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

Provider Name	NORTHSIDE HOSPITAL
Mcaid Provider Number	000001405A
Mcare Provider Number	110161

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

NOTE: These are initial results only.

GA Medicaid DSH Paym	-							7/1/2024	6/30/2025
	(A)	(B)	(C)		(D)		(E)		
			As-Filed DSH				djusted DSH		
	Cost Report	Cost Report	Uncompensated		Total		compensated		
	Year Begin	Year End	Care Cost (UCC)	Adjı	ustments	Ca	re Cost (UCC)		
Cost Report Year UCC:	10/1/2022 -	9/30/2023	\$ 201,477,843	\$	-	\$	201,477,843		
Less: 2023 Net UPL Payments						Ś	11,690,190		
Less: 2025 Net DPP Payments						\$	20,658,099		
Plus: 2024 Net DPP Recoupme						\$	-		
Less: GME Payments						\$	-		
Add: Net OP Settlement (Diffe	rence between provi	der submitted and	d estimated)			\$	1,522,214		
Add: Provider tax excluded fro	om the cost report (N	1edicaid primary 8	& uninsured portion)			\$	1,520,621		
Uncompensated Care Allocation	on Factor	-				\$	172,172,389		
Hospital Specific DSH Limit						\$	155,537,805		
2025 Eligibility							Eligible		
Near Low Income Litilia	ation Ratio (IIIIP).						17.69%		
DSH Year Low Income Utiliz	auon Ratio (LIUR):						11.09%		

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	9.00	9/11/2024
DSH Version	9.00	9/11/2024

D. General Cost Report Year Information 9/30/2023 10/1/2022 The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the

accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided:	NORTHSIDE HOSPITAL		
2. Select Cost Report Year Covered by this Survey:	10/1/2022 through 9/30/2023 X		
3. Status of Cost Report Used for this Survey (Should be audited if available)	5 - Amended		
3a. Date CMS processed the HCRIS file into the HCRIS database:	1/17/2024		
	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	Data NORTHSIDE HOSPITAL	Correct? Yes	If Incorrect, Proper Information
4. Hospital Name: 5. Medicaid Provider Number:			If Incorrect, Proper Information
	NORTHSIDE HOSPITAL	Yes	If Incorrect, Proper Information
5. Medicaid Provider Number:	NORTHSIDE HOSPITAL	Yes Yes	If Incorrect, Proper Information
5. Medicaid Provider Number: 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	NORTHSIDE HOSPITAL	Yes Yes Yes	If Incorrect, Proper Information

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

	State Name	Provider No.
9. State Name & Number	ALABAMA	247571
10. State Name & Number	FLORIDA	107736700
11. State Name & Number	NORTH CAROLINA	1457396079
12. State Name & Number	TENNESSEE	Q061341.
13. State Name & Number	SOUTH CAROLINA	232810
14. State Name & Number		
15. State Name & Number		
(List additional states on a separate attachment)		

E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2022 - 09/30/2023)

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

8. Out-of-State DSH Payments (See Note 2)

	Inpatient		Outpatient	
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	\$ 2,83	6,017	\$ 10,168,790	
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$ 16,11	,361	\$ 81,049,941	
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B)	\$18,94	,378	\$91,218,731	
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	1	1.97%	11.15%	

14.97%

Total \$13,004,807 \$97,161,302 \$110.166.109 11.80%

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

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services

15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services

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

\$		
\$		
		ş

Yes

Version 9.00

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

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

F. MIUR / LIUR Qualifying Data from the Cost Report (10/01/2022 - 09/30/2023)

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)

227,906

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
- 0. 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

\$ -222,586,709 352,907,333 \$ 575,494,042

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 (Charge	es)		Contractual Adjustments		
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
 Hospital Psych Subprovider Rehab. Subprovider Swing Bed - SNF Swing Bed - NF Skilled Nursing Facility Nursing Facility Nursing Facility Other Long-Term Care Ancillary Services Outpatient Services Home Health Agency Ambulance Outpatient Rehab Providers ASC 	\$ 720,744,313 \$ - S \$ - S \$ 1,216,365,827 \$ 1,216,365,827 \$ - S \$ - S	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	S - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 913,544,025 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	S - S - S - S - S - S 4,285,103,293 S - S - S -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 179,433,758 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
25. Hospice 26. Other	s -	s -	\$ - \$ 1.068.436.424	s -	<u>s</u> -	\$ - \$ 802.442.563	\$ -
27. Total 28. Total Hospital and Non Hospital	\$ 1,937,110,140	\$ 8,219,530,268 Total from Above	\$ 1,068,436,424 \$ 11,225,076,832	\$ 1,454,854,580	\$ 6,173,227,331 Total from Above	\$ 802,442,563 \$ 8,430,524,474	\$ 2,528,558,497
29. Total Per Cost Report 30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED patient revenue)		t Revenues (G-3 Line 1) s a decrease in net	\$ 11,225,076,832	Total Con	tractual Adj. (G-3 Line 2)	\$ 8,430,524,474 \$ -	
 Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT decrease in net patient revenue) 	INCLUDED on worksheet G-3, Lir	ne 2 (impact is a			+	\$ -	
 Increase worksheet G-3, Line 2 to reverse offset of Medicaid DS is a decrease in net patient revenue) 	H Revenue INCLUDED on worksh	eet G-3, Line 2 (impact				\$	
 Increase worksheet G-3, Line 2 to reverse offset of State and Lo G-3, Line 2 (impact is a decrease in net patient revenue) 	cal Patient Care Cash Subsidies IN	NCLUDED on worksheet				¢	
 Decrease worksheet G-3, Line 2 to remove Medicaid Provider Ta increase in net patient revenue) 	axes INCLUDED on worksheet G-3	3, Line 2 (impact is an			-	φ -	
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remov INCLUDED on worksheet G-3, Line 2 (impact is an increase in n		insured patients				\$	
36. Adjusted Contractual Adjustments 37. Unreconciled Difference	Unreconciled D	ifference (Should be \$0)	<u>\$ -</u>	Unreconciled [Difference (Should be \$0)	\$ 8,430,524,474 \$ -	

