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

Provider Name	NORTHSIDE HOSPITAL-CHEROKEE
Mcaid Provider Number	000001108A
Mcare Provider Number	110008

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.

-		(D)	-	(0)	(D)		(5)		
	(A)	(B)		(C) As-Filed DSH	(D)	Λ.	(E)		
	Cost Bonort	Cost Bonort			Total		djusted DSH		
	Cost Report Year Begin	Cost Report Year End		compensated re Cost (UCC)	Total ustments		compensated re Cost (UCC)		
Cost Report Year UCC:	10/1/2022 -	9/30/2023	\$	42,054,757	\$ -	\$	42,054,757		
Less: 2023 Net UPL Payment	ts					\$	3,319,332		
Less: 2025 Net DPP Paymer	nts					\$	4,998,851		
Plus: 2024 Net DPP Recoupr	ments					\$	-		
Less: GME Payments						\$	-		
Add: Net OP Settlement (Di	fference between prov	ider submitted and	d esti	imated)		\$	(73,692)		
Add: Provider tax excluded	from the cost report (N	/ledicaid primary 8	& uniı	nsured portion)		\$	356,295		
Uncompensated Care Alloca	ation Factor					\$	34,019,176		
Hospital Specific DSH Limit						\$	29,741,685		
2025 Eligibility							Eligible		
DSH Year Low Income Uti	ilization Ratio (LIUR):						12.28%		
DSH Year Medicaid Inpat							24.10%		

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

	Workpaper #:	Reviewer:			
		Date: DSH Version 9.00	9/11/2024		
D. General Cost Report Year Information	10/1/2022 - 9/30/2023				

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the 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-CHEROKEE		
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):	1 - As Submitted		
3a. Date CMS processed the HCRIS file into the HCRIS database:	3/4/2024		
	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	Data NORTHSIDE HOSPITAL-CHEROKEE	Correct? Yes	If Incorrect, Proper Information
4. Hospital Name: 5. Medicaid Provider Number:			If Incorrect, Proper Information
	NORTHSIDE HOSPITAL-CHEROKEE	Yes	If Incorrect, Proper Information
5. Medicaid Provider Number:	NORTHSIDE HOSPITAL-CHEROKEE	Yes Yes	If Incorrect, Proper Information
5. Medicaid Provider Number: 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	NORTHSIDE HOSPITAL-CHEROKEE	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)
- Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
 Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
- 4. Total Section 1011 Payments Related to Hospital Services (See Note 1)
- 5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)
- 6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)
- 7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)

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

- 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)
- 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)
- 11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B)
- 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

 Inpatient		Outpatient	Total
\$ 1,105,444	\$	5,019,785	\$6,125,229
\$ 5,552,314	\$	24,435,107	\$29,987,421
\$6,657,758		\$29,454,892	\$36,112,650
16.60%		17.04%	16.96%

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level? No 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.

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

\$ -		
\$-		
\$ -		
Inpatient		Outpa
\$ 1,105,444	\$	ŧ

TOtal
\$6,125,229
\$29,987,421
\$36,112,650
16.96%

14. 15.

Note 1: Subtitle B - Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented aliens. If your hospital received these funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

F-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) 96,512 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 Subsidies - 8. Outpatient Hospital Charity Care Charges 82,263,155 8. Outpatient Hospital Charity Care Charges 10,750,952 9. Non-Hospital Charity Care Charges -		
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) 96,512 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 82,263,155 9. Out-Hospital Charity Care Charges 10,750,952 9. Non-Hospital Charity Care Charges - 9. Non-Hospital Charity Care Charges -	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) 96,512 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 82,263,155 9. Out-Hospital Charity Care Charges 10,750,952 9. Non-Hospital Charity Care Charges - 9. Non-Hospital Charity Care Charges -		
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	F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)	
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 82,263,155 8. Outpatient Hospital Charity Care Charges 10,750,952 9. Non-Hospital Charity Care Charges -	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)	96,512
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 82,263,155 8. Outpatient Hospital Charity Care Charges 10,750,952 9. Non-Hospital Charity Care Charges -		
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 82,263,155 8. Outpatient Hospital Charity Care Charges 10,750,952 9. Non-Hospital Charity Care Charges -		
3. Outpatient Hospital Subsidies		on Ratio (LIUR) Calculation):
4. Unspecified I/P and O/P Hospital Subsidies		-
5. Non-Hospital Subsidies - 6. Total Hospital Subsidies \$ 7. Inpatient Hospital Charity Care Charges 82,263,155 8. Outpatient Hospital Charity Care Charges 110,750,952 9. Non-Hospital Charity Care Charges -		-
6. Total Hospital Subsidies \$		-
7. Inpatient Hospital Charity Care Charges 82,263,155 8. Outpatient Hospital Charity Care Charges 110,750,952 9. Non-Hospital Charity Care Charges -	5. Non-Hospital Subsidies	-
8. Outpatient Hospital Charity Care Charges 110,750,952 9. Non-Hospital Charity Care Charges -	6. Total Hospital Subsidies	\$ -
9. Non-Hospital Charity Care Charges -	7. Inpatient Hospital Charity Care Charges	82,263,155
	8. Outpatient Hospital Charity Care Charges	110,750,952
10. Total Charity Care Charges \$ 193,014,107	9. Non-Hospital Charity Care Charges	-
	10. Total Charity Care Charges	\$ 193,014,107
F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR)/W/S G-2 and G-3 of Cost Report)	E 2 Coloulation of Not Hagnital Dayanus from Dations Services (Used for LUD) (NVS C 2 and C 2 of Cost Panart)	

Total Datiant D

Inpat	ient Hospital Outpati	evenues (Charges) tient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
							Not noopital Novenue
11. Hospital \$ 12. Psych Subprovider \$ 13. Rehab. Subprovider \$ 14. Swing Bed - SNF \$ 15. Swing Bed - NF \$	251,567,846 \$ - \$ - \$	- \$ - \$ - \$		\$ 201,385,894 \$ - \$ -	\$ \$ \$	\$- \$- \$- \$- \$- \$-	\$50,181,952 \$- \$-
16. Skilled Nursing Facility 17. Nursing Facility 18. Other Long-Term Care 19. Ancillary Services 20. Outpatient Services 21. Home Health Agency 22. Ambulance 23. Outpatient Rehab Providers 24. ASC 25. Hospice		\$,532,939,569 330,724,412 \$ - \$ - \$ 5 - \$		\$ 804,540,456 \$ - \$ -	\$ 1,227,153,668 \$ 264,752,560 \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 506,263,751 \$ 65,971,852 \$ - \$ -
26. Other \$	- \$	- \$	304,913,669	\$-	\$-	\$ 244,090,462	\$-
27. Total \$ 28. Total Hospital and Non Hospital	, , ,	,863,663,981 \$ al from Above \$	304,913,669 3,425,163,802	\$ 1,005,926,350	\$ 1,491,906,228 Total from Above	\$ 244,090,462 \$ 2,741,923,039	\$ 622,417,556
 Total Per Cost Report Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet (patient revenue) 	Total Patient Revenues G-3, Line 2 (impact is a decre		3,425,163,802	Total Contr	actual Adj. (G-3 Line 2)	\$ 2,741,923,039 • \$ -	
 Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED or decrease in net patient revenue) 	n worksheet G-3, Line 2 (imp	pact is a				+ \$ -	
 Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue IN (impact is a decrease in net patient revenue) 	CLUDED on worksheet G-3,	Line 2				÷	
 Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Car worksheet G-3, Line 2 (impact is a decrease in net patient revenue) 	re Cash Subsidies INCLUDE	ED on				¢	
 Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDE increase in net patient revenue) 				\$			
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Car INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient reve		l patients				\$	
36. Adjusted Contractual Adjustments 37. Unreconciled Difference	, Unreconciled Difference (S	Should be \$0)\$	<u> </u>	Unreconciled Dif	ference (Should be \$0)	\$ 2,741,923,039 \$	

