ 1,364,425	0.90939 Medicaid Calculated Cost-to-Charge Rati 0.10749 0.20694 0.01289 0.10600 0.12406 0.05088 0.26086 0.51197 0.03530 0.03848
Ancillary 5000 OP 5100 RE 5300 AN 5400 RA 5600 RA 5600 RA 6500 RE 6600 PH 6700 OC 6800 SP 6900 ELI	Cost Centers (from W/S C excluding Ob PERATING ROOM COVERY ROOM ESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOISOTOPE F SCAN BORATORY ESPIRATORY THERAPY HYSICAL THERAPY PEECH PATHOLOGY PEECTROCARDIOLOGY ECTROCARDIOLOGY	Worksheet B, Part I, Col. 26 servation) (list belovation) (list b	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ \$	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198 \$ 52,529 \$ 1,544,309	## Worksheet C, Pt. I, Col. 6 390,248	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 58,505,982 \$ 61,103,684 \$ 1,175,794 \$ 6,185,995 \$ 182,695 \$ 241,504 \$ 12,381,642	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 84,270,805 \$ 123,149,721 \$ 11,707,543 \$ 17,736,026 \$ 1,704,987 \$ 1,364,425 \$ 21,230,035	0.90939 Medicaid Calculated Cost-to-Charge Rati 0.10749 0.20694 0.01289 0.10600 0.12406 0.01616 0.05088 0.26098 0.51197 0.03530 0.03843
Ancillary 5000 OP 5100 RE 5300 AN 5400 RA 5600 RA 6500 RE 6600 PH 6700 OC 6800 SP 6900 ELI 7100 ME	Cost Centers (from W/S C excluding Ob- ERATING ROOM ECOVERY ROOM ECOVERY ROOM WESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC SORATORY ESPIRATORY THERAPY TYSICAL THERAPY CCUPATIONAL THERAPY CCUPATIONAL THERAPY EECTROCARDIOLOGY EDICAL SUPPLIES CHARGED TO PATIENT	Worksheet B, Part I, Col. 26 \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198 \$ 52,529 \$ 1,544,309 \$ 20,094,283	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ \$ -	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198 \$ 52,529 \$ 1,544,309 \$ 20,094,283	Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges Cost Report Worksheet C, Pt. I, Col. 6 \$ 18,609,361 \$ 2,229,995 \$ 4,881,998 \$ 19,273,178 \$ 25,764,823 \$ 62,046,037 \$ 10,531,749 \$ 11,550,031 \$ 1,522,292 \$ 1,122,921 \$ 8,848,395 \$ 6,013,933	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 58,505,982 \$ 61,103,684 \$ 1,175,794 \$ 6,185,995 \$ 182,695 \$ 241,504 \$ 12,381,642 \$ 14,482,572	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 84,270,805 \$ 123,149,721 \$ 11,707,543 \$ 17,736,026 \$ 1,704,987 \$ 1,364,425 \$ 21,230,037 \$ 20,496,505	0.90939 Medicaid Calculates Cost-to-Charge Rati 0.10749 0.20694 0.01289 0.10600 0.12406 0.05088 0.26086 0.51197 0.03530 0.03849 0.07274 0.98037
Ancillary 5000 OP 5100 RE 5300 AN 5400 RA 5500 RA 6500 RA 6500 RE 6600 PH 6700 OC 6800 SP 6900 EL 7100 ME 7200 IMI	Cost Centers (from W/S C excluding Ob- PERATING ROOM ECOVERY ROOM WESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLSOTOPE F SCAN BORATORY TSPIRATORY THERAPY TYSICAL THERAPY PEECH PATHOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY EDICAL SUPPLIES CHARGED TO PATIENT IPL. DEV. CHARGED TO PATIENTS	Worksheet B, Part I, Col. 26 Servation) (list below \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198 \$ 52,529 \$ 1,544,309 \$ 20,094,283 \$ 17,567,675	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ \$ -	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col.2 and Col. 4 S - S - S - S - S - S - S - S - S - S	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198 \$ 52,529 \$ 1,544,309 \$ 20,094,283 \$ 17,567,675	## Worksheet C, Pt. I, Col. 6 390,248 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 18,609,361 \$ 2,229,995 \$ 4,881,998 \$ 19,273,178 \$ 2,721,420 \$ 10,531,749 \$ 11,550,031 \$ 11,522,292 \$ 1,122,921 \$ 8,848,395 \$ 6,013,933 \$ 6,013,933 \$ 6,1123,117	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 1,175,794 \$ 6,185,995 \$ 1,175,794 \$ 6,185,995 \$ 142,695 \$ 241,504 \$ 12,381,642 \$ 14,482,572 \$ 60,867,366	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 44,270,805 \$ 123,149,721 \$ 11,707,543 \$ 11,707,543 \$ 11,707,543 \$ 11,704,987 \$ 1,364,425 \$ 21,230,037 \$ 20,496,505 \$ 68,990,483	0.90939 Medicaid Calculated Cost-to-Charge Ratio 0.10749 0.20694 0.01289 0.10600 0.12406 0.01616 0.05088 0.26086 0.51197 0.03530 0.03849 0.07274 0.98037 0.25463
Ancillary 5000 OP 5100 RE 5300 AN 5400 RA 5600 RA 5600 CT 66000 LA 6500 RE 6600 PH 6600 PH 6700 OC 6800 SP 6900 EL 7100 ME 7200 IM 7300 DR	Cost Centers (from W/S C excluding Ob- ERATING ROOM ECOVERY ROOM ECOVERY ROOM WESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC SORATORY ESPIRATORY THERAPY TYSICAL THERAPY CCUPATIONAL THERAPY CCUPATIONAL THERAPY EECTROCARDIOLOGY EDICAL SUPPLIES CHARGED TO PATIENT	Worksheet B, Part I, Col. 26 \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198 \$ 52,529 \$ 1,544,309 \$ 20,094,283	3, Pt. İ, Line 28, Col. 8 3,951 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY W): \$ - \$ \$ -	Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above Multiplied by Days) \$ 6,434,520 Calculated \$ 10,446,649 \$ 4,099,235 \$ 507,069 \$ 11,708,464 \$ 1,146,932 \$ 1,362,330 \$ 6,266,923 \$ 3,054,058 \$ 9,080,391 \$ 60,198 \$ 52,529 \$ 1,544,309 \$ 20,094,283	## Worksheet C, Pt. I, Col. 6 390,248	Worksheet C, Pt. I, Col. 7 6,685,361 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 78,576,824 \$ 17,578,527 \$ 34,451,503 \$ 91,181,561 \$ 6,523,548 \$ 58,505,982 \$ 61,103,684 \$ 1,175,794 \$ 6,185,995 \$ 182,695 \$ 241,504 \$ 12,381,642 \$ 14,482,572	Worksheet C, Pt. I, Col. 8 \$ 7,075,609 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 97,186,185 \$ 19,808,522 \$ 39,333,501 \$ 110,454,739 \$ 9,244,968 \$ 84,270,805 \$ 123,149,721 \$ 11,707,543 \$ 17,736,026 \$ 1,704,987 \$ 1,364,425 \$ 21,230,037 \$ 20,496,505	0.90939 Medicaid Calculates Cost-to-Charge Rati 0.10749 0.20694 0.01289 0.10600 0.12406 0.05088 0.26086 0.51197 0.03530 0.03849 0.07274 0.98037

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		ı	Net Cost	I/P Days and I/I Ancillary Charg		I/P Routine Charges and O/P Incillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
37	7500 ASC (NON-DISTINCT PART)	\$ 10,779,421		\$ -		\$	10,779,421					0.196270
38	9000 CLINIC	\$ 3,079,658		\$ -	<u> </u>	\$	3,079,658		12 \$		\$ 887,968	3.468208
39	9100 EMERGENCY	\$ 22,807,183	\$ -	\$ -	!	\$	22,807,183	\$ 19,455,3	10 \$	99,348,676	\$ 118,803,986	0.191973
126	Total Ancillary	\$ 140,188,850	\$ -	\$ -	5	\$	140,188,850	\$ 290,039,5	17 \$	645,710,777	\$ 935,750,294	
127	Weighted Average											0.156691
128	Sub Totals	\$ 202,085,931	\$ -	\$ -	\$	\$	202,085,931	\$ 378,220,79	95 \$	645,710,777	\$ 1,023,931,572	
129	NF, SNF, and Swing Bed Cost for Medicaid Worksheet D, Part V, Title 19, Column 5-7,		st Report Worksheet [D-3, Title 19, Column	3, Line 200 and	\$	-					
130	NF, SNF, and Swing Bed Cost for Medicare Worksheet D, Part V, Title 18, Column 5-7,	(Sum of applicable Co	st Report Worksheet I	D-3, Title 18, Column	3, Line 200 and	\$	-					
131	NF, SNF, and Swing Bed Cost for Other Page	yers (Hospital must cal	culate. Submit suppor	t for calculation of co	st.)	\$	-					
131.01	Other Cost Adjustments (support must be so	ubmitted)				\$	-					
132	Grand Total				:	\$	202,085,931					
133	Total Intern/Resident Cost as a Percent of C	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