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2022-09/30/2023 NORTHSIDE HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem Cost or Other Ratio
		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Dier
Routine Co	st Centers (list below): LTS & PEDIATRICS	\$ 217,018,358	e	le		\$ 217,018,35	146.562	\$ 301,704,283	-	\$ 1,480.7
03100 INTE	NSIVE CARE UNIT	\$ 28,877,520		\$ -		\$ 28,877,52		\$ 130,023,529	-	\$ 1,414
03200 COR 03300 BUR	ONARY CARE UNIT N INTENSIVE CARE UNIT	<u>\$</u> -	<u>\$</u> -	\$ -		\$	-	s -		\$
	GICAL INTENSIVE CARE UNIT	<u>\$</u> - \$-	\$ - \$ -	\$ - \$ -		\$	-	\$ - \$ -	-	\$
03500 OTH	ER SPECIAL CARE UNIT	\$ 52,856,343	\$ -	\$ -		\$ 52,856,34	30,687	\$ 184,088,349		\$ 1,722
	PROVIDER I PROVIDER II	<u>\$</u> -	\$ -	\$ -		\$	-	\$ -		\$
	ER SUBPROVIDER	s -	s -	s -		s		s -	-	\$
04300 NUR	SERY	\$ 71,926,040	\$ -	\$ -		\$ 71,926,04	37,096	\$ 104,928,152		\$ 1,938
	Total Routine Weighted Average	\$ 370,678,261	\$ -	\$ -	\$ -	\$ 370,678,26	234,759	\$ 720,744,313		\$ 1,578
Observation	Data (Non-Distinct)		Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculate Cost-to-Charge Ra
09200 Obse	ervation (Non-Distinct)		6,853	-	-	\$ 10,147,44	737,805	19,704,021	\$ 20,441,826	0.4964
		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		Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculat Cost-to-Charge Ra
									1	
	ost Centers (from W/S C excluding Obse RATING ROOM	s 141.878.602	S -	s -		\$ 141.878.60	\$ 200.781.999	\$ 557.029.092	\$ 757.811.091	0.187
5000 OPE	RATING ROOM OVERY ROOM	\$ 141,878,602 \$ 18,290,023	\$- \$-	\$ - \$ -		\$ 141,878,602 \$ 18,290,022	\$ 17,592,932	\$ 51,489,026	\$ 69,081,958	0.264
5000 OPE 5100 REC 5200 DELI	RATING ROOM OVERY ROOM VERY ROOM & LABOR ROOM	\$ 141,878,602 \$ 18,290,023 \$ 96,437,840	\$ - \$ - \$ -	\$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,84	\$ 17,592,932 \$ 178,197,458	\$ 51,489,026 \$ 37,601,863	\$ 69,081,958 \$ 215,799,321	0.264
5000 OPE 5100 REC 5200 DELI 5300 ANE	RATING ROOM OVERY ROOM	\$ 141,878,602 \$ 18,290,023 \$ 96,437,840 \$ 2,890,379	\$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ -		\$ 18,290,02	\$ 17,592,932 \$ 178,197,458 \$ 40,909,825	\$ 51,489,026 \$ 37,601,863 \$ 138,221,160	\$ 69,081,958 \$ 215,799,321	0.264 0.444 0.016
5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD 5500 RAD	RATING ROOM OVERY ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC	\$ 141,878,602 \$ 18,290,023 \$ 96,437,840 \$ 2,890,379 \$ 131,272,949 \$ 33,034,875	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,84 \$ 2,890,37 \$ 131,272,94 \$ 33,034,87	\$ 17,592,932 \$ 178,197,458 \$ 40,909,825 \$ 57,128,249 \$ 10,903,758	\$ 51,489,026 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,666,398	\$ 69,081,958 \$ 215,799,321 \$ 179,130,985 \$ 479,175,121 \$ 272,570,156	0.264 0.446 0.016 0.273 0.121
5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD 5500 RAD 5600 RAD	RATING ROÖM OVERY ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC IOISOTOPE	\$ 141,878,602 \$ 18,290,023 \$ 96,437,840 \$ 2,890,379 \$ 131,272,949 \$ 33,034,875 \$ 10,018,456	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,84 \$ 2,890,37 \$ 131,272,94 \$ 33,034,87 \$ 10,018,450	\$ 17,592,932 \$ 178,197,458 \$ 40,909,825 \$ 57,128,249 \$ 10,903,758 \$ 3,201,511	\$ 51,489,026 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,666,398 \$ 55,757,610	\$ 69,081,958 \$ 215,799,321 \$ 179,130,985 \$ 479,175,121 \$ 272,570,156 \$ 58,959,121	0.264 0.444 0.010 0.275 0.125 0.125
5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD 5500 RAD 5600 RAD 5700 CT S	RATING ROOM OVERY ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC	\$ 141,878,602 \$ 18,290,023 \$ 96,437,840 \$ 2,890,379 \$ 131,272,949 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,84 \$ 2,890,37 \$ 131,272,94 \$ 33,034,87 \$ 10,018,45 \$ 9,033,38	\$ 17,592,932 \$ 178,197,458 \$ 40,909,825 \$ 57,128,249 \$ 10,903,758 \$ 3,201,511 \$ 85,694,351	\$ 51,489,026 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,666,398 \$ 55,757,610 \$ 289,433,526	\$ 69,081,958 \$ 215,799,321 \$ 179,130,985 \$ 479,175,121 \$ 272,570,156 \$ 58,959,121 \$ 375,127,877	0.264 0.446 0.016 0.273 0.121 0.165 0.024
5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD 5600 RAD 5600 RAD 5700 CT S 5800 MRI 5900 CAR	RATING ROÓM OVERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-OHAGNOSTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC GAN DIAC CATHETERIZATION	\$ 141,878,602 \$ 18,290,023 \$ 96,437,840 \$ 2,890,379 \$ 131,272,949 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382 \$ 10,954,223 \$ 7,925,481	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,84 \$ 2,890,37 \$ 131,272,94 \$ 33,034,87 \$ 10,018,45 \$ 9,033,38 \$ 10,954,22 \$ 7,925,48	\$ 17,592,932 \$ 178,197,458 \$ 40,909,825 \$ 57,128,249 \$ 10,903,758 \$ 3,201,511 \$ 85,694,351 \$ 24,509,342 \$ 23,662,458	\$ 51,489,026 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,666,398 \$ 55,757,610 \$ 289,433,526 \$ 159,288,958 \$ 48,993,994	\$ 69,081,958 \$ 215,799,321 \$ 179,130,985 \$ 479,175,121 \$ 272,570,156 \$ 58,959,121 \$ 375,127,877 \$ 183,798,300 \$ 72,656,452	0.264 0.446 0.016 0.273 0.121 0.165 0.024 0.055 0.105
5000 OPEI 5100 REC 5200 DELI 5300 ANE 5400 RAD 5500 RAD 5500 CT S 5700 CT S 5800 MRI 5900 CAR 6000 LABC	RATING ROÓM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOISOTOPE CAN DIAC CATHETERIZATION DIAC CATHETERIZATION DIAC CATHETERIZATION	\$ 141,878,602 \$ 18,200,023 \$ 96,437,840 \$ 2,880,379 \$ 131,272,949 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382 \$ 10,954,223 \$ 7,925,481 \$ 96,594,114	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,84 \$ 2,890,37 \$ 131,272,94 \$ 33,034,87 \$ 10,018,455 \$ 9,033,38 \$ 10,954,22 \$ 7,925,48 \$ 96,554,11	\$ 17,592,932 \$ 178,197,458 \$ 40,909,825 \$ 57,128,249 \$ 10,903,758 \$ 3,201,511 \$ 85,694,351 \$ 24,509,342 \$ 23,662,458 \$ 425,006,035	\$ 51,489,026 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,666,398 \$ 55,757,610 \$ 269,433,526 \$ 159,288,958 \$ 48,993,994 \$ 437,644,874	\$ 69,081,958 5215,799,321 579,130,985 5479,175,121 522,570,156 58,959,121 5375,127,877 5183,799,300 572,656,452 58,862,650,909	0.264 0.444 0.016 0.273 0.121 0.165 0.024 0.055 0.105 0.111
5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD 5500 RAD 5600 RAD 5700 CT S 5800 MRI 5900 CARI 6000 LABG	RATING ROÓM OVERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-OHAGNOSTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC GAN DIAC CATHETERIZATION	\$ 141,878,602 \$ 18,290,023 \$ 96,437,840 \$ 2,890,379 \$ 131,272,949 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382 \$ 10,954,223 \$ 7,925,481	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 18,290,02: \$ 96,437,84 \$ 2,890,377 \$ 131,272,94 \$ 33,034,87 \$ 10,018,45 \$ 9,033,38 \$ 10,954,22: \$ 7,925,48 \$ 96,594,11 \$ 21,209,88	\$ 17,592,932 \$ 178,197,458 \$ 40,909,825 \$ 57,128,249 \$ 10,903,758 \$ 3,201,511 \$ 24,509,342 \$ 24,609,342 \$ 23,662,458 \$ 425,006,035 \$ \$9,586,616	\$ 51,489,026 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,666,398 \$ 55,757,610 \$ 299,433,526 \$ 159,288,958 \$ 48,993,994 \$ 437,644,874 \$ 5,034,528	\$ 69,081,958 \$ 215,799,321 \$ 179,130,985 \$ 479,175,121 \$ 272,570,156 \$ 58,959,121 \$ 375,127,877 \$ 183,798,300 \$ 72,656,452 \$ 862,650,909 \$ 64,621,114	0.264 0.44 0.016 0.273 0.127 0.169 0.024 0.059 0.109 0.111 0.328
5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD 5500 RAD 5600 RAD 5700 CT S 5800 MRI 5900 CARI 6000 LAB6 6500 RESI 6600 PHY	RATING ROÓM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-VERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC DIAC CATHETERIZATION JRATORY THERAPEY INFATORY THERAPY	\$ 141.878.602 \$ 18,290,023 \$ 96,437.840 \$ 2,890,379 \$ 131,272,949 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382 \$ 10,954,223 \$ 7,925,481 \$ 96,594,114 \$ 21,209,885	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,84 \$ 2,890,37 \$ 131,272,94 \$ 33,034,87 \$ 10,018,455 \$ 9,033,38 \$ 10,954,22 \$ 7,925,48 \$ 96,554,11	\$ 17,502,902 \$ 178,197,458 \$ 40,909,825 \$ 57,128,249 \$ 10,903,758 \$ 3,201,511 \$ 24,509,342 \$ 23,662,458 \$ 259,586,616 \$ 24,500,872 \$ 59,586,616 \$ 24,502,872	\$ 51,489,026 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,666,398 \$ 55,757,610 \$ 289,433,526 \$ 159,288,958 \$ 48,933,994 \$ 437,644,874 \$ 5,034,528 \$ 21,997,021	\$ 69,081,958 \$ 215,799,321 \$ 719,130,985 \$ 479,175,121 \$ 272,570,156 \$ 58,959,121 \$ 375,127,877 \$ 183,796,300 \$ 72,656,452 \$ 862,650,909 \$ 64,621,144 \$ 46,499,893	0.264 0.444 0.016 0.273 0.121 0.156 0.024 0.055 0.0100 0.111 0.328 0.283