G. Cost Report - Cost / Days / Charges

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

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		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
	e Cost Centers (list below): ADULTS & PEDIATRICS	\$ 88,486,011	s -	s -	-	\$ 88.486.011	87,313	\$ 165,500,718		\$ 1.013.43
03100	INTENSIVE CARE UNIT	\$ 14,259,736	\$ -	\$-		\$ 14,259,736	5,857	\$ 40,017,393		\$ 2,434.65
	CORONARY CARE UNIT	\$ -	s -	s -		\$ -	-	s -		\$ - \$ -
	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	s -	s - S -	\$ - \$ -		\$ ·	-	\$ - \$ -		s -
03500	OTHER SPECIAL CARE UNIT	\$ 9,563,338	\$ -	\$ -		\$ 9,563,338	5,283	\$ 29,383,744		\$ 1,810.2
	SUBPROVIDER I	\$-	\$-	\$-		\$ -	-	\$-		\$ -
	SUBPROVIDER II	<u>\$</u> -	\$ -	\$ -		\$ -	-	<u>\$</u> -		\$ -
	OTHER SUBPROVIDER NURSERY	\$ 8.979.775	s -	\$ - ¢		\$ - \$ 8,979,775	5.834	\$ 16.665.991		\$ - \$ 1,539.2
04500	Total Routine	\$ 121,288,860	s -	\$ -	s -	\$ 121,288,860	104,287	\$ 251,567,846		ψ 1,000.2
	Weighted Average	• 121,200,000	¢	•	•	• 121,200,000	104,207	201,001,010		\$ 1,163.03
	vation 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 Calculated Cost-to-Charge Ratio
09200	Observation (Non-Distinct)		7,775	-	-	\$ 7,879,418	1,284,668	19,713,169	\$ 20,997,837	0.375249
		Cost Report Worksheet B,	Cost Report Worksheet B, Part I, Col. 25 (Intern	Cost Report Worksheet C.		Calculated	Inpatient Charges - Cost Report	Outpatient Charges - Cost Report	Total Charges - Cost	Medicaid Calculated
Ancilla	ary Cost Centers (from W/S C excluding Obse	Part I, Col. 26	& Resident Offset ONLY	Part I, Col.2 and Col. 4		Calculated	Worksheet C, Pt. I, Col. 6	Worksheet C, Pt. I, Col. 7	Report Worksheet C, Pt. I, Col. 8	Cost-to-Charge Ratio
5000	ary Cost Centers (from W/S C excluding Obse	Part I, Col. 26 rvation) (list below): \$ 49,309,329	& Resident Offset ONLY	Part I, Col.2 and Col.		\$ 49,309,329	Worksheet C, Pt. I, Col. 6 \$ 85,234,276	Worksheet C, Pt. I, Col. 7 \$ 200,833,331	C, Pt. I, Col. 8	0.172369
5000 5100	OPERATING ROOM RECOVERY ROOM	Part I, Col. 26 rvation) (list below): \$ 49,309,329 \$ 10,688,310	& Resident Offset ONLY \$ - \$ -	Part I, Col.2 and Col.		\$ 49,309,329 \$ 10,688,310	Worksheet C, Pt. I, Col. 6 \$ 85,234,276 \$ 15,851,929	Worksheet C, Pt. I, Col. 7 \$ 200,833,331 \$ 18,573,482	C, Pt. I, Col. 8	0.17236 0.31047
5000 5100 5200	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	Part I, Col. 26 rvation) (list below): \$ 49,309,329 \$ 10,688,310 \$ 19,493,751	& Resident Offset ONLY \$ - \$ - \$ -	Part I, Col.2 and Col. 4 \$		\$ 49,309,329 \$ 10,688,310 \$ 19,493,751	Worksheet C, Pt. I, Col. 6 \$ 85,234,276 \$ 15,851,929 \$ 40,420,835	Worksheet C, Pt. I, Col. 7 \$ 200,833,331 \$ 18,573,482 \$ 13,751,572	C, Pt. I, Col. 8 286,067,607 34,425,411 54,172,407	0.17236 0.31047 0.35984
5000 5100 5200 5300	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	Part I, Col. 26 rvation) (list below): \$ 49,309,329 \$ 10,688,310	& Resident Offset ONLY \$ - \$ - \$ - \$ - \$ -	Part I, Col.2 and Col.		\$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 711,297	Worksheet C, Pt. I, Col. 6 \$ 85,234,276 \$ 15,851,929 \$ 40,420,835 \$ 19,472,831	Worksheet C, Pt. I, Col. 7 \$ 200,833,331 \$ 18,573,482 \$ 13,751,572 \$ 48,777,690	C, Pt. I, Col. 8 286,067,607 34,425,411 54,172,407 68,250,521	0.17236 0.31047 0.35984 0.01042
5000 5100 5200 5300 5400 5500	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	Part I, Col. 26 rvation) (list below): \$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 711,297 \$ 27,609,698 \$ 8,208,183	& Resident Offset ONLY \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Part I, Col.2 and Col. 4 \$		\$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 711,297 \$ 27,609,698 \$ 8,208,183	Worksheet C, Pt. I, Col. 6 \$ 85,234,276 \$ 15,851,929 \$ 40,420,835 \$ 19,472,831 \$ 33,594,309 \$ 5,757,474	Worksheet C, Pt. I, Col. 7 \$ 200,833,331 \$ 18,573,482 \$ 13,751,572 \$ 48,777,690 \$ 132,566,920 \$ 85,033,983	C, Pt. I, Col. 8 \$ 286,067,607 \$ 34,425,411 \$ 54,172,407 \$ 68,250,521 \$ 166,161,229 \$ 90,791,457	0.17236 0.31047 0.35984 0.01042 0.16616 0.09040
5000 5100 5200 5300 5400 5500 5600	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE BADIOISOTOPE	Part I, Col. 26 rvation) (list below); \$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 711,297 \$ 27,609,698 \$ 8,208,183 \$ 2,024,766	& Resident Offset ONLY \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 711,297 \$ 27,609,698 \$ 8,208,183 \$ 2,024,766 \$ 2,024,766	Worksheet C, Pt. I, Col. 6 \$ 15,851,929 \$ 40,420,835 \$ 19,472,831 \$ 33,594,309 \$ 5,757,474 \$ 2,501,031	Worksheet C, Pt. I, Col. 7 \$ 200,833,331 \$ 18,573,482 \$ 13,751,572 \$ 48,777,690 \$ 132,566,920 \$ 85,033,983 \$ 20,294,749	C, Pt. I, Col. 8 \$ 286,067,607 \$ 34,425,411 \$ 54,172,407 \$ 68,250,521 \$ 166,161,229 \$ 90,791,457 \$ 22,795,780	0.17236 0.31041 0.35984 0.10641 0.01042 0.16611 0.09840
5000 5100 5200 5300 5400 5500 5600 5700	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE CT SCAN	Part I, Col. 26 srvation) (list below); \$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 711,297 \$ 27,609,698 \$ 2,024,766 \$ 7,578,734	& Resident Offset ONLY \$	Part I, Col.2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 711,297 \$ 27,609,698 \$ 8,209,193 \$ 2,024,766 \$ 7,578,734	Worksheet C. Pt. I, Col. 6 \$ 85,234,276 \$ 15,851,929 \$ 40,420,835 \$ 19,472,831 \$ 33,584,309 \$ 5,757,474 \$ 2,501,031 \$ 74,051,508	Worksheet C. Pt. I. Col. 7 \$ 200,833,331 \$ 18,573,482 \$ 13,751,572 \$ 48,777,690 \$ 32,566,920 \$ 32,566,920 \$ 20,294,749 \$ 18,180,872	C, Pt. I, Col. 8 \$ 286.067.607 \$ 34.425,411 \$ 54.172.407 \$ 68.250.521 \$ 166.161.229 \$ 90.791.457 \$ 22.795.780 \$ 255.932,380	0.17236 0.31047 0.3594 0.01042 0.16616 0.09040 0.08882 0.02961
5000 5100 5200 5300 5400 5500 5600 5700 5800	OPERATING ROOM RECOVERY ROOM DELUERY ROOM A LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGYE CT SCAN MRI	Part I, Col. 26	& Resident Offset ONLY \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 771,297 \$ 27,609,698 \$ 8,208,183 \$ 2,024,766 \$ 7,578,734 \$ 5,723,014	Worksheet C, Pt. I, Col. 6 \$ 85.234.276 \$ 15.851.929 \$ 40.420.835 \$ 19.472.831 \$ 33.594.309 \$ 5.757.474 \$ 2.601.031 \$ 74.051.508 \$ 22.037.621	Worksheet C, Pt. I, Col. 7 \$ 200.833.331 \$ 16,573.482 \$ 13,751.572 \$ 48,777.690 \$ 132,566,920 \$ 85,033,983 \$ 20,294,749 \$ 81,880,872 \$ 83,382,500	C, Pt. I, Col. 8 286.067.607 3 34.425.411 5 54.172.407 5 68.250.521 5 166.161.229 9 90.791.457 5 22.795.780 5 255.932.380 5 1052.75.871	0.17236 0.31047 0.35984 0.01042 0.46616 0.09040 0.08842 0.02961 0.02961
5000 5100 5200 5300 5400 5500 5600 5700 5800 5900	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE CT SCAN	Part I, Col. 26 srvation) (list below); \$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 711,297 \$ 27,609,698 \$ 2,024,766 \$ 7,578,734	& Resident Offset ONLY \$	Part I, Col.2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 711,297 \$ 27,609,698 \$ 8,209,193 \$ 2,024,766 \$ 7,578,734	Worksheet C. Pt. I, Col. 6 \$ 85,234,276 \$ 15,851,929 \$ 40,420,835 \$ 19,472,831 \$ 33,584,309 \$ 5,757,474 \$ 2,501,031 \$ 74,051,508	Worksheet C, Pt. I, Col. 7 \$ 200,833,331 \$ 18,573,482 \$ 13,751,572 \$ 48,777,690 \$ 132,566,920 \$ 85,033,983 \$ 20,24,749 \$ 181,880,872 \$ 83,238,250 \$ 43,238,250	C, Pt. I, Col. 8 \$ 286.067.607 \$ 34.425,411 \$ 54.172.407 \$ 68.250.521 \$ 166.161.229 \$ 90.791.457 \$ 22.795.780 \$ 255.932,380	0.17236 0.31047 0.35964 0.01042 0.16616 0.099040 0.08882 0.02961 0.05433 0.07759
5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6500	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HERAPEUTIC RADIOLOSTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY	Part I, Col. 26	& Resident Offset ONLY \$	Part I, Col.2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 771,297 \$ 27,609,698 \$ 8,209,183 \$ 2,024,766 \$ 7,578,734 \$ 5,723,014 \$ 6,469,765 \$ 22,566,653 \$ 11,214,217	Worksheet C, Pt. I, Col. 6 \$ 85,234,276 \$ 15,851,929 \$ 40,420,835 \$ 19,472,831 \$ 35,564,309 \$ 5,757,474 \$ 2,501,031 \$ 74,051,508 \$ 22,037,821 \$ 37,898,605 \$ 208,893,604 \$ 34,275,761	Worksheet C, Pt. I, Col. 7 \$ 200,833,331 \$ 18,573,482 \$ 13,571,572 \$ 48,777,690 \$ 132,566,920 \$ 132,566,920 \$ 32,256,920 \$ 32,254,749 \$ 32,238,250 \$ 45,338,213 \$ 148,835,966 \$ 44,835,966 \$ 42,924,437	C, Pt. I, Col. 8 \$ 286,067,607 \$ 34,425,411 \$ 54,172,407 \$ 68,250,521 \$ 166,161,229 \$ 90,791,457 \$ 22,795,780 \$ 225,932,380 \$ 105,275,871 \$ 83,376,818 \$ 357,729,570,198	0.17236 0.31047 0.35944 0.01042 0.05042 0.09842 0.09842 0.02961 0.05436 0.07759 0.06330 0.07759 0.06330 0.029074
5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6500 6600	OPERATING ROOM RECOVERY ROOM DELUERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-DIAGNOSTIC RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLC CATHETERIZATION CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY	Part I, Col. 26	& Resident Offset ONLY	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 19,493,751 \$ 27,609,688 \$ 8,208,183 \$ 2,024,766 \$ 7,578,734 \$ 5,723,014 \$ 6,469,765 \$ 22,566,553 \$ 11,214,217 \$ 8,528,572	Worksheet C, PL I, Col 6 \$ 85,224,276 \$ 15,851929 \$ 40,420,835 \$ 19,472,831 \$ 33,584,309 \$ 5,757,474 \$ 2,501,031 \$ 74,051,508 \$ 220,87,621 \$ 37,988,605 \$ 20,863,804 \$ 34,275,781 \$ 20,863,804	Worksheet C, Pt. I, Col. 7 S 200.833.331 \$ 18.573.482 \$ 13.571.572 \$ 48,777.690 \$ 32.666.920 \$ 32.033.883 \$ 0.294.749 \$ 83.283.250 \$ 45.388.213 \$ 148.435.966 \$ 4.294.437 \$ 14.745.269	C, Pt. I. Col. 8 286,067,807 34,425,411 554,172,407 568,250,521 5166,161,229 5166,161,229 527,96,780 522,795,780 5105,275,871 5337,6378 535,779,570 535,779,570 535,779,570 535,779,570 535,779,570 535,779,570 535,779,570 535,779,570 535,779,170 535,770,198 5	0.17236 0.31047 0.3594 0.01042 0.06616 0.08428 0.02961 0.08436 0.07759 0.06308 0.0308 0.29074 0.24303
5000 5100 5200 5300 5400 5500 5700 5800 5900 6000 6500 6600 6700	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	Part I, Col. 26 viation) (list balow) \$ 49,309,329 \$ 10,683,310 \$ 19,493,761 \$ 27,000,608 \$ 2,000,608 \$ 3,000,608 \$ 3,000,608	& Resident Offset ONLY \$	Part I, Col 2 and Col. 4 \$ 		\$ 49,309,329 \$ 10,688,310 \$ 19,493,761 \$ 711,297 \$ 27,609,698 \$ 2,024,766 \$ 7,578,734 \$ 6,469,765 \$ 22,566,653 \$ 11,214,217 \$ 8,528,572 \$ 22,24,070	Worksheet C, Pt. I, Cot. 6 \$ 85,234,276 \$ 15,851,292 \$ 40,420,835 \$ 19,472,831 \$ 33,594,309 \$ 7,757,471 \$ 2,901,031 \$ 7,263,473 \$ 2,901,031 \$ 2,207,621 \$ 33,988,8604 \$ 2,207,621 \$ 34,275,761 \$ 13,342,165 \$ 13,342,165	Worksheet C, Pt. I. Cot. 7 \$ 105,713,82 113,751,572 \$ 125,666,920 \$ 132,566,920 \$ 142,866,920 \$ 82,034,749 \$ 144,853,966 \$	C, Pt. I, Col. 8 \$ 286,067,607 \$ 34,425,411 \$ 54,172,407 \$ 68,250,221 \$ 168,161,229 \$ 90,791,457 \$ 22,795,780 \$ 105,275,871 \$ 83,376,316 \$ 357,729,570 \$ 33,570,198 \$ 35,501,198 \$ 34,507,198 \$ 35,501,198 \$ 35,501,198 \$ 35,501,198 \$ 35,501,198 \$ 35,501,198 \$ 35,501,198 \$ 34,501,198 \$ 35,501,198 \$ 35,501	0.1723 0.31047 0.3594 0.01042 0.1661 0.08940 0.08842 0.02961 0.05435 0.07759 0.06330 0.29074 0.23074 0.23074