	Medicald Per	Medicaid Cost to	In-State Medic	aid FFS Primary	In-State Medicaid N	Managed Care Primary		FFS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unir	nsured	Total In-Sta	ate Medicaid	% Survey
Line # Cost Center Description	Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	to Cost Report Totals
	From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
Routine Cost Centers (from Section G):			Davs		Days		Days		Days		Davs		Davs		
03000 ADULTS & PEDIATRICS	\$ 1.628.58		2.024		1.250		1.849		2.110		4.289		7,233		35.01%
03100 INTENSIVE CARE UNIT	\$ 1,096.49		687		45		123		96		357		951		82.94%
03200 CORONARY CARE UNIT	\$ -		-		-		-		-				-		
03300 BURN INTENSIVE CARE UNIT	\$ -		-		-		-		-		-		-		
03400 SURGICAL INTENSIVE CARE UNIT	\$ -		-		-		-		-		-				
03500 OTHER SPECIAL CARE UNIT	\$ -		-		-		-		-		-		-		
04000 SUBPROVIDER I	\$ -		-		-		-		-		-		-		
04100 SUBPROVIDER II	\$ - \$ -		-		-		-		-		-		-		
04200 OTHER SUBPROVIDER 04300 NURSERY	\$ - \$ -		-		-		-		-		-		-		
04300 NORSERT	ş -	Total Davs	2,711		1,295		1,972		2,206		4,646		8,184		37.20%
		Total Days	2,711		1,290		1,972		2,200		4,040		0,104		37.20%
Total Days per PS&R or Exhibit Detail			2,711		1,295		1,972		2,206		4,646				
Unreconciled Day	s (Explain Variance)														
			5 " 6"						B 41 B1				B # 01		
Davidina Channa			Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
Routine Charges			\$ 6,677,460		\$ 2,855,869		\$ 4,947,560		\$ 5,685,216		\$ 11,960,274		\$ 20,166,105		36.51%
Routine Charges Calculated Routine Charge Per Diem															36.51%
1 Calculated Routine Charge Per Diem	tion G):		\$ 6,677,460 \$ 2,463.10	Ancillary Charges	\$ 2,855,869 \$ 2,205.30	Ancillary Charges	\$ 4,947,560 \$ 2,508.90	Ancillary Charges	\$ 5,685,216 \$ 2,577.16	Ancillary Charges	\$ 11,960,274 \$ 2,574.32	Ancillary Charges	\$ 20,166,105 \$ 2,464.09	Ancillary Chargos	
1 Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Se	ction G):	0.909395	\$ 6,677,460 \$ 2,463.10 Ancillary Charges	Ancillary Charges	\$ 2,855,869	Ancillary Charges	\$ 4,947,560 \$ 2,508.90 Ancillary Charges	Ancillary Charges	\$ 5,685,216 \$ 2,577.16 Ancillary Charges	Ancillary Charges	\$ 11,960,274 \$ 2,574.32 Ancillary Charges	Ancillary Charges	\$ 20,166,105 \$ 2,464.09 Ancillary Charges	Ancillary Charges	
1 Calculated Routine Charge Per Diem	tion G):	0.909395 0.107491	\$ 6,677,460 \$ 2,463.10	Ancillary Charges \$ 253,234 \$ 1,666,459	\$ 2,855,869 \$ 2,205.30	Ancillary Charges \$ 335,206 \$ 6.553,476	\$ 4,947,560 \$ 2,508.90	Ancillary Charges \$ 301,337 \$ 2,631,847	\$ 5,685,216 \$ 2,577.16	Ancillary Charges \$ 621,956 \$ 3.005.468	\$ 11,960,274 \$ 2,574.32	Ancillary Charges \$ 1,279,567 \$ 7,026,024	\$ 20,166,105 \$ 2,464.09	Ancillary Charges \$ 1,511,734 \$ 13.857.249	40.98%
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Sec 09200 Observation (Non-Distinct)	tion G):		\$ 6,677,460 \$ 2,463.10 Ancillary Charges \$ 54,786	\$ 253,234	\$ 2,855,869 \$ 2,205.30 Ancillary Charges \$ -	\$ 335,206	\$ 4,947,560 \$ 2,508.90 Ancillary Charges \$ 30,092	\$ 301,337	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,608	\$ 621,956	\$ 11,960,274 \$ 2,574.32 Ancillary Charges \$ 1,049	\$ 1,279,567	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486	\$ 1,511,734	40.989 28.959
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Sec 09200 Observation (Non-Distinct) 5000 OPERATING ROOM	tion G):	0.107491	\$ 6,677,460 \$ 2,463.10 Ancillary Charges \$ 54,786 \$ 1,240,669	\$ 253,234 \$ 1,666,459	\$ 2,855,869 \$ 2,205.30 Ancillary Charges \$ - \$ 1,004,314	\$ 335,206 \$ 6,553,476	\$ 4,947,560 \$ 2,508.90 Ancillary Charges \$ 30,092 \$ 1,175,302	\$ 301,337 \$ 2,631,847	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439,730	\$ 621,956 \$ 3,005,468	\$ 11,960,274 \$ 2,574.32 Ancillary Charges \$ 1,049 \$ 2,335,103	\$ 1,279,567 \$ 7,026,024 \$ 772,767	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486 \$ 4,860,015	\$ 1,511,734 \$ 13,857,249	40.989 28.959 21.349
Ancillary Cost Centers (from W/S C) (from Sec 09200 Observation (Non-Distinct) 5000 OPERATING ROOM 5100 (RECOVERY ROOM 5300 (ANESTHESIOLOGY 5400 (RADIOLOGY-DIAGNOSTIC	tion G):	0.107491 0.206943 0.012892 0.106002	\$ 6,677,460 \$ 2,463.10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 98,342 \$ 201,457 \$ 1,094,835	\$ 253,234 \$ 1,666,459 \$ 305,237 \$ 410,245 \$ 1,038,201	\$ 2,855,869 \$ 2,205.30 Ancillary Charges \$ - \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123	\$ 4,947,560 \$ 2,508.90 Ancillary Charges \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963	\$ 301,337 \$ 2,631,847 \$ 576,221 \$ 767,350 \$ 8,219,900	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,365	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,781,493	\$ 11,960,274 \$ 2,574.32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486 \$ 4,860,015 \$ 557,701 \$ 1,056,639 \$ 3,822,707	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,062,717	40.989 28.959 21.349 6 16.539 45.849
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Sei 09200 Observation (Non-Distinct) 5000 OPERATING ROOM 5100 RECOVERY ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC	tion G):	0.107491 0.206943 0.012892 0.106002 0.124060	\$ 6,677,460 \$ 2,463.10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 98,342 \$ 201,457 \$ 1,094,835 \$ 434,265	\$ 253,234 \$ 1,666,459 \$ 305,237 \$ 410,245 \$ 1,038,201 \$ 72,115	\$ 2,855,869 \$ 2,205.30 Ancillary Charges \$ - \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 51,320	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895	\$ 4,947,560 \$ 2,508.90 Ancillary Charges \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010	\$ 301,337 \$ 2,631,847 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,365 \$ 174,432	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,781,493 \$ 410,966	\$ 11,960,274 \$ 2,574.32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 493,790	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,600	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486 \$ 4,860,015 \$ 557,701 \$ 1,056,639 \$ 3,822,707 \$ 824,024	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,062,717 \$ 951,188	40.989 9 28.959 5 21.349 5 16.539 45.849 1 36.769
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Sei 09200 Observation (Non-Distinct) 5000 OPERATING ROOM 5100 RECOVERY ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 5600 (RADIOLOGY-DIAGNOSTIC 5700 (CT SCAN	ttion G):	0.107491 0.206943 0.012892 0.106002 0.124060 0.016166	\$ 6,677,460 \$ 2,463.10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 98,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 1,895,492	\$ 253,234 \$ 1,666,459 \$ 305,237 \$ 410,245 \$ 1,038,201 \$ 72,115 \$ 1,486,680	\$ 2,855,869 \$ 2,205.30 Ancillary Charges \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 51,320 \$ 787,649	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512	\$ 4,947,560 \$ 2,508.90 Ancillary Charges \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010 \$ 1,514,178	\$ 301,337 \$ 2,631,847 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,365 \$ 174,432 \$ 1,600,780	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,781,493 \$ 410,966 \$ 1,011,162	\$ 11,960,274 \$ 2,574.32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 586,462 \$ 2,961,125 \$ 493,790 \$ 4,279,985	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,600 \$ 3,367,588	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486 \$ 4,860,015 \$ 557,701 \$ 1,056,639 \$ 3,822,707 \$ 824,024 \$ 5,796,098	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,062,717 \$ 951,188 \$ 4,758,026	40.98% 40.98% 28.95% 5 21.34% 6 16.53% 45.84% 36.76% 6 21.66%
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Set 09200 Observation (Non-Distinct) 5000 (PEPRATING ROOM 5100 (RECOVERY ROOM 5300 ANESTHESIOLOGY 5400 (RADIOLOGY-DIAGNOSTIC 5600	tion G):	0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889	\$ 6,677,460 \$ 2,463.10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 98,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 1,895,492 \$ 5,937,685	\$ 253,234 \$ 1,666,459 \$ 305,237 \$ 410,245 \$ 1,038,201 \$ 72,115 \$ 1,486,680 \$ 2,093,658	\$ 2,855,869 \$ 2,205,30 Ancillary Charges \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 51,320 \$ 787,649 \$ 1,982,709	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,857,629	\$ 4,947,560 \$ 2,508,90 Ancillary Charges \$ 30,992 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010 \$ 1,514,178 \$ 3,981,163	\$ 301,337 \$ 2,631,847 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672 \$ 2,040,300	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,385 \$ 174,432 \$ 1,600,780 \$ 4,710,806	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,781,493 \$ 410,966 \$ 1,011,162 \$ 2,871,420	\$ 11,960,274 \$ 2,574.32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 433,790 \$ 4,279,985 \$ 10,411,243	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,600 \$ 3,367,588 \$ 12,782,906	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486 \$ 4,860.015 \$ 557,701 \$ 1,056,639 \$ 3,822,707 \$ 824,024 \$ 5,796,095 \$ 16,592,363	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,062,717 \$ 951,188 \$ 4,758,026 \$ 13,863,007	40.989 28.959 5 21.349 5 16.539 45.849 6 36.769 6 21.669 43.749
