

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

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

NOTE: These are initial results only.

GA Medicaid DSH Payment Uncompensated Care Cost (UCC) For State Fiscal Year: 7/1/2024 - 6/30/2025

	(A)	(B)	(C)	(D)	(E)
	Cost Report Year Begin	Cost Report Year End	As-Filed DSH Uncompensated Care Cost (UCC)	Total Adjustments	Adjusted DSH Uncompensated Care Cost (UCC)
Cost Report Year UCC:	10/1/2022	- 9/30/2023	\$ 29,406,547	\$ -	\$ 29,406,547
Less: 2023 Net UPL Payments					\$ 1,621,284
Less: 2025 Net DPP Payments					\$ 1,700,931
Plus: 2024 Net DPP Recoupments					\$ -
Less: GME Payments					\$ -
Add: Net OP Settlement (Difference between provider submitted and estimated)					\$ 46,417
Add: Provider tax excluded from the cost report (Medicaid primary & uninsured portion)					\$ 259,653
Uncompensated Care Allocation Factor					\$ 26,390,402
Hospital Specific DSH Limit					\$ 24,682,007
2025 Eligibility					Eligible
DSH Year Low Income Utilization Ratio (LIUR):					21.41%
DSH Year Medicaid Inpatient Utilization Ratio (MIUR):					25.00%

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

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

e-mail: gadsh@mslc.com

Fax: 816-945-5301

Web Portal Address: <https://DSH.MSLC.com>

Phone Inquiries: 800-374-6858

EXAMINER ADJUSTED SURVEY

Workpaper #:		Reviewer:
Examiner:		
Date:		
DSH Version	9.00	9/11/2024

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, Inc. - Duluth

10/1/2022 through 9/30/2023		
X		

2. Select Cost Report Year Covered by this Survey:

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: 3/6/2024

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

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

	State Name	Provider No.
9. State Name & Number	Alabama	247571
10. State Name & Number	Florida	107736700
11. State Name & Number	North Carolina	1457396079
12. State Name & Number	Tennessee	Q061341
13. State Name & Number	South Carolina	232810
14. State Name & Number		
15. State Name & Number		

(List additional states on a separate attachment)

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

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

	Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	\$ 198,043	\$ 2,848,880	\$3,046,923
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$ 1,062,756	\$ 10,763,971	\$11,826,727
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B)	\$1,260,800	\$13,612,851	\$14,873,651
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	15.71%	20.93%	20.49%

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

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

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

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

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

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

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

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6) 38,502

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	54,713,070
8. Outpatient Hospital Charity Care Charges	39,550,300
9. Non-Hospital Charity Care Charges	-
10. Total Charity Care Charges	\$ 94,263,370

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

	Total Patient Revenues (Charges)			Contractual Adjustments			Net Hospital Revenue
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$ 89,559,334	\$ -	\$ -	\$ 74,023,427	\$ -	\$ -	\$ 15,535,907
12. Psych Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Rehab. Subprovider	\$ 13,761,624	\$ -	\$ -	\$ 11,374,387	\$ -	\$ -	\$ 2,387,237
14. Swing Bed - SNF			\$ -			\$ -	
15. Swing Bed - NF			\$ -			\$ -	
16. Skilled Nursing Facility			\$ -			\$ -	
17. Nursing Facility			\$ -			\$ -	
18. Other Long-Term Care			\$ -			\$ -	
19. Ancillary Services	\$ 305,067,449	\$ 562,543,782	\$ -	\$ 252,147,230	\$ 464,959,001	\$ -	\$ 150,505,000
20. Outpatient Services		\$ 181,691,923	\$ -		\$ 150,173,725	\$ -	\$ 31,518,198
21. Home Health Agency			\$ -			\$ -	
22. Ambulance			\$ -			\$ -	
23. Outpatient Rehab Providers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. ASC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Hospice			\$ -			\$ -	
26. Other	\$ -	\$ -	\$ 23,115,195	\$ -	\$ -	\$ 19,105,389	\$ -
27. Total	\$ 408,388,407	\$ 744,235,705	\$ 23,115,195	\$ 337,545,044	\$ 615,132,726	\$ 19,105,389	\$ 199,946,342
28. Total Hospital and Non Hospital		Total from Above	\$ 1,175,739,307		Total from Above	\$ 971,783,159	
29. Total Per Cost Report	Total Patient Revenues (G-3 Line 1)			Total Contractual Adj. (G-3 Line 2)			\$ 971,783,159
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)			\$ 1,175,739,307			+	\$ -
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)						+	\$ -
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)						+	\$ -
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)						+	\$ -
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)						-	\$ -
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"						-	\$ -
36. Adjusted Contractual Adjustments							971,783,159
37. Unreconciled Difference	Unreconciled Difference (Should be \$0)			Unreconciled Difference (Should be \$0)			\$ -

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2022-09/30/2023) Northside Hospital, Inc. - Duluth

