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

Provider Name	NORTHSIDE HOSPITAL-FORSYTH
Mcaid Provider Number	00000767A
Mcare Provider Number	110005

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.

	(A)	(P)			 (D)		(F)	 	
	(A)	(B)	^	(C) \s-Filed DSH	(D)	٨٠	(E) djusted DSH		
	Cost Report	Cost Report		compensated	Total		compensated		
	Year Begin	Year End		re Cost (UCC)	ustments		re Cost (UCC)		
Cost Report Year UCC:	10/1/2022 -	9/30/2023	\$	38,887,678	\$ -	\$	38,887,678		
ess: 2023 Net UPL Payments						\$	3,430,007		
ess: 2025 Net DPP Payments						\$	3,864,358		
Plus: 2024 Net DPP Recoupme	ents					\$			
Less: GME Payments	_					\$			
Add: Net OP Settlement (Diffe	•			-		\$	226,294		
Add: Provider tax excluded fro	• •	1edicaid primary 8	& unin	sured portion)		\$	221,826		
Jncompensated Care Allocati	on Factor					\$	32,041,433		
Hospital Specific DSH Limit						\$	28,290,423		
2025 Eligibility							Eligible		
OSH Year Low Income Utiliz	vation Ratio (LILIP).						11.83%		
DSH Year Medicaid Inpatie							11.03%		

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 S	URVEY
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10/1/2022

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

D. General Cost Report Year Information 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.

State Name

1. Select Your Facility from the Drop-Down Menu Provided:	NORTHSIDE HOSPITAL-FORSYTH		
	10/1/2022 through 9/30/2023		
Select Cost Report Year Covered by this Survey:	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:			
+. Hospital Name.	NORTHSIDE HOSPITAL-FORSYTH	Yes	
5. Medicaid Provider Number:	NORTHSIDE HOSPITAL-FORSYTH	Yes Yes	
5. Medicaid Provider Number:		Yes	
 Medicaid Provider Number: Medicaid Subprovider Number 1 (Psychiatric or Rehab): 		Yes Yes	

9/30/2023

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)

- 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	a Percentage of Total Ca	sh Basis Patient Payments:

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	\$-

Printed 3/19/2025

Inpatient

No

1 605 769

8,346,029

\$9,951,798

16.14%

Outpatient

4 528 52

32,133,274

\$36,661,795

12.35%

Total

\$6,134,290

\$40,479,303

\$46,613,593

13.16%

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)	116,958
F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ra 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified I/P and O/P Hospital Subsidies 5. Non-Hospital Subsidies 6. Total Versities	atio (LIUR) Calculation): - - - - -
6. Total Hospital Subsidies \$ 7. Inpatient Hospital Charity Care Charges \$ 8. Outpatient Hospital Charity Care Charges \$ 9. Non-Hospital Charity Care Charges \$ 10. Total Charity Care Charges \$	91,023,791 83,688,071 - 5 174,711,862
F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report)	

		Patient Revenues (Charg	jes)		Contractual Adjustments		
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital	\$ 342,519,247	\$-	\$-	\$ 273,602,064	\$-	\$-	\$ 68,917,183
12. Psych Subprovider	\$ -	\$ -	\$	\$ -	\$ -	\$ -	\$ -
13. Rehab. Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF			\$ -			\$-	
15. Swing Bed - NF			\$-			\$-	
16. Skilled Nursing Facility			\$ -			\$-	
17. Nursing Facility			\$ -			\$-	
18. Other Long-Term Care			\$ -			\$ -	
19. Ancillary Services	\$ 813,510,496	\$ 1,351,578,120	\$ -	\$ 649,826,695	\$ 1,079,631,483	\$ -	\$ 435,630,437
20. Outpatient Services		\$ 798,591,915	\$		\$ 637,909,834	\$ -	\$ 160,682,081
21. Home Health Agency			\$ -			\$ -	
22. Ambulance			\$			\$ -	
23. Outpatient Rehab Providers	\$ -	\$ -	\$ -	\$ -	\$-	\$-	\$ -
24. ASC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
25. Hospice			\$ -			\$ -	
26. Other	\$ 22,729,966	\$ 263,995,631	\$ -	\$ 18,156,543	\$ 210,877,929	\$-	\$ 57,691,125
27. Total	\$ 1.178.759.709	\$ 2.414.165.666	¢	\$ 941.585.302	\$ 1.928.419.246	٠	\$ 722,920,827
	\$ 1,178,759,709	, , , , ,	\$	\$ 941,585,302	1 1	\$ -	\$ 722,920,827
28. Total Hospital and Non Hospital		Total from Above	\$ 3,592,925,375		Total from Above	\$ 2,870,004,548	
29. Total Per Cost Report	Total Patier	t Revenues (G-3 Line 1)	\$ 3,592,925,375	Total Cont	tractual Adj. (G-3 Line 2)	\$ 2,870,004,548	
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on	worksheet G-3, Line 2 (impa	act is a decrease in net					
patient revenue)						s .	
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT IN	ICI UDED on worksheet G-3	Line 2 (impact is a				Ψ	
decrease in net patient revenue)							
. ,	-					- \$	
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH	Revenue INCLUDED on wor	ksheet 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 Loca	I Patient Care Cash Subsidi	es INCLUDED on					
worksheet G-3, Line 2 (impact is a decrease in net patient revenue)					s .	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxe	es INCLUDED on worksheet	G-3 Line 2 (impact is an				Ψ	
increase in net patient revenue)							
. ,							
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove		d to insured patients					
INCLUDED on worksheet G-3, Line 2 (impact is an increase in net	patient revenue)"					\$ -	
36. Adjusted Contractual Adjustments						2,870,004,548	•
37. Unreconciled Difference	Unreconciled D	ifference (Should be \$0)	\$-	Unreconciled D	ifference (Should be \$0)	\$-	