5000 5100 5200 5400 5500 5500 5500 5800 5900 6000 6000 6500 6600 6600 6600	OPERATING ROOM RECOVERY ROOM DELUCERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC RADIOLC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPECEN FATHOLOGY	Part I, Col. 26 rvation) (list below) § 49,300,320 § 10,888,310 § 19,493,761 § 27,000,608 § 27,000,608 § 2,204,766 § 7,576,734 § 4,600,765 § 2,2566,653 § 11,214,217 § 6,528,572 § 2,224,070 § 2,224,070 § 2,256,653 § 11,214,217 § 5,225,572 § 2,224,070 § 5,235,572 § 5,235,57314 § 6,57,314 § 6,57,314 § 6,57,314 § 6,57,314 § 7,314 § 7,314 (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	& Resident Offset ONLY S	Part I, Col 2 and Col 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,888,310 \$ 19,493,761 \$ 711,297 \$ 2,769,808 \$ 2,269,808 \$ 2,264,766 \$ 7,777,734 \$ 6,469,765 \$ 2,266,665 \$ 1,214,216 \$ 6,469,765 \$ 2,256,757 \$ 8,525,572 \$ 2,224,707 \$ 8,525,572 \$ 8,573,314 \$ 8,575,314 \$ 8,575,314 \$ 8,575,314 \$ 8,575,314 \$ 8,575,314 \$ 8,575,314 \$ 8,575,314 \$ 8,575,314 \$ 8,	Worksheet C, Pt. I. Col. 6 \$ 85,234,2767 \$ 15,851,927 \$ 40,420,835 \$ 19,472,831 \$ 33,594,309 \$ 5,757,474 \$ 2,001,031 \$ 74,061,506 \$ 20,893,604 \$ 20,893,604 \$ 20,893,604 \$ 20,893,604 \$ 20,803,604 \$ 13,421,865 \$ 6,065,106	Worksheet C, Pt. I. Col. 7 \$ 200.833.341 \$ 16.573.482 \$ 13.751.572 \$ 48.777.680 \$ 20.294.749 \$ 85.033.882 \$ 20.294.749 \$ 85.338.250 \$ 45.358.261 \$ 45.358.962 \$ 148.655.966 \$ 147.452.99 \$ 147.452.99 \$ 1.4745.29 \$ 1.655.940	C, Pt. I, Col. 8 286,067,607 344,025,411 554,172,407 568,250,521 590,791,457 90,791,457 90,791,457 90,791,457 91,057,871 533,752,875 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 533,752,975 535,752,975 535,752,975 535,752,975 535,755 535,755 535,755 535	0.1723 0.31047 0.3584 0.0104 0.0686 0.09904 0.0686 0.0536 0.0536 0.0536 0.0536 0.0536 0.0536 0.0536 0.0297 0.2457 0.25577 0.25577 0.25577 0.25577 0.255777 0.255777 0.255777770 0.25577777777777777777777777777777777777
5000 5100 5200 5300 5400 5500 5600 5700 5800 6000 6000 6500 6600 6700 6800 6800 6800 6900	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	Part I, Col. 26 rvation) (list below); § 49,300,329 § 10,868,310 § 10,469,761 § 7,767,734 § 2,7600,608 § 2,700,608 § 7,757,734 § 4,640,765 § 2,2566,653 § 11,214,217 § 8,528,517 § 2,224,070 § 8,528,517 § 3,555,863 § 3,555 § 3,5	& Resident Offset ONLY \$	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 19,493,761 \$ 711,297 \$ 27,609,698 \$ 2,024,766 \$ 7,578,734 \$ 6,469,765 \$ 22,566,653 \$ 11,214,217 \$ 8,528,572 \$ 22,24,070	Worksheet C, Pt. I. Cot. 6 1 8 8 8 8 8 9 <tr< td=""><td>Worksheet C, Pt. I. Col. 7 \$ 200.833.341 \$ 16.573.482 \$ 13.751.572 \$ 48.777.680 \$ 20.294.749 \$ 85.033.882 \$ 20.294.749 \$ 85.338.250 \$ 45.358.261 \$ 45.358.962 \$ 148.655.966 \$ 147.452.99 \$ 147.452.99 \$ 1.4745.29 \$ 1.655.940</td><td>C, Pt. I, Col. 8 \$ 286,067,607 \$ 34,425,411 \$ 54,172,407 \$ 68,250,221 \$ 168,161,229 \$ 90,791,457 \$ 22,795,780 \$ 105,275,871 \$ 83,376,316 \$ 357,729,570 \$ 33,570,198 \$ 35,501,198 \$ 34,507,198 \$ 35,501,198 \$ 34,507,198 \$ 35,501,198 \$ 34,507,198 \$ 34,507,198 \$ 35,501,198 \$ 34,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507</td><td>0.4723 0.31647 0.05864 0.01646 0.06863 0.02867 0.02867 0.02867 0.02867 0.02867 0.02867 0.02867 0.02867 0.02867 0.24303 0.14833 0.12888 0.02867</td></tr<>	Worksheet C, Pt. I. Col. 7 \$ 200.833.341 \$ 16.573.482 \$ 13.751.572 \$ 48.777.680 \$ 20.294.749 \$ 85.033.882 \$ 20.294.749 \$ 85.338.250 \$ 45.358.261 \$ 45.358.962 \$ 148.655.966 \$ 147.452.99 \$ 147.452.99 \$ 1.4745.29 \$ 1.655.940	C, Pt. I, Col. 8 \$ 286,067,607 \$ 34,425,411 \$ 54,172,407 \$ 68,250,221 \$ 168,161,229 \$ 90,791,457 \$ 22,795,780 \$ 105,275,871 \$ 83,376,316 \$ 357,729,570 \$ 33,570,198 \$ 35,501,198 \$ 34,507,198 \$ 35,501,198 \$ 34,507,198 \$ 35,501,198 \$ 34,507,198 \$ 34,507,198 \$ 35,501,198 \$ 34,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507,198 \$ 35,507	0.4723 0.31647 0.05864 0.01646 0.06863 0.02867 0.02867 0.02867 0.02867 0.02867 0.02867 0.02867 0.02867 0.02867 0.24303 0.14833 0.12888 0.02867
5000 5100 5200 5400 5500 5500 5600 5700 5800 6000 6600 6600 6600 6700 6800 6800 7000 7100	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY SPEECH PATHOLOGY ELECTROCARDAL THERAPY SELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDELS CHARGED TO PATIENT	Part I, Col. 26 rvation) (list below): § 49,300,329 § 10,686,310 § 19,493,751 § 711,297 § 27,000,698 § 3,000,183 § 2,024,766 § 3,757,754 § 4,640,765 § 22,2666,653 § 11,214,217 § 8,528,517 § 4,528,517 § 4,528,517 § 4,528,517 § 4,538,5893 § 6,07,294 § 6,1384,531	& Resident Offset ONLY \$	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,868,310 \$ 19,463,761 \$ 71,287 \$ 7,7605,689 \$ 8,020,183 \$ 2,024,766 \$ 7,767,634 \$ 7,469,765 \$ 2,266,663 \$ 11,214,217 \$ 8,258,272 \$ 2,224,070 \$ 8,573,414 \$ 3,353,583 \$ 607,234,531 \$ 61,384,531	Worksheet C, Pt. I. Cot. 6 15 85.234.276 15 16.851.929 16.851.929 14.0420.855 19.472.831 3.364.309 18 2.401.051 19 2.757.474 19 2.901.051 19 3.477.761 19 3.344.309 19 3.4277.761 19 2.0346.448 13.3424.165 5 14.052.129 3.3598.605 13.432.129 3.1.783.347 13.342.165 3.0.055.106 13.342.165 3.3598.605 13.342.165 3.3598.605 13.342.165 3.3598.605 13.342.165 3.3598.605 13.3598.605 3.3598.605 13.3598.605 3.3598.605 13.3598.605 3.3598.605 13.3598.605 3.3598.605 13.3598.605 3.3598.605 13.3598.605 3.3598.605 13.3598.605 3.3598.605 13.3598.605 3.3598.605 <	Worksheet C, Pt. I. Col. 7 \$ 200.833.31 18,572.482 \$ 13,751.572 48,777.680 \$ 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 10 9 11 12 13 14 14 15 14 15 14 14 15 14 15 14 15 14 15 14 15 16 17 18 18<	C. Pt. I. Col. 8 286.067.607 34.262.411 5 34.425.411 5 54.172.407 68.250.521 5 90.791.457 5 22.795.780 5 35.729.570 5 35.057.198 5 35.779.197 5 35.770.198 5 35.771.197 5 3.670.198 5 5.6188.103 5 5.488.103 5 5.488.103 5 5.488.103 5 5.480.02.637	0.17238 0.3564 0.0104 0.6651 0.09646 0.0256 0.02566 0.02566 0.02563 0.
5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6600 6600 6600 6700 6800 6900 7100 7200	OPERATING ROOM RECOVERY ROOM DELUSERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-INERAPEUTIC RADIOSOTOFE CT SCAN MARDIAG CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY	Part I, Col. 26 rvation) (list below): § 49,306,320 § 10,686,310 § 10,686,310 § 21,606,183 § 22,7,606,683 § 22,606,183 § 22,606,183 § 22,606,653 § 11,214,217 § 6,469,755 § 22,666,653 § 11,214,217 § 6,269,757 § 6,22,866,653 § 11,214,217 § 6,269,757 § 6,273,746 § 6,52,372,206	& Resident Offset ONLY \$	Part I, Col 2 and Col 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,483,711 \$ 71,297 \$ 27,605,683 \$ 2,064,763 \$ 2,064,763 \$ 2,064,763 \$ 2,064,765 \$ 2,064,765 \$ 2,264,776 \$ 2,224,070 \$ 2,224,070 \$ 2,224,070 \$ 3,235,893 \$ 0,72,294 \$ 6,73,144 \$ 3,435,893 \$ 607,294 \$ 61,384,51,218 \$ 65,327,318	Worksheet C, Pt. I. Cot. 6 \$ 86.234.276 \$ 15.651.529 \$ 40.420.835 \$ 40.420.835 \$ 3.634.309 \$ 3.574.74 \$ 3.054.309 \$ 2.576.747 \$ 2.063.07.621 \$ 2.083.604 \$ 2.083.604 \$ 2.084.488 \$ 3.0346.448 \$ 3.046.448 \$ 3.666.106 \$ 1.322.129 \$ 1.788.347 \$ 8.051.0611	Worksheet C, Pt. I. Col. 7 \$ 200.633.331 \$ 18.573.482 \$ 13.715.72 \$ 48.777.680 \$ 13.2566.520 \$ 20.2347.49 \$ 86.033.883 \$ 20.2347.49 \$ 81.853.986 \$ 42.835.986 \$ 4.264.337 \$ 4.855.986 \$ 4.294.437 \$ 4.655.940 \$ 6.65.940 \$ 649.6397 \$ 42.84.207 \$ 42.84.207	C. Pt. I. Col. 8 286,067,607 344,25,411 5 54,172,407 8 68,255,221 3 66,616,129 9 00,791,4597 3 90,791,4597 3 90,791,4597 3 90,791,4597 3 90,791,4597 3 90,778,971 3 83,570,169 3 35,077,295,770 3 35,671,046 5 55,188,103 3 2,429,344 5 85,002,637 2 210,150,814	0.17236 0.3394 0.01042 0.06161 0.05456 0.0555 0.0555 0.0555 0.0550 0.2397 0.2450 0.2450 0.2450 0.2450 0.2575 0.2450 0.06550 0.2575 0.2450 0.06550 0.2575 0.2450 0.06550 0.2575 0.24595 0.22214 0.22214 0.22214
5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6000 6000 6000 6000 6000 6700 6800 6900 7000 7100 7300	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC CARDIAC CATHETERIZATION CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY SPEECH PATHOLOGY ELECTROCARDIAL THERAPY SPEECH PATHOLOGY ELECTROCARDEHOLOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	Part I, Col. 26 rvation) (list below). \$ 49,300,320 \$ 10,688,310 \$ 10,688,310 \$ 717,1297 \$ 27,000,608 \$ 8,200,183 \$ 27,000,608 \$ 7,757,754 \$ 6,206,173 \$ 7,757,754 \$ 6,408,765 \$ 2,266,653 \$ 11,214,217 \$ 8,528,712 \$ 8,528,723 \$ 6,528,723 \$ 6,528,723 \$ 6,528,723 \$ 6,528,723 \$ 6,528,723 \$ 6,528,729 \$ 6,528,729 \$ 6,528,729 \$ 6,528,729 \$ 6,528,729 \$ 6,528,729 \$ 6,528,729 \$ 8,29,98,344	& Resident Offset ONLY \$	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,482,811 \$ 711,297 \$ 27,609,688 \$ 8,000,183 \$ 2,024,7654 \$ 7,757,7654 \$ 7,757,7654 \$ 7,757,7654 \$ 7,757,7654 \$ 7,23,714 \$ 6,485,765 \$ 2,256,653 \$ 11,121,4217 \$ 8,526,372 \$ 8,523,512 \$ 6,523,728 \$ 6,523,7286 \$ 7,523,785 \$ 7,525,785 \$ 7,525,7	Worksheet C, Pt. I. Cot. 6 1 8 8 8 8 8 9 8 9 <tr< td=""><td>Worksheet C, Pt. I. Col. 7 \$ 200.833.31 18,572.482 \$ 13,751.572 48,777.680 \$ 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 10 9 11 12 13 14 14 15 14 15 14 14 15 14 15 14 15 14 15 14 15 16 17 18 18<</td><td>C. Pt. I. Col. 8 \$ 286.067.607 \$ 34.425.411 \$ 54.172.407 \$ 68.250.521 \$ 90.791.457 \$ 22.765.780 \$ 235.0231 \$ 33.577.185 \$ 33.577.198 \$ 33.577.198 \$ 58.188.103 \$ 54.784.077.188 \$ 54.784.077.188 \$ 54.784.077.188 \$ 54.784.077.188 \$ 54.884.103 \$ 245.344 \$ 561.697.289.507</td><td>0.1723 0.3164 0.1544 0.01642 0.0665 0.02461 0.0555 0.02561 0.02561 0.02561 0.02561 0.02561 0.02561 0.02561 0.02562 0.02562 0.025520 0.025520000000000</td></tr<>	Worksheet C, Pt. I. Col. 7 \$ 200.833.31 18,572.482 \$ 13,751.572 48,777.680 \$ 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 10 9 11 12 13 14 14 15 14 15 14 14 15 14 15 14 15 14 15 14 15 16 17 18 18<	C. Pt. I. Col. 8 \$ 286.067.607 \$ 34.425.411 \$ 54.172.407 \$ 68.250.521 \$ 90.791.457 \$ 22.765.780 \$ 235.0231 \$ 33.577.185 \$ 33.577.198 \$ 33.577.198 \$ 58.188.103 \$ 54.784.077.188 \$ 54.784.077.188 \$ 54.784.077.188 \$ 54.784.077.188 \$ 54.884.103 \$ 245.344 \$ 561.697.289.507	0.1723 0.3164 0.1544 0.01642 0.0665 0.02461 0.0555 0.02561 0.02561 0.02561 0.02561 0.02561 0.02561 0.02561 0.02562 0.02562 0.025520 0.025520000000000
5000 5100 5200 5200 5300 5400 5500 5600 5700 5700 5800 5900 6000 6500 6600 6700 6800 6900 7000 7100 7200 7400	OPERATING ROOM RECOVERY ROOM DELUSERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HERAPEUTIC RADIOSOTOPE CT SCAN MRI CONTRATORY THERAPY ANDRA CATHETERIZATION CANAGA CATHETERIZATION CANAGA CATHETERIZATION CANAGA CATHETERIZATION CANAGA CATHETERIZATION CONTRATORY THERAPY SPECIFIC PATHOLOGY ELECTROCARDIOLOGY ELECTROCAR	Part I, Col. 26 rvation) (list below): \$ 49,306,320 \$ 10,686,310 \$ 10,468,371 \$ 71,027 \$ 27,060,680 \$ 3,206,183 \$ 2,204,765 \$ 3,205,721 \$ 3,205,825 \$ 6,07,204 \$ 6,1384,531 \$ 55,237,206 \$ 2,21,903,34 \$ 3,447,734 \$ 3,447,744 \$ 3,447,744	& Resident Offset ONLY \$	Part I, Col 2 and Col 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,482,611 \$ 71,297 \$ 27,606,686 \$ 6,066,183 \$ 2,024,766 \$ 5,076,734 \$ 5,076,734 \$ 5,026,976 \$ 2,246,076 \$ 2,224,076 \$ 2,224,076 \$ 2,224,076 \$ 2,224,076 \$ 2,224,076 \$ 11,244,174 \$ 3,335,893 \$ 072,294 \$ 6,1346,517 \$ 5,527,519 \$ 5,527,519 \$ 5,527,519 \$ 5,527,519 \$ 3,447,734	Worksheet C, Pt. I. Col. 6 \$ 8 8 9 15 15 15 15 16 17 18 19 19 19 19 19 19 19 10 10 11 11 11 11 11 11 11 11 11 12 12 13 14 15 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17 17	Worksheet C, Pt. I. Col. 7 \$ 200.633.331 \$ 18.573.482 \$ 13.515.72 \$ 48.777.680 \$ 13.2566.520 \$ 20.2347.49 \$ 13.2566.520 \$ 20.2347.49 \$ 81.833.986 \$ 42.835.986 \$ 4.264.357 \$ 4.835.986 \$ 4.294.437 \$ 4.65.982 \$ 4.745.299 \$ 4.745.299 \$ 4.745.299 \$ 4.64.997 \$ 6.80.997 \$ 4.964.293 \$ 4.964.293	C. Pt. I. Col. 8 286,067,607 344,225,411 5 54,172,407 6 82,255,221 5 166,161,229 5 00,791,457 5 22,755,700 5 22,755,700 5 32,792,570 5 33,772,570 5 35,772,570 5 35,772,570	0.17236 0.3594 0.0142 0.0642 0.05456 0.05456 0.05456 0.05550 0.05500 0.2597 0.24503 0.12680 0.06552 0.2593 0.12680 0.06552 0.2524 0.2525 0.2525 0.2525 0.2525 0.2525 0.2525 0.2525 0.4555 0.45550 0.45550 0.45550000000000