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		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
Routine Cost Centers (list below):									
1	03000 ADULTS & PEDIATRICS	\$ 50,691,978	\$ -	\$ -	\$ -	\$ 50,691,978	41,124	\$ 44,701,607	\$ 1,232.66
2	03100 INTENSIVE CARE UNIT	\$ 14,741,608	\$ -	\$ -	\$ -	\$ 14,741,608	2,124	\$ 58,619,351	\$ 6,940.49
3	03200 CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	03300 BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	03500 OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	04000 SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	04100 SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	04200 OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	04300 NURSERY	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11	Total Routine	\$ 65,433,586	\$ -	\$ -	\$ -	\$ 65,433,586	43,248	\$ 103,320,958	
12	Weighted Average								\$ 1,512.98
Observation Data (Non-Distinct)									
20	09200 Observation (Non-Distinct)		Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. 8	Subprovider I 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	Medicaid Calculated Cost-to-Charge Ratio
			4,746	-	-	\$ 5,850,204	535,906	9,633,905	\$ 10,169,811
									0.575252
Ancillary Cost Centers (from W/S C excluding Observation) (list below):									
21	5000 OPERATING ROOM	\$ 12,246,988	\$ -	\$ -	\$ -	\$ 12,246,988	\$ 25,962,230	\$ 99,399,570	\$ 125,361,800
22	5100 RECOVERY ROOM	\$ 4,319,618	\$ -	\$ -	\$ -	\$ 4,319,618	\$ 3,065,834	\$ 18,876,946	\$ 21,942,780
23	5300 ANESTHESIOLOGY	\$ 500,772	\$ -	\$ -	\$ -	\$ 500,772	\$ 6,751,795	\$ 36,235,225	\$ 42,987,020
24	5400 RADIOLOGY-DIAGNOSTIC	\$ 11,907,353	\$ -	\$ -	\$ -	\$ 11,907,353	\$ 20,913,439	\$ 96,061,671	\$ 116,975,110
25	5600 RADIOISOTOPE	\$ 655,348	\$ -	\$ -	\$ -	\$ 655,348	\$ 2,800,288	\$ 7,059,507	\$ 9,859,795
26	5700 CT SCAN	\$ 1,907,020	\$ -	\$ -	\$ -	\$ 1,907,020	\$ 30,787,414	\$ 74,442,293	\$ 105,229,707
27	6000 LABORATORY	\$ 7,530,505	\$ -	\$ -	\$ -	\$ 7,530,505	\$ 67,229,451	\$ 66,018,925	\$ 133,248,376
28	6500 RESPIRATORY THERAPY	\$ 3,780,867	\$ -	\$ -	\$ -	\$ 3,780,867	\$ 19,303,931	\$ 1,469,567	\$ 14,773,498
29	6600 PHYSICAL THERAPY	\$ 2,107,928	\$ -	\$ -	\$ -	\$ 2,107,928	\$ 7,621,687	\$ 970,572	\$ 8,592,259
30	6700 OCCUPATIONAL THERAPY	\$ 276,290	\$ -	\$ -	\$ -	\$ 276,290	\$ 6,157,609	\$ 250,623	\$ 6,408,232
31	6800 SPEECH PATHOLOGY	\$ 301,191	\$ -	\$ -	\$ -	\$ 301,191	\$ 2,211,858	\$ 326,357	\$ 2,538,215
32	6900 ELECTROCARDIOLOGY	\$ 1,692,585	\$ -	\$ -	\$ -	\$ 1,692,585	\$ 9,771,401	\$ 13,566,455	\$ 23,337,856
33	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$ 21,995,658	\$ -	\$ -	\$ -	\$ 21,995,658	\$ 10,022,303	\$ 19,139,805	\$ 29,162,108
34	7200 IMPL. DEV. CHARGED TO PATIENTS	\$ 21,357,039	\$ -	\$ -	\$ -	\$ 21,357,039	\$ 14,964,736	\$ 82,862,170	\$ 97,826,906
35	7300 DRUGS CHARGED TO PATIENTS	\$ 15,900,830	\$ -	\$ -	\$ -	\$ 15,900,830	\$ 83,503,474	\$ 45,864,096	\$ 129,367,570
36	7400 RENAL DIALYSIS	\$ 1,403,260	\$ -	\$ -	\$ -	\$ 1,403,260	\$ 4,278,645	\$ -	\$ 4,278,645
37	7500 ASC (NON-DISTINCT PART)	\$ 12,443,212	\$ -	\$ -	\$ -	\$ 12,443,212	\$ 4,521,507	\$ 34,446,700	\$ 38,968,207
38	9000 CLINIC	\$ 673,372	\$ -	\$ -	\$ -	\$ 673,372	\$ 258	\$ 35,327	\$ 35,585
39	9001 MENTAL HEALTH OP CLINIC	\$ 1,177,596	\$ -	\$ -	\$ -	\$ 1,177,596	\$ 50,922	\$ 324,133	\$ 375,055
40	9100 EMERGENCY	\$ 23,086,707	\$ -	\$ -	\$ -	\$ 23,086,707	\$ 22,950,004	\$ 104,914,615	\$ 127,864,619
126	Total Ancillary	\$ 145,263,939	\$ -	\$ -	\$ -	\$ 145,263,939	\$ 337,404,692	\$ 711,898,462	\$ 1,049,303,154
127	Weighted Average								0.144014
128	Sub Totals	\$ 210,697,525	\$ -	\$ -	\$ -	\$ 210,697,525	\$ 440,725,650	\$ 711,898,462	\$ 1,152,624,112
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)					\$ -			
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)					\$ -			
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must calculate. Submit support for calculation of cost.)					\$ -			
131.01	Other Cost Adjustments (support must be submitted)					\$ -			
132	Grand Total	\$ 210,697,525				\$ 210,697,525			
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost					0.00%			