G. Cost Report - Cost / Days / Charges

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

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
	ost Centers (list below):	400.000.550			1	\$ 123,002,553	400.007	007 404 700		\$ 1,198.54
	JLTS & PEDIATRICS ENSIVE CARE UNIT	\$ 123,002,553 \$ 18,693,009	s -	s - S -	-	\$ 123,002,553 \$ 18,693,009	102,627	\$ 237,481,792 \$ 40,131,596		\$ 1,198.54
3200 COF	RONARY CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$-		\$ -
	RN INTENSIVE CARE UNIT RGICAL INTENSIVE CARE UNIT	<u>\$</u> -	\$ - \$ -	<u>s</u> -		s - s -	-	\$ -		\$ - \$ -
	IER SPECIAL CARE UNIT	\$ 12.330.389	s -	s - S -		\$ 12,330,389	6,711	\$ 41.329.459		\$ 1,837.34
4000 SUB	3PROVIDER I	\$ -	\$ -	\$ -		\$ -	-	\$-		\$ -
	BPROVIDER II HER SUBPROVIDER	<u>\$</u> -	s -	<u>s</u> -		\$ - \$ -	-	\$ -		s -
	RSERY	\$ 16 309 675	s -	s -		\$ 16,309,675	8.314	\$ 23.576.400		\$ 1,961.7
	RN INTENSIVE CARE UNIT	\$ -	s -	\$ -		\$ -	-	\$ -		\$ -
	Total Routine	\$ 170,335,626	s -	ş -	\$ -	\$ 170,335,626	123,948	\$ 342,519,247	-	
	Weighted Average									\$ 1,374.25
bservatior	n 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
	ervation (Non-Distinct)	7	6,990	-	-	\$ 8,377,795	1,047,051	14,863,510	\$ 15,910,561	0.526556
Ancillani (Cost Centers (from W/S C excluding Obs	Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4		Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
5000 OPE	ERATING ROOM	\$ 62,230,769		S -	1	\$ 62,230,769	\$ 91,248,764	\$ 239,086,026	\$ 330,334,790	0.188387
5100 REC	COVERY ROOM	\$ 62,230,769 \$ 10,827,230	\$ - \$ -	\$ - \$ -		\$ 10,827,230	\$ 7,796,211	\$ 28,203,974	\$ 36,000,185	0.30075
5100 REC 5200 DEL	OVERY ROOM IVERY ROOM & LABOR ROOM	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582	\$ - \$ - \$ -	\$ - \$ - \$ -		\$ 10,827,230 \$ 26,442,582	\$ 7,796,211 \$ 42,544,087	\$ 28,203,974 \$ 10,609,460	\$ 36,000,185 \$ 53,153,547	0.30075
5100 REC 5200 DEL 5300 ANE	COVERY ROOM IVERY ROOM & LABOR ROOM ESTHESIOLOGY	\$ 62,230,769 \$ 10,827,230	\$ - \$ - \$ -	\$ - \$ - \$ - \$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059	\$ 7,796,211	\$ 28,203,974 \$ 10,609,460	\$ 36,000,185 \$ 53,153,547 \$ 76,780,513	0.30075 0.49747 0.01757
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD	COVERY ROOM JVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779	\$ 7,796,211 \$ 42,544,087 \$ 21,766,654 \$ 39,658,023 \$ 8,671,369	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 115,878,789	\$ 36,000,185 \$ 53,153,547 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158	0.30075 0.49747 0.01757 0.10566 0.07217
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5600 RAD	COVERY ROOM IVERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-FIERAPEUTIC DIOISOTOPE	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,578	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,578	\$ 7,796,211 \$ 42,544,087 \$ 21,766,654 \$ 39,658,023 \$ 8,671,369 \$ 6,730,916	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 115,878,789 \$ 27,006,634	\$ 36,000,185 \$ 53,153,547 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158 \$ 33,737,550	0.30075 0.49747 0.01757 0.10566 0.07217 0.07251