5000 5100 52000 5300 5400 5500 5600 5600 5600 5600 5600 5600 5600 5600 6000 6600 6600 6800 6900 7000 7300 7300 7400 7600	OPERATING ROOM RECOVERY ROOM DELUSERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HIERAPEUTIC RADIOSOTOPE CT SCAN MRI CARDIAG CATHETERIZATION CARDIAG CARDIAG CATHETERIZATION CARDIAG CARDIAG CATHETICS RUB CANCILLARGED TO PATIENTS REVAL DIALYSIS ASC (NON-DISTINCT PART) MISC ANCILLARY SERVICES	Part I, Col. 26 rvation) (list below): \$ 49,300,320 \$ 10,686,310 \$ 10,686,310 \$ 10,463,761 \$ 7,756,734 \$ 2,264,765 \$ 2,264,765 \$ 2,264,765 \$ 2,264,655 \$ 2,264,655 \$ 2,224,070 \$ 5,237,206 \$ 6,345,371 \$ 5,52,372,206 \$ 5,52,372,206 \$ 5,52,372,06 \$ 5,52,372,06 \$ 5,52,372,06 \$ 5,52,372,06 \$ 5,52,372,06 \$ 5,52,372,06 \$ 5,52,372,06 \$ 5,542,385 \$ 5,5	& Resident Offset ONLY \$	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,482,611 \$ 71,297 \$ 7,006,868 \$ 6,006,183 \$ 2,024,766 \$ 5,076,734 \$ 5,076,734 \$ 5,026,976,734 \$ 5,026,976,734 \$ 5,026,976,734 \$ 2,266,687,653 \$ 2,226,076,734 \$ 11,214,217 \$ 2,226,070 \$ 2,226,070 \$ 2,226,070 \$ 2,226,070 \$ 5,237,296 \$ 3,347,734 \$ 5,424,372 \$ 5,424,735 \$ 5,403,386	Worksheet C, Pt. I. Cot. 6 1 8 8 8 8 8 9 8 9 <tr< td=""><td>Worksheet C, Pt. I. Col. 7 1 5 200.833.31 1 5 18.577.482 5 13.751.572 48.777.680 5 8.503.983 5 9 18.60.872 5 48.328.203 14.48.85.960 5 4.52.66.201 5 4.53.986 4.53.986 5 4.54.86.372 5 4.54.946.373 5 5 5 5 5 5 64.9497 5 5 64.929.401 5 7 8 7.50.401.203 8 8 8 8 8 8 8</td><td>C. Pt. I. Col. 8 286,067,607 344,225,411 554,172,407 662,550,521 566,612,229 500,714,597 522,755,780 522,755,780 532,552,3807 532,552,3807 532,552,3807 533,570,106 533,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 544,570,570,570,570 544,570,570,570,570 544,570,570,570,570 544,570,570,570,570 544,570,570,570,570,570,570,570,570,570,570</td><td>0.17238 0.3594 0.0142 0.0545 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.0558 0.22074 0.24592 0.24592 0.22584 0.72544 0.25584 0.72544 0.25584 0.72544 0.25584 0.72544 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.7558440000000000000000000000000000000000</td></tr<>	Worksheet C, Pt. I. Col. 7 1 5 200.833.31 1 5 18.577.482 5 13.751.572 48.777.680 5 8.503.983 5 9 18.60.872 5 48.328.203 14.48.85.960 5 4.52.66.201 5 4.53.986 4.53.986 5 4.54.86.372 5 4.54.946.373 5 5 5 5 5 5 64.9497 5 5 64.929.401 5 7 8 7.50.401.203 8 8 8 8 8 8 8	C. Pt. I. Col. 8 286,067,607 344,225,411 554,172,407 662,550,521 566,612,229 500,714,597 522,755,780 522,755,780 532,552,3807 532,552,3807 532,552,3807 533,570,106 533,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 543,570,106 544,570,570,570,570 544,570,570,570,570 544,570,570,570,570 544,570,570,570,570 544,570,570,570,570,570,570,570,570,570,570	0.17238 0.3594 0.0142 0.0545 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.05458 0.0558 0.22074 0.24592 0.24592 0.22584 0.72544 0.25584 0.72544 0.25584 0.72544 0.25584 0.72544 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.755844 0.7558440000000000000000000000000000000000
5000 \$100 \$2000 \$2000 \$300 \$400 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$7000 \$7000 \$7300 \$7400 \$7500 \$7600 \$9000	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDAL THERAPY SPEECH PATHOLOGRAPHY ELECTROCARDEDIOLOGY ELECTROCARGED TO PATIENTS SPEECH PATHOLOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) MISC ANCILLARY SERVICES CLINIC	Part I, Col. 26 rvation) (list below): § 49,300,329 § 10,686,310 § 19,493,751 § 71,1297 § 27,000,698 § 8,000,183 § 2,024,766 § 3,757,734 § 5,426,765 § 22,266,653 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 11,214,217 § 8,226,572 § 8,21,918,34 § 3,442,343 § 3,442,243 § 5,452,835 § 5,403,96 § 5,17,017	& Resident Offset ONLY \$	Part I, Col 2 and Col 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,482,611 \$ 10,482,611 \$ 71,497 \$ 27,609,688 \$ 20,204,7634 \$ 7,207,613 \$ 2,266,653 \$ 11,214,217 \$ 6,453,583 \$ 6,124,233 \$ 6,124,233 \$ 6,124,233 \$ 6,124,233 \$ 6,124,233 \$ 6,424,2835 \$ 6,424,2835 \$ 5,403,364 \$ 5,403,364 \$ 5,403,364 \$ 5,403,364 \$ 5,403,364	Worksheet C, Pt. I. Cot. 6 1 8 8 8 8 8 9 <tr< td=""><td>Worksheet C, Pt. I. Col. 7 \$ 16,573,482 \$ 17,51,572,482 \$ 18,573,482 \$ 48,777,680 \$ 88,503,983 \$ 918,1830,872 \$<!--</td--><td>C. Pt. I. Col. 8 \$ 286.067.607 \$ 34.425.411 \$ 54.172.407 \$ 68.250.521 \$ 90.791.457 \$ 22.765.780 \$ 235.0231 \$ 83.577.185.77 \$ 33.507.198 \$ 561.677.198 \$ 57.729.570 \$ 34.577.198 \$ 57.729.570 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.388 \$ 563.385 \$ 343.697.388 \$ 343.697.388 \$ 343.697.388 \$ 343.697.388 \$ 343.697.388 \$ 343.809 \$ 343.809</td><td>0.17238 0.35894 0.01042 0.6816 0.05882 0.02646 0.05862 0.02666 0.02765 0.02666 0.02767 0.240000000000</td></td></tr<>	Worksheet C, Pt. I. Col. 7 \$ 16,573,482 \$ 17,51,572,482 \$ 18,573,482 \$ 48,777,680 \$ 88,503,983 \$ 918,1830,872 \$ </td <td>C. Pt. I. Col. 8 \$ 286.067.607 \$ 34.425.411 \$ 54.172.407 \$ 68.250.521 \$ 90.791.457 \$ 22.765.780 \$ 235.0231 \$ 83.577.185.77 \$ 33.507.198 \$ 561.677.198 \$ 57.729.570 \$ 34.577.198 \$ 57.729.570 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.388 \$ 563.385 \$ 343.697.388 \$ 343.697.388 \$ 343.697.388 \$ 343.697.388 \$ 343.697.388 \$ 343.809 \$ 343.809</td> <td>0.17238 0.35894 0.01042 0.6816 0.05882 0.02646 0.05862 0.02666 0.02765 0.02666 0.02767 0.240000000000</td>	C. Pt. I. Col. 8 \$ 286.067.607 \$ 34.425.411 \$ 54.172.407 \$ 68.250.521 \$ 90.791.457 \$ 22.765.780 \$ 235.0231 \$ 83.577.185.77 \$ 33.507.198 \$ 561.677.198 \$ 57.729.570 \$ 34.577.198 \$ 57.729.570 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.697.288 \$ 561.388 \$ 563.385 \$ 343.697.388 \$ 343.697.388 \$ 343.697.388 \$ 343.697.388 \$ 343.697.388 \$ 343.809 \$ 343.809	0.17238 0.35894 0.01042 0.6816 0.05882 0.02646 0.05862 0.02666 0.02765 0.02666 0.02767 0.240000000000
5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6500 6600 6700 6800 6900 7000 71000 7200 7300 7600 9001	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HERAPEUTIC RADIOSOTOPE GY SCAN MRI CARDIAQ CATHETERIZATION LABORATORY RESPIRATORY THERAPY RESPIRATORY THERAPY RESPIRATORY RESPIRATORY RESPIRATORY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDENTAL STENTS RUSS CHARGED TO PATIENTS RENAL DIALYSIS	Part I, Col. 26 rvation) (list below): § 49,300,329 § 10,686,310 § 10,686,310 § 717,602,608 § 27,060,608 § 2,706,764 § 2,204,765 § 2,204,765 § 2,204,765 § 2,204,765 § 2,204,765 § 2,204,765 § 2,204,765 § 2,204,775 § 2,204,775 § 2,204,775 § 2,204,775 § 2,204,775 § 2,204,775 § 5,237,296 § 6,324,327 § 5,523,7296 § 7,514,344,724 § 6,342,335 § 6,342,345 § 7,347 §	& Resident Offset ONLY \$	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,482,611 \$ 71,297 \$ 7,605,688 \$ 6,006,183 \$ 2,024,766 \$ 5,026,77,734 \$ 6,468,765 \$ 2,266,663 \$ 1,1214,227 \$ 6,326,577,274 \$ 6,326,577,274 \$ 6,326,577,274 \$ 6,326,577,274 \$ 6,326,577,274 \$ 6,326,577,274 \$ 6,326,577,274 \$ 6,326,577,274 \$ 6,326,577,274 \$ 6,426,355 \$ 6,426,355 \$ 6,426,356 \$ 6,426,356 \$ 6,426,356 \$ 6,426,356 \$ 6,426,356 \$ 6,426,356 \$ 5,357,374	Worksheet C, Pt. I. Col. 6 15 86.234.276 15.857.929 5 15.857.929 5 19.472.831 5 19.472.831 5 74.061.508 5 2.037.821 3.364.309 3.4275.761 5 3.4275.761 5 5 5.857.474 5 3.4275.761 5 3.4275.761 5 5 5 6.052.109 3.4275.761 5 5 8 9.31.342.165 8 8 9.403.483 8 9.404.483 8 8 9.010.611 8 9.404.483 9.404.483 9.404.493.497 8	Worksheet C, Pt. I. Col. 7 1 5 105,77.482 5 113,751,752 48,777,680 5 8 7 8 8 9 8 9 8 9 8 9 9 9 9 148,85,960 1 9 1.448,85,960 1 9 1.448,85,960 1 9 1.448,85,960 2 1.448,85,960 1.448,85,960 2 1.448,85,960 1.442,859 1.442,859 1.442,859 1.442,859 1.4442,859 1.4442,859 1.4442,859 1.4442,859 1.4442,859 1.4442,859	C. Pt. I. Col. 8 \$ 286.067.607 \$ 34.425.411 \$ 54.172.407 \$ 68.250.521 \$ 66.612.29 \$ 90.791.457 \$ 22.765.780 \$ 30.573.616 \$ 38.5775.616 \$ 38.5775.6175 \$ 38.5775.618 \$ 39.57120 \$ 7.142.167 \$ 56.861333 \$ 3.3503.477 \$ 3.3503.477 \$ 9.575.720 \$ 9.555.720 \$ 9.575.720 \$ 9.575.720 \$ 9.575.720 \$ 9.57	0.1723 0.3194 0.5994 0.0994 0.0994 0.0994 0.09966 0.09966 0.0996 0.0996 0.0996 0.0996 0.0996 0.0996 0.0996
5000 \$100 \$2000 \$2000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$7000 \$72000 \$7400 \$7600 \$9000 \$9000 \$9000 \$9000	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCANDAL THERAPY SPEECH PATHOLOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS SPEECH PATHOLOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) MISC ANOLLARY SERVICES CLINIC MENTAL HEALTH OP CLINIC CANCER CENTER	Part I, Col. 26 rvation) (list below): § 49,300,329 § 10,686,310 § 19,493,751 § 711,297 § 27,000,698 § 8,000,183 § 2,024,766 § 3,757,734 § 5,426,765 § 22,266,653 § 11,214,217 § 6,325,572 § 11,214,217 § 2,2224,070 § 867,314 § 6,438,531 § 5,5237,266 § 82,199,834 § 3,344,734 § 5,452,835 § 5,543,266 § 5,17,017 § 1,399,441 § 6,13,305	& Resident Offset ONLY \$	Part I, Col 2 and Col 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,482,611 \$ 10,482,611 \$ 71,497 \$ 27,609,688 \$ 20,204,7634 \$ 7,207,613 \$ 2,266,653 \$ 11,214,217 \$ 6,453,583 \$ 6,124,233 \$ 6,124,233 \$ 6,124,233 \$ 6,124,233 \$ 6,124,233 \$ 6,424,2835 \$ 6,424,2835 \$ 5,403,364 \$ 5,403,364 \$ 5,403,364 \$ 5,403,364 \$ 5,403,364	Worksheet C, Pt. I. Cot. 6 15 85.234.276 16.851.929 1 95.158.1929 1 94.728.81 2 94.728.81 3 3.594.309 3 3.594.309 3 2.577.474 3 2.591.031 3 3.494.809 3 2.591.031 3 3.494.809 3 2.201.808.065 5 2.0346.448 3 3.4275.761 5 3.034.809.655 5 3.0596.685 5 8.0510.611 5 7.142.167 5 7.142.167 5 7.142.167 5 7.142.167 5 7.102.117 5 102.211 5 473.145	Worksheet C, Pt. I. Col. 7 \$ 18 18 19 19 19 10 10 11 12 13 13 14 15 15 16 17 17 17 12 12 12 13 14 14 14 14 14 14 14 14 14 14 15 14 14 14 14 14 15 14 15 14 14 14 14 14 14 14 14 14 </td <td>C. Pt. I. Col. 8 286.067.607 34.425.411 5 34.425.411 5 54.172.407 68.250.521 5 90.791.457 5 22.795.780 8 33.76.818 5 33.577.918 8 3.357.7198 5 54.88.103 5 54.88.103 5 54.88.103 5 54.88.103 5 56.188.103 5 56.188.103 5 56.188.103 5 56.188.103 5 56.897.288 5 71.42.167 5 56.897.388 5 3.45.977 5 56.891.338 5 3.45.347 5 56.891.388 5 3.45.347 5 3.42.344 5 3.42.344 5 3.42.344 5 3.50.347 5 56.891.388</td> <td>0.17236 0.31047 0.35884 0.01042 0.6616 0.69546 0.62556 0.62565 0.62565 0.62565 0.62565 0.62565 0.25974 0.24503 0.12680 0.24503</td>	C. Pt. I. Col. 8 286.067.607 34.425.411 5 34.425.411 5 54.172.407 68.250.521 5 90.791.457 5 22.795.780 8 33.76.818 5 33.577.918 8 3.357.7198 5 54.88.103 5 54.88.103 5 54.88.103 5 54.88.103 5 56.188.103 5 56.188.103 5 56.188.103 5 56.188.103 5 56.897.288 5 71.42.167 5 56.897.388 5 3.45.977 5 56.891.338 5 3.45.347 5 56.891.388 5 3.45.347 5 3.42.344 5 3.42.344 5 3.42.344 5 3.50.347 5 56.891.388	0.17236 0.31047 0.35884 0.01042 0.6616 0.69546 0.62556 0.62565 0.62565 0.62565 0.62565 0.62565 0.25974 0.24503 0.12680 0.24503
5000 \$100 \$2000 \$2000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$7000 \$72000 \$7400 \$7600 \$9000 \$9000 \$9000 \$9000	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ALBOR ROOM ANESTHESIOLOGY RADIOLOGY-DHERAPEUTIC RADIOLOGY-HHERAPEUTIC RADIOLOGY-HHERAPEUTIC CARDIAQ CATHETERIZATION LABORATORY RESPIRATORY THERAPY RESPIRATORY THERAPY RESPIRATORY THERAPY SPECON LONG CATHETERIZATION LABORATORY RESPIRATORY THERAPY SPECON LONG CATHERAPY SPECON LONG CATHERAPY RESPIRATORY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) MISC ANGLIARY SERVICES CLINIC MENTAL HEALTH OP CLINIC CANCER CENTER EMERGENCY	Part I, Col. 26 rvation) (list below): § 49,300,329 § 10,686,310 § 10,686,310 § 71,762,74 § 27,060,680 § 2,206,183 § 3,447,734 § 6,542,835 § 7,547 § 7,547	& Resident Offset ONLY \$	Part I, Col 2 and Col 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,482,611 \$ 71,297 \$ 7,605,688 \$ 6,006,183 \$ 2,062,668 \$ 5,076,754 \$ 6,468,765 \$ 2,266,663 \$ 1,1214,217 \$ 6,452,857 \$ 5,272,914 \$ 6,452,857 \$ 5,523,728 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,452,857 \$ 6,453,868 \$ 24,458,983	Worksheet C, Pt. I. Col. 6 15 86.234.276 15.857.929 140.420.835 19.472.831 33.594.309 5 17.675.7474 5 3.764.651.508 5 19.472.831 7.405.1508 5 3.4275.761 5 5 5.4275.761 5 5 6.065.106 5 5 5 5 5 5 6.065.106 5 5 5 5 5 5 5 5 74.42167 5 5 60.05106 7 5 60.20107 5 5 60.2011 5	Worksheet C, Pt. I. Col. 7 1 200.833.31 1 1 <td< td=""><td>C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.256.221 \$90.791.457 \$22.765.780 \$34.252.417 \$34.252.417 \$36.616.122 \$90.791.457 \$22.765.780 \$38.377.616 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$35.578.578 \$21.99.641 \$35.579.347 \$35.579.347 \$35.579.347 \$35.579.347 \$35.579.347 \$35.570.207 \$35.570.207 \$35.571.207 \$21.99.980.371 \$21.99.980.371</td><td>0 17236 0 31047 0 35984 0 01042 0 16616 0 08882 0 0888</td></td<>	C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.256.221 \$90.791.457 \$22.765.780 \$34.252.417 \$34.252.417 \$36.616.122 \$90.791.457 \$22.765.780 \$38.377.616 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$35.578.578 \$21.99.641 \$35.579.347 \$35.579.347 \$35.579.347 \$35.579.347 \$35.579.347 \$35.570.207 \$35.570.207 \$35.571.207 \$21.99.980.371 \$21.99.980.371	0 17236 0 31047 0 35984 0 01042 0 16616 0 08882 0 0888