Ancillary Cost Centers (from W/S C) (from Sei 09200 Observation (Non-Distinct) 5000 OPERATING ROOM 5100 RECOVERY ROOM 5100 RECOVERY ROOM 5400 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 6000 LABORATORY 6500 RESPIRATORY THERAPY	tion G):	0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862	\$ 6,677,460 \$ 2,463,10 \$ 2,463,10 \$ 54,786 \$ 1,240,669 \$ 99,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 1,895,492 \$ 5,937,685 \$ 826,664	\$ 253,234 \$ 1,666,459 \$ 305,237 \$ 410,245 \$ 1,038,201 \$ 72,115 \$ 1,486,680 \$ 2,093,658 \$ 34,228	\$ 2,855,869 \$ 2,205.30 Ancillary Charges \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 51,320 \$ 787,649 \$ 1,962,709 \$ 1,951,764	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,857,629 \$ 143,645	\$ 4,947,580 \$ 2,508,90 Ancillary Charges \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010 \$ 1,514,178 \$ 3,981,163 \$ 75,325	\$ 301,337 \$ 2,631,847 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672 \$ 2,040,300 \$ 777,431	\$ 5,885,216 \$ 2,577.16 \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,365 \$ 174,432 \$ 1,600,780 \$ 4,710,906 \$ 859,430	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,781,493 \$ 410,966 \$ 1,011,162 \$ 2,871,420 \$ 84,444	\$ 11,960,274 \$ 2,574,32 \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 433,790 \$ 4,279,985 \$ 10,411,243 \$ 1,060,245	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,600 \$ 3,367,588 \$ 12,782,906 \$ 255,584	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486 \$ 4,860,015 \$ 557,701 \$ 1,056,639 \$ 3,822,707 \$ 824,024 \$ 5,796,098 \$ 15,592,363 \$ 16,592,363 \$ 2,446,573	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,062,717 \$ 951,188 \$ 4,758,026 \$ 13,863,007 \$ 1,039,748	40.98% 28.95% 5 21.34% 6 16.53% 45.84% 6 21.66% 21.66% 43.74% 41.11%
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Set 09200 Observation (Non-Distinct) 5000 Observation (Non-Distinct) 5000 Observation (Non-Distinct) 5000 RECOVERY ROOM 5300 ANESTHESIOL GCY 5400 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 6500 Observation 6500 RESPIRATORY THERAPY 6500 Observation 6500 O	tion G):	0.107491 0.209843 0.012892 0.108002 0.124060 0.016166 0.050889 0.260862 0.511974	\$ 6,677,460 \$ 2,463,10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 98,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 1,985,492 \$ 5,537,685 \$ 826,664 \$ 199,778	\$ 253,234 \$ 1,666,459 \$ 305,237 \$ 410,245 \$ 1,038,201 \$ 72,115 \$ 1,486,680 \$ 2,093,658 \$ 34,228 \$ 35,661	\$ 2,855,869 \$ 2,205,30 Ancillary Charges \$ - \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 578,520 \$ 787,649 \$ 1,962,709 \$ 185,154	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,857,629 \$ 143,645 \$ 73,256	\$ 4,947,580 \$ 2,508,90 Ancillary Charges \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,983 \$ 164,010 \$ 1,514,178 \$ 3,981,163 \$ 575,325 \$ 237,770	\$ 301,337 \$ 2,631,847 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672 \$ 2,040,300 \$ 777,431 \$ 231,501	\$ 5,885,216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,365 \$ 1,74,432 \$ 1,600,780 \$ 4,710,906 \$ 859,430 \$ 34,384	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,781,493 \$ 410,966 \$ 1,011,162 \$ 2,871,420 \$ 84,444 \$ 194,685	\$ 11,960,274 \$ 2,574,32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 4,279,985 \$ 10,411,243 \$ 1,060,245 \$ 3,0548	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,600 \$ 3,367,588 \$ 12,782,906 \$ 255,584 \$ 274,502	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486 \$ 4,860,015 \$ 557,701 \$ 1,056,639 \$ 3,822,707 \$ 824,024 \$ 5,798,098 \$ 16,592,963 \$ 2,446,573 \$ 830,814	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,062,717 \$ 951,188 \$ 4,758,026 \$ 13,863,007 \$ 1,039,748 \$ 535,103	40.98% 28.95% 5 21.34% 6 16.53% 45.84% 36.76% 6 21.66% 7 43.74% 8 41.11%
Calculated Routine Charge Per Diem	tion G):	0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862 0.511974	\$ 6,677,460 \$ 2,463.10 Ancillary Charges \$ 54,786 \$ 1,240,660 \$ 98,342 \$ 201,457 \$ 1,094,835 \$ 434,282 \$ 1,895,492 \$ 5,937,685 \$ 826,684 \$ 199,778 \$ 100,622	\$ 253,234 \$ 1,666,459 \$ 305,237 \$ 410,245 \$ 1,038,201 \$ 72,115 \$ 1,486,680 \$ 2,093,658 \$ 34,228	\$ 2,855,869 \$ 2,205,30 Ancillary Charges \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 5 13,320 \$ 787,649 \$ 1,962,709 \$ 185,154 \$ 49,402 \$ 24,144	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,857,629 \$ 143,645 \$ 73,256 \$ 2,581	\$ 4,947,580 \$ 2,508,90 \$ 30,082 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010 \$ 1,514,178 \$ 3,981,163 \$ 575,325 \$ 237,770 \$ 112,095	\$ 301,337 \$ 2631,487 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672 \$ 2,040,300 \$ 777,431 \$ 231,501 \$ 136,278	\$ 5,885,216 \$ 2,577.16 \$ 1,507.16 \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,385 \$ 1,74,432 \$ 1,600,780 \$ 4,770,806 \$ 859,430 \$ 343,864 \$ 210,156	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,781,493 \$ 410,966 \$ 1,011,162 \$ 2,2871,420 \$ 84,444 \$ 194,685 \$ 101,156	\$ 11,960,274 \$ 2,574,32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 4,279,985 \$ 10,411,243 \$ 1,060,245 \$ 300,548 \$ 300,548	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,600 \$ 3,367,588 \$ 12,782,906 \$ 255,584 \$ 274,502 \$ 99,251	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486 \$ 4,860,015 \$ 557,701 \$ 1,056,639 \$ 3,822,707 \$ 824,024 \$ 5,798,098 \$ 16,592,363 \$ 2,446,573 \$ 830,814 \$ 447,017	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 3,620,896 \$ 951,188 \$ 4,758,026 \$ 13,863,007 \$ 1,039,748 \$ 535,103 \$ 259,129	40.98% 28.95% 5 21.34% 5 16.53% 45.84% 36.76% 5 21.66% 41.11% 5 41.11%
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Set 09200 Observation (Non-Distinct) 5000 Observation (Non-Distinct) 5000 Observation (Non-Distinct) 5000 RECOVERY ROOM 5300 ANESTHESIOL GCY 5400 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 6500 Observation 6500 RESPIRATORY THERAPY 6500 Observation 6500 O	ttion G):	0.107491 0.209843 0.012892 0.108002 0.124060 0.016166 0.050889 0.260862 0.511974	\$ 6,677,460 \$ 2,463,10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 98,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 1,985,492 \$ 5,537,685 \$ 826,664 \$ 199,778	\$ 253,234 \$ 1,666,459 \$ 305,237 \$ 410,245 \$ 1,038,201 \$ 72,115 \$ 1,486,680 \$ 2,093,658 \$ 34,228 \$ 35,661	\$ 2,855,869 \$ 2,205,30 Ancillary Charges \$ - \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 578,520 \$ 787,649 \$ 1,962,709 \$ 185,154	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,857,629 \$ 143,645 \$ 73,256	\$ 4,947,580 \$ 2,508,90 Ancillary Charges \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,983 \$ 164,010 \$ 1,514,178 \$ 3,981,163 \$ 575,325 \$ 237,770	\$ 301,337 \$ 2,631,847 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672 \$ 2,040,300 \$ 777,431 \$ 231,501	\$ 5,885,216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,365 \$ 1,74,432 \$ 1,600,780 \$ 4,710,906 \$ 859,430 \$ 34,384	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,781,493 \$ 410,966 \$ 1,011,162 \$ 2,871,420 \$ 84,444 \$ 194,685	\$ 11,960,274 \$ 2,574,32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 4,279,985 \$ 10,411,243 \$ 1,060,245 \$ 3,0548	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,600 \$ 3,367,588 \$ 12,782,906 \$ 255,584 \$ 274,502	\$ 20,166,105 \$ 2,464.09 Ancillary Charges \$ 86,486 \$ 4,860,015 \$ 557,701 \$ 1,056,639 \$ 3,822,707 \$ 824,024 \$ 5,798,098 \$ 16,592,963 \$ 2,446,573 \$ 830,814	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,062,717 \$ 951,188 \$ 4,758,026 \$ 13,863,007 \$ 1,039,748 \$ 535,103	40.98% 28.95% 521.34% 45.84% 45.84% 36.76% 21.66% 43.74% 41.11% 11.29% 59.50% 44.95%
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Set 09200 Observation (Non-Distinct) 5000 (DePRATING ROOM 5100 (RECOVERY ROOM 5300 ANESTHESIOLOGY 5400 (RADIOLOGY-DIAGNOSTIC 5600 (RADIOLOGY-DIAGNOSTIC 5600 (RADIOLOGY-DIAGNOSTIC 5600 (RADIOLOGY-DIAGNOSTIC 6000 (LABORATORY 6000 (LABORATORY 6000 (LABORATORY 6000 (LABORATORY HERAPY 6000 (DESPIRATORY THERAPY 6000 (DESPIRATORY THERAPY 6000 (DESPIRATORY THERAPY 6000 (DESPIRATORY THERAPY 6000 (DESPIRATORY THERAPY 6000 (DESPIRATORY THERAPY 6000 (DESPIRATORY THERAPY 6000 (DESPIRATORY THERAPY 6000 (DESPECH PATHOLOGY 6000 (D		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862 0.511974 0.035307 0.038499	\$ 6,677,460 \$ 2,463,10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 98,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 1,865,465 \$ 826,664 \$ 199,778 \$ 100,622 \$ 9,961	\$ 253,234 \$ 1,668,459 \$ 305,237 \$ 410,245 \$ 1,038,201 \$ 72,115 \$ 1,486,860 \$ 2,093,658 \$ 34,228 \$ 35,661 \$ 19,114	\$ 2,855,869 \$ 2,205,30 Ancillary Charges \$ - \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 51,320 \$ 787,649 \$ 1,962,709 \$ 185,154 \$ 49,402 \$ 24,144 \$ 13,714	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,857,629 \$ 143,645 \$ 73,256 \$ 2,581 \$ 2,338	\$ 4,947,580 \$ 2,508,90 Ancillary Charges \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,514,178 \$ 3,981,163 \$ 575,325 \$ 23,770 \$ 112,095 \$ 85,247	\$ 301,337 \$ 2,631,847 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672 \$ 2,040,300 \$ 777,431 \$ 231,501 \$ 136,278 \$ 55,594	\$ 5,885,216 \$ 2,577.16 Ancillary Charges \$ 1,008 \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,365 \$ 174,432 \$ 1,500,73 \$ 4,710,806 \$ 459,364 \$ 210,156 \$ 210,156	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,761,493 \$ 410,966 \$ 1,011,162 \$ 2,871,420 \$ 84,444 \$ 194,685 \$ 101,156 \$ 46,509	\$ 11,960,274 \$ 2,574,32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 4,279,885 \$ 10,00,245 \$ 1,000,245 \$ 300,548 \$ 208,527 \$ 121,411	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,800 \$ 3,367,588 \$ 12,782,906 \$ 255,584 \$ 274,502 \$ 99,251 \$ 77,962 \$ 1,497,957	\$ 20.166.105 \$ 2,464.09 Ancillary Charges \$ 86.486 \$ 4,860.015 \$ 5,57.701 \$ 1,056.639 \$ 3,822.707 \$ 624.024 \$ 5,796.096 \$ 15,592.363 \$ 2,446.573 \$ 830.814 \$ 447,017 \$ 307,428	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,062,71 \$ 951,188 \$ 4,758,026 \$ 13,863,007 \$ 1,039,748 \$ 535,103 \$ 259,129 \$ 104,441	40.98% 28.95% 5 21.34% 6 16.55% 45.84% 6 36.76% 6 43.74% 11.29% 5 50.50% 44.95% 26.22%