5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD 5600	RATING ROÓM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC OIGOTOPE CAN DIAC CATHETERIZATION ORATORY PIRATORY THERAPY SIGLAT THERAPY UPATIONAL THERAPY SCH PATHOLOGY	\$ 141,878,602 \$ 18,200,023 \$ 96,437,840 \$ 2,860,379 \$ 131,272,949 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382 \$ 7,925,481 \$ 96,594,114 \$ 21,209,885 \$ 13,167,762 \$ 3,644,278 \$ 2,048,278	\$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,644 \$ 2,690,377 \$ 131,272,944 \$ 33,034,877 \$ 10,018,457 \$ 9,033,385 \$ 10,954,222 \$ 7,925,48 \$ 96,594,111 \$ 21,209,888 \$ 13,167,766 \$ 3,644,207 \$ 2,048,277 \$ 2,048,27	\$ 17,592,992 \$ 178,187,458 \$ 40,909,825 \$ 57,128,249 \$ 3,003,758 \$ 3,201,511 \$ 8,6694,351 \$ 24,509,342 \$ 24,509,862,458 \$ 24,502,872 \$ 36,62,458 \$ 59,596,616 \$ 24,502,872 \$ 16,613,552 \$ 11,782,588	\$ 51,489,022 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,666,398 \$ 55,757,610 \$ 289,433,526 \$ 159,288,958 \$ 48,993,994 \$ 437,644,874 \$ 5,034,528 \$ 21,997,021 \$ 1,324,235 \$ 378,099 \$ 378,090 \$ 378,090 \$ 378,090 \$ 378,090 \$ 378,090 \$	\$ 69,081,958 \$ 215,799,321 \$ 179,130,085 \$ 479,175,121 \$ 272,570,156 \$ 58,959,121 \$ 375,127,877 \$ 183,798,300 \$ 72,656,452 \$ 862,650,909 \$ 64,621,144 \$ 46,499,893 \$ 16,937,775 \$ 12,106,067	0.264 0.444 0.011 0.277 0.121 0.165 0.055 0.105 0.111 0.322 0.283 0.211 0.283
5000 OPE 5100 REC: 5200 DELI 5300 ANE: 5400 RAD 5600 RAD 5700 CT S 5800 MRI 5900 CAR 6000 LABG 6000 LABG 6000 RESI 6600 PHY 6700 OCC 6800 SPE 6900 ELEC	RATING ROÓM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC IOISOTOPE CAN DIAC CATHETERIZATION DIAC CATHETERIZATION DIAC CATHETERIZATION SICAL THERAPY UPATIONAL THERAPY ECH PATHOLOGY STROCARDIOLOGY	\$ 141,678,602 \$ 18,290,023 \$ 96,437,840 \$ 2,890,379 \$ 131,272,949 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382 \$ 10,954,223 \$ 7,925,481 \$ 96,594,114 \$ 96,594,114 \$ 21,209,885 \$ 13,167,762 \$ 3,644,289 \$ 2,048,278 \$ 6,554,884	\$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,84 \$ 2,890,37 \$ 131,272,94 \$ 33,034,87 \$ 10,018,45 \$ 9,033,38 \$ 10,954,22 \$ 7,925,46 \$ 96,594,11 \$ 21,209,88 \$ 13,167,76 \$ 3,644,28 \$ 2,048,27 \$ 2,048,27 \$ 5,554,86	\$ 175.02.902 \$ 178.197.458 \$ 40.909.825 \$ 57.128.249 \$ 3.001.511 \$ 8.694.351 \$ 23.662.458 \$ 23.662.455 \$ 45.694.351 \$ 42.500.342 \$ 24.500.342 \$ 42.500.322 \$ 45.694.351 \$ 42.500.322 \$ 42.502.872 \$ 15.613.552 \$ 17.782.568 \$ 3.75.565	\$ 51,489,026 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,666,398 \$ 55,757,610 \$ 289,433,526 \$ 159,288,956 \$ 48,993,994 \$ 437,644,874 \$ 5,034,528 \$ 21,997,021 \$ 1,324,223 \$ 378,099 \$ 25,533,101 \$ 285,331,01 \$ 285,355,355,355,355,355,355,355,355,355,3	\$ 90.081.958 215.799.321 179.130.985 479.175.121 179.130.985 479.175.121 375.270.156 58.999.121 375.127.877 183.798.300 \$72.656.452 862.650.909 \$64.621.144 \$46.499.893 \$16.937.775 \$12.160.667 \$59.508.666	0.264 0.446 0.016 0.273 0.121 0.162 0.024 0.024 0.025 0.101 0.322 0.283 0.215 0.166 0.110
5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD 5500 RAD 5600 RAD 5700 CT S 5800 MAI 5900 CAR 6000 LABC 6000 LABC 6500 RESI 6600 PHY 6700 OCC 6800 SPEE 6900 ELEC 7100 MED	RATING ROÓM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC IOISOTOPE CAN DIAC CATHETERIZATION DIAC CATHETERIZATION SIGAL THERAPY UPATIONAL THERAPY UPATIONAL THERAPY SIGAL THERAPY UPATIONAL THERAPY SCH PATHOLOGY STROCARDIOLOGY TROCARDIOLOGY	\$ 141,878,602 \$ 18,200,023 \$ 96,437,840 \$ 2,860,379 \$ 131,272,949 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382 \$ 7,925,481 \$ 96,594,114 \$ 21,209,885 \$ 13,167,762 \$ 3,644,278 \$ 2,048,278	\$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 16,290,02 \$ 96,437,844 \$ 2,690,377 \$ 12,127,294 \$ 33,034,877 \$ 10,018,455 \$ 9,903,303 \$ 7,925,48 \$ 9,903,305 \$ 13,954,22 \$ 7,925,48 \$ 3,96,984,11 \$ 2,1209,88 \$ 2,048,277 \$ 6,554,866 \$ 1,029,944 \$ 2,048,277 \$ 6,554,866 \$ 1,021,917,78	\$ 17,592,992 \$ 178,197,458 \$ 40,909,825 \$ 57,128,249 \$ 17,128,249 \$ 3,201,511 \$ 3,201,511 \$ 2,3062,458 \$ 24,509,342 \$ 23,662,458 \$ 39,506,616 \$ 24,502,872 \$ 11,782,568 \$ 33,975,656 \$ 3,316,736 \$ 63,342,458	\$ 51,489,025 \$ 37,601,863 \$ 138,221,160 \$ 422,046,872 \$ 261,66,398 \$ 55,757,610 \$ 289,433,526 \$ 159,288,985 \$ 489,3994 \$ 437,644,874 \$ 5,034,528 \$ 21,997,021 \$ 1,324,223 \$ 378,099 \$ 25,533,101 \$ 559,519 \$ 2559,519	\$ 69.081.982 \$ 215.799.321 \$ 179.130.985 \$ 479.175.121 \$ 272.570.156 \$ 569.659.121 \$ 375.127.877 \$ 183.798.300 \$ 72.656.452 \$ 642.51.144 \$ 46.499.893 \$ 16.397.775 \$ 12.160.667 \$ 3.876.255 \$ 13.376.555 \$ 13.22.370	0.266 0.444 0.016 0.277 0.122 0.062 0.050 0.101 0.111 0.222 0.283 0.211 0.166 0.111 0.266
5000 OPE 5100 REC 5200 DELL 5300 RAD 5400 RAD 5600 RAD 5600 RAD 5600 RAD 5600 RAD 5700 CT S 5800 MR1 5900 CAR 6600 PHY3 6700 OCC 6800 SPEI 6800 CAR 6700 OCC 6800 SPEI 6800 CAR 7700 OCC 6800 SPEI 6800 CAR 7700 OCC 6800 SPEI 6800 CAR 7700 OCC 7700 OCC 7700 OCC 7700 DELEC 7700 MED 7700 MED	RATING ROÓM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THEAPPLITIC IOISOTOPE CAN DIAC CATHETERIZATION SKATORY PIRATORY THERAPY SIGAL THERAPY UPATIONAL THERAPY SIGAL SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN	\$ 141,876,802 5 18,290,023 \$ 96,437,840 \$ 28,90,023 \$ 96,437,840 \$ 28,90,023 \$ 96,437,840 31,1272,940 \$ 31,302,84275 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,457 \$ 10,018,452 \$ 10,018,452 \$ 10,018,452 \$ 10,018,452 \$ 10,018,452 \$ 10,209,422 \$ 21,208,885 \$ 10,209,442 \$ 10,209,442 \$ 10,209,442 \$ 12,21,37,767 \$ 12,21,37,767 \$ 12,21,37,767	\$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,64 \$ 2,890,37 \$ 13,127,294 \$ 33,034,87 \$ 10,018,46 \$ 9,033,38 \$ 9,6534,11 \$ 7,925,48 \$ 9,6534,11 \$ 2,048,27 \$ 2,048,27 \$ 2,048,27 \$ 2,048,27 \$ 1,039,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 8,2149,33	\$ 17,502,902 \$ 178,107,458 \$ 40,909,825 \$ 57,128,249 \$ 57,128,249 \$ 30,21511 \$ 85,604,351 \$ 23,662,450 \$ 23,662,455 \$ 50,206,032 \$ 45,206,032 \$ 15,613,552 \$ 33,975,565 \$ 33,975,565 \$ 33,16,736 \$ 31,6736 \$ 14,1,204	\$ 51.480.026 \$ 37.601.863 \$ 32.01.863.86 \$ 422.046.872 \$ 20.1666.386 \$ 55.757.610 \$ 20.1666.386 \$ 55.757.610 \$ 20.1666.386 \$ 20.93.934 \$ 33.764.874 \$ 20.93.934 \$ 43.993.994 \$ 37.64.874 \$ 5.03.4528 \$ 2.93.97.029 \$ 2.5.33.101 \$ 55.519 \$ 14.376.178.936 \$ 17.819.365 \$ 17.819.365	\$ 69.081.958 \$ 215.799.321 \$ 179.130.985 \$ 479.175.121 \$ 272.570.156 \$ 58.969.121 \$ 375.127.877.98.300 \$ 72.656.452 \$ 862.650.909 \$ 64.621.144 \$ 46.99.893 \$ 16.937.775 \$ 59.508.666 \$ 38.76.255 \$ 183.222.370 \$ 29.861.140	0.264 0.444 0.011 0.273 0.121 0.162 0.055 0.100 0.111 0.322 0.283 0.211 0.166 0.111 0.266 0.274
5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD 5600 RAD 5600 RAD 5700 CT 5 5600 RAD 5700 CAR 6500 RAD 5700 CAR 6500 RESI 6600 PHY 6700 OELE 7000 ELEC 7100 MED 7200 IMPL 7200 IMPL	RATING ROÓM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC IOISOTOPE CAN DIAC CATHETERIZATION DIAC CATHETERIZATION DIAC CATHETERIZATION SICAL THERAPY UPATIONAL THERAPY UPATIONAL THERAPY UPATIONAL THERAPY ECH PATHOLOGY STROCENDLOGY TROCARDIOLOGY TROCARDIOLOGY CTROCARDIOLOGY CTROCARDIOLOGY OF ANTERIA DI PATIENTS	\$ 141,876,602 \$ 141,876,602 \$ 96,437,840 \$ 96,437,840 \$ 96,437,840 \$ 96,437,840 \$ 96,437,840 \$ 96,337,840 \$ 9,033,362 \$ 9,033,362 \$ 9,033,362 \$ 9,033,362 \$ 9,053,417 \$ 9,054,114 \$ 9,654,114 \$ 9,654,144 \$ 1,057,625 \$ 1,029,485 \$ 2,042,778 \$ 6,554,864 \$ 1,029,485 \$ 1,229,485 \$ 0,554,864 \$ 1,029,494 \$ 2,143,305 \$ 2,143,305 \$ 5,31,465,053	\$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 18,290,02 \$ 9,437,244 \$ 2,890,37 \$ 131,272,94 \$ 30,048,75 \$ 10,018,46 \$ 9,033,385 \$ 10,925,48 \$ 7,925,48 \$ 3,647,28 \$ 3,644,28 \$ 1,023,44 \$ 5,634,66 \$ 1,023,445,05 \$ 6,554,465 \$ 1,223,445,05	\$ 1,7502,802 \$ 17,802,802 \$ 17,817,458 \$ 5,7128,249 \$ 5,7128,249 \$ 5,7128,249 \$ 3,201,511 \$ 5,864,857 \$ 3,220,1511 \$ 2,866,816 \$ 2,3062,458 \$ 2,3062,458 \$ 4,500,842 \$ 5,90,866,616 \$ 3,307,565 \$ 3,316,735 \$ 6,82,461,97 \$ 11,141,204 \$ 6,82,461,97 \$ 6,83,461,975 \$ 6,83,461,975 \$ 6,82,461,975 \$ 6,83,461,975 \$ 6,83,461,975 \$ 6,83,461,975 \$ 6,83,461,975 \$ 8,80,814,678 \$ 8,80,814,678	\$ 51.480.026 \$ 37.601.863 \$ 32.01.863.86 \$ 422.046.872 \$ 20.1666.386 \$ 55.757.610 \$ 20.1666.386 \$ 55.757.610 \$ 20.1666.386 \$ 20.93.934 \$ 33.764.874 \$ 20.93.934 \$ 43.993.994 \$ 37.64.874 \$ 5.03.4528 \$ 2.93.97.029 \$ 2.5.33.101 \$ 55.519 \$ 14.376.178.936 \$ 17.819.365 \$ 17.819.365	\$ 60,061,085 \$ 215,799,321 \$ 717,9130,985 \$ 479,175,121 \$ 272,370,156 \$ 356,057,175,121 \$ 272,370,156 \$ 375,127,877 \$ 183,778,300 \$ 64,620,803,775 \$ 16,397,775 \$ 15,906,862 \$ 95,905,806,866 \$ 3,376,255 \$ 18,322,370 \$ 299,651,144 \$ 4,221,121,292	0.264 0.444 0.011 0.277 0.122 0.287 0.0550