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

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

Cost Report Year (10/01/2022-09/30/2023) Northside Hospital, Inc. - Duluth

		MEDICARE PER DIEM COST FOR ROUTINE COST CENTERS		MEDICARE LOS TO CHARGE RATIO FOR ANCILLARY COST CENTERS		In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Medicare FFS Cross-Over (with Medicaid Secondary - Exclude Medicaid Exhausted and Non-Covered)		Medicaid FFS & MCO Exhausted and Non-Covered (Not to be Included Elsewhere)		Uninsured		Total In-State Medicaid (Days Included Medicaid FFS & MCO Exhausted and Non-Covered)		% Survey to Cost Report Totals (includes all payers)			
Line #	Cost Center Description	From Section G	From Section G	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient				
				From PS&R Summary (Note A)		From PS&R Summary (Note A)		From PS&R Summary (Note A)		From PS&R Summary (Note A)		From PS&R Summary (Note A)		From PS&R Summary (Note A)		From PS&R Summary (Note A)		From PS&R Summary (Note A)					
				Days		Days		Days		Days		Days		Days		Days		Days					
1	00000 ADULTS & PEDIATRICS	\$	1,232.60				820				2,386				3,343				4,489		8,828	35.6%	
2	00100 INTENSIVE CARE UNIT	\$	6,540.49				614				170				189				331		1,087	65.82%	
3	01000 CORONARY CARE UNIT	\$	-			-	-			-	-			-	-			-	-		-		
4	02000 BURN INTENSIVE CARE UNIT	\$	-			-	-			-	-			-	-			-	-		-		
5	03000 SURGICAL INTENSIVE CARE UNIT	\$	-			-	-			-	-			-	-			-	-		-		
6	03500 OTHER SPECIAL CARE UNIT	\$	-			-	-			-	-			-	-			-	-		-		
7	04000 SUBPROVIDER I	\$	-			-	-			-	-			-	-			-	-		-		
8	04100 SUBPROVIDER II	\$	-			-	-			-	-			-	-			-	-		-		
9	04200 OTHER SUBPROVIDER	\$	-			-	-			-	-			-	-			-	-		-		
10	04300 NURSERY	\$	-			-	-			-	-			-	-			-	-		-		
11	Total Days per PS&R or Exhibit Detail						2,503				893				2,538				108		4,820	37.82%	
12	Unreconciled Days (Explain Variance)						2,503				893				2,538				108		4,820		
13	Routine Charges						\$ 6,472,450				\$ 2,328,501				\$ 7,080,280				\$ 252,770		\$ 13,018,853	37.11%	
14	Calculated Routine Charge Per Diem						\$ 2,585.88				\$ 2,607.51				\$ 2,791.90				\$ 2,618.31		\$ 2,710.83		
Ancillary Cost Centers (from Section G):																							
15	05000 Observation (Non-Contract)	\$	6,576,652			\$	71,071			\$	348,120			\$	1,914			\$	387,720		\$	327,558	34.92%
16	50000 OBSERVATION ROOM	\$	1,071,000			\$	1,071,000			\$	1,769,214			\$	3,376,594			\$	1,769,214		\$	2,444,542	
17	51000 RECOVERY ROOM	\$	6,199,552			\$	108,932			\$	275,369			\$	885,951			\$	180,577		\$	378,906	
18	52000 ANESTHESIOLOGY	\$	6,199,552			\$	241,189			\$	344,433			\$	338,141			\$	1,759,211		\$	419,302	
19	53000 RADIOLOGY/DIAGNOSTIC	\$	6,199,552			\$	1,071,94			\$	1,081,629			\$	629,538			\$	4,723,100		\$	1,769,998	
20	54000 RADIOLOGY/DIAGNOSTIC	\$	6,199,552			\$	1,071,94			\$	1,081,629			\$	629,538			\$	4,723,100		\$	1,769,998	
21	55000 RADIOLOGY/DIAGNOSTIC	\$	6,199,552			\$	1,071,94			\$	1,081,629			\$	629,538			\$	4,723,100		\$	1,769,998	
22	56000 RADIOLOGY/DIAGNOSTIC	\$	6,199,552			\$	1,071,94			\$	1,081,629			\$	629,538			\$	4,723,100		\$	1,769,998	
23	57000 RADIOLOGY/DIAGNOSTIC	\$	6,199,552			\$	1,071,94			\$	1,081,629			\$	629,538			\$	4,723,100		\$	1,769,998	
24	58000 RADIOLOGY/DIAGNOSTIC	\$	6,199,552			\$	1,071,94			\$	1,081,629			\$	629,538			\$	4,723,100		\$	1,769,998	