Ancillary Cost Centers (from W/S C) (from Sei 09200 Observation (Non-Distinct) 5000 (PEPRATING ROOM 5100 RECOVERY ROOM 5100 RECOVERY ROOM 5300 ANBSTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6700 CCCUPATIONAL THERAPY 6800 SPEECH PATHOLOGY 6900 ELECTROCARDIOLOGY		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862 0.511974 0.038499 0.072742	\$ 6,677,460 \$ 2,463.10 Ancillary Charges \$ 54,786 \$ 1,240,660 \$ 99,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 1,895,492 \$ 5,937,685 \$ 826,664 \$ 199,776 \$ 100,622 \$ 96,961 \$ 96,961 \$ 96,961	\$ 253.234 \$ 1,666.459 \$ 305.237 \$ 410.245 \$ 1,038.201 \$ 72.115 \$ 1,486.680 \$ 2,993.658 \$ 34.228 \$ 35.661 \$ 19,114 \$ 275.693	\$ 2,855,869 \$ 2,205.30 Ancillary Charges \$ 1,004.3 -1 \$ 152,953 \$ 242,124 \$ 496,644 \$ 51,320 \$ 787,649 \$ 1,992,709 \$ 185,154 \$ 49,402 \$ 24,144 \$ 13,714 \$ 8,8810	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,985 \$ 1,108,512 \$ 6,857,629 \$ 143,645 \$ 73,256 \$ 2,581 \$ 2,338 \$ 2,338	\$ 4,947,560 \$ 2,508,90 Ancillary Charges \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010 \$ 1,514,478 \$ 3,981,163 \$ 575,325 \$ 237,770 \$ 112,095 \$ 85,247 \$ 570,261	\$ 301.337 \$ 2,631,847 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672 \$ 2,040,300 \$ 777,431 \$ 231,501 \$ 136,278 \$ 55,594 \$ 451,456	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,972 \$ 1,145,365 \$ 174,432 \$ 1,600,780 \$ 44,710,806 \$ 859,430 \$ 343,864 \$ 210,156 \$ 111,506 \$ 111,506	\$ 62,19,66 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,781,493 \$ 1,011,162 \$ 2,871,420 \$ 84,444 \$ 194,685 \$ 101,156 \$ 46,509 \$ 176,873	\$ 11,900,274 \$ 2,574,312 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 5,88,462 \$ 2,961,125 \$ 4279,985 \$ 10,411,243 \$ 1,060,245 \$ 360,548 \$ 2,985,527 \$ 121,411 \$ 1,227,417	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,800 \$ 3,367,588 \$ 12,782,906 \$ 255,584 \$ 274,502 \$ 99,251 \$ 77,962 \$ 1,497,957	\$ 20.166.105 \$ 2,464.09 Ancillary Charges \$ 86.486 \$ 4,860.015 \$ 557.701 \$ 1,056.639 \$ 3,822.707 \$ 824.024 \$ 5,790.098 \$ 16,592.363 \$ 2,446.573 \$ 830.814 \$ 447.017 \$ 307.428 \$ 1,948.462	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,062,717 \$ 951,188 \$ 4,758,026 \$ 13,863,007 \$ 1,039,748 \$ 535,103 \$ 259,129 \$ 104,441 \$ 1,139,091	40.98% 28.95% 5 21.34% 6 16.53% 45.84% 45.84% 43.76% 11.29% 5 9.50% 44.11% 11.29% 5 9.50% 42.62% 26.22% 26.84%
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Sei 09200 Observation (Non-Distinct) 5000 Observation (Non-Distinct) 5000 Observation (Non-Distinct) 5000 RECOVERY ROOM 5100 RECOVERY ROOM 5100 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 6600 PHYSICAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 7300 ORDIGAL SUPPLIES CHARGED TO PATIENTS 7300 ORUGS CHARGED TO PATIENTS		0.107491 0.206943 0.012882 0.106002 0.108002 0.1080089 0.260869 0.511974 0.035307 0.072742 0.990376 0.254639 0.126883	\$ 6,677,460 \$ 2,463,10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 99,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 5,837,685 \$ 625,694 \$ 199,778 \$ 100,622 \$ 99,961 \$ 795,153	\$ 253.234 \$ 1,666.459 \$ 305,237 \$ 410,245 \$ 1,038,201 \$ 72,115 \$ 1,486,680 \$ 2,093,658 \$ 34,228 \$ 35,661 \$ 19,114 \$ 275,693 \$ 260,232	\$ 2,855,869 \$ 2,205,30 Ancillary Charges \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 496,544 \$ 1,962,709 \$ 1,852,709 \$ 1,852,709 \$ 185,154 \$ 49,402 \$ 24,144 \$ 80,810 \$ 31,714 \$ 80,810 \$ 35,403 \$ 35,403 \$ 35,403 \$ 35,403 \$ 35,403 \$ 35,403 \$ 2,864,569	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,581,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,857,629 \$ 143,645 \$ 73,256 \$ 2,338 \$ 235,085 \$ 1,000,452 \$ 3,177,801 \$ 2,944,222	\$ 4,947,580 \$ 2,508,90 \$ 2,508,90 \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010 \$ 1,141,178 \$ 3,981,163 \$ 675,325 \$ 237,770 \$ 112,095 \$ 85,247 \$ 570,261 \$ 307,837 \$ 674,675 \$ 4,835,980	\$ 301.337 \$ 2,631.847 \$ 576.221 \$ 767.350 \$ 2,219.900 \$ 226.212 \$ 1,151,672 \$ 1,040.300 \$ 777.7431 \$ 231.501 \$ 136.278 \$ 451.456 \$ 469.730	\$ 5,885,216 \$ 2,577.16 Ancillary Charges \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,385 \$ 174,432 \$ 1,600,780 \$ 4,710,806 \$ 655,430 \$ 210,156 \$ 111,506 \$ 196,238 \$ 196,238 \$ 196,238	\$ 621,956 \$ 3,005,488 \$ 663,242 \$ 882,090 \$ 7,781,493 \$ 410,966 \$ 1,011,162 \$ 2,871,420 \$ 194,685 \$ 101,156 \$ 176,673 \$ 176,673 \$ 51,272 \$ 2,282,881	\$ 11,960,274 \$ 2,574,32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 427,985 \$ 10,411,243 \$ 1,660,245 \$ 300,546 \$ 208,527 \$ 1271,411 \$ 1,271,417 \$ 574,185 \$ 306,877 \$ 1266,661	\$ 1,279.567 \$ 7,026.024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,600 \$ 3,367,588 \$ 12,782,906 \$ 255,584 \$ 274,502 \$ 99,251 \$ 77,962 \$ 1,497,957 \$ 837,190 \$ 1,929,250 \$ 1,929,251	\$ 20.166,105 \$ 2,464.09 \$ 2,464.09 \$ 8,486 \$ 4,860.015 \$ 557.701 \$ 1,056,639 \$ 3,822.70 \$ 824.02.83 \$ 16,592,363 \$ 2,446,573 \$ 447.017 \$ 307,428 \$ 1,648,463 \$ 1,648,463 \$ 1,579,398 \$ 1,579,398 \$ 1,579,398 \$ 1,579,398 \$ 2,199,740	\$ 1,511,734 \$ 13,87,7249 \$ 2,629,085 \$ 3,620,696 \$ 26,062,717 \$ 951,188 \$ 4,758,026 \$ 13,863,007 \$ 1,039,748 \$ 535,103 \$ 259,129 \$ 104,441 \$ 1,139,091 \$ 2,241,686 \$ 9,409,177 \$ 7,512,060	40.98% 28.95% 10.23,4% 11.53% 16.5
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Sei 09200 Observation (Non-Distinct) 5000 OPERATING ROOM 5100 RECOVERY ROOM 5100 RECOVERY ROOM 5300 ANBESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6600 SPEECH PATHOLOGY 6600 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PAT 7200 IMPL. DEV. CHARGED TO PATIENTS 7400 RENALD JUAL VISIA		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862 0.511974 0.035307 0.035307 0.037242 0.96055 0.511974 0.125459 0.126483	\$ 6,677,460 \$ 2,463.10 \$ 2,463.10 \$ 54,786 \$ 54,786 \$ 1,240.660 \$ 98,342 \$ 201.457 \$ 1,094.635 \$ 434.262 \$ 1,895.492 \$ 5,937.685 \$ 826.664 \$ 199.778 \$ 100.622 \$ 99.961 \$ 795.153 \$ 266.054	\$ 253.234 \$ 1,666.459 \$ 305.237 \$ 410.246 \$ 1,038.201 \$ 72.115 \$ 1,486.680 \$ 2,093.658 \$ 34.228 \$ 35,661 \$ 19.114 \$ 275,693 \$ 200.232 \$ 995.097	\$ 2,855,869 \$ 2,205.30 Ancillary Charges \$ 1,004.31 \$ 1,52,953 \$ 242,124 \$ 496,644 \$ 51,320 \$ 787,649 \$ 1,902,709 \$ 185,154 \$ 49,402 \$ 24,144 \$ 13,714 \$ 86,810 \$ 847,949 \$ 35,403 \$ 2,86,850 \$ 3,403 \$ 3,403 \$ 3,403 \$ 3,403 \$ 3,403 \$ 3,8418	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,695 \$ 1,106,512 \$ 6,687,629 \$ 143,645 \$ 73,266 \$ 2,361 \$ 2,363 \$ 2,363 \$ 2,361 \$ 2,964,222 \$ 6,666	\$ 4,947,560 \$ 2,508,90 Ancillary Charges \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010 \$ 1,514,178 \$ 3,991,163 \$ 575,325 \$ 237,770 \$ 112,095 \$ 85,247 \$ 570,261 \$ 307,837 \$ 674,675 \$ 4,635,980 \$ 33,1330	\$ 301,337 \$ 2,831,847 \$ 76,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672 \$ 2,040,300 \$ 777,431 \$ 231,501 \$ 139,278 \$ 451,456 \$ 469,730 \$ 2,953,398 \$ 1,585,056 \$ 1,585,056 \$ 4,585,398	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439,730 \$ 165,589 \$ 329,972 \$ 1,145,365 \$ 174,432 \$ 1,600,780 \$ 44,710,006 \$ 859,430 \$ 343,864 \$ 210,156 \$ 111,506 \$ 196,238 \$ 425,492 \$ 477,476 \$ 5,366,454 \$ 5,306,454	\$ 621,956 \$ 3,005,468 \$ 663,242 \$ 882,090 \$ 7,761,403 \$ 410,966 \$ 2,871,420 \$ 94,444 \$ 194,685 \$ 101,156 \$ 46,509 \$ 176,873 \$ 511,272 \$ 2,22,881 \$ 1,872,579 \$ 1,110,100	\$ 11,900,274 \$ 2,574,312 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 493,790 \$ 4,279,985 \$ 10,411,243 \$ 1,000,245 \$ 300,548 \$ 208,527 \$ 121,417 \$ 574,185 \$ 306,877 \$ 122,606,681 \$ 326,601	\$ 1,279,567 \$ 7,026,024 \$ 772,767 \$ 1,233,744 \$ 17,655,337 \$ 1,111,600 \$ 3,367,588 \$ 12,722,905 \$ 255,584 \$ 274,502 \$ 99,251 \$ 77,962 \$ 1,497,957 \$ 837,190 \$ 1,922,250 \$ 5,5751,100 \$ 457,423	\$ 20.166.105 \$ 2.464.09 \$ 2.464.09 \$ 3.460.015 \$ 4.860.015 \$ 5.57.701 \$ 1.056.639 \$ 3.822.70 \$ 5.798.098 \$ 1.592.933 \$ 2.446.573 \$ 830.814 \$ 447.017 \$ 307.428 \$ 1.648.462 \$ 1.847.332 \$ 1.529.393 \$ 2.50.199.740 \$ 1.579.398 \$ 2.50.199.740 \$ 1.579.398 \$ 2.50.199.740 \$ 1.579.398 \$ 2.50.199.740 \$ 1.579.398 \$ 2.50.199.740 \$ 1.579.398 \$ 2.50.199.740 \$ 2.579	\$ 1,511,734 \$ 13,857,249 \$ 2,629,085 \$ 3,620,896 \$ 26,082,717 \$ 95,1188 \$ 4,758,026 \$ 13,863,026 \$ 13,863,026 \$ 13,939,748 \$ 535,103 \$ 259,129 \$ 104,441 \$ 1,139,091 \$ 2,241,886 \$ 9,409,177 \$ 7,512,060	40.989 28.959 21.349 516.539 45.849 36.769 521.669 43.749 59.509 44.959 26.229 52.629