5000 OPE 5100 REC 5200 DEL1 5300 ANE 5300 RAD 5500 RAD 5700 CT 5700 CT 5700 CT 5700 CT 5700 CT 5700 RAD 5700 RAD	RATING ROÓM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THEAPPLITIC IOISOTOPE CAN DIAC CATHETERIZATION SKATORY PIRATORY THERAPY SIGAL THERAPY UPATIONAL THERAPY SIGAL SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN	\$ 141,876,802 5 18,290,023 \$ 96,437,840 \$ 28,90,023 \$ 96,437,840 \$ 28,90,023 \$ 96,437,840 31,1272,940 \$ 31,302,84275 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,456 \$ 10,018,457 \$ 10,018,452 \$ 10,018,452 \$ 10,018,452 \$ 10,018,452 \$ 10,018,452 \$ 10,209,422 \$ 21,208,885 \$ 10,209,442 \$ 10,209,442 \$ 10,209,442 \$ 12,21,37,767 \$ 12,21,37,767 \$ 12,21,37,767	\$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 18,290,02 \$ 96,437,64 \$ 2,890,37 \$ 13,127,294 \$ 33,004,87 \$ 10,018,46 \$ 9,033,38 \$ 9,6534,11 \$ 9,6584,11 \$ 2,048,27 \$ 2,048,27 \$ 2,048,27 \$ 2,048,27 \$ 1,039,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 1,029,54 \$ 2,137,76 \$ 62,149,33	\$ 17.502.022 \$ 17.602.022 \$ 17.8197.458 \$ 40.900.622 \$ 57.128.240 \$ 50.201.511 \$ 85.604.351 \$ 3.201.511 \$ 85.604.351 \$ 24.500.402 \$ 23.662.465 \$ 45.604.312 \$ 24.500.403 \$ 24.500.403 \$ 24.500.403 \$ 24.500.872 \$ 15.613.552 \$ 11.1742.568 \$ 3.376.756 \$ 63.246.172 \$ 11.1341.204 \$ 60.814.6705.202	\$ 51480.026 \$ 37.601.863 \$ 37.601.863 \$ 138.221.160 \$ 422.046.872 \$ 251.663.389 \$ 55.757.610 \$ 55.757.610 \$ 109.435.262 \$ 109.286.565 \$ 43.993.3844 \$ 209.435.325 \$ 21.997.021 \$ 1.324.223 \$ 373.099 \$ 25.533.101 \$ 555.519 \$ 114.376.178.19.335 \$ 376.0494 \$ 377.049 \$ 25.533.101 \$ 559.519 \$ 114.376.178.19.335 \$ 376.4044.614	\$ 69.081.958 \$ 215.799.321 \$ 179.130.985 \$ 479.175.121 \$ 272.570.156 \$ 58.969.121 \$ 375.127.877.98.300 \$ 72.656.452 \$ 862.650.909 \$ 64.621.144 \$ 46.99.893 \$ 16.937.775 \$ 59.508.666 \$ 38.76.255 \$ 183.222.370 \$ 29.861.140	0 264 0.444 0.011 0.121 0.122 0.055 0.100 0.111 0.322 0.283 0.211 0.166 0.111 0.322 0.283 0.211 0.166 0.111 0.266 0.277 0.122 0.272 0.272
5000.0PE 5100 REC 5200 DEL1 5300 ANE 5300 RAD 5500 RAD 5700	RATING ROÓM VERY ROOM & LABOR ROOM STHESIOLOGY UCLOGY-DIAGNOSTIC IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC COLOGY-THERAPEUTIC DIAC CATHETERIZATION DRATORY REATORY-HERAPY EVENTORY-HERAPY SID TONIA THERAPY SID ROMA TH	\$ 141,876,602 \$ 141,876,602 \$ 96,437,840 \$ 2,890,023 \$ 13,1272,940 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382 \$ 9,033,382 \$ 7,025,481 \$ 21,209,885 \$ 21,209,885 \$ 2,642,273 \$ 82,042,273 \$ 82,149,336 \$ 82,149,336 \$ 33,148,075 \$ 0,209,942 \$ 22,197,787 \$ 82,149,336 \$ 31,16,003 \$ 20,820,853 \$ 31,18,003 \$ 30,22,878 \$ 30,22,878	\$ - \$ -	\$ - \$ -		\$ 18,200,02 \$ 9,437,64 \$ 2,800,37 \$ 13,127,244 \$ 3,034,67 \$ 10,018,45 \$ 0,033,85 \$ 0,094,22 \$ 7,925,46 \$ 9,653,41 \$ 3,644,27 \$ 1,029,84 \$ 12,137,83 \$ 53,1485,05 \$ 31,18,09 \$ 2,062,06 \$ 3,023,877	1 5 17.502.022 5 178.197.458 5 5 178.197.458 5 5 57.128.240 5 5 57.128.240 5 5 3.20.1511 5 5 24.500.342 5 5 24.500.342 5 5 425.000.035 5 5 24.500.825 5 5 24.500.825 5 5 24.500.825 5 5 24.500.825 5 5 17.82.568 5 5 11.1782.568 5 5 11.1782.568 5 5 11.1782.568 5 5 11.141.204 5 5 11.1705.260 5 5 11.1341.204 5 6 1.1705.260 5 5 41.3705 5	\$ 51.480.026 \$ 37.601.863 \$ 37.601.863 \$ 138.221.160 \$ 422.046.872 \$ 251.663.389 \$ 55.757.610 \$ 55.757.610 \$ 139.432.162 \$ 159.248.652 \$ 159.248.652 \$ 159.248.652 \$ 159.248.652 \$ 21.997.021 \$ 1.324.223 \$ 373.099 \$ 25.533.101 \$ 555.519 \$ 119.252.266 \$ 6.390.214	\$ 60.051.058 \$ 215.799.321 \$ 717.313.985 \$ 479.775.121 \$ 727.570.165 \$ 68.959.161 \$ 58.959.161 \$ 58.959.161 \$ 58.959.161 \$ 68.959.162 \$ 82.650.909 \$ 64.621.144 \$ 40.499.803 \$ 16.337.772.855 \$ 18.322.3770.255 \$ 18.322.3770.255 \$ 10.3776.255 \$ 10.705.260 \$ 14.103.083 \$ 14.31.930	0 2640 0.444 0.014 0.273 0.121 0.162 0.059 0.109 0.111 0.322 0.283 0.218 0.111 0.285 0.283 0.211 0.166 0.274 0.155 0.275
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5000.0PE 5100 REC 5200 DEL 5300 ANE 5300 ANE 5300 RAD 5500 RAD 5500 RAD 5500 RAD 5500 CT \$ 5500 MRU 5500 CAR 6500 RES 6600 PHY 5600 CAR 6600 RES 6600 RES 6600 RES 6600 RES 6700 CCC 7000 ELE 7000 ELE 7000 ELE 7000 MPL 7200 MPL 7400 REN 7500 ASC 7500 ASC 7500 ASC	RATING ROÓM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPY SICAL THERAPY VERTIONAL THERAPY SICAL THERAPY UPATIONAL THERAPY SICAL THERAPY UPATIONAL THERAPY SICAL THERAPY SICAL THERAPY TEROCARDIOLOGY STROCARDIOLOGY STROCARDIOLOGY TOROCARDIOLOGY CHARGED TO PATIENTS AL DIALYSIS (NON-DISTINCT PART) ER ANGLILARY SERVICES SOENCE HSCT ACQUISITION	\$ 141,876,602 \$ 141,876,602 \$ 96,437,840 \$ 2,890,023 \$ 13,1272,940 \$ 33,034,875 \$ 10,018,456 \$ 9,033,382 \$ 9,033,382 \$ 7,025,481 \$ 21,209,885 \$ 21,209,885 \$ 2,042,273 \$ 82,042,273 \$ 82,149,336 \$ 82,149,336 \$ 33,148,075 \$ 0,209,842 \$ 0,209,942 \$ 82,149,336 \$ 83,116,003 \$ 82,148,336 \$ 31,116,003 \$ 30,202,878 \$ 30,22,878	\$ - \$ -	\$ - \$ -		\$ 18,200,02 \$ 9,437,64 \$ 2,800,37 \$ 13,127,244 \$ 3,034,67 \$ 10,018,45 \$ 0,033,85 \$ 0,094,22 \$ 7,925,46 \$ 9,653,41 \$ 3,644,27 \$ 1,029,84 \$ 12,137,83 \$ 53,1485,05 \$ 31,18,09 \$ 2,062,06 \$ 3,023,877	1 17.502.022 5 17.8197.458 5 17.8197.458 5 17.128.240 5 57.128.240 5 3.20.1511 5 58.509.351 5 24.500.342 5 23.662.455 5 425.000.035 5 54.500.812 5 24.500.812 5 24.500.812 5 24.500.812 5 24.500.812 5 24.500.812 5 11.782.568 5 3.376.756 6 3.3.376.565 5 68.246.107 5 11.144.1204 5 60.314.675 5 1.327.649 5 1.327.649 5 468	\$ 51.480.026 \$ 37.601.863 \$ 37.601.863 \$ 138.221.160 \$ 422.046.872 \$ 261.660.309 \$ 55.757.610 \$ 55.757.610 \$ 289.435.825 \$ 149.928.656 \$ 422.048.872 \$ 55.757.610 \$ 55.757.610 \$ 55.757.610 \$ 55.757.610 \$ 21.997.021 \$ 1.324.223 \$ 73.099 \$ 25.533.101 \$ 55.515 \$ 119.252.206 \$ 6.390.214 \$ 5.203.432 \$ 5.203.434 \$ 5.203.434 \$ 5.203.434 \$ 6.390.214 \$ 722.652	\$ 60.051.058 \$ 215.799.321 \$ 717.313.985 \$ 479.775.121 \$ 727.570.165 \$ 68.959.161 \$ 58.959.161 \$ 58.959.161 \$ 58.959.161 \$ 68.959.162 \$ 82.650.909 \$ 64.621.144 \$ 40.499.803 \$ 16.337.772.855 \$ 18.322.3770.255 \$ 18.322.3770.255 \$ 10.3776.255 \$ 10.705.260 \$ 14.103.083 \$ 14.31.930	0 264 0.446 0.446 0.016 0.273 0.121 0.189 0.029 0.199 0.199 0.111 0.328 0.283 0.213 0.215 0.166 0.274 0.155 0.265 0.274 0.125 0.291 0.470 0.471 0.471
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5000.0PE 5100 REC 5200 DELI 5300 RAD 5300 RAD 5500 RAD 5500 RAD 5500 RAD 5500 CT S 5500 CT S 5500 CT S 5500 CAR 6000 LAB 6500 PHY 6500 CT S 6500 PHY 7000 LBC 6500 PHY 7000 LBC 7100 MED 7700 ABC 7100 MED 7700 MED 7700 ABC 7500 CT S 7000	RATING ROÓM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-THERORY IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPY SICAL THERAPY VERTIONAL THERAPY SICAL THERAPY UPATIONAL THERAPY SICAL THERAPY UPATIONAL THERAPY SICAL THERAPY SICAL THERAPY TEROCARDIOLOGY STROCARDIOLOGY STROCARDIOLOGY TOROCARDIOLOGY TOROCARDIOLOGY CONCUSTINCT PATIENTS AL DIALYSIS (NON-DISTINCT PATENTS SIC SCHARGED TO PATIENTS AL DIALYSIS (NON-DISTINCT PART) ER ANGLILARY SERVICES SIGENECH SECT ACQUISITION IC TAL HEALTH OP CLINIC CER CENTER	\$ 141,876,802 \$ 141,876,802 \$ 96,437,840 \$ 96,437,840 \$ 96,437,840 \$ 96,437,840 \$ 96,437,840 \$ 96,337,840 \$ 33,034,875 \$ 10,018,456 \$ 9033,382 \$ 96,594,114 \$ 21,209,885 \$ 3,0475 \$ 0,554,844 \$ 1,029,442 \$ 0,554,844 \$ 1,029,425 \$ 6,554,844 \$ 1,029,425 \$ 6,554,844 \$ 1,029,425 \$ 6,554,844 \$ 1,029,4260 \$ 3,118,093 \$ 0,302,870 \$ 3,023,877 \$ 3,023,878 \$ 3,023,878 \$ 0,302,870 \$ 3,023,878 <	\$ - \$ -	8 - \$ -		\$ 18,220,02 \$ 9,437,84 \$ 2,800,37 \$ 131,272,94 \$ 3,034,87 \$ 10,018,45 \$ 0,033,36 \$ 0,064,22 \$ 7,825,46 \$ 3,644,27 \$ 2,046,86 \$ 3,644,28 \$ 2,046,86 \$ 2,046,86 \$ 2,046,86 \$ 2,046,86 \$ 2,046,86 \$ 2,046,86 \$ 2,046,86 \$ 2,046,87 \$ 2,046,87 \$ 2,046,87 \$ 2,046,87 \$ 1,053,94 \$ 1,025,47 \$ 2,042,807 \$ 3,023,470 \$ 3,023,470 \$ 3,034,433 \$ 3,034,433 \$ 3,044,348 \$ 3,044,348<	\$ 17.502.022 \$ 17.602.022 \$ 17.602.022 \$ 17.602.022 \$ 17.602.022 \$ 57.128.240 \$ 0.000.375 \$ 3.201.511 \$ 85.604.351 \$ 2.3062.463 \$ 2.3062.463 \$ 4.500.032 \$ 4.500.032 \$ 4.500.032 \$ 4.500.042 \$ 2.3062.463 \$ 1.501.5502 \$ 4.500.047 \$ 1.702.666 \$ 6.802.477 \$ 6.1702.666 \$ 6.802.471 \$ 6.802.4617 \$ 6.802.4617 \$ 6.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617	\$ 51480.026 37,601.863 3138.221.160 \$ 422.046.872 \$ 251.663.398 \$ 55,757.610 \$ 56,757.610 \$ 289.433.526 \$ 169.398 \$ 5,577.610 \$ 169.748.978 \$ 169.748.978 \$ 169.748.978 \$ 143.744.874 \$ 2.199.021 \$ 152.553.101 \$ 159.653.101 \$ 147.7419.393 \$ 147.249.22.296 \$ 3.940.404.817 \$ 119.226.208 \$ 3.944.874 \$ 726.652 \$ 3.946.877 \$ 163.528.559 \$ 163.528.559	\$ 80.0611588 \$ 215.799.321 \$ 179.130,985 \$ 479.177.121 \$ 272.870.156 \$ 58.959.121 \$ 737.178.121 \$ 737.679.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 738.160.0607 \$ 738.0508.057 \$ 739.051 \$ 140.06083 \$ 134.100.083 \$ 3.3797.301 \$ 3.977.301 \$ 91.573.173 \$ 21.200.465	0.187 0.284 0.464 0.016 0.273 0.121 0.129 0.024 0.059 0.109 0.024 0.0328 0.109 0.1110 0.285 0.129 0.285 0.129 0.285 0.129 0.295 0.129 0.295 0.459 0.45