25	59000 RADIOLOGY/DIAGNOSTIC	\$	6,199,552			\$	1,071,94			\$	1,081,629			\$	629,538			\$	4,723,100		\$	1,769,998	
26	60000 LABORATORY	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
27	61000 RESPIRATORY THERAPY	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
28	62000 PHYSICAL THERAPY	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
29	63000 OCCUPATIONAL THERAPY	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
30	64000 SPEECH THERAPY	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
31	65000 ELECTROCARDIOLOGY	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
32	66000 MEDICAL SUPPLIES CHARGED TO PATIENT	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
33	67000 IMPL. DEV. CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
34	68000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
35	69000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
36	70000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
37	71000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
38	72000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
39	73000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
40	74000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
41	75000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
42	76000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
43	77000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
44	78000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
45	79000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
46	80000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
47	81000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
48	82000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
49	83000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
50	84000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
51	85000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
52	86000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
53	87000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
54	88000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
55	89000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
56	90000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
57	91000 SURGICAL CHARGED TO PATIENTS	\$	6,199,552			\$	1,081,629			\$	629,538			\$	4,723,100			\$	1,769,998		\$	3,366,720	
58	Total Charges (includes organ acquisition from Section J)	\$	26,746,132			\$	13,217,694			\$	13,076,795			\$	49,372,833			\$	29,994,107		\$	20,552,231	33.18%
59	Total Charges per PS&R or Exhibit Detail	\$	26,746,132			\$	13,217,694			\$	13,076,795			\$	49,372,833			\$	29,994,107		\$	20,552,231	
60	Unreconciled Charges (Explain Variance)	\$	26,746,132			\$	13,217,694			\$	13,076,795			\$	49,372,833			\$	29,994,107		\$	20,552,231	
61	Sampling Cost Adjustment (if applicable)	\$	-			\$	-			\$	-			\$	-			\$	-		\$	-	
62	Total Calculated Cost (includes organ acquisition from Section J)	\$	8,840,401			\$	1,796,810			\$	2,716,113			\$	6,645,148			\$	6,012,992		\$	2,466,420	32.16%
63	Total Medicaid Paid Amount (excludes Tu, Co-Pay and Spend-Down)	\$	1,616,710			\$	1,611,600			\$	1,876			\$	360,005			\$	777,537		\$	302,610	
64	Total Medicaid Managed Care Paid Amount (excludes Tu, Co-Pay and Spend-Down) (See Note E)	\$	-			\$	-			\$	2,080,892			\$	4,320,075			\$	942		\$	89,492	