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5600 RAD 5700 CT \$	COVERY ROOM IVERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-FIERAPEUTIC DIOISOTOPE	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779	\$ 7,796,211 \$ 42,544,087 \$ 21,766,654 \$ 39,658,023 \$ 8,671,369	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 115,878,789 \$ 27,006,634	\$ 36,000,185 \$ 53,153,547 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158	0.30075 0.49747 0.01757 0.10566 0.07217 0.07251 0.03595
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5600 RAD 5700 CT \$ 5800 MRI 5900 CAR	ZOVERY ROOM UTERY ROOM & LABOR ROOM ESTHESIOLOGY JIOLOGY-DIAGNOSTIC JIOLOGY-THERAPEUTIC JIOLOGY-THERAPEUTIC SCAN RDIAC CATHETERIZATION	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,595,419	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,595,419	\$ 7,796,211 \$ 42,544,087 \$ 21,766,654 \$ 39,658,023 \$ 8,671,369 \$ 6,730,916 \$ 67,233,462 \$ 20,344,757 \$ 38,884,439	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 115,878,789 \$ 27,006,634 \$ 106,042,860 \$ 30,132,610 \$ 51,933,073	\$ 36,000,185 \$ 53,153,547 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158 \$ 33,737,550 \$ 173,276,322 \$ 50,477,367 \$ 90,827,517	0.30075 0.49747 0.01757 0.10566 0.07217 0.07251 0.03595 0.09827 0.07261
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5500 CT \$ 5800 MRI 5900 CAR 6000 LAB	ZOVERY ROOM JUERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DAGNOSTIC DIOLOGY-DAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC CORATORY DIOLOGY-THERAPEUTIC DIOLOGY-THERA	\$ 62,230,769 \$ 10,627,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,595,419 \$ 22,492,340 \$ 22,492,340	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,595,419 \$ 22,492,340	\$ 7,796,211 \$ 42,544,087 \$ 21,766,654 \$ 39,658,023 \$ 8,671,369 \$ 6,730,916 \$ 67,233,462 \$ 20,344,757 \$ 38,894,439 \$ 210,378,271	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 115,878,789 \$ 27,006,634 \$ 106,042,860 \$ 30,132,610 \$ 51,933,073 \$ 134,575,593	\$ 36,000,185 \$ 53,153,547 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158 \$ 33,737,550 \$ 173,276,322 \$ 50,477,367 \$ 90,827,512 \$ 344,953,864	0.30075 0.49747 0.01757 0.10566 0.07217 0.07251 0.03595 0.09827 0.07261 0.07261
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5500 CT \$ 5800 MRI 5900 CAR 6000 LAB 6500 RES	20VERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN RDIAC CATHETERIZATION DIRATORY SPIRATORY THERAPY	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,555,419 \$ 22,492,340 \$ 22,492,340 \$ 15,284,004	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,595,419 \$ 22,492,340 \$ 12,2492,340 \$ 12,284,004	\$ 7,796,211 \$ 42,544,087 \$ 21,766,654 \$ 39,658,023 \$ 8,671,369 \$ 6,730,916 \$ 67,233,462 \$ 20,344,757 \$ 38,894,439 \$ 210,378,271 \$ 41,341,305	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 115,878,789 \$ 27,006,634 \$ 106,042,860 \$ 30,132,610 \$ 51,933,073 \$ 134,575,593 \$ 5,298,282	\$ 36,000,185 \$ 53,153,547 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158 \$ 33,737,550 \$ 173,276,322 \$ 50,477,367 \$ 90,827,512 \$ 344,953,864 \$ 46,639,587	0.30075 0.49747 0.01757 0.07251 0.07251 0.03595 0.09827 0.07261 0.06520 0.32770