5000 (OPE) 5100 (REC) 5300 JOEL 5300 JOEL 5300 JANE 5500 (RAD) 5500 (RAD) 5500 (RAD) 5500 (RAD) 5500 (CAR) 5500 (CAR) 550	RATING ROÓM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC COLOGY-THERAPEUTIC COLOGY-THERAPEUTIC CAN DIAC CATHETERIZATION DIAC CATHETERIZATION VERATORY THERAPY VERATORY VERATORY SCIENCE OF CONTENTS AL UNLYSIS VERATORY SERVICES VERATORY SERVICES VERATORY SERVICES VERATORY SERVICES VERATORY SERVICES VERATORY SERVICES	\$ 141,876,802 \$ 141,876,802 \$ 96,437,840 \$ 2,890,023 \$ 96,437,840 \$ 2,890,023 \$ 3,303,4875 \$ 10,018,456 \$ 9,033,382 \$ 9,033,382 \$ 9,053,3487 \$ 9,059,114 \$ 9,059,114 \$ 2,042,275 \$ 2,042,275 \$ 2,042,275 \$ 2,042,275 \$ 2,042,275 \$ 2,042,275 \$ 2,042,275 \$ 2,042,275 \$ 2,042,275 \$ 2,042,275 \$ 2,042,075 \$ 2,042,075 \$ 2,042,075 \$ 2,042,075 \$ 2,042,075 \$ 2,042,075 \$ 2,042,075 \$ 2,042,075 <td< td=""><td>\$ - \$ -</td><td>8 - \$ -</td><td></td><td>\$ 18,200,02 \$ 9,6437,64 \$ 2,800,37 \$ 131,272,94 \$ 3,004,87 \$ 131,272,94 \$ 3,004,87 \$ 10,018,45 \$ 10,964,22 \$ 7,925,46 \$ 9,653,65 \$ 11,67,76 \$ 2,048,27 \$ 6,554,41 \$ 2,048,27 \$ 2,048,27 \$ 6,554,65 \$ 10,29,84 \$ 2,048,27 \$ 2,048,27 \$ 2,048,27 \$ 5,1465,05 \$ 3,148,00 \$ 3,042,00 \$ 1,914,48 \$ 19,413,47,43</td><td>\$ 17.502.022 \$ 17.602.022 \$ 17.602.022 \$ 17.602.022 \$ 17.602.022 \$ 57.128.240 \$ 0.000.375 \$ 3.201.511 \$ 85.604.351 \$ 2.3062.463 \$ 2.3062.463 \$ 4.500.032 \$ 4.500.032 \$ 4.500.032 \$ 4.500.042 \$ 2.3062.463 \$ 1.501.5502 \$ 4.500.047 \$ 1.702.666 \$ 6.802.477 \$ 6.1702.666 \$ 6.802.471 \$ 6.802.4617 \$ 6.802.4617 \$ 6.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617</td><td>\$ 51480.026 37,601.863 3138.221.160 \$ 422.046.872 \$ 251.663.398 \$ 55,757.610 \$ 56,757.610 \$ 289.433.526 \$ 169.398 \$ 5,577.610 \$ 169.748.978 \$ 169.748.978 \$ 169.748.978 \$ 143.744.874 \$ 2.199.021 \$ 152.553.101 \$ 159.653.101 \$ 147.7419.393 \$ 147.249.22.296 \$ 3.940.404.817 \$ 119.226.208 \$ 3.944.874 \$ 726.652 \$ 3.946.877 \$ 163.528.559 \$ 163.528.559</td><td>\$ 80.0611588 \$ 215.799.321 \$ 179.130,985 \$ 479.177.121 \$ 272.870.156 \$ 58.959.121 \$ 737.178.121 \$ 737.679.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 738.160.0607 \$ 738.0508.057 \$ 739.051 \$ 140.06083 \$ 134.100.083 \$ 3.3797.301 \$ 3.977.301 \$ 91.573.173 \$ 21.200.465</td><td>0 264 0 444 0 444 0 0.16 0 0.273 0 0.273 0 0.273 0 0.273 0 0.273 0 0.273 0 0.283 0 0.283 0 0.191 0 0.285 0 0.190 0 0.285 0 0.166 0 0.274 0 0.255 0 0.275 0 0.059 0 0.0</td></td<>	\$ - \$ -	8 - \$ -		\$ 18,200,02 \$ 9,6437,64 \$ 2,800,37 \$ 131,272,94 \$ 3,004,87 \$ 131,272,94 \$ 3,004,87 \$ 10,018,45 \$ 10,964,22 \$ 7,925,46 \$ 9,653,65 \$ 11,67,76 \$ 2,048,27 \$ 6,554,41 \$ 2,048,27 \$ 2,048,27 \$ 6,554,65 \$ 10,29,84 \$ 2,048,27 \$ 2,048,27 \$ 2,048,27 \$ 5,1465,05 \$ 3,148,00 \$ 3,042,00 \$ 1,914,48 \$ 19,413,47,43	\$ 17.502.022 \$ 17.602.022 \$ 17.602.022 \$ 17.602.022 \$ 17.602.022 \$ 57.128.240 \$ 0.000.375 \$ 3.201.511 \$ 85.604.351 \$ 2.3062.463 \$ 2.3062.463 \$ 4.500.032 \$ 4.500.032 \$ 4.500.032 \$ 4.500.042 \$ 2.3062.463 \$ 1.501.5502 \$ 4.500.047 \$ 1.702.666 \$ 6.802.477 \$ 6.1702.666 \$ 6.802.471 \$ 6.802.4617 \$ 6.802.4617 \$ 6.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617 \$ 1.802.4617	\$ 51480.026 37,601.863 3138.221.160 \$ 422.046.872 \$ 251.663.398 \$ 55,757.610 \$ 56,757.610 \$ 289.433.526 \$ 169.398 \$ 5,577.610 \$ 169.748.978 \$ 169.748.978 \$ 169.748.978 \$ 143.744.874 \$ 2.199.021 \$ 152.553.101 \$ 159.653.101 \$ 147.7419.393 \$ 147.249.22.296 \$ 3.940.404.817 \$ 119.226.208 \$ 3.944.874 \$ 726.652 \$ 3.946.877 \$ 163.528.559 \$ 163.528.559	\$ 80.0611588 \$ 215.799.321 \$ 179.130,985 \$ 479.177.121 \$ 272.870.156 \$ 58.959.121 \$ 737.178.121 \$ 737.679.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 738.160.0607 \$ 738.0508.057 \$ 739.051 \$ 140.06083 \$ 134.100.083 \$ 3.3797.301 \$ 3.977.301 \$ 91.573.173 \$ 21.200.465	0 264 0 444 0 444 0 0.16 0 0.273 0 0.273 0 0.273 0 0.273 0 0.273 0 0.273 0 0.283 0 0.283 0 0.191 0 0.285 0 0.190 0 0.285 0 0.166 0 0.274 0 0.255 0 0.275 0 0.059 0 0.0
5000 (ÖPE) 5100 REC: 5200 DELI 5300 ARAD 5300 ARAD 5500 RAD 5500 RAD 5500 RAD 5500 RAD 5500 RAD 5500 RAD 5500 CAS 5500 NRE 5500 CAS 6500 PESI 6500 DELE 7000	RATING ROÓM VERY ROOM & LABOR ROOM STHESIOLOGY UCLOGY-DIAGNOSTIC IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC OIOSOTOPE CAN DIAC CATHETERIZATION JRATORY BRITO	\$ 141,876,602 \$ 141,876,602 \$ 96,437,840 \$ 96,437,840 \$ 96,437,840 \$ 96,437,840 \$ 96,437,840 \$ 33,034,875 \$ 10,018,455 \$ 9,033,382 \$ 7,022,461 \$ 3,042,755 \$ 1,034,223 \$ 3,042,270 \$ 3,044,270 \$ 2,044,271 \$ 3,044,270 \$ 2,044,271 \$ 3,044,270 \$ 2,044,271 \$ 3,044,270 \$ 3,042,800 \$ 3,042,800 \$ 1,020,942 \$ 3,042,800 \$ 1,024,911 \$ 1,023,977 \$ 1,024,911 \$ 1,072,027,371 \$ 1,072,027,371 \$ 1,072,027,371 <t< td=""><td>\$ - \$ -</td><td>\$ - \$ -</td><td></td><td>\$ 18,220,02; \$ 9,437,84 \$ 2,800,37; \$ 131,272,94 \$ 3,034,87; \$ 10,018,46 \$ 9,033,36; \$ 10,018,46 \$ 9,033,36; \$ 10,054,22; \$ 7,252,64 \$ 3,643,27; \$ 2,654,66; \$ 1,023,94; \$ 2,654,66; \$ 1,254,167,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,023,07; \$ 0,203,07; \$ 1,941,445; \$ 3,023,67; \$ 1,941,445; \$ 1,941,445; \$ 1,941,445; \$ 1,941,445; \$ 1,941,445; <t< td=""><td>\$ 17.502.022 \$ 17.602.022 \$ 17.602.022 \$ 17.602.022 \$ 17.122.240 \$ 5.7.122.240 \$ 17.602.022 \$ 5.7.122.240 \$ 3.201.511 \$ 5.603.021 \$ 2.45.003.042 \$ 2.3.062.052 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 3.316.730 \$ 6.82.46.197 \$ 1.0.700.200 \$ 4.850.787 \$ 1.452.7484 \$ 4.02.75.900 \$ 2.156.710.764 \$ 2.877.455.077</td><td>\$ 51.480.028 \$ 37.601.863 \$ 37.601.863 \$ 138.221.160 \$ 422.048.872 \$ 55.777.610 \$ 55.777.610 \$ 289.433.525 \$ 159.248.858 \$ 43.923.944 \$ 37.648.74 \$ 21.997.021 \$ 1.52.253.101 \$ 25.533.101 \$ 55.776.802 \$ 37.648.74 \$ 21.997.021 \$ 1.324.223 \$ 378.099 \$ 25.533.101 \$ 19.252.266 \$ 3.64.046.71 \$ 5.263.343 \$ 725.652 \$ 3.364.487.435 \$ 726.552 \$ 3.364.487.435 \$ 726.552 \$ 3.364.487.435 \$ 725.652 \$ 3.364.485.035 \$ 163.526.595 \$ 72.652 \$ 3.364.485.035 \$ 163.526.595 \$ 72.652.411.387</td><td>\$ 80.0611588 \$ 215.799.321 \$ 179.130,985 \$ 479.177.121 \$ 272.870.156 \$ 58.959.121 \$ 737.178.121 \$ 737.679.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 738.100.101 \$ 738.100.101 \$ 739.011 \$ 729.120 \$ 720.121.201 \$ 720.121.201 \$ 3.3797.301 \$ 720.120.405 \$ 720.120.405.401</td><td>0 264 0 244 0.444 0.014 0.273 0.122 0.283 0.055 0.105 0.111 0.322 0.283 0.218 0.111 0.255 0.265 0.274 0.155 0.477 0.444 2.633 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.275 0.457 0.457 0.447 0.457 0.447 0.455 0.456 0.321 0.456 0.321 0.456 0.321 0.456 0.321 0.456 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.</td></t<></td></t<>	\$ - \$ -	\$ - \$ -		\$ 18,220,02; \$ 9,437,84 \$ 2,800,37; \$ 131,272,94 \$ 3,034,87; \$ 10,018,46 \$ 9,033,36; \$ 10,018,46 \$ 9,033,36; \$ 10,054,22; \$ 7,252,64 \$ 3,643,27; \$ 2,654,66; \$ 1,023,94; \$ 2,654,66; \$ 1,254,167,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,21,97,76; \$ 2,023,07; \$ 0,203,07; \$ 1,941,445; \$ 3,023,67; \$ 1,941,445; \$ 1,941,445; \$ 1,941,445; \$ 1,941,445; \$ 1,941,445; <t< td=""><td>\$ 17.502.022 \$ 17.602.022 \$ 17.602.022 \$ 17.602.022 \$ 17.122.240 \$ 5.7.122.240 \$ 17.602.022 \$ 5.7.122.240 \$ 3.201.511 \$ 5.603.021 \$ 2.45.003.042 \$ 2.3.062.052 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 3.316.730 \$ 6.82.46.197 \$ 1.0.700.200 \$ 4.850.787 \$ 1.452.7484 \$ 4.02.75.900 \$ 2.156.710.764 \$ 2.877.455.077</td><td>\$ 51.480.028 \$ 37.601.863 \$ 37.601.863 \$ 138.221.160 \$ 422.048.872 \$ 55.777.610 \$ 55.777.610 \$ 289.433.525 \$ 159.248.858 \$ 43.923.944 \$ 37.648.74 \$ 21.997.021 \$ 1.52.253.101 \$ 25.533.101 \$ 55.776.802 \$ 37.648.74 \$ 21.997.021 \$ 1.324.223 \$ 378.099 \$ 25.533.101 \$ 19.252.266 \$ 3.64.046.71 \$ 5.263.343 \$ 725.652 \$ 3.364.487.435 \$ 726.552 \$ 3.364.487.435 \$ 726.552 \$ 3.364.487.435 \$ 725.652 \$ 3.364.485.035 \$ 163.526.595 \$ 72.652 \$ 3.364.485.035 \$ 163.526.595 \$ 72.652.411.387</td><td>\$ 80.0611588 \$ 215.799.321 \$ 179.130,985 \$ 479.177.121 \$ 272.870.156 \$ 58.959.121 \$ 737.178.121 \$ 737.679.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 738.100.101 \$ 738.100.101 \$ 739.011 \$ 729.120 \$ 720.121.201 \$ 720.121.201 \$ 3.3797.301 \$ 720.120.405 \$ 720.120.405.401</td><td>0 264 0 244 0.444 0.014 0.273 0.122 0.283 0.055 0.105 0.111 0.322 0.283 0.218 0.111 0.255 0.265 0.274 0.155 0.477 0.444 2.633 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.275 0.457 0.457 0.447 0.457 0.447 0.455 0.456 0.321 0.456 0.321 0.456 0.321 0.456 0.321 0.456 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.</td></t<>	\$ 17.502.022 \$ 17.602.022 \$ 17.602.022 \$ 17.602.022 \$ 17.122.240 \$ 5.7.122.240 \$ 17.602.022 \$ 5.7.122.240 \$ 3.201.511 \$ 5.603.021 \$ 2.45.003.042 \$ 2.3.062.052 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 4.50.000.001 \$ 3.316.730 \$ 6.82.46.197 \$ 1.0.700.200 \$ 4.850.787 \$ 1.452.7484 \$ 4.02.75.900 \$ 2.156.710.764 \$ 2.877.455.077	\$ 51.480.028 \$ 37.601.863 \$ 37.601.863 \$ 138.221.160 \$ 422.048.872 \$ 55.777.610 \$ 55.777.610 \$ 289.433.525 \$ 159.248.858 \$ 43.923.944 \$ 37.648.74 \$ 21.997.021 \$ 1.52.253.101 \$ 25.533.101 \$ 55.776.802 \$ 37.648.74 \$ 21.997.021 \$ 1.324.223 \$ 378.099 \$ 25.533.101 \$ 19.252.266 \$ 3.64.046.71 \$ 5.263.343 \$ 725.652 \$ 3.364.487.435 \$ 726.552 \$ 3.364.487.435 \$ 726.552 \$ 3.364.487.435 \$ 725.652 \$ 3.364.485.035 \$ 163.526.595 \$ 72.652 \$ 3.364.485.035 \$ 163.526.595 \$ 72.652.411.387	\$ 80.0611588 \$ 215.799.321 \$ 179.130,985 \$ 479.177.121 \$ 272.870.156 \$ 58.959.121 \$ 737.178.121 \$ 737.679.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 737.178.121 \$ 738.100.101 \$ 738.100.101 \$ 739.011 \$ 729.120 \$ 720.121.201 \$ 720.121.201 \$ 3.3797.301 \$ 720.120.405 \$ 720.120.405.401	0 264 0 244 0.444 0.014 0.273 0.122 0.283 0.055 0.105 0.111 0.322 0.283 0.218 0.111 0.255 0.265 0.274 0.155 0.477 0.444 2.633 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.275 0.457 0.457 0.447 0.457 0.447 0.455 0.456 0.321 0.456 0.321 0.456 0.321 0.456 0.321 0.456 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.321 0.446 0.