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Sei 09200 Observation (Non-Distinct) 5000 DePRATING ROOM 5100 RECOVERY ROOM 5100 RECOVERY ROOM 5100 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 6600 PHYSICAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 7500 ASC (NON-DISTINCT PART)		0.107491 0.206943 0.012882 0.106002 0.106002 0.016166 0.050889 0.206082 0.511974 0.035307 0.072742 0.990376 0.254639 0.126883 0.236488	\$ 6,677.460 \$ 2,463.10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 99,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 1,895,492 \$ 1,895,492 \$ 1,895,492 \$ 1,995,492	\$ 1253.234 \$ 1.666.459 \$ 305.237 \$ 410.245 \$ 1.038.201 \$ 72.115 \$ 1.486.680 \$ 2.093.658 \$ 34.228 \$ 35.661 \$ 19.114 \$ 275.693 \$ 260.232 \$ 996.097 \$ 1.090.203 \$ \$	\$ 2.855,869 \$ 2,205.30 Ancillary Charges \$ 2,205.30 \$ 2,205.30 \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 513,205 \$ 1,962,709 \$ 185,154 \$ 49,402 \$ 24,144 \$ 8 49,402 \$ 3,714 \$ 8 86,810 \$ 35,403 \$ 35,403 \$ 2,864,569 \$ 38,418 \$ 121,886	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,857,629 \$ 143,645 \$ 73,256 \$ 2,581 \$ 2,251 \$ 2,25,045 \$ 3,177,801 \$ 2,044,222 \$ 6,086	\$ 4,947,580 \$ 2,508,90 \$ 2,508,90 \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010 \$ 1,514,178 \$ 3,981,163 \$ 575,325 \$ 237,770 \$ 112,095 \$ 570,261 \$ 570,261 \$ 307,837 \$ 674,675 \$ 4,685,960 \$ 331,330 \$ 331,330	\$ 301.337 \$ 2.631.847 \$ 767.221 \$ 767.350 \$ 8.219.900 \$ 226.212 \$ 1,161.672 \$ 2.040,300 \$ 777.431 \$ 136.278 \$ 451.456 \$ 469.730 \$ 2,953.398 \$ 1,585.056 \$ 1,585.056 \$ 1,585.056	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,365 \$ 174,432 \$ 1,145,365 \$ 174,432 \$ 1,145,365 \$ 174,432 \$ 1,145,365 \$ 10,780 \$ 4,770,906 \$ 859,430 \$ 343,864 \$ 210,156 \$ 196,238 \$ 196,238 \$ 477,476 \$ 5,366,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454	\$ 62.19.56 \$ 3.005.468 \$ 663.242 \$ 882.090 \$ 7,781.463 \$ 410.966 \$ 1.011.62 \$ 2.871.420 \$ 84.444 \$ 194.685 \$ 101.156 \$ 46.509 \$ 176.673 \$ 511.272 \$ 2.282.881 \$ 1.282.85 \$ 1.282.85 \$ 1.282.85	\$ 11,960,274 \$ 2,574,32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,991,125 \$ 4279,985 \$ 10,411,243 \$ 1,060,245 \$ 360,546 \$ 206,527 \$ 12,1411 \$ 1,271,417 \$ 574,185 \$ 306,877 \$ 12,606,661 \$ 326,601 \$ 326,601 \$ 326,601	\$ 1.279.567 \$ 7026.024 \$ 772.767 \$ 1.223.744 \$ 17.655.337 \$ 1.111.600 \$ 3.367.588 \$ 12,782.906 \$ 255.584 \$ 274.502 \$ 99.251 \$ 77.962 \$ 1,467.957 \$ 837.190 \$ 1,292.250 \$ 457.423	\$ 20.166,105 \$ 2,464.09 Ancillary Charges \$ 8,486 \$ 4,860,015 \$ 557,701 \$ 1,056,639 \$ 3,822,701 \$ 1,056,639 \$ 3,822,701 \$ 16,502,363 \$ 16,502,363 \$ 16,502,363 \$ 12,446,573 \$ 8,446,573 \$ 1,648,462 \$ 1,648,462 \$ 1,648,462 \$ 1,648,462 \$ 1,847,074 \$ 7,20,059 \$ 2,21,258 \$ 1,99,740 \$ 7,20,059 \$ 2,21,258 \$ 2,199,740 \$ 7,20,059 \$ 41,269 \$ 41,269	\$ 1,511,734 \$ 13,672,000 \$ 2,629,085 \$ 3,820,896 \$ 26,062,717 \$ 951,188 \$ 4,758,000 \$ 1,039,748 \$ 535,103 \$ 259,129 \$ 1,04,441 \$ 1,320,000 \$ 2,241,686 \$ 3,469,177 \$ 7,512,000 \$ 1,071,66	40.98% 28.95% 521.34% 45.84% 45.84% 45.86% 41.11% 41.129% 44.95% 26.22% 56.26% 66.44% 71.91% 71.9
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Set 09200 Observation (Non-Distinct) 5000 OPERATING ROOM 5000 OPERATING ROOM 5000 AND RESTHESIOLOGY 5000 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 SPEECH PATHOLOGY 6600 PHYSICAL THERAPY 6600 SPEECH PATHOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PAT 7200 IMPL DEV CHARGED TO PATIENTS 7400 RENAL DIALVISIS 7500 ASC (NON-DISTINCT PART) 9000 CLUNIC		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862 0.511974 0.035307 0.038499 0.072742 0.980376 0.254639 0.126883 0.254648 0.196270 3.4488208	\$ 6.677.460 \$ 2,463.10 Ancillary Charges \$ 54,766 \$ 1,240.660 \$ 99,342 \$ 201.457 \$ 1,094.635 \$ 434.262 \$ 1,995.492 \$ 1,995.492 \$ 99.961 \$ 199.778 \$ 100.622 \$ 99.961 \$ 7795.153 \$ 266.054 \$ 7,332,756 \$ 3 41,844 \$ 7,332,756	\$ 253.234 \$ 1.666.459 \$ 3.05.237 \$ 410.245 \$ 1.038.201 \$ 72.115 \$ 2.093.658 \$ 33.661 \$ 19.114 \$ 275.693 \$ 260.232 \$ 995.097 \$ 1.090.203 \$ 1.090.203 \$ 1.366.81	\$ 2,855,869 \$ 2,205,30 Ancillary Charges \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,624 \$ 51,320 \$ 787,649 \$ 1,992,709 \$ 185,154 \$ 49,402 \$ 24,444 \$ 13,714 \$ 86,810 \$ 847,949 \$ 33,5403 \$ 2,864,569 \$ 3,8418 \$ 121,886 \$ 3,7687	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,657,629 \$ 73,256 \$ 73,256 \$ 2,381 \$ 2,381 \$ 2,385,688 \$ 1,000,452 \$ 3,177,801 \$ 2,964,222 \$ 6,066 \$ 1,551,824 \$ 8,5729	\$ 4,947,560 \$ 2,508,90 \$ 2,508,90 \$ 30,092 \$ 1,175,302 \$ 1,175,302 \$ 164,010 \$ 1,085,963 \$ 164,010 \$ 1,514,178 \$ 3,981,163 \$ 575,325 \$ 237,770 \$ 112,095 \$ 85,247 \$ 570,261 \$ 307,837 \$ 674,675 \$ 4,835,980 \$ 333,1330 \$ 134,285 \$ 134,285	\$ 301,337 \$ 2,831,847 \$ 576,221 \$ 767,350 \$ 8,219,900 \$ 226,212 \$ 1,151,672 \$ 2,040,300 \$ 777,431 \$ 231,501 \$ 139,278 \$ 451,456 \$ 469,730 \$ 2,953,398 \$ 1,585,054 \$ 1,585,055 \$ 754,311 \$ 6,029	\$ 5,885.216 \$ 2,577.16 Ancillary Charges \$ 1,608 \$ 1,439.730 \$ 165,589 \$ 329.972 \$ 1,145,365 \$ 174.432 \$ 1,600.780 \$ 44,710.006 \$ 859.430 \$ 343,864 \$ 210,156 \$ 111,506 \$ 196,238 \$ 425.492 \$ 477.476 \$ 5,366.454 \$ 350,311 \$ 165,099 \$ 5,173	\$ 621,956 \$ 3,005,468 \$ 683,242 \$ 882,090 \$ 7,761,463 \$ 410,966 \$ 1,011,162 \$ 2,671,420 \$ 194,685 \$ 101,156 \$ 46,509 \$ 176,873 \$ 511,272 \$ 2,282,881 \$ 1,872,579 \$ 1,101,00 \$ 891,108 \$ 891,108	\$ 11,900,274 \$ 2,574,312 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,961,125 \$ 4279,985 \$ 10,411,243 \$ 1,000,245 \$ 300,548 \$ 208,527 \$ 121,411 \$ 1,271,417 \$ 574,185 \$ 306,877 \$ 12,606,661 \$ 326,601 \$ 228,571 \$ 12,606,661 \$ 326,601 \$ 288,571	\$ 1,279.567 \$ 7,026.024 \$ 772.67 \$ 1,233.744 \$ 17,655.337 \$ 1,111.600 \$ 3,367.588 \$ 12,762.906 \$ 255.584 \$ 274.502 \$ 99.251 \$ 77,962 \$ 1,497.957 \$ 837.190 \$ 1,522.550 \$ 457,423 \$ 1,210.978 \$ 1,210.978	\$ 20.166,105 \$ 2,464.09 \$ 2,464.09 \$ 3,464.09 \$ 5 4,860.015 \$ 5,57701 \$ 1,056,639 \$ 3,822.707 \$ 824.024 \$ 5,798.098 \$ 15,592.933 \$ 2,446.573 \$ 830,814 \$ 447.017 \$ 307.428 \$ 1,548,462 \$ 1,548,462 \$ 1,547,332 \$ 1,579,364 \$ 1,579,365 \$ 2,579,565 \$ 2,579,565 \$ 2,579,565 \$ 3,579,579,579 \$ 3,579,579 \$ 3,579,579 \$ 3,579,579 \$ 3,579,579 \$ 3,579,579 \$ 3,579,579 \$ 3,579,579 \$ 3,579,579 \$ 3,579	\$ 1,511,734 \$ 13,572,90,905 \$ 2,629,085 \$ 3,60,085 \$ 26,062,717 \$ 951,885 \$ 4,758,026 \$ 13,883,007 \$ 1,099,748 \$ 555,129 \$ 10,441 \$ 2,241,686 \$ 9,461,715 \$ 9,512,89 \$ 1,7512,000 \$ 1,7512,	40.98% 28.95% 51.34% 16.53% 45.84% 43.74% 41.11% 59.50% 44.95% 26.22% 26.84% 19.10% 37.26% 48.01% 9.47% 31.91%
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Sei 09200 Observation (Non-Distinct) 5000 DePRATING ROOM 5100 RECOVERY ROOM 5100 RECOVERY ROOM 5100 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 6600 PHYSICAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 7500 ASC (NON-DISTINCT PART)		0.107491 0.206943 0.012882 0.106002 0.106002 0.016166 0.050889 0.206082 0.511974 0.035307 0.072742 0.990376 0.254639 0.126883 0.236488	\$ 6,677.460 \$ 2,463.10 Ancillary Charges \$ 54,786 \$ 1,240,669 \$ 99,342 \$ 201,457 \$ 1,094,835 \$ 434,262 \$ 1,895,492 \$ 1,895,492 \$ 1,895,492 \$ 1,995,492	\$ 1253.234 \$ 1.666.459 \$ 305.237 \$ 410.245 \$ 1.038.201 \$ 72.115 \$ 1.486.680 \$ 2.093.658 \$ 34.228 \$ 35.661 \$ 19.114 \$ 275.693 \$ 260.232 \$ 996.097 \$ 1.090.203 \$ \$	\$ 2.855,869 \$ 2,205.30 Ancillary Charges \$ 2,205.30 \$ 2,205.30 \$ 1,004,314 \$ 152,953 \$ 242,124 \$ 496,544 \$ 513,205 \$ 1,962,709 \$ 185,154 \$ 49,402 \$ 24,144 \$ 8 49,402 \$ 3,714 \$ 8 86,810 \$ 35,403 \$ 35,403 \$ 2,864,569 \$ 38,418 \$ 121,886	\$ 335,206 \$ 6,553,476 \$ 1,084,385 \$ 1,561,211 \$ 9,023,123 \$ 241,895 \$ 1,108,512 \$ 6,857,629 \$ 143,645 \$ 73,256 \$ 2,581 \$ 2,251 \$ 2,25,045 \$ 3,177,801 \$ 2,044,222 \$ 6,086	\$ 4,947,580 \$ 2,508,90 \$ 2,508,90 \$ 30,092 \$ 1,175,302 \$ 140,817 \$ 283,186 \$ 1,085,963 \$ 164,010 \$ 1,514,178 \$ 3,981,163 \$ 575,325 \$ 237,770 \$ 112,095 \$ 570,261 \$ 570,261 \$ 307,837 \$ 674,675 \$ 4,685,960 \$ 331,330 \$ 331,330	\$ 301.337 \$ 2.631.847 \$ 767.221 \$ 767.350 \$ 8.219.900 \$ 226.212 \$ 1,161.672 \$ 2.040,300 \$ 777.431 \$ 136.278 \$ 451.456 \$ 469.730 \$ 2,953.398 \$ 1,585.056 \$ 1,585.056 \$ 1,585.056	\$ 5,685,216 \$ 2,577.16 Ancillary Charges \$ 1,439,730 \$ 165,589 \$ 329,872 \$ 1,145,365 \$ 174,432 \$ 1,145,365 \$ 174,432 \$ 1,145,365 \$ 174,432 \$ 1,145,365 \$ 10,780 \$ 4,770,906 \$ 859,430 \$ 343,864 \$ 210,156 \$ 196,238 \$ 196,238 \$ 477,476 \$ 5,366,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454 \$ 5,506,454	\$ 62.19.56 \$ 3.005.468 \$ 663.242 \$ 882.090 \$ 7,781.463 \$ 410.966 \$ 1.011.62 \$ 2.871.420 \$ 84.444 \$ 194.685 \$ 101.156 \$ 46.509 \$ 176.673 \$ 511.272 \$ 2.282.881 \$ 1.282.85 \$ 1.282.85 \$ 1.282.85	\$ 11,960,274 \$ 2,574,32 Ancillary Charges \$ 1,049 \$ 2,335,103 \$ 266,321 \$ 588,462 \$ 2,991,125 \$ 4279,985 \$ 10,411,243 \$ 1,060,245 \$ 360,546 \$ 206,527 \$ 12,1411 \$ 1,271,417 \$ 574,185 \$ 306,877 \$ 12,606,661 \$ 326,601 \$ 326,601 \$ 326,601	\$ 1,279.567 \$ 7,026.024 \$ 772.67 \$ 1,233.744 \$ 17,655.337 \$ 1,111.600 \$ 3,367.588 \$ 12,762.906 \$ 255.584 \$ 274.502 \$ 99.251 \$ 77,962 \$ 1,497.957 \$ 837.190 \$ 1,522.550 \$ 457.423 \$ 1,210.978 \$ 1,210.978	\$ 20.166,105 \$ 2,464.09 Ancillary Charges \$ 8,486 \$ 4,860,015 \$ 557,701 \$ 1,056,639 \$ 3,822,701 \$ 1,056,639 \$ 3,822,701 \$ 16,502,363 \$ 16,502,363 \$ 16,502,363 \$ 12,446,573 \$ 8,446,573 \$ 1,648,462 \$ 1,648,462 \$ 1,648,462 \$ 1,648,462 \$ 1,847,074 \$ 7,20,059 \$ 2,21,258 \$ 1,99,740 \$ 7,20,059 \$ 2,21,258 \$ 2,199,740 \$ 7,20,059 \$ 41,269 \$ 41,269	\$ 1,511,734 \$ 13,672,000 \$ 2,629,085 \$ 3,820,896 \$ 26,062,717 \$ 951,188 \$ 4,758,000 \$ 1,039,748 \$ 535,103 \$ 259,129 \$ 1,04,441 \$ 1,320,000 \$ 2,241,686 \$ 3,469,177 \$ 7,512,000 \$ 1,071,66	40.98% 28.95% 5 21.34% 1 65.53% 45.84% 4 36.76% 5 21.66% 4 41.11% 5 11.29% 26.22% 5 26.84% 7 19.10% 1 9.10% 1 9.47% 3 13.19%