5000 \$100 \$2000 \$2000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$5000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$6000 \$7000 \$72000 \$7400 \$7600 \$9000 \$9000 \$9000 \$9000	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCANDAL THERAPY SPEECH PATHOLOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS SPEECH PATHOLOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) MISC ANOLLARY SERVICES CLINIC MENTAL HEALTH OP CLINIC CANCER CENTER	Part I, Col. 26 rvation) (list below): § 49,300,329 § 10,686,310 § 19,493,751 § 711,297 § 27,000,698 § 8,000,183 § 2,024,766 § 3,757,734 § 5,426,765 § 22,266,653 § 11,214,217 § 6,325,572 § 11,214,217 § 2,2224,070 § 867,314 § 6,438,531 § 5,5237,266 § 82,199,834 § 3,344,734 § 5,452,835 § 5,543,266 § 5,17,017 § 1,399,441 § 6,13,305	& Resident Offset ONLY \$	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,482,811 \$ 10,482,811 \$ 11,492,813 \$ 7,7605,689 \$ 2,7605,689 \$ 2,024,766 \$ 7,076,764 \$ 5,723,014 \$ 5,420,766 \$ 2,2,656,653 \$ 11,214,217 \$ 8,258,973 \$ 61,384,531 \$ 61,384,531 \$ 55,237,289 \$ 542,385 \$ 540,386 \$ 517,017 \$ 1,393,441 \$ 1,413,305	Worksheet C, Pt. I. Col. 6 15 86.234.276 15.857.929 5 19.472.831 5 19.472.831 74.061.508 74.061.508 8 2.2037.821 3 3.427.761 5 3.427.761 5 5 5.457.474 5 3.427.761 5 3.427.761 5 5 4.605.100 5 5 5 5 8 74.061.508 5 5 5 76.761 5 76.761 5 76.761 5 76.761 5 76.771.745 5 77.777.78	Worksheet C, Pt. I. Col. 7 1 200.833.31 1 1 <td< td=""><td>C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.256.221 \$90.791.457 \$22.765.780 \$34.252.417 \$34.252.417 \$36.616.122 \$90.791.457 \$22.765.780 \$38.377.616 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$35.578.578 \$21.99.641 \$35.579.347 \$35.579.347 \$35.579.347 \$35.579.347 \$35.579.347 \$35.570.207 \$35.570.207 \$35.571.207 \$21.99.980.371 \$21.99.980.371</td><td>0.17236 0.31047 0.35984 0.01042 0.6616 0.66436 0.66436 0.6759 0.66306 0.25904 0.24303 0.66306 0.25904 0.24303 0.66595 0.25904 0.24303 0.66595 0.25904 0.25904 0.25904 0.25904 0.46292 0.46292 0.46293 0.46293 0.46293 0.4629400000000000000000000000000000000000</td></td<>	C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.256.221 \$90.791.457 \$22.765.780 \$34.252.417 \$34.252.417 \$36.616.122 \$90.791.457 \$22.765.780 \$38.377.616 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$38.577.617 \$35.578.578 \$21.99.641 \$35.579.347 \$35.579.347 \$35.579.347 \$35.579.347 \$35.579.347 \$35.570.207 \$35.570.207 \$35.571.207 \$21.99.980.371 \$21.99.980.371	0.17236 0.31047 0.35984 0.01042 0.6616 0.66436 0.66436 0.6759 0.66306 0.25904 0.24303 0.66306 0.25904 0.24303 0.66595 0.25904 0.24303 0.66595 0.25904 0.25904 0.25904 0.25904 0.46292 0.46292 0.46293 0.46293 0.46293 0.4629400000000000000000000000000000000000
5000 5100 5200 5400 5500 5500 5500 5500 5500 5500 5500 5800 6800 6800 6800 6800 6800 6700 7200 7300 7400 7350 7400	OPERATING ROOM RECOVERY ROOM DELVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY SPEECH PATHOLOGY ELECTROCARDAL THERAPY SPEECH PATHOLOGY ELECTROCARDED TO PATIENTS SPEECH PATHOLOGRAPHY ELECTROCARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) MISCA ANCILLARY SERVICES CLINIC MENTAL HEALTH OP CLINIC GANCER CENTER EMERCENCY TOTAL ANCILLARY	Part I, Col. 26 rvation) (list below): \$ 49,306,320 \$ 10,686,310 \$ 10,686,310 \$ 21,060,686 \$ 22,060,683 \$ 22,070,709 \$ 2,207,709 \$ 2,207,709 \$ 2,207,709 \$ 2,207,709 \$ 2,207,709 \$ 2,207,709 \$ 2,207,709 \$ 2,207,709 \$ 2,208,707 \$ 2,208,707 \$ 2,208,707 \$ 2,208,707 \$ 3,427,734 \$ 6,420,757 \$ 2,228,070 \$ 6,7314 \$ 6,420,875 \$ 2,208,707 \$ 6,52,335 \$ 6,420,355 \$ 2,40,306,431 \$ 6,420,355 \$ 2,40,306,431 \$ 3,402,402 \$ 5,51,029,020 \$ 0,61,402 \$ 5,51,029,021 \$ 0,61,402 \$ 5,51,029,021 \$ 0,61,402 \$ 5,51,029,021 \$ 0,61,402 \$ 5,51,029,021 \$ 0,61,402 \$ 0,61,	& Resident Offset ONLY \$ -	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,688,310 \$ 10,688,310 \$ 71,297 \$ 27,606,868 \$ 8,066,183 \$ 2,062,168 \$ 2,062,168 \$ 2,052,168 \$ 2,054,168 \$ 2,054,168 \$ 2,054,168 \$ 2,254,070 \$ 5,123,047 \$ 5,232,257 \$ 5,523,726 \$ 5,523,726 \$ 5,51,029,032 \$ 4,642,335 \$ 5,463,483 \$ 4,263,447,734 \$ 5,463,485 \$ 429,740,232 \$ 54,042,832 \$ 24,046,843 \$ 24,047,0232 \$ 551,029,022	Worksheet C, Pt. I. Col. 6 15 15 15 15 15 15 16 17 18 19 19 19 19 19 19 19 19 19 19 20 19 20 10 11 12 20 11 20 20 20 20 20 20 20 20 20 20 21 20 20 20 30 20 20 21 22 22 23 23 24 <	Worksheet C, Pt. I. Col. 7 1 200.833.31 1 1 <td< td=""><td>C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.250.521 \$90,791.457 \$22.795.760 \$27.55.760 \$33.577.215.770 \$35.7724.577 \$35.071.186 \$35.071.186 \$35.7724.577 \$36.577.198 \$35.577.198 \$35.577.198 \$35.671.188 \$56.188.103 \$24.53.444 \$56.188.103 \$24.63.444 \$66.1897.288 \$7.142.167 \$21.147.421 \$21.147.421 \$21.47.424 \$21.47.424 \$21.99.66.371 \$21.86.86.22.866</td><td>0.17236 0.31047 0.35884 0.01042 0.6616 0.65882 0.02585 0.6596 0.25974 0.24503 0.6596 0.25974 0.24503 0.6596 0.25974 0.24503 0.6598 0.25974 0.24503 0.6598 0.25974 0.2595400000000000000000000000000000000000</td></td<>	C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.250.521 \$90,791.457 \$22.795.760 \$27.55.760 \$33.577.215.770 \$35.7724.577 \$35.071.186 \$35.071.186 \$35.7724.577 \$36.577.198 \$35.577.198 \$35.577.198 \$35.671.188 \$56.188.103 \$24.53.444 \$56.188.103 \$24.63.444 \$66.1897.288 \$7.142.167 \$21.147.421 \$21.147.421 \$21.47.424 \$21.47.424 \$21.99.66.371 \$21.86.86.22.866	0.17236 0.31047 0.35884 0.01042 0.6616 0.65882 0.02585 0.6596 0.25974 0.24503 0.6596 0.25974 0.24503 0.6596 0.25974 0.24503 0.6598 0.25974 0.24503 0.6598 0.25974 0.2595400000000000000000000000000000000000
5000 5100 5200 5300 5500 5600 5700 6800 6800 6800 6800 7200 7200 7200 7200 7200 7200 7200 7	OPERATING ROOM OPERATING ROOM OPELVERY ROOM DELVERY ROOM DELVERY ROOM DELVERY ROOM ALBOR ROOM ANESTHESIOLOGY RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC RADIOLOGY-HERAPEUTIC CARDIAC ACTHETERIZATION LABORATORY RESPIRATORY THERAPY OPCUPATIONAL THERAPY SPECH PATHOLOGY ELECTROCARDIAL THERAPY SPECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY SPECIAL ALTHOP CLINIC CANCER CENTER EMERGENCY Veighted Average Sub Totals NF, SNF, and Swing Bed Cost for Medicaid (Sur D, Part V, Title 19, Column 5-7, Line 200) NF, SNF, and Swing Bed Cost for Medicaid (Sur D, Part V, Title 19, Column 5-7, Line 200) NF, SNF, and Swing Bed Cost for Medicaid (Sur D, Part V, Title 19, Column 5-7, Line 200) NF, SNF, ANS Wing Bed Cost for Other Payres NF, SNF, and Swing Bed Cost for Other Payres NF, SNF, SWIng Bed Cost for Other Payres NF, SNF, ANG Swing Bed Cost for Other Payres	Part I, Col. 26 rvation) (list below): § 49,300,329 § 10,686,310 § 10,686,310 § 27,600,683 § 27,600,683 § 2,206,163 § 3,207,206 § 3,207,206 § 429,740,232 § 551,029,092 s 551,029,092 n of applicable Cost R (Hospital must calculated and a second and a sec	& Resident Offset ONLY \$ -	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,688,310 \$ 10,688,310 \$ 71,297 \$ 27,606,868 \$ 8,066,183 \$ 2,062,168 \$ 2,062,168 \$ 2,052,168 \$ 2,054,168 \$ 2,054,168 \$ 2,054,168 \$ 2,254,070 \$ 5,123,047 \$ 5,232,257 \$ 5,523,726 \$ 5,523,726 \$ 5,51,029,032 \$ 4,642,335 \$ 5,463,483 \$ 4,263,447,734 \$ 5,463,485 \$ 429,740,232 \$ 54,042,832 \$ 24,046,843 \$ 24,047,0232 \$ 551,029,022	Worksheet C, Pt. I. Col. 6 15 15 15 15 15 15 16 17 18 19 19 19 19 19 19 19 19 19 19 20 19 19 10 10 11 11 11 11 12 13 13 13 13 13 13 13 13 13 14 13 10 11 11 11 11 11 11 11 11 11 <	Worksheet C, Pt. I. Col. 7 \$ 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 12 12 13 14 15 14 15 14 14 14 14 </td <td>C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.250.521 \$90,791.457 \$22.795.760 \$27.55.760 \$33.577.215.770 \$35.7724.577 \$35.071.186 \$35.071.186 \$35.7724.577 \$36.577.198 \$35.577.198 \$35.577.198 \$35.671.188 \$56.188.103 \$24.53.444 \$56.188.103 \$24.63.444 \$66.1897.288 \$7.142.167 \$21.147.421 \$21.147.421 \$21.47.424 \$21.47.424 \$21.99.66.371 \$21.86.86.22.866</td> <td>0.17236 0.31047 0.35984 0.01042 0.6616 0.66436 0.66436 0.6759 0.66306 0.25904 0.24303 0.66306 0.25904 0.24303 0.66595 0.25904 0.24303 0.66595 0.25904 0.25904 0.25904 0.25904 0.46292 0.46292 0.46293 0.46293 0.46293 0.4629400000000000000000000000000000000000</td>	C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.250.521 \$90,791.457 \$22.795.760 \$27.55.760 \$33.577.215.770 \$35.7724.577 \$35.071.186 \$35.071.186 \$35.7724.577 \$36.577.198 \$35.577.198 \$35.577.198 \$35.671.188 \$56.188.103 \$24.53.444 \$56.188.103 \$24.63.444 \$66.1897.288 \$7.142.167 \$21.147.421 \$21.147.421 \$21.47.424 \$21.47.424 \$21.99.66.371 \$21.86.86.22.866	0.17236 0.31047 0.35984 0.01042 0.6616 0.66436 0.66436 0.6759 0.66306 0.25904 0.24303 0.66306 0.25904 0.24303 0.66595 0.25904 0.24303 0.66595 0.25904 0.25904 0.25904 0.25904 0.46292 0.46292 0.46293 0.46293 0.46293 0.4629400000000000000000000000000000000000
5000 5100 5200 5300 5500 5600 5700 6800 6800 6800 6800 7200 7200 7200 7200 7200 7200 7200 7	OPERATING ROOM OPERATING ROOM OPERATING ROOM DELUSERY ROOM & LABOR ROOM DELUSERY ROOM & LABOR ROOM ANESTHESUCOGY RADIOLOGY-HERAPEUTIC RADIOISOTOPE OF SCAN MRI ORA CATHETERIZATION CABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY OPUSION THERAPY OPUSION THERAPY OPUSION THERAPY DELECTOROCARDIOLOGY ELECTOROCARDIOLOGY ELE	Part I, Col. 26 rvation) (list below): § 49,300,329 § 10,686,310 § 10,686,310 § 27,600,683 § 27,600,683 § 2,206,163 § 3,207,206 § 3,207,206 § 429,740,232 § 551,029,092 s 551,029,092 n of applicable Cost R (Hospital must calculated and a second and a sec	& Resident Offset ONLY \$ -	Part I, Col 2 and Col. 4 5 5 5 5 5 5 5 5 5 5 5 5 5		\$ 49,309,329 \$ 10,688,310 \$ 10,688,310 \$ 10,688,310 \$ 71,297 \$ 27,606,868 \$ 8,066,183 \$ 2,062,168 \$ 2,062,168 \$ 2,052,168 \$ 2,054,168 \$ 2,054,168 \$ 2,054,168 \$ 2,254,070 \$ 5,123,047 \$ 5,232,257 \$ 5,523,726 \$ 5,523,726 \$ 5,51,029,032 \$ 4,642,335 \$ 5,463,483 \$ 4,263,447,734 \$ 5,463,485 \$ 429,740,232 \$ 54,042,832 \$ 24,046,843 \$ 24,047,0232 \$ 551,029,022	Worksheet C, Pt. I. Col. 6 15 15 15 15 15 15 16 17 18 19 19 19 19 19 19 19 19 19 19 20 19 19 10 10 11 11 11 11 12 13 13 13 13 13 13 13 13 13 14 13 10 11 11 11 11 11 11 11 11 11 <	Worksheet C, Pt. I. Col. 7 \$ 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 12 12 13 14 15 14 15 14 14 14 14 </td <td>C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.250.521 \$90,791.457 \$22.795.760 \$27.55.760 \$33.577.215.770 \$35.7721.577 \$35.077.186 \$35.077.186 \$35.7721.577 \$36.577.186 \$57.721.570 \$35.577.198 \$35.577.198 \$58.168.103 \$242.344 \$56.1687.288 \$77.42.167 \$24.59.340 \$56.1687.288 \$21.143.407 \$21.47.421 \$21.47.421 \$21.47.421 \$21.99.66.371 \$22.686.682.286</td> <td>Cost-to-Charge Ratio 0.172365 0.31947 0.35944 0.01944 0.01944 0.01944 0.039400 0.039400 0.03940000000000000000000000000000000000</td>	C. Pt. I. Col. 8 \$286.067.607 \$34.425.411 \$54.172.407 \$68.250.521 \$90,791.457 \$22.795.760 \$27.55.760 \$33.577.215.770 \$35.7721.577 \$35.077.186 \$35.077.186 \$35.7721.577 \$36.577.186 \$57.721.570 \$35.577.198 \$35.577.198 \$58.168.103 \$242.344 \$56.1687.288 \$77.42.167 \$24.59.340 \$56.1687.288 \$21.143.407 \$21.47.421 \$21.47.421 \$21.47.421 \$21.99.66.371 \$22.686.682.286	Cost-to-Charge Ratio 0.172365 0.31947 0.35944 0.01944 0.01944 0.01944 0.039400 0.039400 0.03940000000000000000000000000000000000