Version 9.00

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In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data: Cost Report Year (10/01/2022-09/30/2023) NORTHSIDE HOSPITAL % Survey to Cost Report Totals (Includes all payers) Medicald Cost to Charge Ratio for Ancillary Cost Centers Diem Cost for Routine Cost Centers Inpatient Outpatient (See Exhibit A) (See Exhibit A) CortCo Outpatient Inpatient Outpatient Inpatient Outpatient Inpatient Outpatient Inpatient Outpatient From PS&R Summary (Note A) Summary From PS&R Summary (Note A) From Hospital's Own Internal From Hospital's Own Internal From Section G From Section G Routine Cost Centers (from Section G): 03000 (ADULTS & PEDIATRICS 03000 INTENSIVE CARE UNIT 03000 ICORONARY CARE UNIT 03000 ISURNI INTENSIVE CARE UNIT 03000 ISURNI INTENSIVE CARE UNIT 03000 ISURR SPECIAL CARE UNIT 04000 ISUBRROWDER I 04100 ISUBRROWDER I Days Days Days Days Days Days Days 44,275 5,760 1,480.73 40.06% 37.01% 1,722.43 13,056 42.74% 04100 SUBPROVIDER II 04200 OTHER SU 04300 NURSERY \$ 1,938.92 22,597 62.51% 43.80% Total Dave 30,906 29,856 5.959 16.681 2,286 Total Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) 30,906 16,681 19 20 29,856 2,286 Routine Charges Routine Ch Routine Charges Calculated Routine Charge Per Diem 39.17% 21 01 Ancillary Charges Ancillary Charges Ancillary Charges ary Cost Centers (from W/S C) (from Se Ancillary Charges S Set 26.60% 09200 (Observation (Non-Distinct) 5000 OPERATING ROOM 5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 (RADIOLOGY-DIAGNOSTIC \$ 1,347,448 \$ 4,565,738 \$ 1,233,540 \$ 62,940 \$ 14,630,517 \$ 5,947,102 \$ 1,649,680 \$ 239,074 \$ 9,246,664 \$ \$ 9,246,664 \$ 0.187222 15,587,690 \$ 9,854,470 6,439,893 14,512,827 1,092,593 2,038,465 10,822,603 238,07 3,749,62 1,144,77 2,345,13 844,87 301,63 3,789,44 3 30% 132.93% 25.93% 5.73% 14.91% 15.95% 14.91% 15.95% 10.82% 10.72% 9.33% 10.84% 9.33% 10.84% 554.85% 64.81% 6561.03% 0.22% 8.37% 0.22% 2.20% 5500 RADIOLOGY-DIAGNOSTIC 5500 RADIOLOGY-THERAPEUTIC 5600 RADIOISOTOPE 5700 ICT SCAN 2,926,113 3,554,664 141,598 4,485,416 2,481,697 103,986 0.121198 28,762 30,861 490,723 125,873 267,840 470,253 5,081,905 6,022,486 1,229,340 4,906,467 5,102,251 859,362 3,072,347 1,094,678 3,613,187 11,148,771 3,423,508 5800 MRI 5900 CARDIAC CATHETERIZATION 985,57 0.059599 - 0.744.429 5 12,669,508 5 12,64,973,284 5 15,531,622 5 4,109,382 5 4,109,382 5 4,109,382 5 4,109,382 5 4,109,382 5 4,093,277 1 1,65,140 1 1,165,140 1 1,165,140 1 1,05,741 5 4,391,741 5 4,391,916 5 3,358,378 5 - 5 5 103,986 15,092,164 97,027 100,122 45,495 699,053 15,929,448 102,303 187,450 37,622 3,613,187 33,797,719 5,465,960 510,593 1,995,118 15,465,437 880,418 974,324 1,741,13 20,512,22 265,30 404,58 240,38 \$ 3,402,533 \$ 62,287,601 6000 LABORATORY 0.111974 44,824,15 4,390,02 1,148,46 10,753,769 3,260,202 322,344 79,277 40,312,645 2,505,212 1,380,713 20.44 000 LABORATORY 500 RESPIRATORY THERAPY 500 PHYSICAL THERAPY 700 OCCUPATIONAL THERAPY 533,859 1,026,797 523,309 0.328219 1,142,009 1,759,458 260,365 613,019 136,068 37,236 108,191 6900 SPEECH PATHOLOGY 6900 ELECTROCARDIOLOG 0.168435 1,960,179 2,805 48,821 345,533 339,763 136,616 88,686 865,541 18,079 504,926 252,535 0.110150 0.265705 0.666610 0.274141 0.125903 0.291267 0.153763 539,040 × 415,504 \$ 1,321,860 87,906 1,565,421 12,531,106 422,502,522 00 ELECTROENCEPHALOGRAPHY 8,768 60,668 357,808 \$ 7000 ELECTRUERQEPHALUGRAPH 7100 MEDICAL SUPPLIES OHROED TO PATIENT 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 7500 ASC (NON-DISTINCT PART) 1,299,839 483,093 3,090,615 36,789,613 205,188 1,263,116 76,54 4,817,36 19,667,16 1,309,32 752,10 31,156 526,768 3,714,669 127,428 132,628 140,22 4,700,67 167,027,45 22,221 1,885,157 84,994,804 1,500,165 35,040 955,01 8,597,477 340,241 238,989 50.213 3 369 91 2 677 190 7500 ASC (NURPERSITION FOR A CONTRACT AND A CONTRAC 0.470160 3,369,913 3,677,186 127,546 81,554 441,933 61,968 3,748 1,969 1,122 32,472 429,017 34,873 28,271 87,960 6,368,856 4.162.68 2,114,308 144,8/1 2.636593 38.352 35,711 16,502 883,392 168,905 9001 MENTAL HEALTH OP CLINIC 9002 CANCER CENTER 73 905 1.596554 0.321876 0.146265 660,601 50,752,201 106.304 50 9100 EMERGENCY 37.080.193 Totals / Payments 128 Total Charges (includes organ acquisition from Section J) 5 249.237.874 [\$ 137,586,858] [\$ 234,411,013] [\$ 169,286,300] [\$ 87,469,462] [\$ 183,625,812] [\$ 188,666,573] [\$ 301,208,010] [\$ 20,346,889] [\$ 20,702,182] [\$ 194,857,841] [\$ 199,984,9412] [\$ 799,984,912] [\$ 799,914,912] [\$ 799,914,912] [\$ 799,914,912] [\$ 799,914,912] [\$ 21.30% 248.237.874 1 37.368.685 5 234.411.013 5 169.206.200 5 87.469.452 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 5 20.207.212 5 189.866.573 5 301.206.010 129 Total Charges per PS&R or Exhibit Detail 130 Unreconciled Unreconciled Charges (Explain Variance) 131.01 Sampling Cost Adjustment (if applicable) 1 1 2774.040 1 23794.050 1 2774.072 1 4.2774.072 1 4.4774.072 1 4.4774.072 1 5 344.385 1 44.149.471 1 24.2774.072 1 5 344.385 1 44.149.471 1 24.2794.072 1 5 344.385 1 44.149.472 1 24.2794.072 1 344.385 1 44.1494.472 1 24.2794.072 1 5 344.385 1 44.1494.472 1 24.2794.072 1 344.385 1 44.1494.472 1 24.2794.072 1 344.385 1 44.1494.472 1 24.2794.072 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 344.385 1 131.02 Total Calculated Cost (includes organ acquisition from Section J) 23.63% 3.947,724 \$ 46,265,646 \$ \$ 41,816,364 \$ \$ 30,670,119 \$ \$ 31,157 \$ 132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) 133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Sc 18.513.000 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) 17.978.523 Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) 15,780,261 134 135 44,899,432 12,696,624 1,243 41,102,340 22,593 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) 136 137 (633,825) Medical Cost Settlement Payment (See Nike B) Defer Medical Payment Reports 4 (Cas Report Year (See Nike C) Medicare Traditional (non-HMD) Paid Annuer (seclutes consumanoliseductibles) (See Nike F) Medicare Manage Carl (MAD) Paid Annuer (seclutes consumanoliseductibles) Medicare Carl (See Carl (MAD) Paid Annuer (Seclutes consumanoliseductibles) Medicare Carl (Seclutes Carl (Seclutes Carl (Seclutes Carl (Seclutes Carl)) Medicare Carl (Seclutes Carl (Seclutes Carl)) Medicare Carl (Seclutes Carl) Medicare Carl (Seclut 138 139 140 \$ - \$ -\$ 16,616,636 \$ 19,396,697 \$ 10,707,297 \$ 24,602,203 (Agrees to Exhibit B and B-1) (Agrees to Exhibit B (Agrees to Exhibit B) (Agrees to Exhibit 285,938 277,156 Total Medicare Days from WIS S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6) 46,298 140 Percent of cross-over days to total Medicare days from the cost report Note A - These amounts must agree to your inpatient and outpatient Medical 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. Medical cost attement paymets refer to paymets make by Medical during a cost myori attement that are stateleded on the during paymets and myori and to cause accuracy (a state of the state of t

Note 5 - Nextcare paymetis reported in FFS, MCO, MCD Dehausteddion-convent, and uninsured payor buckets should only include Medicare Part B paymetes reported in press, MCO, MCD Dehausteddion-convent, and uninsured payor buckets should only include Medicare Part B paymetes for inpatient, Medicaid primary claims with Medicare Part B only coverage for Medicaid covered annihility services. Such claims include include Medicare Part B only coverage or educated beaution methods.