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 Medic	aid FFS	S Primary	In-	-State Medicaid M	lanage	d Care Primary	In-	n-State Medicare FF Medicaid S		ers (with	In	-State Other Med Included E	dicaid Eligibles (Not Elsewhere)		Unins	ured		Total In-Stat	e 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	7 33.30%
																	(Agi	rees to Exhibit A)	(Agrees to Exhibit A)				
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)	s	6.757.289	s	2.141.954	s	3.951.808	s	7.950.985	s	5,459,460	S 4.	.234.171	s	6.171.129	\$ 4,639,799	s	12,227,400	\$ 12,237,641	s	22.339.686	\$ 18.966.909	9 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		
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)	\$	93,610	\$	1,768	\$	-	\$	18,993	\$	-	\$	-	\$	1,688,220	\$ 1,274,325				\$	1,781,830		
135	Self-Pay (including Co-Pay and Spend-Down)	\$	-	\$	-	\$	55	\$	29,803	\$	-	\$	-	\$	2,927	\$ 13,935				\$	2,982	\$ 43,738	В
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	4,878,663	\$	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	\$	-	\$ -	(Ag	rees to Exhibit B	(Agrees to Exhibit B	\$	3,183		2
142	Other Medicare Cross-Over Payments (See Note D)									\$	21,441	\$	-	\$	-	\$ -		and B-1)	and B-1)	\$	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	n 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	9
146	Calculated Payments as a Percentage of Cost		72%		87%		45%		59%		65%		55%		78%	72%		3%	38%		67%	659	%
147	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I,	Cale	Cum of I no 2 1		16 17 10 1000 1	lines E				_	13.901												
147	Percent of cross-over days to total Medicare days from the cost report	, сы. в,	ouiii oi Lns. 2,	3, 4, 14	, 10, 17, 16 less i	111162 2	ο α υ				13,901												
.40	i diddit di diddi daya ta tatai madaala aaya ildii tile bast report										1470												