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5600 RAD 5700 CT 5800 MRI 5900 CAR 6000 LAB 6500 RES 6600 PHY 6700 OCC	20VERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGCATHETERIZATION ORATORY SICAL THERAPY SICAL THERAPY UPATIONAL THERAPY	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,968,779 \$ 2,446,578 \$ 6,229,720 \$ 4,46,578 \$ 6,229,720 \$ 4,960,819 \$ 22,492,340 \$ 15,284,004 \$ 15,284,004 \$ 15,284,004 \$ 11,063,850 \$ 3,359,157 \$ 3,359,157	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,948,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,595,419 \$ 22,492,340 \$ 15,284,004 \$ 15,284,004 \$ 1,063,650 \$ 3,359,157	\$ 7,796,211 \$ 42,544,087 \$ 21,766,654 \$ 39,658,023 \$ 8,671,369 \$ 6,730,916 \$ 20,733,462 \$ 20,344,757 \$ 38,894,439 \$ 21,0378,271 \$ 41,341,305 \$ 16,809,750 \$ 16,809,532	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 115,878,789 \$ 27,006,634 \$ 106,042,860 \$ 30,132,610 \$ 51,933,073 \$ 134,575,593 \$ 5,298,282 \$ 35,992,159 \$ 1,248,732	\$ 36,000,185 \$ 53,153,547 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158 \$ 33,737,550 \$ 173,276,322 \$ 50,477,367 \$ 90,827,512 \$ 344,953,864 \$ 46,639,587 \$ 57,672,22 \$ 18,058,264 \$ 18,058,265 \$ 18,058,265 \$ 18,058,265 \$ 18,058,265 \$ 18,058,265	0.30075 0.49747 0.01757 0.10565 0.07217 0.07255 0.03595 0.03595 0.03595 0.03595 0.03595 0.03527 0.07261 0.0520 0.32770 0.19183 0.18601
5100 REC 5200 DEL 5300 ANE 5500 RAD 5500 RAD 5600 RAD 5700 CT 5800 MRI 5900 CAR 6000 LAB 6500 RES 6600 PHY 6700 OCC 6800 SPE	20VERY ROOM UVERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPE CONTROL SCAN DIORATORY SIGAL THERAPY 2UPATIONAL THERAPY 2UPATIONAL THERAPY ECH PATHOLOGY	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 3,3922,263 \$ 8,988,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,556,419 \$ 6,556,419 \$ 15,284,004 \$ 11,063,650 \$ 11,063,365 \$ 3,359,157 \$ 1,466,321	\$ - \$ -	\$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,968,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,595,419 \$ 22,492,340 \$ 15,284,004 \$ 11,063,650 \$ 3,389,157 \$ 1,465,321	\$ 7,796,211 \$ 42,544,087 \$ 21,766,854 \$ 39,658,023 \$ 8,671,369 \$ 6,730,916 \$ 67,233,462 \$ 20,344,757 \$ 38,894,439 \$ 210,378,271 \$ 41,341,305 \$ 21,680,770 \$ 16,809,532 \$ 8,504,437	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 115,878,789 \$ 27,006,634 \$ 106,042,860 \$ 30,132,610 \$ 51,933,073 \$ 134,575,593 \$ 5,298,282 \$ 35,992,159 \$ 1,248,732 \$ 482,733	\$ 36,000,185 \$ 53,135,847 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158 \$ 33,737,550 \$ 173,276,322 \$ 50,477,367 \$ 90,827,512 \$ 344,953,864 \$ 46,639,887 \$ 57,672,929 \$ 18,058,264 \$ 8,887,170	0.30075 0.49747 0.01757 0.10566 0.07217 0.07251 0.03595 0.09827 0.07261 0.07261 0.06520 0.32770 0.19183 0.18604