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2022-09/30/2023) Northside Hospital, Inc. - Duluth

		Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Cross-Overs (not Included Elsewhere & with Medicaid Secondary)		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	
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	
Routine Cost Centers (list below):				Days		Days		Days		Days		
03000	ADULTS & PEDIATRICS	\$ 1,232.66		13	-	-	-	20	-	33	-	
03100	INTENSIVE CARE UNIT	\$ 6,940.49		1	-	-	-	9	-	10	-	
03200	CORONARY CARE UNIT	\$ -		-	-	-	-	-	-	-	-	
03300	BURN INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	
03400	SURGICAL INTENSIVE CARE UNIT	\$ -		-	-	-	-	-	-	-	-	
03500	OTHER SPECIAL CARE UNIT	\$ -		-	-	-	-	-	-	-	-	
04000	SUBPROVIDER I	\$ -		-	-	-	-	-	-	-	-	
04100	SUBPROVIDER II	\$ -		-	-	-	-	-	-	-	-	
04200	OTHER SUBPROVIDER	\$ -		-	-	-	-	-	-	-	-	
04300	NURSERY	\$ -		-	-	-	-	-	-	-	-	
Total Days				14	-	-	-	29	-	43	-	
Total Days per PS&R or Exhibit Detail				14	-	-	-	29	-		-	
Unreconciled Days (Explain Variance)				-	-	-	-	-	-	-	-	
Routine Charges				Routine Charges		Routine Charges		Routine Charges		Routine Charges		
Calculated Routine Charge Per Diem				\$ 45,458	\$ -	\$ -	\$ -	\$ 123,222	\$ -	\$ 168,680	\$ -	
				\$ 3,247.00				\$ 4,249.03		\$ 3,922.79		
Ancillary Cost Centers (from WIS C) (list below):				Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		
09200	Observation (Non-Distinct)	0.575252		-	8,574	-	-	-	4,338	-	12,912	
5000	OPERATING ROOM	0.097693		-	-	-	-	-	-	-	-	
5100	RECOVERY ROOM	0.196858		-	-	-	-	-	-	-	-	
5300	ANESTHESIOLOGY	0.011649		-	5,240	-	-	1,306	-	1,306	5,240	
5400	RADIOLOGY-DIAGNOSTIC	0.101794		4,732	45,381	-	-	32,341	10,493	37,073	55,874	
5600	RADIOISOTOPE	0.066467		-	-	-	-	-	-	-	-	
5700	CT SCAN	0.018122		6,146	131,239	-	-	11,387	-	17,533	131,239	
6000	LABORATORY	0.056515		20,253	145,214	-	-	29,301	29,947	49,554	175,161	
6500	RESPIRATORY THERAPY	0.255909		7,152	52,676	-	-	108,993	22,682	116,145	75,558	
6600	PHYSICAL THERAPY	0.245329		1,730	-	-	-	39,912	-	41,642	-	
6700	OCCUPATIONAL THERAPY	0.043115		1,114	-	-	-	3,253	-	4,367	-	
6800	SPEECH PATHOLOGY	0.118663		-	-	-	-	3,281	-	3,281	-	
6900	ELECTROCARDIOLOGY	0.072525		5,326	9,360	-	-	1,331	-	6,657	9,360	
7100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.754255		-	-	-	-	17,002	7,198	17,002	7,198	
7200	IMPL. DEV. CHARGED TO PATIENTS	0.218315		-	22,085	-	-	-	-	-	22,085	
7300	DRUGS CHARGED TO PATIENTS	0.122912		35,420	50,576	-	-	392	-	35,812	50,576	
7400	RENAL DIALYSIS	0.327968		-	-	-	-	95,614	13,291	95,614	13,291	
7500	ASC (NON-DISTINCT PART)	0.319317		-	-	-	-	-	-	-	-	
9000	CLINIC	18.922917		-	-	-	-	-	-	-	-	
9001	MENTAL HEALTH OF CLINIC	3.139795		-	234	-	-	-	-	-	234	
9100	EMERGENCY	0.180556		11,986	313,580	-	-	20,749	53,826	32,735	367,406	
				93,859	784,359	-	-	364,862	141,775			
Totals / Payments												
Total Charges (includes organ acquisition from Section K)				\$ 139,317	\$ 784,359	\$ -	\$ -	\$ -	\$ 488,084	\$ 141,775	\$ 627,401	\$ 926,134
Total Charges per PS&R or Exhibit Detail				\$ 139,317	\$ 784,359	\$ -	\$ -	\$ -	\$ 488,084	\$ 141,775		
Unreconciled Charges (Explain Variance)				-	-	-	-	-	-	-	-	-
Sampling Cost Adjustment (if applicable)												
Total Calculated Cost (includes organ acquisition from Section K)				\$ 33,909	\$ 102,799	\$ -	\$ -	\$ -	\$ 178,574	\$ 30,567	\$ 212,483	\$ 133,366
Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)				\$ -	\$ 479	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 479
Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Private Insurance (including primary and third party liability)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Self-Pay (including Co-Pay and Spend-Down)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ 51,383	\$ 31,480	\$ 51,383	\$ 31,480
Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)				\$ -	\$ 479	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Cost Settlement Payments (See Note B)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Medicaid Payments Reported on Cost Report Year (See Note C)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) (See Note F)				\$ -	\$ -	\$ -	\$ -	\$ 4,374	\$ 559	\$ 4,374	\$ 559	
Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)				\$ -	\$ -	\$ -	\$ -	\$ 23,187	\$ 3,807	\$ 23,187	\$ 3,807	
Medicare Cross-Over Bad Debt Payments				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Medicare Cross-Over Payments (See Note D)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)				\$ 33,909	\$ 102,320	\$ -	\$ -	\$ -	\$ 99,630	\$ (5,279)	\$ 133,539	\$ 97,041
Calculated Payments as a Percentage of Cost				0%	0%	0%	0%	0%	44%	117%	37%	27%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).

Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).

Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.

Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payment).

Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payment.

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

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

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

Northside Hospital, Inc. - Duluth

	Total Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross- Over / Uninsured Organs Sold	Total Useable Organs (Count)	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Insurance Programs (ven Included Elsewhere & with Medicaid Secondary - Exclude Medicaid Exhausted and Non-Covered)		Medicaid FFS & MCO Exhausted and Non-Covered (Not to be Included Elsewhere)		Uninsured	
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis
Organ Acquisition Cost Centers (list below):																	
1	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
2	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
3	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
4	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
5	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
6	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
7	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
8		\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
9	Totals	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
10	Total Cost						-		-		-		-		-		-

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey

Note B: Enter Organ Acquisition Payments in Section D as part of your In-State Medicaid total payments