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

I. Out-of-State Medicaid Data:

				Out-of-State Med	licaid FFS Primary	Out-of-State Medi	caid Managed Care nary	Out-of-State Medica	are FFS Cross-Overs d Secondary)		∕ledicaid Eligibles (Not ⊺ Elsewhere)	Total Out-Of-	-State Medicaid
Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatien
		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)		
Routine C	Cost Centers (list below): DULTS & PEDIATRICS	\$ 1,628.58		Days 21		Days -		Days 4		Days		Days 30	
	NTENSIVE CARE UNIT	\$ 1,096.49		-		-		-		-		-	
	ORONARY CARE UNIT	\$ -		-		-		-		-		-	
	URN INTENSIVE CARE UNIT	\$ -		-		-		-		-		-	
	URGICAL INTENSIVE CARE UNIT	\$ - \$ -		-		-		-		-			
	UBPROVIDER I	\$ -		 						-			
	UBPROVIDER II	\$ -		-		-		-		-		-	
	THER SUBPROVIDER	\$ -		-		-		-		-		-	
4300 NI	URSERY	\$ -		-		-		-		-		-	
		\$ - \$ -		-		-		-		-			
		\$ -		-		-		-		-			
		\$ -		-		-		-		-		_	
		\$ -		-		-		-		-		-	
		\$ -		-		-		-		-		-	
		\$ -		-		-		-		-		-	
			Total Days	21		-		4		5		30	
	Unreconciled Days	(Explain Variance)											
Ro	outine Charges	(Explain Variance)		Routine Charges \$ 53,496		Routine Charges		Routine Charges \$ 6,408		Routine Charges \$ 8,010		Routine Charges \$ 67,914	
	·	(Explain Variance)				Routine Charges \$ - \$ -							
Ca Ancillary (coutine Charges Coulated Routine Charge Per Diem Cost Centers (from W/S C) (list below):			\$ 53,496	Ancillary Charges	\$ -	Ancillary Charges	\$ 6,408	Ancillary Charges	\$ 8,010	Ancillary Charges	\$ 67,914	
ncillary 0	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): bservation (Non-Distinct)		0.909395	\$ 53,496 \$ 2,547.43 Ancillary Charges	17,800	\$ - \$ - Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862	\$ 8,010 \$ 1,602.00 Ancillary Charges	-	\$ 67,914 \$ 2,263.80 Ancillary Charges \$	\$
000 OF	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): bservation (Non-Distinct) PERATING ROOM		0.107491	\$ 53,496 \$ 2,547.43 Ancillary Charges - 6,941		\$ - \$ Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163	\$ 8,010 \$ 1,602.00 Ancillary Charges	- 446	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ - \$ 6,941	\$
ncillary (9200 OI 5000 OI 5100 RE	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): abservation (Non-Distinct) berarating ROOM ECOVERY ROOM		0.107491 0.206943	\$ 53,496 \$ 2,547.43 Ancillary Charges 	17,800	\$ - \$ - Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163	\$ 8,010 \$ 1,602.00 Ancillary Charges	-	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ - \$ 6,941 \$ 1,189	\$ \$
000 OI 5000 OI 5100 RE	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): abservation (Non-Distinct) PERATING ROOM PECOVERY ROOM NESTHESIOLOGY		0.107491 0.206943 0.012892	\$ 53,496 \$ 2,547.43 Ancillary Charges - - 6,941	17,800	\$ - Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163	\$ 8,010 \$ 1,602.00 Ancillary Charges	- 446 -	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ - \$ 6,941 \$ 1,189 \$ 2,031	\$ \$
ncillary (9200 OI 5000 OI 5100 RE 5300 AN	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): abservation (Non-Distinct) berarating ROOM ECOVERY ROOM		0.107491 0.206943	\$ 53,496 \$ 2,547.43 Ancillary Charges 	17,800 40,310 - -	\$ - Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges 	2,862 6,163	\$ 8,010 \$ 1,602.00 Ancillary Charges	- 446 - -	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ - \$ 6,941 \$ 1,189	\$ \$
ncillary (9200 Oi 5000 Oi 5100 RE 5300 AN 5400 RA 5600 RA 5700 C	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): beervation (Non-Distinct) PERATING ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC T SCAN		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166	\$ 53,496 \$ 2,547.43 Ancillary Charges	17,800 40,310 - - 110,981 4,990 14,681	\$ - Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges 	2,862 6,163 - - - 3,355	\$ 8,010 \$ 1,602.00 Ancillary Charges 	12,466 - 3,125	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ - \$ 6,941 \$ 1,189 \$ 2,031 \$ 11,145 \$ 13,261 \$ 24,199	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
700 CT 6000 LA	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): biservation (Non-Distinct) PERATINIS ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLSOTOPE TT SCAN ABORATORY		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889	\$ 53,496 \$ 2,547.43 Ancillary Charges	17,800 40,310 	Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges 	2,862 6,163 - - - - - - - 3,355 6,253	\$ 8,010 \$ 1,602.00 Ancillary Charges 		\$ 67.914 \$ 2,263.80 Ancillary Charges \$	\$ \$ \$ \$ \$
5000 OI 5100 RE 5300 AN 5400 RA 5600 RA 5700 CT 6000 LA	coutine Charges calculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): beservation (Non-Distinct) PERATING ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOSOTOPE IT SCAN ABORATORY ESPIRATORY THERAPY		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862	\$ 53.496 \$ 2,547.43 Ancillary Charges	17,800 40,310 - - 110,981 4,990 14,681	Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163 - - - - - - - 3,355 6,253	8,010 \$ 1,602.00 Ancillary Charges 	12,466 	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ - \$ 6,941 \$ 1,189 \$ 2,031 \$ 11,145 \$ 13,261 \$ 24,199 \$ 52,957 \$ 1,210	\$ \$ \$ \$ \$
Description of the control of the co	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): bservation (Non-Distinct) PERATING ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOISOTOPE T. SCAN ABORATORY ESPIRATORY ESPIRATORY THERAPY HYSICAL THERAPY HYSICAL THERAPY		0.107491 0.208943 0.012892 0.108002 0.124060 0.016166 0.050889 0.260862 0.511974	\$ 53.496 \$ 2,547.43 Ancillary Charges 6,941 1,189 2,031 9,559 3,519 24,199 40,383 -	17,800 40,310 	Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163 	\$ 8,010 \$ 1,602.00 Ancillary Charges	12,466 	\$ 67.914 \$ 2,263.80 Ancillary Charges \$ 6,941 \$ 1,189 \$ 2,031 \$ 11,145 \$ 13,261 \$ 24,199 \$ 52,957 \$ 1,210 \$ 1	\$ \$ \$ \$ \$
Cancillary (9200 Or 5000 Or 5100 Rt 5300 Ar 5400 R. 5500 Cr 6500 Cr 6500 Rt 6600 Pr 6700 Or 67	coutine Charges calculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): beservation (Non-Distinct) PERATING ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOSOTOPE IT SCAN ABORATORY ESPIRATORY THERAPY		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862	\$ 53.496 \$ 2,547.43 Ancillary Charges	17,800 40,310 	Ancillary Charges	-	\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163 - - - - - - - 3,355 6,253	8,010 \$ 1,602.00 Ancillary Charges 	12,466 	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ - \$ 6,941 \$ 1,189 \$ 2,031 \$ 11,145 \$ 13,261 \$ 24,199 \$ 52,957 \$ 1,210	\$ \$ \$ \$ \$
Cancillary (200 OI) 5000 OI 5100 RE 5300 AP 5400 RZ 5600 RZ 6600 LA 6500 RE 6600 PE 6600 SE 6900 EL 69	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): biservation (Non-Distinct) PERATINIS ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLSOTOPE TT SCAN ABORATORY ESPIRATORY THERAPY HYSICAL THERAPY POCCUPATIONAL THERAPY PEECH PATHOLOGY LECTROCARDIOLOGY		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862 0.511974 0.035307 0.038499	\$ 53.496 \$ 2,547.43 Ancillary Charges	17,800 40,310 	Ancillary Charges		\$ 6,408 \$ 1,602.00 Ancillary Charges 	2,862 6,163 	\$ 8,010 \$ 1,602.00 Ancillary Charges 		\$ 67.914 \$ 2,263.80 Ancillary Charges \$	\$ \$ \$ \$ \$
5000 OH 55000 OH 55000 OH 55000 OH 55000 OH 55000 RA 5600 RA 6500 RA 6500 RA 6500 PH 6700 OH 6800 SF 6800 SF 6800 SF	coutine Charges calculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): biservation (Non-Distinct) PERATING ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOSOTOPE IT SCAN ABORATORY ESPIRATORY THERAPY HYSICAL THERAPY CCUPATIONAL THERAPY PEECH PATHOLOGY LECTROCARDIOLOGY EDIOLAS SUPPLIES CHARGED TO PATIEN		0.107491 0.206943 0.012892 0.108002 0.124060 0.016166 0.050889 0.260862 0.511974 0.035307 0.038499 0.072742	\$ 53.496 \$ 2,547.43 Ancillary Charges - 6,941 1,189 2,031 9,559 3,519 24,199 40,383 - 589 589 589 1,268 2,084	17,800 40,310 	Ancillary Charges		\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163 	8, 0,100 \$ 1,602,00 Ancillary Charges 	3,125 9,666 	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ \$ 6,941 \$ 1,189 \$ 2,031 \$ 11,145 \$ 13,261 \$ 24,199 \$ 52,957 \$ 1,210 \$ 1,178 \$ 589 \$ 2,095	\$ \$ \$ \$ \$
5000 OI 5100 RV 6500 PF 6700 OI 6800 EL 7100 IM 7200 IM 7200 IM 7200 IM FEED FOR FEED FEED FEED FEED FEED FEED FEED FEE	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): bservation (Non-Distinct) PERATING ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPY HYSICAL THERAPY HYSICAL THERAPY PEECH PATHOLOGY LECTROCARDI		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862 0.511974 0.035307 0.038499 0.072742 0.980376 0.254639	\$ 53.496 \$ 2,547.43 Ancillary Charges 6,941 1,189 2,031 9,559 3,519 24,199 40,383 - 589 589 1,268 2,084	17,800 40,310 	Ancillary Charges		\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163 	\$ 8,010 \$ 1,602.00 Ancillary Charges	446 	\$ 67.914 \$ 2,263.80 Ancillary Charges \$ 6,941 \$ 1,189 \$ 2,2031 \$ 11,145 \$ 13,261 \$ 24,199 \$ 52,957 \$ 1,210 \$ 1,78 \$ 589 \$ 2,095 \$ 5,038 \$ 5,038	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5000 OI 55000 OI 55000 OI 55000 OI 55000 OI 55000 OI 55000 OI 55000 OI 55000 OI 55000 OI 55000 OI 5500 OI 5500 OI 56000	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): biservation (Non-Distinct) PERATINIS ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY LECHPOLOGY LECTROCARDI		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050883 0.260862 0.511974 0.035307 0.072742 0.980376 0.254639 0.126863	\$ 53.496 \$ 2,547.43 Ancillary Charges - 6,941 1,189 2,031 9,559 3,519 24,199 40,383 - 589 589 589 1,268 2,084	17,800 40,310 110,981 4,990 14,681 146,141 9,542 - 3,532 51,444	Ancillary Charges		\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163 	8, 0,100 \$ 1,602,00 Ancillary Charges 	3,125 9,666 	\$ 67.914 \$ 2,263.80 Ancillary Charges \$	
Cancillary (9200 Ori 5000 Ori 5100 RE 5300 AN 5400 RA 5500 C 5600 RC 6500 RE 6600 PC 6600 PC 6600 SF 6900 EL 7100 MM 7200 IM 7200 IM 7300 Ori 7400 RE	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): biservation (Non-Distinct) PERATING ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOISOTOPE T SCAN ABORATORY ESPIRATORY THERAPY HYSICAL THERAPY CUCAL THERAPY PEECH PATHOLOGY LECTROCARDIOLOGY EIDICAL SUPPLIES CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS ENAL DIALYSIS		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050889 0.260862 0.511974 0.035307 0.035499 0.072742 0.980376 0.254639 0.126883 0.236488	\$ 53.496 \$ 2,547.43 Ancillary Charges - 6,941 1,189 2,031 9,559 3,519 24,199 40,383 - 589 589 589 1,266 2,094 	17,800 40,310 	Ancillary Charges		\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163 	\$ 8,010 \$ 1,602.00 Ancillary Charges 	3,125 9,666 	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ \$ 6,941 \$ 1,189 \$ 2,031 \$ 11,145 \$ 13,261 \$ 24,199 \$ 52,957 \$ 1,210 \$ 1,178 \$ 589 \$ 2,095 \$ 5,038 \$ 5,038 \$ 5,038 \$ 5,038 \$ 5,038	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5400 Pr 66700 Pr 66700 Pr 5400 Rr 5400 Rr 5400 Rr 5700 Cr 6600 Rr 6600 Rr 6600 Pr 66700 Qr 6800 Sr 6900 EL 7100 Mr 7200 IM 7300 Dr 7400 Rr	coutine Charges alculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): bservation (Non-Distinct) PERATING ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ECONOLOGY ECOLOGICA SUPPLIES CHARGED TO PATIENTS ENGES CHARGED TO PATIENTS ENGES CHARGED TO PATIENTS ENGAL DIALYSIS SC (NON-DISTINCT PART)		0.107491 0.206943 0.012892 0.106002 0.124060 0.016166 0.050883 0.260862 0.511974 0.035307 0.072742 0.980376 0.254639 0.126863	\$ 53.496 \$ 2,547.43 Ancillary Charges 6,941 1,189 2,031 9,559 3,519 24,199 40,383 - 589 589 1,268 2,084	17,800 40,310 110,981 4,990 14,681 146,141 9,542 - 3,532 51,444	Ancillary Charges		\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163 	\$ 8,010 \$ 1,602.00 Ancillary Charges 	446 	\$ 67.914 \$ 2,263.80 Ancillary Charges \$ 6,941 \$ 1,189 \$ 2,2031 \$ 11,145 \$ 13,261 \$ 24,199 \$ 52,957 \$ 1,210 \$ 1,78 \$ 589 \$ 2,095 \$ 5,038 \$ 5,038	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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Cancillary (1920) Oil 5100 Ris 5300 Ail 5400 Ris 5400 Ris 6500 Ris 6500 Ris 6500 Ris 6900 EL 7100 Mil 7200 IM 7300 Di 7400 Ris 7500 As 9000 Cancillar 5500 Ris 6900 EL 7500 As 9000 Cancillar 5500 Ris 6900 EL 7500 As 9000 Cancillar 5500 Ris 6900 EL 7500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 5500 As 9000 Cancillar 55000 As 9000 Cancillar 5500	coutine Charges coutine Charges calculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): biservation (Non-Distinct) PERATING ROOM ECOVERY ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ESPIRATORY ESPIRATORY THERAPY HYSICAL THERAPY CCUPATIONAL THERAPY PEECH PATHOLOGY LECTROCARDIOLOGY EDIOLA SUPPLIES CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS ENAL DIALYSIS SC (NON-DISTINCT PART) LINIC		0.107491 0.206943 0.012892 0.106002 0.124060 0.016168 0.050889 0.260862 0.511974 0.035307 0.035307 0.038499 0.072742 0.980376 0.254639 0.126883 0.236488 0.196270 3.468208	\$ 53.496 \$ 2,547.43 Ancillary Charges - 6,941 1,189 2,031 9,559 3,519 24,199 40,383 - 589 589 589 1,268 2,084 	17,800 40,310 	Ancillary Charges		\$ 6,408 \$ 1,602.00 Ancillary Charges	2,862 6,163 	\$ 8,010 \$ 1,602.00 Ancillary Charges 	12,466 	\$ 67,914 \$ 2,263.80 Ancillary Charges \$ - \$ 6,941 \$ 1,189 \$ 2,031 \$ 11,145 \$ 13,261 \$ 24,199 \$ 52,957 \$ 1,210 \$ 1,178 \$ 589 \$ 2,095 \$ 5,038 \$ - \$ 589 \$ 78,859 \$ 78,859 \$ 858 \$ 5,695	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
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I. Out-of-State Medicaid Data:

Cost F	Report Year (10/01/2021-09/30/2022)	Northside Hospital, Inc Duluth									
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I. Out-of-State Medicaid Data:

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		Out-of-State M	edicaid FI	S Primary	Out-of-State Med Pri	dicaid N imary	Managed Care	Out-of-State Med (with Medi			Out-of-State Other M Included B	Medicaid Eligibles (No Elsewhere)	t	Total Out-Of-S	State Me	edicaid
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		158,075		668,205	-		-	36,589	9	39,784	36,349	36,73	3		,	
	Totals / Payments															
28	Total Charges (includes organ acquisition from Section K)	\$ 211,571	\$	668,205	\$ -	\$	-	\$ 42,997	7 \$	39,784	\$ 44,359	\$ 36,73	3 \$	298,927	\$	744
9	Total Charges per PS&R or Exhibit Detail	\$ 211.571	\$	668.205	\$ -	\$	-	\$ 42.997	7 \$	39.784	\$ 44.359	\$ 36.73	3			
)	Unreconciled Charges (Explain Variance)				-								_			
1.01	Sampling Cost Adjustment (if applicable)												\$	-	\$	
1.02	Total Calculated Cost (includes organ acquisition from Section K)	\$ 49,150	\$	101,630	\$ -	\$	-	\$ 10,915	5 \$	7,243	\$ 31,598	\$ 3,89	1 \$	91,663	\$	112
2	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ -	\$	-	\$ -	\$	-	\$	- \$	-	\$ -	\$	- \$	-	\$	
3	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$	-	\$ -	\$	-	\$	- \$	-	\$ -	\$	- \$	-	\$	
1	Private Insurance (including primary and third party liability)	\$ -	\$	146	\$ -	\$	-	\$	- \$	-	\$ -	\$ 56	9 \$	-	\$	
5	Self-Pay (including Co-Pay and Spend-Down)	\$ -	\$	40	\$ -	\$	-	\$	- \$	-	\$ -	\$ 9	\$	-	\$	
3	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ -	\$	186	\$ -	\$	-									
7	Medicaid Cost Settlement Payments (See Note B)	\$ -	\$	-									\$	-	\$	
	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ -	\$	-	\$ -	\$	-						\$	-	\$	
	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)							\$	- \$	2,779	\$ -	\$	- \$	-	\$	2
	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)							\$	- \$	-	\$ 7,300	\$ 1,71	2 \$	7,300	\$	1
2	Medicare Cross-Over Bad Debt Payments Other Medicare Cross-Over Payments (See Note D)							\$	- \$	-	\$ -	\$	- \$		\$	

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 Psyments such as Outliers and Non-Claim Specific payments. DSH payments hould 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 Medicaid Psyments when the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).