5100 REC 5200 DEL 5300 ANE 5400 RAD 5600 RAD 5600 RAD 5700 CT 5800 MRI 5800 CAB 6000 LAB 6500 RES 6600 PHY 6700 OCC 6800 SPE 6900 ELE	20VERY ROOM JUREY ROOM & LABOR ROOM STHEBIOLOGY DIOLOGY-DURANOSTIC DIOLOGY-DURANOSTIC DIOLOGY-DURANOSTIC DIOLOGY-THERAPEUTIC DIAC CATHETERIZATION ORATORY SICAL THERAPY SICAL THERAPY UPATIONAL THERAPY UPATIONAL THERAPY CECH PATHOLOGY CITROCARDIOLOGY	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,968,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,595,419 \$ 22,492,340 \$ 15,284,040 \$ 11,063,850 \$ 3,359,157 \$ 1,465,321 \$ 10,599,058	\$ - \$ -	\$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,578 \$ 6,898,779 \$ 2,446,578 \$ 6,595,419 \$ 6,595,419 \$ 15,284,004 \$ 1,363,650 \$ 3,359,157 \$ 1,465,321 \$ 1,063,650 \$ 3,359,157 \$ 1,063,650	\$ 7,796,211 \$ 42,544,087 \$ 21,766,654 \$ 39,658,023 \$ 8,67,1369 \$ 6,730,916 \$ 20,344,757 \$ 38,894,339 \$ 210,378,271 \$ 216,80,770 \$ 16,809,532 \$ 8,504,337 \$ 26,28,381	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 115,878,789 \$ 27,006,634 \$ 106,042,880 \$ 30,132,610 \$ 51,933,073 \$ 134,875,593 \$ 5,298,282 \$ 35,992,159 \$ 1,248,732 \$ 482,733 \$ 1,248,732 \$ 482,733 \$ 17,807,355	\$ 36,000,185 \$ 53,153,547 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158 \$ 33,737,550 \$ 173,276,322 \$ 50,477,367 \$ 90,827,512 \$ 344,953,864 \$ 46,639,887 \$ 57,672,929 \$ 18,058,264 \$ 8,987,170 \$ 44,335,736	0.30075 0.49747 0.01767 0.0556 0.07217 0.07257 0.07267 0.07267 0.07267 0.07267 0.07267 0.07267 0.07267 0.07267 0.07267 0.07267 0.07267 0.07267 0.07267 0.07255 0.07257 0.07577 0.07577 0.07577 0.07577 0.075777 0.075777 0.0757777 0.0757777777777
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5500 RAD 5500 RAD 5500 CAR 6500 CAR 6500 LAB 6500 RES 6600 PHY 6700 OCC 6800 SPE 6900 ELE	20VERY ROOM UVERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPE CONTROL SCAN DIORATORY SIGAL THERAPY 2UPATIONAL THERAPY 2UPATIONAL THERAPY ECH PATHOLOGY	\$ 62,230,769 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,988,779 \$ 2,446,573 \$ 2,446,574 \$ 6,585,419 \$ 2,442,340 \$ 15,284,004 \$ 14,085,321 \$ 15,284,004 \$ 15,284,004\\\$ 15,284,00	\$ - \$ -	\$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 33,922,263 \$ 8,968,779 \$ 2,446,578 \$ 6,229,720 \$ 4,960,819 \$ 6,595,419 \$ 22,492,340 \$ 15,284,004 \$ 11,063,650 \$ 3,389,157 \$ 1,465,321	\$ 7,796,211 \$ 42,544,087 \$ 21,766,854 \$ 39,658,023 \$ 8,671,369 \$ 6,730,916 \$ 67,233,462 \$ 20,344,757 \$ 38,894,439 \$ 210,378,271 \$ 41,341,305 \$ 21,680,770 \$ 16,809,532 \$ 8,504,437	\$ 28,203,974 \$ 10,609,460 \$ 55,013,859 \$ 281,374,474 \$ 10,604,860 \$ 127,006,834 \$ 106,042,860 \$ 30,132,610 \$ 51,878,789 \$ 126,878,789 \$ 52,982,882 \$ 35,992,159 \$ 428,732 \$ 482,733 \$ 176,804 \$ 5776,804 \$ 5092,9235	\$ 36,000,185 \$ 53,135,847 \$ 76,780,513 \$ 321,032,497 \$ 124,550,158 \$ 33,737,550 \$ 173,276,322 \$ 50,477,367 \$ 90,827,512 \$ 344,953,864 \$ 46,639,887 \$ 57,672,929 \$ 18,058,264 \$ 8,887,170	0.30075 0.49747 0.01757 0.10566 0.07217 0.07251 0.03595 0.09827 0.07261 0.05525 0.09827 0.07261 0.05525 0.03595 0.08824 0.18634 0.23906 0.18824