						Out-of-State Medic	aid Managed Care	Out-of-State Medic	are FFS Cross-Overs	Out-of-State Other M Included Elsewhe	Medicaid Eligibles (Not are & with Medicaid		
		Medicaid Per Diem Cost for	Medicaid Cost to Charge Ratio for	Out-of-State Med	icaid FFS Primary	Prin		(with Medica	ild Secondary)		indary)	Total Out-Of-	State Medicaid
_ine #	Cost Center Description	Routine Cost Centers	Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)								
toutine Co	st Centers (list below):			Days		Days		Days		Days		Days	
3100 INT	ULTS & PEDIATRICS ENSIVE CARE UNIT	\$ 1,480.73 \$ 1,414.59		21				48		22		147 22	
3200 CO 3300 BUR	RONARY CARE UNIT RN INTENSIVE CARE UNIT	S - S -		-									
3400 SUF	RGICAL INTENSIVE CARE UNIT	s -		-		-		-		-		-	
	HER SPECIAL CARE UNIT BPROVIDER I	\$ 1,722.43 \$ -		-		-		-				-	
4100 SUE	BPROVIDER II	s -		-		-		-		-		-	
4200 OTH 4300 NUE	HER SUBPROVIDER RSERY	\$ - \$ 1,938.92		- 9								- 9	
			Total Days	107				48		23		178	
otal Days p	per PS&R or Exhibit Detail Unreconciled Days (B	Evolain Variance)		107				48		23			
	Oneconciled Days (Explain valiance)		Bautine Channes		Bautias Charres		Deutles Channes		Bautias Channes		Davidas Channes	
	utine Charges			Routine Charges \$ 476,170		Routine Charges		Routine Charges \$ 111,470		S 56,898		Routine Charges \$ 644,538	
Cal	culated Routine Charge Per Diem			\$ 4,450.19		s -		\$ 2,322.29		\$ 2,473.83		\$ 3,621.00	
9200 Obs	ost Centers (from W/S C) (list below): servation (Non-Distinct)	_	0.496406	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Cha						
5000 OP	ERATING ROOM		0.187222	95,317	-	-	-	39,507	-	162,041	-	\$ 296,865	\$
	COVERY ROOM LIVERY ROOM & LABOR ROOM	-	0.264758 0.446887	21.330				-				\$ 21,330	\$
5300 ANE	ESTHESIOLOGY		0.016136	2,685	15,276		-	-		-	10,036	\$ 2,685	\$ 2
	DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC	-	0.273956	19,920 765	30,346 3,165			14,238	2,360 162,231	4,896	16,491 118,622	\$ 39,054 \$ 765	\$ 4 \$ 28
5600 RAI	DIOISOTOPE		0.169922 0.024081	- 69,276	-	-	-	- 54,430	-	- 20,169	762,456	\$ - \$ 143,875	\$ 76
5800 MR		-	0.024081		12,752			54,430	13,212	5,373	13,212	\$ 10,746	\$ 3
	RDIAC CATHETERIZATION BORATORY		0.109082 0.111974	32,634 278,147	- 475.468	-	-	17,363 106.532	3,837 699,526	3,837 76,148	1,259 394,683	\$ 53,834 \$ 460,827	\$ \$ 1,56
6500 RES	SPIRATORY THERAPY		0.328219	79,351	1,905	-		-	-	1,270	-	\$ 80,621	\$
	YSICAL THERAPY CUPATIONAL THERAPY	-	0.283178 0.215157	10,575 13,011	1,114			4,522 3,885	1,138 854	1,527	618	\$ 16,624 \$ 18,667	\$
6800 SPE	EECH PATHOLOGY		0.168435	6,551	-	-	-	1,843	1,331	1,736	-	\$ 10,130	\$
	ECTROCARDIOLOGY ECTROENCEPHALOGRAPHY	_	0.110150 0.265705	-			-	3,015	-	-	-	\$ - \$ 3,015	\$
7100 MEE	DICAL SUPPLIES CHARGED TO PATIENT	г	0.666610	-	-	-	-	-	-	1,325	172	\$ 1,325	ŝ
	PL. DEV. CHARGED TO PATIENTS UGS CHARGED TO PATIENTS		0.274141	407 478	22,144 242 452	-	-	198,106	6.682.603	4,475	204	\$ 4,475 \$ 678,165	\$ 2 \$ 10.70
7400 REI	NAL DIALYSIS		0.291267	-	-	-	-	-	-	-	-	\$ -	\$
	C (NON-DISTINCT PART) HER ANCILLARY SERVICES	-	0.153763					-	1,140		4,370	\$ - \$ -	\$
7700 ALL	OGENEIC HSCT ACQUISITION		0.441636	-	-	-	-	-	-	-	-	\$ -	\$
9000 CLI 9001 ME	NIC NTAL HEALTH OP CLINIC	-	2.636593 1.596554	-	- 561	-	-	-				\$ - \$ -	\$
9002 CA	NCER CENTER		0.321876	226	13,894	-	-	-	242,606	-	213,975	\$ 226	\$ 47 \$ 35
9100 EM	ERGENCY		0.146265	29,265	281,117 1,101,854		-	17,113 470,748	36,201 7,849,718	16,965 374,114	40,777 5,369,614	\$ 63,343	\$ 3
otals / Pay	ments												
	Total Charges (includes organ a	acquisition from Secti	on K)	\$ 1,548,518	\$ 1,101,854	s -	s -	\$ 582,218	\$ 7,849,718	\$ 431,012	\$ 5,369,614	\$ 2,561,747	\$ 14,32
otal Charge	es per PS&R or Exhibit Detail			\$ 1,548,518	\$ 1,101,854	\$-	\$-	\$ 582,218	\$ 7,849,718	\$ 431,012	\$ 5,369,614		
ampling Co	Unreconciled Charges ost Adjustment (if applicable)	(Explain Variance)			<u> </u>	<u> </u>	<u> </u>	· · · ·	. <u> </u>	· · · ·		s -	\$
	Total Calculated Cost (includes org	an acquisition from S	ection K)	\$ 322,002	\$ 147,789	\$-	\$-	\$ 130,892	\$ 1,026,822	\$ 90,673	\$ 750,093	\$ 543,567	\$ 1,92
	aid Paid Amount (excludes TPL, Co-Pay			\$ 15,925	\$ 2,801	\$ -	\$ -	\$ -	\$ 53,449	\$ -	\$ 29,994	\$ 15,925	\$ 8
otal Medica rivate Insu	aid Managed Care Paid Amount (exclude rance (including primary and third party I	es TPL, Co-Pay and Sp liability)	end-Down) (See Note E)	<u>s</u> -	\$ - \$ -	S - S -	s - s -	s - s -	\$ - \$ (245)	\$ - \$ 10.712	\$ - \$ 53.997	\$ - \$ 10,712	\$ \$ 5
elf-Pay (ind	cluding Co-Pay and Spend-Down)			s -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 944	\$ -	\$
	ed Amount from Medicaid PS&R or RA D ost Settlement Payments (See Note B)	etail (All Payments)		\$ 15,925 \$ -	\$ 2,801 \$ -	s -	\$ -					\$	Ś
ther Medic	aid Payments Reported on Cost Report			\$ -	\$ -	\$ -	\$-					\$ -	\$
tedicare Tr	raditional (non-HMO) Paid Amount (exclu anaged Care (HMO) Paid Amount (exclu	ides coinsurance/deduc ides coinsurance/deduc	tibles) (See Note F) tibles)	5 -		S -		\$ 69,495 \$ 20.289	\$ 682,348 \$ 79,595	\$ - \$ 56.165	\$ - \$ 736,445	\$ 69,495 \$ 76,454	\$ 66
fedicare Ma			-					S -	ŝ -	S -	\$ -	\$ -	s
fedicare Ma fedicare Cr	ross-Over Bad Debt Payments							-	-	-			
fedicare Ma fedicare Cr	ross-Over Bad Debt Payments care Cross-Over Payments (See Note D)							s -	\$ -	\$ -	\$ -	\$.	\$

I. Out-of-State Medicaid Data:

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 metry to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (PA summary or PS&R). Note C - Other Medicaid Payments surve in Colam Specific payments. DBH spagments should VTO be include. UP, payments made the values basis should be reported in Section C of the survey. Note D - Should include of the Medicare cross-over payments not included in the pard claim data reported above. This includes payments have a basis finally be reported in Section C of the survey. Note E - Medicaid Managed Care payments and el Medicaid Managed Care payments inset leidotte on the survey is advanted on the Medicare cost report settlement (e.g., Medicare Graduate Medicae Education payments). Note E - Medicaide Managed Care payments and el Medicaid Managed Care payments inset leidotte of the service payments bound introduce of the survey is advanted on the Medicare cost report settlement (e.g., Medicare Graduate Medicae Education payments). Note F - Medicaide to incoverage or character advanted to the service payments bound proteined. UP, payments made and payments bound proteined. Second Care payments and the reported in the claim care payments bound proteined. Second Care payments and the reported in the second care payments and the reported in the second care payments bound include on the material of the second care payments and the reported and the second care payments and the reported in the second care payments and the reported in the second care payments and the reported in the second care payments and the reported and the second care payments and the reported and the second care payments and the reported and the second care payments and the second care payments tori inpatient. Medicaid primary c

Page 5

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

Cost Report Year (10/01/2022-09/30/2023) NORTHSIDE HOSPITAL

		Total	Additional Add-In		Revenue for	Total	In-State Medi	caid FFS Primary	In-State Medicaid M	anaged Care Primary		FFS Cross-Overs (with Secondary)	Included Elsewhe Secondary - Exclude M	uicaiu Englibles (Not ire & with Medicaid Aedicaid Exhausted and overed)	Non-Covered (N	ICO Exhausted and lot to be Included vhere)	Unir	nsured
		Organ Acquisition Cos	Intern/Resident		Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Lr 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
C	rgan Acquisition Cost Centers (list below):		-	-	-	-	-	1		-	-	1	-	-	-		-	
	Lung Acquisition Kidney Acquisition	5	- 5 -		s -	0		0	<u> </u>	0	s -	0	3 -	0	<u> </u>	0	<u> </u>	0
F	Liver Acquisition	3 · · ·	- 5 -		s -	0	3 - C	0	<u> </u>	0	s -	0	3 ·	0	3 - 6	0	<u> </u>	0
-	Heart Acquisition	с. С	- 3 e	s -	а — - с	0	з - с	0		0		0	з - с	0	3 - e	0		0
	Pancreas Acquisition	с с	s .	\$	\$	0	\$	0	s -	0	s .	0	\$	0	\$.	0	\$	0
	Intestinal Acquisition	S .	- S -	s -	s -	0	s -	0	s -	0	s -	0	s -	0	s -	0	s -	0
	Islet Acauisition	S	- S -	s -	s -	0	s -	0	s -	0	s -	0	S -	0	s -	0	s -	0
		\$	- \$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
	Totals	\$	- \$ -	\$ -	s -		\$ -		\$-		s -	-	\$-	-	\$ -		\$ -	
	Total Cost e A - These amounts must agree to your inp				ilable (if not, use hospit	al's logs and subr	nit with survey	-]	-		-				-		-

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey Note B: Enter Organ Acquisition Payments in Section D as part of your. In State Medicaid total payments Note C: Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

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

Cost Report Year (10/01/2022-09/30/2023) NORTHSIDE HOSPITAL

10

				Revenue for	Total	Out-of-State Me	dicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		are FFS Cross-Overs id Secondary)	Included Elsewhere & with Medicaid Secondary)	
		Organ Acquisition	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)							
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicarid / 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 Claim: Data or Provider Logs (Note A)						
gan Acquisition Cost Centers (list below):													
ung Acquisition	s -	\$-	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
Kidney Acquisition	\$ -	s -	s -	\$ -	0	\$ -	0	\$ -	0	S -	0	\$ -	
Liver Acquisition	\$ -	s -	s -	\$ -	0	\$ -	0	\$ -	0	S -	0	\$ -	
Heart Acquisition	\$ -	s -	s -	s -	0	\$ -	0	\$ -	0	S -	0	\$ -	
Pancreas Acquisition	\$ -	s -	s -	\$ -	0	\$ -	0	\$ -	0	S -	0	\$ -	
Intestinal Acquisition	\$-	\$-	s -	s -	0	\$ -	0	\$ -	0	s -	0	\$ -	
Islet Acquisition	\$ -	\$-	s -	s -	0	\$ -	0	\$ -	0	s -	0	\$ -	
	\$ -	\$ -	\$-	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$-	
Totals	ş -	\$ -	s -	\$ -	-	\$ -	-	\$ -	-	s -	-	\$-	
Total Cost]												

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 SDSH examination surveys.



Worksheet A Provider Tax Assessment Reconciliation:

			Dollar Amount	W/S A Cost Center Line	
1 Hospi	ital Gross Provider Tax Assessment (from	aeneral ledaer)*	\$ 29.924.702	Lino	
		nt # that includes Gross Provider Tax Assessment	Expense	10-00900-00141	(WTB Account #)
		ed in Expense on the Cost Report (W/S A, Col. 2)	\$ 29,924,702		(Where is the cost included on w/s A?)
					,
3 Differ	ence (Explain Here>)	0	\$ -		
Provi	ider Tax Assessment Reclassifications	(from w/s A-6 of the Medicare cost report)			
4	Reclassification Code	0	S -	-	(Reclassified to / (from))
5	Reclassification Code	0	S -	-	(Reclassified to / (from))
6	Reclassification Code	0	\$ -	-	(Reclassified to / (from))
7	Reclassification Code	0	S -	-	(Reclassified to / (from))
8 9 10 11	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment	sment Adjustments (from w/s A-8 of the Medicare cost report) 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ (10,817,440) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	5.00 	(Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from))
	Net Provider Tax Assessment Expense In	cluded in the Cost Report	\$ 19,107,262		
SH UCC Provi	ider Tax Assessment Adjustment:				
17 Gross	s Allowable Assessment Not Included in the	e Cost Report	\$ 10,817,440		
Appo	ortionment of Provider Tax Assessment	Adjustment to All Medicaid Eligible & Uninsured:	1 600 000 963		

19 Uninsured Hospital Charges Sec. G 20 Total Hospital Charges Sec. G 21 Medicaid Eligible Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC*** 22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC Medicaid Eligible Provider Tax Assessment Adjustment to DSH UCC*** 23 Uninsured Provider Tax Assessment Adjustment to DSH UCC 24 25 Provider Tax Assessment Adjustment to DSH UCC Including all Medicaid eligibles*** Apportionment of Provider Tax Assessment Adjustment to Medicaid Primary & Uninsured: Medicaid Primary*** 26 Charges Sec. G 27 Uninsured Hospital Charges Sec. G 28 Total Hospital Charges Sec. G 29 Medicaid Primary Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC*** 30 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC 31 Medicaid Primary Provider Tax Assessment Adjustment to DSH UCC*** 32 Uninsured Provider Tax Assessment Adjustment to DSH UCC 33 Medicaid Primary Tax Assessment Adjustment to DSH UCC***