* 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.

Cost Report Year (10/01/2022-09/30/2023) NORTHSIDE HOSPITAL-CHEROKEE tal In-State Medicaid (Da caid FFS & MCO Exhaus FFS & MCO Ex % Survey to Cost Report Totals (Includ Medicaid Per Diem Cost for Routine Cost Charge Ratio for Ancillary Cost Centers (See Exhibit A) (See Exhibit A) Cost Center Descript Centers Outpatient Inpatient Outpatient Inpatient Outpatient Inpatient Outpatient Inpatient Outpatient Line # Inpatient Inpatient Outpat From PS&R Summary (Note A) From PS&R From PS&R From PS&R Summary (Note A) Summary (Note A) Summary (Note A) From PS&R From PS&R Summary (Note A) Summary (Note A) From PS&R Summary (Note A) From Hospital's Own Internal Analysis Internal Analysis From Section G From Section G Routine Cost Centers (from Section G): 133000 ADULTS & PEDATRICS 03100 INTENSIE CARE UNIT 13200 CORONARY CARE UNIT 13300 BURNIN INTENSING CARE UNIT 13400 SURGCAL INTENSING CARE UNIT 143000 SUBPROVIDER I 147000 SUBPROVIDER I Davs Days Davs Davs Davs Days 15,741 1,410 Davs 26.38% 31.55% 2,434.65 1,810.21 2,867 55.54% 04100 SUBPROVIDER II 04200 OTHER SUBPROVIDER 04300 NURSERY 1,539.21 3,223 58.09% 30.20% 5,033 6,726 4,228 7,006 248 5,893 Total Days per PS&R or Exhibit Detail 5,033 6,726 7,006 5,893 19 20 4,228 248 ciled Dave (Evolain Variance) Routine Charges Routine Charges 2 \$ 19,053,933 \$ 10,974,495 Routine Charges Routine Charges Routine Charges Routine Charges \$ 14,952,295 \$ 64,013,021 \$ 54,013,021 \$ 67,013,021 Routine Charges \$ 31.40% 21 21.01 Routine Charges Calculated Routine Charge Per Diem 2 659 6 2,832.8 2,595.6 20,598,80 2,940.1 2,537.30 Ancillary Cost Centers (from W/S C) (from Section 09200 Observation (More Distingt) Ancillary Charges Ancillary Charges Ancillary Charges ncillary Charges Ancillary Charges Illary Charges illary Charges 22 13.42% 19.16% 9.51% 40.35% 47.12% 23.47% 14.29% 23.47% 14.29% 23.47% 17.50% 17.50% 23.60% 23.60% 25.33% 26.69% 26.69% 11.21% 20.69% 21.46% 30.51% 45.23% 21.46% 30.51% 45.25% 21.46% 30.51% 22.47% 23.45% 23.55% 23.45% 23.55% 23.55% 23.45% 23.55% 23.55% 23.45% 23.55% 23.55% 23.45% 23.55% 23.55% 23.55% 23.55% 23.45% 23.55% 23.55% 23.55% 23.45% 23.55% 25.55% 5000 OPERATING ROOM 307 710 14,696,01 22,634,62 5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 0.310477 697,629 13,603,259 2,952,098 1,791,879 4,603,786 4,925,049 5400 RADIOLOGY-DIAGNOSTIC 5500 RADIOLOGY-THERAPEUTIC 2,952,098 8,470,320 826,592 1,070,117 11,924,012 0.166162 16,095,460 5600 RADIOISOTOPE 5700 CT SCAN 0.088822 3,929,646 8,664,438 46,416,436 7,685,877 3,364,363 22,448,671 B RDIAC CATHETERIZATION 613,782 9,581,372 6000 LABORATORY 0.063083 10,634,286 2,949,407 8,348,04 11,446,15 3,365,324 3,007,850 501,359 750,796 6000 LABORATORY 6500 RESPIRATORY THERAPY 6800 PHYSICAL THERAPY 6700 OCCUPATIONAL THERAPY 6800 SPEECH PATHOLOGY 6800 SPEECH PATHOLOGY 0.290748 0.243037 0.149390 0.126802 46,416,436 6,687,377 3,078,500 2,735,079 1,462,422 938,926 457,810 1,268,637 269,367 113,017 959,684 60,382 164,354 147,87 38,167 56,902 17,735 16,14 232,52 41,52 2,37 64,176 6900 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED T 0.249983 0.722149 460,871 820,399 97,204 814,138 820,399 9,236,598 47,670,911 2,632,558 1,932,560 444 8,428 8,415 2772,479 1.871.59 1,341,044 1,764,159 5,803,743 41 42 43 44 45 7200 IMPL, DEV, CHARGED TO PATIENTS 0.262846 8,477,278 23,446,875 7200 IMPL DEV. CHARGED TO PATIENT 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 7500 ASC (NON-DISTINCT PART) 7600 MISC ANCILLARY SERVICES 9000 (LINC 9000 MENTAL HEALTH OP CLINIC 9002 MANCER CENTER 9100 (EMERGENCY 0.146290 0.482729 4,258,642 61,738 40,798 95,370 1,974,0 4 30,2 760,484 . 524,097 45,754 274,015 3,108 0.115006 2.38 -3.595164 1.468274 0.291014 0.111987 46 47 48 49 7,854 425,347 3.065.344 10,509 39,270 911,442 6,670,280 1.683 15,708 86,854 3,714,183 561 105,138 1,729 \$ 380.99 Totals / Payments Total Charges (includes organ acquisition from Section J) S 55,504,688 S 24,208,106 S 50,712,629 S 56,422,769 S 56,422,769 S 56,422,769 S 56,424,264 S 175,914,642 S 175,914,742 S 175,914 128 20.95% 129 Total Charges per PS&R or Exhibit Detail 130 Unreconciled Charges (Explain Variance) 131.01 Sampling Cost Adjustment (if applicable) \$ 55,504,888 \$ 24,208,108 \$ 58,782,820 \$ 65,432,760 \$ 60,412,084 \$ 33,349,394 \$ 89,695,253 \$ 56,924,381 \$ 6,590,426 \$ 3,170,855 \$ 131.02 Total Calculated Cost (includes organ acquisition from Section J) \$ 12 711 486 \$ 3 323 742 \$ 16,248,275 \$ 8 942 713 \$ 11 371 640 4,287,101 \$ 18,448,161 \$ 7,677,537 \$ 699,821 \$ 952,921 \$ 14,990,985 \$ 16,345,783 \$ 58 779 562 \$ 24,231,093 20.77% Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) 132 133 Total Madical Paid Amout (reculcates TPL, Co-Pay and Spand Down) Tot Total Madical Manage Care Paid Amouts (reculcates TPL, Co-Pay and Spand Down) (See Note E) E Private Imnumos (recluding primary and their parky lability) Sald Spand Down E E Sald Pay (radiation Co-Pay and Spand Down) E 8,790,511 3,244,154 9.459.106 6.611.431 134 135 136 9,472,996 3,971,647 40.81 7,809,143 2,653,338 9,197,605 6,508,608 137 138 (101,849 3,087,045 139 140 9,443,51 5.889.678 3.411.047 141 142 (Agrees to Exhibit B and (Agrees to Exhibit B and B-1) B-1) 188,53 93,936 (130.275 143 144 Calculated Psyment Shortfall / Longfall (PNOR TO SUPPLEMENTAL PAYMENTS AND DSH) 5 772:253 5 7.050.070 1 2.434.105 5 3.052.115 145 146 Total Medicare Days from W/S 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) 147 148 Percent of cross-over days to total Medicare days from the cost report Particulture of uses one uses on uses one uses one use consequence of the second of th