Note C: Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

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

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

Northside Hospital, Inc. - Duluth

	Total Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross- Over / Uninsured Organs Sold	Total Useable Organs (Count)	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Over (with Medicaid Secondary)		Included Elsewhere & with Medicaid Secondary)	
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)
Organ Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
12	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
13	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
14	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
15	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
16	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
17	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
18		\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
19	Totals	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-
20	Total Cost						-		-		-		-

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey

Note B: Enter Organ Acquisition Payments in Section E as part of your Out-of-State Medicaid total payments

L. Provider Tax Assessment Reconciliation / Adjustment

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

Cost Report Year (10/01/2022-09/30/2023) Northside Hospital, Inc. - Duluth

Worksheet A Provider Tax Assessment Reconciliation:

	Dollar Amount	W/S A Cost Center Line
1 Hospital Gross Provider Tax Assessment (from general ledger)*	\$ 2,485,972	
1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Expense	40-00900-00141 (WTB Account #)
2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)	\$ 2,485,972	5.00 (Where is the cost included on w/s A?)
3 Difference (Explain Here ----->)	\$ -	
Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)		
4 Reclassification Code	\$ -	- (Reclassified to / (from))
5 Reclassification Code	\$ -	- (Reclassified to / (from))
6 Reclassification Code	\$ -	- (Reclassified to / (from))
7 Reclassification Code	\$ -	- (Reclassified to / (from))
DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
8 Reason for adjustment	\$ (1,169,796)	5.00 (Adjusted to / (from))
9 Reason for adjustment	\$ -	- (Adjusted to / (from))
10 Reason for adjustment	\$ -	- (Adjusted to / (from))
11 Reason for adjustment	\$ -	- (Adjusted to / (from))
DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
12 Reason for adjustment	\$ -	-
13 Reason for adjustment	\$ -	-
14 Reason for adjustment	\$ -	-
15 Reason for adjustment	\$ -	-
16 Total Net Provider Tax Assessment Expense Included in the Cost Report	\$ 1,316,176	

DSH UCC Provider Tax Assessment Adjustment:

17 Gross Allowable Assessment Not Included in the Cost Report	\$ 1,169,796
Apportionment of Provider Tax Assessment Adjustment to All Medicaid Eligible & Uninsured:	
18 Medicaid Eligible*** Charges Sec. G	240,147,831
19 Uninsured Hospital Charges Sec. G	147,406,343
20 Total Hospital Charges Sec. G	1,152,624,112
21 Medicaid Eligible Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***	20.83%
22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	12.79%
23 Medicaid Eligible Provider Tax Assessment Adjustment to DSH UCC***	\$ 243,726
24 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ 149,602
25 Provider Tax Assessment Adjustment to DSH UCC including all Medicaid eligibles***	\$ 393,328
Apportionment of Provider Tax Assessment Adjustment to Medicaid Primary & Uninsured:	
26 Medicaid Primary*** Charges Sec. G	103,359,091
27 Uninsured Hospital Charges Sec. G	152,482,461
28 Total Hospital Charges Sec. G	1,152,624,112
29 Medicaid Primary Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***	8.97%
30 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	13.23%
31 Medicaid Primary Provider Tax Assessment Adjustment to DSH UCC***	\$ 104,899
32 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ 154,754
33 Medicaid Primary Tax Assessment Adjustment to DSH UCC***	\$ 259,653

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

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

***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.

DSH Examination Eligibility Summary

Hospital Name	Northside Hospital, Inc. - Duluth		
Hospital Medicaid Number	000001064A		
Cost Report Period	From	10/1/2022	To 9/30/2023

		As-Reported	Adjustments	As-Adjusted
LIUR				
1 Medicaid Hospital Net Revenue	Survey H & I (Sum all In-State & Out-of-State Medicaid Payments)	\$ 13,439,991	\$ -	\$ 13,439,991
2 Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
3 Total		\$ 13,439,991	\$ -	\$ 13,439,991
4 Net Hospital Patient Revenue	Survey F-3	\$ 203,956,148	\$ (4,009,806)	\$ 199,946,342
5 Medicaid Fraction		6.59%	0.13%	6.72%
6 Inpatient Charity Care Charges	Survey F-2	\$ 54,713,070	\$ -	\$ 54,713,070
7 Inpatient Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
8 Unspecified Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
9 Adjusted Inpatient Charity Care		\$ 54,713,070	\$ -	\$ 54,713,070
10 Inpatient Hospital Charges	Survey F-3	\$ 408,693,839	\$ (305,432)	\$ 408,388,407
11 Inpatient Charity Fraction		13.39%	0.01%	13.40%
12 LIUR		19.98%	0.14%	20.12%
MIUR				
13 In-State Medicaid Eligible Days	Survey H	9,582	-	9,582
14 Out-of-State Medicaid Eligible Days	Survey I	43	-	43
15 Total Medicaid Eligible Days		9,625	-	9,625
16 Total Hospital Days (excludes swing-bed)	Survey F-1	38,502	-	38,502
17 MIUR		25.00%	0.00%	25.00%