Calculated Payments as a Percentage of Cost

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			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 Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured	
		Organ Acquisition Cos	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	122 v Total Coat	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 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
1	rgan Acquisition Cost Centers (list below): Lung Acquisition	e .	le -	e .	e _	0	e	0	e _	0	e .	0	e .	0	e .	
2	Kidney Acquisition	s .	\$.	s .	\$.	0	\$.	0	\$.	0	\$.	0	\$ -	0	s .	0
3	Liver Acquisition	s .	s -	s .	\$ -	0	s .	0	\$.	0	s .	0	\$.	0	s .	0
4	Heart Acquisition	s -	s -	s -	s -	0	s -	0	s -	0	s -	0	s -	0	s -	0
5	Pancreas Acquisition	S -	s -	s -	s -	0	s -	0	s -	0	s -	0	s -	0	S -	0
6	Intestinal Acquisition	s -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	s -	0
7	Islet Acquisition	s -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	s -	0
8		s -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
	,															
9	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	_	\$ -	_	\$ -	_	\$ -		\$ -	_
10	Total Cost							_		_		-		_		_

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India 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			Revenue for	Total	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary			care FFS Cross-Overs aid Secondary)	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		
		Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost		Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	
	Organ Acquisition Cost Centers (list below):														
11	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
12	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
13	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
14	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
15	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
16	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
17	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
18		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
19	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	_	\$ -	_	\$ -	-	
20	Total Cost							_		_		_		_	

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

L. Provider Tax Assessment Reconciliation / Adjustment

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

Cost Report Year (10/01/2021-09/30/2022) No

Northside Hospital, Inc. - Duluth

Worksheet A Pr	ovider Tax Assessment Reconcilia	tion:		
			Dollar Amount	W/S A Cost Center Line
	al Gross Provider Tax Assessment (from	,	\$ 2,502,327	
		nt # that includes Gross Provider Tax Assessment	Expense	40-00900-00141 (WTB Account #)
2 Hospit	al Gross Provider Tax Assessment Include	ed 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 Differe	ence (Explain Here>)	0	\$ -	
Provid	der Tax Assessment Reclassifications	(from w/s A-6 of the Medicare cost report)		
4	Reclassification Code	0	\$ -	- (Reclassified to / (from))
5	Reclassification Code	0	\$ -	- (Reclassified to / (from))
6	Reclassification Code	0	\$ -	- (Reclassified to / (from))
7	Reclassification Code	0	\$ -	- (Reclassified to / (from))
DSH U	JCC ALLOWABLE - Provider Tax Asses Reason for adjustment	sment Adjustments (from w/s A-8 of the Medicare cost report) Lesser of Provider fee or 11.88% add-on amt	\$ (1,311,462)	5.00 (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))
12 13 14 15	JCC NON-ALLOWABLE Provider Tax A: Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment	ssessment Adjustments (from w/s A-8 of the Medicare cost rep 0 0 0 0 0	\$ - \$ - \$ - \$ - \$ -	- - - -
	Net Provider Tax Assessment Expense Inc	cluded in the Cost Report	\$ 1,190,865	
DSH UCC Provi	der Tax Assessment Adjustment:			
17 Gross	Allowable Assessment Not Included in the	e Cost Report	\$ 1,311,462	
• • •	rtionment of Provider Tax Assessment			
18	Medicaid Hospital Charges S		206,352,779	
19	Uninsured Hospital Charges S		134,662,374	
20	Total Hospital Charges S		1,023,931,572	
21		ment Adjustment to include in DSH Medicaid UCC	20.15%	
22		ment Adjustment to include in DSH Uninsured UCC	13.15%	
23	Medicaid Provider Tax Assessment		\$ 264,299	
24	Uninsured Provider Tax Assessmen	t Adjustment to DSH UCC	\$ 172,477	
25 Provid	er Tax Assessment Adjustment to DSH U	CC	\$ 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 Hospital Medicaid Number Cost Report Period

		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 & F	Payment Summa	ary												Georgia			
Hospital Name Hospital Medicaid Number	Northside Hos	spital, Inc Duluth	I		7												
Cost Report Period	From	10/1/2021	То	9/30/2022	_												
As-Reported:		Α	В	С	D	E	F	G	Н	ı	J	K	L	M	N	0	Р
Service Type		Total Costs Survey H & I	Medicaid Basic Rate Payments Survey H & I	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.) Survey H & I	Uninsured Payments Survey H & I	Uninsured Payments Not On Exhibit B (1011 Payments) Survey E	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
Medicaid Fee for Service Medicaid Fee for Service	Inpatient Outpatient	6,510,840 2,124,993	4,785,053 1,864,632	-	93,610 1,768	-	-		-	-		-			4,878,663 1,866,400	1,632,177 258,593	74.93% 87.83%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	3,801,871 7,928,533	- 585	1,782,590 4,672,498	18,993	55 29,803									1,782,645 4,721,879	2,019,226 3,206,654	46.89% 59.56%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	5,235,657 4,213,987	236,230 319,174						3,272,602 2,000,445	:	3,183 27,692	21,441			3,533,456 2,347,311	1,702,201 1,866,676	67.49% 55.70%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	5,917,927 4,598,140	118,129 217,174	5,481 57,780	1,688,220 1,274,325	2,927 13,935			15,629 4,770	2,970,301 1,756,516	:				4,800,687 3,324,500	1,117,240 1,273,640	81.12% 72.30%
9 Uninsured 10 Uninsured	Inpatient Outpatient	11,712,865 12,151,935	:	:		-					:		392,922 4,594,275		392,922 4,594,275	11,319,943 7,557,660	3.35% 37.81%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	33,179,160 31,017,588	5,139,412 2,401,565	1,788,071 4,730,278	1,781,830 1,295,086	2,982 43,738	-	-	3,288,231 2,005,215	2,970,301 1,756,516	3,183 27,692	21,441	392,922 4,594,275	-	15,388,373 16,854,365	17,790,787 14,163,223	46.38% 54.34%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	88,065 111,381	:		715	130		:	2,779	7,300 1,712					7,300 5,336	80,765 106,045	8.29% 4.79%
15 Sub-Total 15.01 Provider Tax Assessment Adjusti	I/P and O/P ment to UCC	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	32,140,820 436,776	50.09%
Adjustments: Service Type		A Total Costs	B 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.)	L Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)	N 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 2 Medicaid Fee for Service	Inpatient Outpatient	246,449 16,961	:	:	-	-	:	-		-					-	246,449 16,961	-2.73% -0.70%
Medicaid Managed Care Medicaid Managed Care	Inpatient Outpatient	149,937 22,452			-	-	:	-							•	149,937 22,452	-1.78% -0.17%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	223,803 20,184		:	•	:			:	:		:			•	223,803 20,184	-2.77% -0.27%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	253,202 41,659	-	:	-	-			:	-	:	:			-	253,202 41,659	-3.33% -0.65%
9 Uninsured 10 Uninsured	Inpatient Outpatient	514,535 85,706		:							:		:	-	-	514,535 85,706	-0.14% -0.26%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	1,387,926 186,962	-	-	-	-		-	-	-	-	-	-	-	-	1,387,926 186,962	-1.86% -0.33%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	3,598 1,383		-			-	•		-	-	-			•	3,598 1,383	-0.33% -0.06%
15 Sub-Total 15.01 Provider Tax Assessment Adjust	I/P and O/P ment to UCC	1,579,869	-	-	-		-	-	-	-	-	-	-	-	-	1,579,869	-1.20%

DSH Examination UCC Cost & F	ayment Summa	ary												Georgia			
Hospital Name Hospital Medicaid Number	Northside Hos	spital, Inc Duluth															
Cost Report Period	From	10/1/2021	То	9/30/2022	-												
As-Adjusted:		Α	В	С	D	E	F	G	Н		J	K	L	M	N	0	P
Service Type		Total Costs Survey H & I	Medicaid Basic Rate Payments Survey H & I	Medicaid Managed Care Payments Survey H & I	Private Insurance Payments Survey H & I	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 Survey H & I	Uninsured Payments Not On Exhibit B (1011 Payments) Survey E	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
Medicaid Fee for Service Medicaid Fee for Service	Inpatient Outpatient	6,757,289 2,141,954	4,785,053 1,864,632	-	93,610 1,768	-	-	-	-	-		-			4,878,663 1,866,400	1,878,626 275,554	72.20% 87.14%
Medicaid Managed Care Medicaid Managed Care	Inpatient Outpatient	3,951,808 7,950,985	- 585	1,782,590 4,672,498	18,993	55 29,803	:								1,782,645 4,721,879	2,169,163 3,229,106	45.11% 59.39%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	5,459,460 4,234,171	236,230 319,174		-	-			3,272,602 2,000,445		3,183 27,692	21,441			3,533,456 2,347,311	1,926,004 1,886,860	64.72% 55.44%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	6,171,129 4,639,799	118,129 217,174	5,481 57,780	1,688,220 1,274,325	2,927 13,935			15,629 4,770	2,970,301 1,756,516	:				4,800,687 3,324,500	1,370,442 1,315,299	77.79% 71.65%
9 Uninsured 10 Uninsured	Inpatient Outpatient	12,227,400 12,237,641	:	:		-	:	:		:	:	:	392,922 4,594,275	-	392,922 4,594,275	11,834,478 7,643,366	3.21% 37.54%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	34,567,086 31,204,550	5,139,412 2,401,565	1,788,071 4,730,278	1,781,830 1,295,086	2,982 43,738	-	-	3,288,231 2,005,215	2,970,301 1,756,516	3,183 27,692	21,441	392,922 4,594,275	-	15,388,373 16,854,365	19,178,713 14,350,185	44.52% 54.01%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	91,663 112,764	:		715	130			2,779	7,300 1,712					7,300 5,336	84,363 107,428	7.96% 4.73%
15 Cost Report Year Sub-Total 15.01	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	- Provider Tax Ass	32,255,374 essment Adjustment	33,720,689 436,776	48.89%
16 17												ss: Out of State DS -Total UCC Prior to				34,157,465	

Medicaid DSH Survey Adjustments

 PROVIDER:
 Northside Hospital, Inc. - Duluth
 Mcaid Number:
 000001064A

 FROM:
 10/1/2021
 TO:
 9/30/2022
 Mcare Number:
 10/252

			Mye	ers and Stauffe	er 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 Cost	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 Cost	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 Cost	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. I, 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. I, 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. I, 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. I, 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. I, 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 for Report	Amounts
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