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

Note F - Medicane payments reported in FFS, MCD, MCD Exhausted/Nun-covered and unintured payor buckets should only include Medicare Pat B payments for inpatient, Medicaid primary claims with Medicare Pat B only coverage for Medicaid covered ancillary services. Such claims should not have Medicare Pat A tending (due to no coverage or schausted betwend).

	I. Out-of-State Medicaid Data:												
		_											
	Cost Report Year (10/01/2022-09/30/2023)	NORTHSIDE HOSPI	TAL-CHEROKEE							Out-ot-State Other I	Medicaid Eligibles (Not		
				Out-of-State Med	icaid FFS Primary	Out-of-State Medie Prin	caid Managed Care nary	Out-of-State Medic (with Medica	are FFS Cross-Overs id Secondary)	Included Elsewhe	re & with Medicaid ndary)	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	Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)						
	Routine Cost Centers (list below):			Days		Days		Days		Days		Days	
2	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	\$ 1,013.43 \$ 2,434.65		1		· · ·		12		3		16	
3	03200 CORONARY CARE UNIT	s -				-		-				-	
1	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	s -		-		-		-		-		-	
5	03500 OTHER SPECIAL CARE UNIT	\$ 1,810.21				-		-		-		-	
ŗ	04000 SUBPROVIDER I 04100 SUBPROVIDER II	s -		-		-		-		-		-	
))	04200 OTHER SUBPROVIDER	s -		-		-		-		-		-	
10	04300 NURSERY	\$ 1,539.21		1		-		-		-		1	
18			Total Days	2		-		12		3		17	
19 20	Total Days per PS&R or Exhibit Detail Unreconciled Days (E	Explain Variance)		2				12		3			
				Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
21	Routine Charges			\$ 2,656		\$ -		\$ 26,544		\$ 6,636		\$ 35,836	
21.01	Calculated Routine Charge Per Diem			\$ 1,328.00		\$ -		\$ 2,212.00		\$ 2,212.00		\$ 2,108.00	
22	Ancillary Cost Centers (from W/S C) (list below): 09200 Observation (Non-Distinct)		0.375249	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges				
23	5000 OPERATING ROOM		0.172369	-	-	-	-	-	-	-	59,304	\$ -	\$ 59,304
24 25	5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM		0.310477 0.359846	4,823	4,626							\$ 4,823	\$ 4,626
26	5300 ANESTHESIOLOGY		0.010422	696	-	-	-	-	1,042	-	3,273	\$ 696	\$ 4,315
27 28	5400 RADIOLOGY-DIAGNOSTIC 5500 RADIOLOGY-THERAPEUTIC		0.166162 0.090407	-	24,342	-	-	573	29,762	1,302	122,482	\$ 1,875	\$ 176,586
29	5600 RADIOISOTOPE	-	0.088822	-	3,273	-		-	13,032	-	56,525	\$ -	\$ 72,830
30	5700 CT SCAN		0.029612	-	72,308	-	-	3,447	38,649	-	-	\$ 3,447	\$ 110,957
31 32	5800 MRI 5900 CARDIAC CATHETERIZATION	-	0.054362 0.077597	-	6,606			3,837	13,212	3,837	19,818	\$ 7,674	\$ 39,636 \$ -
33	6000 LABORATORY 6500 RESPIRATORY THERAPY		0.063083	2,894	64,919	-	-	18,202	13,317	9,552	25,224	\$ 30,648	\$ 103,460
34 35	6600 PHYSICAL THERAPY	-	0.290748 0.243037	-	1,270			3,205			2,518	\$ 3,205	\$ 3,788
36	6700 OCCUPATIONAL THERAPY		0.149390	-	-	-	-	2,397	2,756	-	903	\$ 2,397	\$ 3,659
37 38	6800 SPEECH PATHOLOGY 6900 FLECTROCARDIOLOGY		0.126802	274	-	-		4.675	-	- 2,340	868	\$ 274 \$ 7,015	\$ 868 \$ -
39	7000 ELECTROENCEPHALOGRAPHY		0.249983	-	-	-	-	-	-	-	-	\$ -	\$ -
10 11	7100 MEDICAL SUPPLIES CHARGED TO PATIENT 7200 IMPL. DEV. CHARGED TO PATIENTS		0.722149			-	-	-	-	-	- 995	\$ -	\$ - \$ 995
12	7300 DRUGS CHARGED TO PATIENTS		0.146290	2,630	13,669	-	-	11,924	4,522	4,211	29,997	\$ 18,765	\$ 48,188
13 14	7400 RENAL DIALYSIS 7500 ASC (NON-DISTINCT PART)		0.482729 0.115006			-	-	-	-	-	-	\$ -	<u>s</u> -
15	7600 MISC ANCILLARY SERVICES		0.161296	-	-	-	-	-	-	-	-	\$ -	\$ -
16 17	9000 CLINIC 9001 MENTAL HEALTH OP CLINIC		3.595164 1.468274	-	1,122	-	-	- 561	-		-	\$ - \$ 561	\$ - \$ 1,122
18	9002 CANCER CENTER		0.291014		-			-	-	-	258	\$-	\$ 258
19	9100 EMERGENCY		0.111987	-	124,028		-	3,393	7,715	5,200	3,584	\$ 8,593	\$ 135,327
				11,317	316,163	-	-	52,214	124,007	26,442	325,749		
	Totals / Payments		16				-						
128	Total Charges (includes organ a	acquisition from Section	on Kj	\$ 13,973	\$ 316,163	۰ -	ə -	\$ 78,758	\$ 124,007	\$ 33,078	\$ 325,749	\$ 125,809	\$ 765,919
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges	(Explain Variance)		\$ 13,973	\$ 316,163	\$ -	\$ -	\$ 78,758	\$ 124,007	\$ 33,078	\$ 325,749		
131.01		()										\$ -	s -
131.02	Total Calculated Cost (includes org	an acquisition from S	ection K)	\$ 4,897	\$ 30,501	\$-	\$-	\$ 18,198	\$ 10,754	\$ 5,509	\$ 44,401	\$ 28,604	\$ 85,656
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay	and Spend-Down)		\$ -	\$ 2,072	\$ -	\$ -	\$ -	\$ 58	\$ -	\$ 738	\$ -	\$ 2,868
133 134	Total Medicaid Managed Care Paid Amount (exclude Private Insurance (including primary and third party li		end-Down) (See Note E)	\$ - \$ -	\$ - \$ -	\$ ·	\$ ·	s - s -	s - s -	\$ - \$ -	\$ - \$	\$ - \$ -	s - s -
135	Self-Pay (including Co-Pay and Spend-Down)			\$ -	\$ -	\$ -	\$	\$ -	s -	\$ -	\$ -	\$ -	s -
136 137	Total Allowed Amount from Medicaid PS&R or RA D Medicaid Cost Settlement Payments (See Note B)	etail (All Payments)		\$ -	\$ 2,072	\$-	\$ -					¢	¢
138	Other Medicaid Payments Reported on Cost Report	Year (See Note C)		\$ -	\$ -	s -	s -					\$ -	s -
139	Medicare Traditional (non-HMO) Paid Amount (exclu	des coinsurance/deduc		\$ -		\$-		\$ 8,743	\$ 8,057	\$ -	\$-	\$ 8,743	\$ 8,057
140 141	Medicare Managed Care (HMO) Paid Amount (exclu Medicare Cross-Over Bad Debt Payments	ues coinsurance/deduc	ubies)					s - S -	s - S -	\$ 8,340 \$	⇒ 26,365 \$	\$ 8,340 \$ -	\$ 26,365 \$ -
142	Other Medicare Cross-Over Payments (See Note D)							\$ -	\$ -	\$ -	\$ -	\$ -	s -
						·		a					
143 144	Calculated Payment Shortfall / (Longfall) (PRIOR Calculated Payments as a	O SUPPLEMENTAL P. a Percentage of Cost	AYMENTS AND DSH)	\$ 4,897	\$ 28,429 7%	\$ -	\$ -	\$ 9,455 48%	\$ 2,639 75%	\$ (2,831) 151%	\$ 17,298 61%	\$ 11,522 60%	\$ 48,365 44%
	ujinono uo u			0.0	1.74	070	070	40.0	1010	10170	0170	0010	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 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 survey in Claims Sectle payments. DBH spagments should AUD to the claims paid summary built of the claims paid summary or PS&R). Note C - Should include other Medicare cross-over payments not includes in the paid claims data reported above. This includes payments and above and submit and Notemas AUD submits and Notema and No