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

DSH Examination UCC Cost & Payment Summary

Georgia

Hospital Name **Northside Hospital, Inc. - Duluth**
Hospital Medicaid Number **000001064A**
Cost Report Period From **10/1/2022** To **9/30/2023**

As-Reported:		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co-Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
		Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey E			
1 Medicaid Fee for Service	Inpatient	8,949,401	4,163,710	-	93,562	-	-	-	-	-	-	-	-	-	4,257,272	4,692,129	47.57%
2 Medicaid Fee for Service	Outpatient	1,796,810	1,611,608	-	3,970	-	(130,828)	-	-	-	-	-	-	-	1,484,750	312,060	82.63%
3 Medicaid Managed Care	Inpatient	2,716,113	-	2,060,902	-	6	-	-	-	-	-	-	-	-	2,060,908	655,205	75.88%
4 Medicaid Managed Care	Outpatient	6,545,148	1,876	4,535,079	67	15,987	-	-	-	-	-	-	-	-	4,553,009	1,992,139	69.56%
5 Medicare Cross-over (FFS)	Inpatient	6,612,992	360,905	-	-	1,360	-	-	4,110,905	-	20,449	6,034	-	-	4,499,652	2,113,340	68.04%
6 Medicare Cross-over (FFS)	Outpatient	2,466,420	177,537	-	-	-	-	-	1,563,973	-	35,931	-	-	-	1,777,441	688,979	72.07%
7 Other Medicaid Eligibles	Inpatient	9,266,229	302,610	(942)	1,369,094	5,709	-	-	470,122	4,013,179	-	-	-	-	6,159,774	3,106,455	66.48%
8 Other Medicaid Eligibles	Outpatient	5,192,258	193,971	49,492	2,127,050	13,853	-	-	140,251	2,363,292	-	-	-	-	4,887,908	304,350	94.14%
9 Uninsured	Inpatient	12,753,197	-	-	-	-	-	-	-	-	-	-	198,043	-	198,043	12,555,154	1.55%
10 Uninsured	Outpatient	11,920,841	-	-	-	8,329	-	-	-	-	-	-	2,848,880	-	2,848,880	9,063,632	23.97%
11 In-State Sub-total	Inpatient	40,297,932	4,827,225	2,059,961	1,462,656	7,075	-	-	4,581,026	4,013,179	20,449	6,034	198,043	-	17,175,650	23,122,282	42.62%
12 In-State Sub-total	Outpatient	27,921,477	1,984,992	4,584,571	2,131,087	38,168	(130,828)	-	1,704,225	2,363,292	35,931	-	2,848,880	-	15,560,317	12,361,160	55.73%
13 Out-of-State Medicaid	Inpatient	212,483	-	-	51,383	-	-	-	4,374	23,187	-	-	-	-	78,944	133,539	37.15%
14 Out-of-State Medicaid	Outpatient	133,366	479	-	31,480	-	-	-	559	3,807	-	-	-	-	36,325	97,041	27.24%
15 Sub-Total	I/P and O/P	68,565,258	6,812,696	6,644,532	3,676,606	45,244	(130,828)	-	6,290,184	6,403,466	56,380	6,034	3,046,923	-	32,851,236	35,714,022	47.91%
15.01 Provider Tax Assessment Adjustment to UCC																393,328	

Adjustments:		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co-Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
2 Medicaid Fee for Service	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
3 Medicaid Managed Care	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
4 Medicaid Managed Care	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
5 Medicare Cross-over (FFS)	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
6 Medicare Cross-over (FFS)	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
7 Other Medicaid Eligibles	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
8 Other Medicaid Eligibles	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
9 Uninsured	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
10 Uninsured	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
11 In-State Sub-total	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
12 In-State Sub-total	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
13 Out-of-State Medicaid	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
14 Out-of-State Medicaid	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
15 Sub-Total	I/P and O/P	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
15.01 Provider Tax Assessment Adjustment to UCC																	