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

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

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

591,288,786

15.87%

5.83%

7.82%

6.23%

846,235

674.386

1,520,621

1,716,980

630,614

2,347,594

793.464.414

632.331.826

10.142.866.464

NORTHSIDE HOSPITAL			
000001405A			
From 10/1/202	2 To	9/30/2023	
	As-Reported	Adjustments	As-Adjusted
Survey H & I (Sum all In-State & Out-of-State Medicaid Payments)	\$ 125,417,202	\$-	\$ 125,417,202
Survey F-2	\$ -	\$ -	\$ -
	\$ 125,417,202	\$ -	\$ 125,417,202
Survey F-3	\$ 2,794,552,358	\$ (265,993,861)	\$ 2,528,558,497
			4.96%
		,	\$ 222,586,709
,	T	Ŧ	\$
Survey F-2		•	\$ 222,586,709
Survey E-3			\$ 1,937,110,140
			11.49%
	15.83%	0.62%	16.45%
,		-	85,688
Survey I	-	-	178
	85,800	-	85,866
Survey F-1	227.906	_	227,906
	37.68%	0.00%	37.68%
	000001405A From 10/1/2023 Survey H & I (Sum all In-State & Out-of-State Medicaid Payments) Survey F-2 Survey F-3 Survey F-2 Survey F-2 Survey F-2 Survey F-3 Survey F-2 Survey F-3 Survey F-3 Survey F-3 Survey F-3 Survey F-3 Survey F-3	Image: Document System From 10/1/2022 To Survey H & I (Sum all In-State & Out-of-State Medicaid Payments) \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 125,417,202 \$ 14,49% \$ 14,49% \$ 14,49% \$ 15,33% \$ 14,49% \$ 14,49% \$ 14,49% \$ 14,4	Image: Documentation of the system

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 Summ	ary												Georgia			
Hospital Name Hospital Medicaid Number	NORTHSIDE 000001405A	HOSPITAL			7												
Cost Report Period	From	10/1/2022	То	9/30/2023													
As-Reported: Service Type		A Total Costs Survey H & I	B Medicaid Basic Rate Payments Survey H & I	C Medicaid Managed Care Payments Survey H & I	D Private Insurance Payments Survey H & I	E Self-Pay Payments (Includes Co- Pay and Spenddown) Survey H & I	F Medicaid Cost Settlement Payments Survey H & I	G Other Medicaid Payments (Outliers, etc.) ** Survey H & I	H Medicare Traditional (non-HMO) Payments Survey H & I	I Medicare Managed Care (HMO) Payments Survey H & I	J Medicare Cross-over Bad Debt Survey H & I	K Other Medicare Cross-over Payments (GME, etc.) Survey H & I	L Uninsured Payments Survey H & I	M Uninsured Payments Not On Exhibit B (1011 Payments) Survey E	N Total Payments (Col. B through Col. M)	0 Uncomp. Care Costs (Col. A - Col. N)	P Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	82,728,586 19,358,686	43,654,114 12,681,510	:	1,245,318 15,114		(633,825)	:		1	:	:			44,899,432 12,062,799	37,829,154 7,295,887	54.27% 62.31%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	80,507,754 29,739,638	1,617 1,352	41,054,782 17,561,781	44,698 46,358	1,243 22,593			-						41,102,340 17,632,085	39,405,414 12,107,553	51.05% 59.29%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	21,089,620 27,146,915	75,698 3,047,724		- 2,460	:			14,097,374 18,150,113	:	285,938 277,156	:			14,459,010 21,477,453	6,630,610 5,669,462	68.56% 79.12%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	49,370,973 46,277,822	2,534,217 2,782,414	761,582 416,741	29,380,103 15,716,329	29,914 93,257			2,519,262 1,246,584	10,707,297 24,602,203	:	:			45,932,374 44,857,529	3,438,599 1,420,293	93.04% 96.93%
9 Uninsured 10 Uninsured	Inpatient Outpatient	51,439,147 66,003,917	:	-	-	10,158 39,329	-	:	-	-	-	:	2,836,017 10,168,790	-	2,846,175 10,208,119	48,592,972 55,795,798	5.53% 15.47%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	285,136,080 188,526,978	46,265,646 18,513,000	41,816,364 17,978,523	30,670,119 15,780,261	41,315 155,179	(633,825)	-	16,616,636 19,396,697	10,707,297 24,602,203	285,938 277,156	:	2,836,017 10,168,790	-	149,239,331 106,237,985	135,896,749 82,288,993	52.34% 56.35%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	543,567 1,924,704	15,925 86,244	1	10,712 53,752	- 944	-		69,495 682,348	76,454 816,040		:			172,586 1,639,328	370,981 285,376	31.75% 85.17%
15 Sub-Total 15.01 Provider Tax Assessment Adjust	I/P and O/P ment to UCC	476,131,329	64,880,816	59,794,887	46,514,844	197,438	(633,825)	-	36,765,176	36,201,994	563,094	-	13,004,807	-	257,289,231	218,842,098 2,347,594	54.04%
Adjustments: Service Type		A Total Costs	B Medicaid Basic Rate Payments	C Medicaid Managed Care Payments	D Private Insurance Payments	E Self-Pay Payments (Includes Co- Pay and Spenddown)	F Medicaid Cost Settlement Payments	G Other Medicaid Payments (Outliers, etc) **	H Medicare Traditional (non-HMO) Payments	I Medicare Managed Care (HMO) Payments	J Medicare Cross-over Bad Debt	K Other Medicare Cross-over Payments (GME, etc.)	L Uninsured Payments	M Uninsured Payments Not On Exhibit B (1011 Payments)	N Total Payments (Col. B through Col. M)	O Uncomp. Care Costs (Col. A - Col. N)	P Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	:	-	-	:	:	:	-		:	:	:			-	:	0.00% 0.00%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	-	-	-		-	-	-	-						-	-	0.00% 0.00%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	-	-	-	-	-		:	-	-	-	:			-	:	0.00% 0.00%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	-	-	-	-	-			-	-	-	:			-	:	0.00% 0.00%
9 Uninsured 10 Uninsured	Inpatient Outpatient	-	:	:				:	-		:	:	-	-	-	-	0.00% 0.00%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient		-	-	-	-	:	-	:	:	-	-	-	:		-	0.00% 0.00%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	-	-	-	:	:		-			:	:			-	-	0.00% 0.00%
15 Sub-Total	I/P and O/P	· · ·						-				· ·					0.00%

15.01 Provider Tax Assessment Adjustment to UCC

DSH Examination UCC Cost & P	ayment Summa	ary												Georgia			
Hospital Name Hospital Medicaid Number	NORTHSIDE H 000001405A]												
Cost Report Period As-Adjusted:	From	10/1/2022	To B	9/30/2023 C	D	Е	-	G	н			к		м	N	o	в
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) Survey H & I	Medicaid Cost Settlement Payments Survey H & I	Other Medicaid Payments (Outliers, etc) ** Survey H & I	Medicare Traditional (non-HMO) Payments Survey H & I	Medicare Managed Care (HMO) Payments Survey H & I	Medicare Cross-over Bad Debt Survey H & I	Other Medicare Cross-over Payments (GME, etc.) Survey H & I	Uninsured Payments Survey H & I	W 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)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	82,728,586 19,358,686	43,654,114 12,681,510		1,245,318 15,114		- (633,825)	:	•	:	:	:			44,899,432 12,062,799	37,829,154 7,295,887	54.27% 62.31%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	80,507,754 29,739,638	1,617 1,352	41,054,782 17,561,781	44,698 46,358	1,243 22,593		:							41,102,340 17,632,085	39,405,414 12,107,553	51.05% 59.29%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	21,089,620 27,146,915	75,698 3,047,724	-	2,460	-		:	14,097,374 18,150,113	-	285,938 277,156	-			14,459,010 21,477,453	6,630,610 5,669,462	68.56% 79.12%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	49,370,973 46,277,822	2,534,217 2,782,414	761,582 416,741	29,380,103 15,716,329	29,914 93,257			2,519,262 1,246,584	10,707,297 24,602,203	:	:			45,932,374 44,857,529	3,438,599 1,420,293	93.04% 96.93%
9 Uninsured 10 Uninsured	Inpatient Outpatient	51,439,147 66,003,917	:	:	:	10,158 39,329	-	:	-	:	:	-	2,836,017 10,168,790	:	2,846,175 10,208,119	48,592,972 55,795,798	5.53% 15.47%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	285,136,080 188,526,978	46,265,646 18,513,000	41,816,364 17,978,523	30,670,119 15,780,261	41,315 155,179	(633,825)		16,616,636 19,396,697	10,707,297 24,602,203	285,938 277,156	:	2,836,017 10,168,790	:	149,239,331 106,237,985	135,896,749 82,288,993	52.34% 56.35%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	543,567 1,924,704	15,925 86,244	:	10,712 53,752	- 944	:		69,495 682,348	76,454 816,040	:	:			172,586 1,639,328	370,981 285,376	31.75% 85.17%
15 Cost Report Year Sub-Total	I/P and O/P	476,131,329	64,880,816	59,794,887	46,514,844	197,438	(633,825)	-	36,765,176	36,201,994	563,094		13,004,807		257,289,231	218,842,098	54.04%

Provider Tax Assessment Adjustment to UCC Including all Medicaid Eligibles

Less: Out of State DSH Payments from Adjusted Survey

Adjusted Sub-Total UCC Including All Medicaid Eligibles and Uninsured Prior to Supplemental Medicaid Payments

221,189,692 826,973 17,364,255 202,998,464

2,347,594

Less: Non-Medicaid Primary Provider Tax Assessment Adjustment to UCC Less: Non-Medicaid Primary UCC Prior to Supplemental Medicaid Payments Adjusted Sub-Total UCC Including Only Medicaid-Primary Payors and Uninsured Prior to Supplemental Medicaid Payments

15 Cost Report Year Sub-Total 15.01

16 17

18 19 20

Medicaid DSH Survey Adjustments

PROVIDE	R:	NORTHSID	E HOSPITAL				Mcaid Number:	000001405A		
FROM:		10/1/2022		TO:	9/30/2023		Mcare Number:	110161		
			Муе	s 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.
4	E - Disclosure of Medicaid / Uninsured	40		a 00	Amount - Outpatient	Adjust based on provider's correspondence.	¢	Yes	Yes	1101
1	Payments		Did your hospital receive any Medicaid managed care payments not paid at the claim leve			Adjust hospital revenues to the hospital				
2	F - MIUR/LIUR Data	26	Other	1.00	Inpatient Total Patient Revenues (Total Charges)	cost report worksheet G-2. Adjust hospital revenues to the hospital	\$ 26,531,037	\$ (26,531,037)	\$-	2002
2	F - MIUR/LIUR Data	26	Other	2.00	Outpatient Total Patient Revenues (Total Charges)	cost report worksheet G-2.	\$ 1,041,905,387	\$ (1,041,905,387)	\$ -	2002
2	F - MIUR/LIUR Data	26	Other	3.00	Non-Hospital Total Patient Revenues (Total Charges)	Adjust hospital revenues to the hospital cost report worksheet G-2.	\$-	\$ 1,068,436,424	\$ 1,068,436,424	2002
						Adjust hospital contractuals to the				
2	F - MIUR/LIUR Data	26	Other	4.00	Inpatient Contractuals	hospital cost report worksheet G-3 total	\$ 19,925,971	\$ (19,925,971)	\$ -	2002
						Adjust hospital contractuals to the				
2	F - MIUR/LIUR Data	26	Other	5.00	Outpatient Contractuals	hospital cost report worksheet G-3 total	\$ 782,516,592	\$ (782,516,592)	\$-	2002
						Adjust hospital contractuals to the				
2	F - MIUR/LIUR Data	26	Other	6.00	Non-Hospital Contractuals	hospital cost report worksheet G-3 total	. \$ -	\$ 802,442,563	\$ 802,442,563	2002

Medicaid DSH Report Notes

PROVIDER:	NORTHSIDE HOS	<u>SPITAL</u>		Mcaid Number: <u>000001405A</u>	
FROM:	<u>10/1/2022</u>	TO:	<u>9/30/2023</u>	Mcare Number: <u>110161</u>	
		Ν	lyers and Stauffer DS	H Report Notes	
Note # Note fo	r Report				Amounts
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