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

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

		Total			Revenue for	Total	In-State Medic	aid FFS Primary	In-State Medicaid M	lanaged Care Primary		FS Cross-Overs (with Secondary)	Included Elsewhe Secondary - Exclude M	re & with Medicaid Medicaid Exhausted and Sovered)	Non-Covered (N	NCO Exhausted and Not to be Included where)	Unit	insured
		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)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
_	Organ Acquisition Cost Centers (list below):																	
L	Lung Acquisition	S -	\$ -	\$ -	<u>s</u> -	0	<u>s</u> -	0	\$ -	0	s -	0	\$ -	0	\$ -	0	s -	0
F	Kidney Acquisition	\$ -	\$ -	\$ -	<u> </u>	0	<u>\$</u> -	0	\$ -	0	<u>s</u> -	0	<u>s</u> -	0	<u>\$</u> -	0	<u>s</u> -	0
_			s -	3 -	<u> </u>	0	<u> </u>	0	s -	0	s -	0	<u> </u>	0	3 -	0	<u> </u>	
_	Heart Acquisition Pancreas Acquisition		s -	5 - c	3 - c	0	s -	0	s -	0	s -	0	s -	0	3 - c	0	5 - c	
_	Intestinal Acquisition	\$	с .	\$.	\$	0	s .	0	¢ .	0	\$	0	s .	0	\$.	0	\$	
	Islet Acquisition	s -	s -	s -	s -	0	s -	0	s -	0	s -	0	s -	0	s -	0	s -	0
		\$ -	\$ -	\$	\$ -	0	s -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
,	Totals	\$ -	s -	ş -	\$ -	-	s -	-	\$ -		s -		s -		s -	-	ş -	
	Total Cost ote A - These amounts must agree to your inp]								-		-		· ·				

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

K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid Cost Report Year (10/01/2022-09/30/2023) NORTHSIDE HOSPITAL-CHEROKEE

	Total			Revenue for	Total	Out-of-State Me	dicaid FFS Primary		icaid Managed Care nary		are FFS Cross-Overs id Secondary)	Included Elsewhere & with Medicaid Secondary)		
	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 Organ (Count)	
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost		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 Claim. Data or Provider Logs (Note A)							
an Acquisition Cost Centers (list below):														
ung Acquisition	\$ -	s -	s -	\$ -	0	s -	0	\$ -	0	\$ -	0	S -		
idney Acquisition	\$ -	s -	\$-	\$ -	0	s -	0	\$ -	0	\$ -	0	S -		
iver Acquisition	\$ -	s -	s -	\$ -	0	s -	0	\$ -	0	\$ -	0	S -		
leart Acquisition	\$ -	s -	\$-	\$ -	0	s -	0	\$ -	0	\$ -	0	S -		
ancreas Acquisition	\$ -	s -	s -	\$ -	0	s -	0	\$ -	0	\$ -	0	S -		
ntestinal Acquisition	\$-	\$ -	\$-	\$ -	0	S -	0	\$ -	0	\$ -	0	S -		
slet Acquisition	\$ -	s -	s -	\$ -	0	s -	0	S -	0	s -	0	S -		
	\$ -	\$ -	\$-	\$ -	0	\$ -	0	\$ -	0	\$ -	0	s -		
		-		-	T	-		[]		[•			r	
Totals	\$-	\$ -	\$-	\$ -	-	\$ -	-	\$ -	-	\$-	-	\$ -	L	
	-												1	

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.



Worksheet A Provider Tax Assessment Reconciliation:

			Dolla	r Amount	W/S A Cost Center Line	
1 Hospit	al Gross Provider Tax Assessment (from	general ledger)*	\$	6,331,861		
1a Workir	ng Trial Balance Account Type and Accou	unt # that includes Gross Provider Tax Assessment	Expense		22-00900-00141	(WTB Account #)
2 Hospit	al Gross Provider Tax Assessment Includ	ded in Expense on the Cost Report (W/S A, Col. 2)	\$	6,331,861	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))
8 9 10 11	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment	ssment Adjustments (from w/s A-8 of the Medicare cost repor Lessor of Expense or benefit of add on fee 0 0 0 0	t) \$ \$ \$ \$ \$	(2,631,323) - - -	-	(Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from))
DSH U	JCC NON-ALLOWABLE Provider Tax A	Assessment Adjustments (from w/s A-8 of the Medicare cost re	eport)			
12	Reason for adjustment	0	\$	-	-	
13	Reason for adjustment	0	\$	-	-	
14	Reason for adjustment	0	\$	-	-	
15	Reason for adjustment	0	\$	-	-	
16 Total N	Net Provider Tax Assessment Expense Ir	cluded in the Cost Report	\$	3,700,538		
DSH UCC Provid	der Tax Assessment Adjustment:					
17 Gross	Allowable Assessment Not Included in th	ne Cost Report	\$	2,631,323		
Appor	tionment of Provider Tax Assessment	Adjustment to All Medicaid Eligible & Uninsured:				

18 Medicaid Eligible*** Charges Sec. G 454,962,294 19 Uninsured Hospital Charges Sec. G 208,478,951 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*** 26 204 258 310 Charges Sec. G 27 Uninsured Hospital 218.240.231 Charges Sec. G 28 Total Hospital Charges Sec. G 3 120 250 13 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 (line 25, above) will be utilized.

14.58%

6.68%

383,672

175,811

559,483

6.55%

6.99%

172,252

184 043

356,295

4.52%

6.55%

11.07%

23,241

23,258

96,512

24.10%

17

DSH Examination Eligibility Summary NORTHSIDE HOSPITAL-CHEROKEE Hospital Name 000001108A Hospital Medicaid Number Cost Report Period 10/1/2022 То 9/30/2023 From As-Reported Adjustments As-Adjusted LIUR \$ 28,124,006 \$ \$ 1 Medicaid Hospital Net Revenue Survey H & I (Sum all In-State & Out-of-State Medicaid Payments) 28,124,006 2 Hospital Cash Subsidies \$ \$ \$ Survey F-2 \$ \$ 3 Total 28,124,006 \$ 28,124,006 4 Net Hospital Patient Revenue \$ 683,240,763 \$ (60,823,207) \$ 622,417,556 Survey F-3 5 Medicaid Fraction 4.12% 0.40% 6 Inpatient Charity Care Charges \$ 82,263,155 \$ 82,263,155 Survey F-2 \$ 7 Inpatient Hospital Cash Subsidies Survey F-2 \$ \$ \$ 8 Unspecified Hospital Cash Subsidies \$ \$ \$ Survey F-2 9 Adjusted Inpatient Charity Care \$ \$ \$ 82,263,155 82,263,155 **10 Inpatient Hospital Charges** Survey F-3 \$ 1,280,289,437 \$ (23,703,285) 1,256,586,152 \$ **11 Inpatient Charity Fraction** 6.43% 0.12% 12 LIUR 10.55% 0.52% MIUR 13 In-State Medicaid Eligible Days Survey H 23,241 14 Out-of-State Medicaid Eligible Days Survev I 17 15 Total Medicaid Eligible Days 23,258 16 Total Hospital Days (excludes swing-bed) Survey F-1 96,512 0.00% **17 MIUR** 24.10%

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 & P	ayment Summ	ary												Georgia			
Hospital Name Hospital Medicaid Number	NORTHSIDE	HOSPITAL-CHERO	KEE		-												
Cost Report Period	From	10/1/2022	То	9/30/2023	_												
As-Reported:		Α	В	с	D	E	F	G	Н	I	J	к	L	M	N	0	Р
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	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	12,711,486 3,323,742	7,730,665 2,649,709	1	78,482 3,629	:	- (101,849)	:		:	:	:			7,809,147 2,551,489	4,902,339 772,253	61.43% 76.77%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	16,248,275 8,942,713	- 1,018	9,185,434 6,484,087	10,977 9,039	1,195 14,464									9,197,605 6,508,608	7,050,670 2,434,105	56.61% 72.78%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	11,371,640 4,287,101	124,655 305,442	-		:			7,496,610 2,902,055		188,534 93,936	(130,275)			7,679,525 3,301,433	3,692,115 985,668	67.53% 77.01%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	18,448,161 7,677,537	935,191 287,985	273,671 127,344	9,383,537 3,958,979	16,768 26,348			1,946,908 184,990	5,889,678 3,411,047		-			18,445,753 7,996,693	2,408 (319,156)	99.99% 104.16%
9 Uninsured 10 Uninsured	Inpatient Outpatient	15,690,806 17,298,704	:	1	:	2,217	:		-		1	1	1,105,444 5,019,785	1	1,105,444 5,022,002	14,585,362 12,276,702	7.05% 29.03%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	74,470,368 41,529,797	8,790,511 3,244,154	9,459,106 6,611,431	9,472,996 3,971,647	17,962 43,030	(101,849)	-	9,443,518 3,087,045	5,889,678 3,411,047	188,534 93,936	(130,275)	1,105,444 5,019,785	-	44,237,475 25,380,225	30,232,893 16,149,572	59.40% 61.11%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	28,604 85,656	- 2,868	-	:				8,743 8,057	8,340 26,365		-			17,082 37,291	11,522 48,365	59.72% 43.54%
15 Sub-Total 15.01 Provider Tax Assessment Adjustr	I/P and O/P ment to UCC	116,114,425	12,037,534	16,070,536	13,444,643	60,992	(101,849)	-	12,547,363	9,335,431	282,470	(130,275)	6,125,229		69,672,073	46,442,352 559,483	60.00%
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	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	-	:	1	:	:	:	:	-						-	:	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	-	:			:		1	-		:		:	:	-		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 15.01 Provider Tax Assessment Adjustr	I/P and O/P																0.00%

15 Sub-Total I/P and O/F 15.01 Provider Tax Assessment Adjustment to UCC

SH Examination UCC Cost &	Payment Summa	ary												Georgia			
ospital Name ospital Medicaid Number ost Report Period	NORTHSIDE I 000001108A From	HOSPITAL-CHERO	KEE To	9/30/2023													
-Adjusted:	TION	A	в	C	D	E	F	G	н	1	J	к	L	м	N	0	Р
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	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 Cost Rati (Col. N / C A)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	12,711,486 3,323,742	7,730,665 2,649,709	-	78,482 3,629		- (101,849)	1	•	:	:				7,809,147 2,551,489	4,902,339 772,253	61.4 76.7
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	16,248,275 8,942,713	- 1,018	9,185,434 6,484,087	10,977 9,039	1,195 14,464	:		-						9,197,605 6,508,608	7,050,670 2,434,105	56.6 72.7
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	11,371,640 4,287,101	124,655 305,442	-	:	-		1	7,496,610 2,902,055	:	188,534 93,936	(130,275)			7,679,525 3,301,433	3,692,115 985,668	67.5 77.0
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	18,448,161 7,677,537	935,191 287,985	273,671 127,344	9,383,537 3,958,979	16,768 26,348			1,946,908 184,990	5,889,678 3,411,047	1	1			18,445,753 7,996,693	2,408 (319,156)	99.99 104.16
9 Uninsured 10 Uninsured	Inpatient Outpatient	15,690,806 17,298,704	:	1	•	2,217	:	:		:	:	-	1,105,444 5,019,785	:	1,105,444 5,022,002	14,585,362 12,276,702	7.05 29.03
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	74,470,368 41,529,797	8,790,511 3,244,154	9,459,106 6,611,431	9,472,996 3,971,647	17,962 43,030	(101,849)	:	9,443,518 3,087,045	5,889,678 3,411,047	188,534 93,936	(130,275)	1,105,444 5,019,785	:	44,237,475 25,380,225	30,232,893 16,149,572	59.4 61.1
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	28,604 85,656	2,868	-	:		:	:	8,743 8,057	8,340 26,365	:	-			17,082 37,291	11,522 48,365	59.7 43.5
15 Cost Report Year Sub-Total	I/P and O/P	116,114,425	12,037,534	16,070,536	13,444,643	60,992	(101,849)		12,547,363	9,335,431	282,470	(130,275)	6,125,229		69,672,073	46,442,352	60.0

282,470 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

203,188 4,387,596 42,411,052

559,483

47,001,835

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

15.01

16 17

18

19 20

Medicaid DSH Survey Adjustments

PRO	VIDER:		NORTHSID	E HOSPITAL-CHEROKEE				Mcaid Number:	000001108A		
FRO	M:		10/1/2022		TO:	9/30/2023		Mcare Number:	<u>110008</u>		
				Мує	ers and Stauffe	er DSH Survey Adjustments					
Adj	# Sc	chedule	Line #	Line Description	Column	Column Description	Explanation for Adjustmen	Original Amou	nt Adjustment	Adjusted Tota	W/P Ref.
1	F	- MIUR/LIUR Data	26	Other	1.00	Inpatient Total Patient Revenues (Total Charges)	Adjust hospital revenues to the hospital cost report worksheet G-2.		285 \$ (23,703,285)	\$ -	2002
1	F	- MIUR/LIUR Data		Other		Outpatient Total Patient Revenues (Total Charges)	Adjust hospital revenues to the hospital cost report worksheet G-2.		384 \$ (281,210,384)		2002
1	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.	\$	- \$ 304,913,669	\$ 304,913,669	2002
1	F	- MIUR/LIUR Data	26	Other	4.00	Inpatient Contractuals	Adjust hospital contractuals to the hospital cost report worksheet G-3 total.	\$ 18,975,	029 \$ (18,975,029)	\$ -	2002
1	F	- MIUR/LIUR Data	26	Other	5.00	Outpatient Contractuals	Adjust hospital contractuals to the hospital cost report worksheet G-3 total.	\$ 225,115.	433 \$ (225,115,433)	\$ -	2002
1	F	- MIUR/LIUR Data		Other		Non-Hospital Contractuals	Adjust hospital contractuals to the hospital cost report worksheet G-3 total.		- \$ 244,090,462		

Medicaid DSH Report Notes

9/30/2023

PROVIDER:	
FROM:	

NORTHSIDE HOSPITAL-CHEROKEE TO:

Mcaid Number: 000001108A

Mcare Number: 110008

10/1/2022

Myers and Stauffer DSH Report Notes

te # Note for Report	Amounts
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	