DSH Examination UCC Cost & Payment Summary Georgia

Hospital Name		Northside Hospital, Inc. - Duluth																
Hospital Medicaid Number		000001064A																
Cost Report Period		From	10/1/2022	To	9/30/2023													
As-Adjusted:			A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type																		
		Total Costs Survey H & I	Medicaid Basic Rate Payments Survey H & I	Medicaid Managed Care Payments Survey H & I	Private Insurance Payments Survey H & I	Self-Pay Payments (Includes Co-Pay and Spenddown) 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	Inpatient	8,949,401	4,163,710	-	93,562	-	-	-	-	-	-	-	-	-		4,257,272	4,692,129	47.57%
2 Medicaid Fee for Service	Outpatient	1,796,810	1,611,608	-	3,970	-	(130,828)	-	-	-	-	-	-	-		1,484,750	312,060	82.63%
3 Medicaid Managed Care	Inpatient	2,716,113	-	2,060,902	-	6	-	-	-	-	-	-	-	-		2,060,908	655,205	75.88%
4 Medicaid Managed Care	Outpatient	6,545,148	1,876	4,535,079	67	15,987	-	-	-	-	-	-	-	-		4,553,009	1,992,139	69.56%
5 Medicare Cross-over (FFS)	Inpatient	6,612,992	360,905	-	-	1,360	-	-	4,110,905	-	20,449	6,034	-	-		4,499,652	2,113,340	68.04%
6 Medicare Cross-over (FFS)	Outpatient	2,466,420	177,537	-	-	-	-	-	1,563,973	-	35,931	-	-	-		1,777,441	688,979	72.07%
7 Other Medicaid Eligibles	Inpatient	9,266,229	302,610	(942)	1,369,094	5,709	-	-	470,122	4,013,179	-	-	-	-		6,159,774	3,106,455	66.48%
8 Other Medicaid Eligibles	Outpatient	5,192,258	193,971	49,492	2,127,050	13,853	-	-	140,251	2,363,292	-	-	-	-		4,887,908	304,350	94.14%
9 Uninsured	Inpatient	12,753,197	-	-	-	-	-	-	-	-	-	-	-	198,043	-	198,043	12,555,154	1.55%
10 Uninsured	Outpatient	11,920,841	-	-	-	8,329	-	-	-	-	-	-	-	2,848,880	-	2,857,209	9,063,632	23.97%
11 In-State Sub-total	Inpatient	40,297,932	4,827,225	2,059,961	1,462,656	7,075	-	-	4,581,026	4,013,179	20,449	6,034	198,043	-		17,175,650	23,122,282	42.62%
12 In-State Sub-total	Outpatient	27,921,477	1,984,992	4,584,571	2,131,087	38,168	(130,828)	-	1,704,225	2,363,292	35,931	-	2,848,880	-		15,560,317	12,361,160	55.73%
13 Out-of-State Medicaid	Inpatient	212,483	-	-	51,383	-	-	-	4,374	23,187	-	-	-	-		78,944	133,539	37.15%
14 Out-of-State Medicaid	Outpatient	133,366	479	-	31,480	-	-	-	559	3,807	-	-	-	-		36,325	97,041	27.24%
15 Cost Report Year Sub-Total	I/P and O/P	68,565,258	6,812,696	6,644,532	3,676,606	45,244	(130,828)	-	6,290,184	6,403,466	56,380	6,034	3,046,923	-		32,851,236	35,714,022	47.91%
15.01	Provider Tax Assessment Adjustment to UCC Including all Medicaid Eligibles																	
16	Less: Out of State DSH Payments from Adjusted Survey																	
17	Adjusted Sub-Total UCC Including All Medicaid Eligibles and Uninsured Prior to Supplemental Medicaid Payments																	
18	Less: Non-Medicaid Primary Provider Tax Assessment Adjustment to UCC																	
19	Less: Non-Medicaid Primary UCC Prior to Supplemental Medicaid Payments																	
20	Adjusted Sub-Total UCC Including Only Medicaid-Primary Payors and Uninsured Prior to Supplemental Medicaid Payments																	

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

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

Medicaid DSH Survey Adjustments

PROVIDER: Northside Hospital, Inc. - Duluth
FROM: 10/1/2022

TO: 9/30/2023

Mcaid Number: 000001064A
Mcare Number: 110252

Myers and Stauffer DSH Survey Adjustments

Adj. #	Schedule	Line #	Line Description	Column	Column Description	Explanation for Adjustmen	Original Amount	Adjustment	Adjusted Total	W/P Ref.
1	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.	\$ 305,432	\$ (305,432)	\$ -	2002
1	F - MIUR/LIUR Data	26	Other	2.00	Outpatient Total Patient Revenues (Total Charges)	Adjust hospital revenues to the hospital cost report worksheet G-2.	\$ 22,809,763	\$ (22,809,763)	\$ -	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.	\$ -	\$ 23,115,195	\$ 23,115,195	2002
1	F - MIUR/LIUR Data	26	Other	4.00	Inpatient Contractuals	Adjust hospital contractuals to the hospital cost report worksheet G-3 total.	\$ 252,449	\$ (252,449)	\$ -	2002
1	F - MIUR/LIUR Data	26	Other	5.00	Outpatient Contractuals	Adjust hospital contractuals to the hospital cost report worksheet G-3 total.	\$ 18,852,941	\$ (18,852,941)	\$ -	2002
1	F - MIUR/LIUR Data	26	Other	6.00	Non-Hospital Contractuals	Adjust hospital contractuals to the hospital cost report worksheet G-3 total.	\$ -	\$ 19,105,389	\$ 19,105,389	2002

Medicaid DSH Report Notes

PROVIDER: Northside Hospital, Inc. - Duluth

Mcaid Number: 000001064A

FROM: 10/1/2022 TO: 9/30/2023

Mcare Number: 110252

Myers and Stauffer DSH Report Notes

Note #	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		