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5500 RAD 5500 CAR 5500 CAR 6000 LAB 6500 RES 6600 PHY 6700 CCC 6800 SPE 6900 ELE 7000 ELE 7100 MEC 7100 MEC	20VERY ROOM UVERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY SIGAL THERAPY SIGAL THERAPY SIGAL THERAPY SIGAL THERAPY SIGAL THERAPY SIGAL THERAPY SIGAL THERAPY SIGAL SUPPLIES CHARGED TO PATIENT SIGAL SUPPLIES CHARGED TO PATIENTS SIGAL SUPPLIES CHARGED TO PATIENTS	\$ 62,230,769 \$ 0.827,230 \$ 20,442,562 \$ 1,349,059 \$ 3,392,263 \$ 8,968,779 \$ 2,426,579 \$ 6,269,720 \$ 6,269,720 \$ 6,269,720 \$ 6,269,740 \$ 1,059,056 \$ 4,465,321 \$ 1,0590,056 \$ 4,940,252 \$ 7,798,847 \$ 9,220,870	\$ - \$ -	\$ -		\$ 10.827.230 \$ 26.442.582 \$ 1.349.059 \$ 32.442.582 \$ 1.349.059 \$ 32.922.263 \$ 8.988.779 \$ 2.446.578 \$ 6.229.720 \$ 4.960.819 \$ 2.242.340 \$ 15.284.004 \$ 11.063.650 \$ 3.389.187 \$ 10.599.058 \$ 400.252 \$ 57.798.847 \$ 59.20.870	S 7.796,211 4 2,544,087 \$ 2,1766,6523 \$ 3,965,023 \$ 8,671,369 \$ 6,730,916 \$ 6,730,916 \$ 7,304,625 \$ 3,8594,438 \$ 2,0,347,757 \$ 16,809,532 \$ 0,64,437 \$ 16,724,416 \$ 1,774,416 \$ 10,3594,582 \$ 10,3594,582	\$ 20,03,74 \$ 10,609,460 \$ 56,013,859 \$ 281,374,414 \$ 115,676,789 \$ 106,042,860 \$ 30,0132,610 \$ 108,042,860 \$ 51,933,073 \$ 134,675,239 \$ 5,929,282 \$ 35,929,159 \$ 1,246,723 \$ 17,807,385 \$ 776,804 \$ 510,022,176	\$ 36,000,185 \$ 53,153,547 \$ 53,153,547 \$ 76,780,513 \$ 221,032,407 \$ 124,850,158 \$ 124,850,158 \$ 13,737,552 \$ 173,276,322 \$ 50,477,367 \$ 46,639,587 \$ 639,587 \$ 57,672,929 \$ 18,056,264 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,376 \$ 2,857,376 \$ 2,857,372 \$ 2,857,376 \$ 2,857,376 \$ 2,857,376 \$ 2,857,376 \$ 2,857,376 \$ 3,877,872	0.30075 0.49747 0.01757 0.10566 0.07251 0.07251 0.07251 0.07251 0.07252 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07252 0.32770 0.18124 0.23906 0.18124 0.59523 0.23258
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5500 RAD 5500 RAD 5500 CAS 5600 RES 5600 RES 6500 RES 6600 PHY 6700 OCC 6800 SPE 6800 ELE 7000 ELE 7100 MEL 7200 IMPI 7200 IMPI	20VERY ROOM & LABOR ROOM UVERY ROOM & LABOR ROOM STHEBIOLOGY DIOLOGY-DUGANOSTIC DIOLOGY-DUGANOSTIC DIOLOGY-THERAPEUTIC DIOSOTOPE SCAN DIAC CATHETERIZATION ORATORY DIAC CATHETERIZATION DIAC THERAPY ECH PATHOLOGY CITROCARDIOLOGY CITROCARDIOLOGY CITROCARDIOLOGY CITROCARDIOLOGY CITROCARDIOLOGY CITROCARDIOLOGY CITROCARDIOLOGY CITROCARDIOLOGY CITROCARDIOLOGY CITROCARDIOLOGY CITROCARDIOLOGY DIACA.SUPPLIES CHARGED TO PATIENTS L. DEV. CHARGED TO PATIENTS	\$ 6,2230,769 \$ 0,827,230 \$ 2,04,42,582 \$ 1,340,059 \$ 3,392,263 \$ 0,898,779 \$ 2,246,575 \$ 0,289,720 \$ 0,595,419 \$ 2,248,575 \$ 0,595,419 \$ 1,524,004 \$ 1,524,004 \$ 1,653,359,157 \$ 1,463,321 \$ 0,599,055 \$ 6,7798,847 \$ 0,579,056 \$ 7,306,4089	\$ - \$ -	\$ -		\$ 10.827.230 \$ 26,442.982 \$ 1.349.096 \$ 33.822.683 \$ 8.988.778 \$ 2.446.787 \$ 6.425.720 \$ 4.966.811 \$ 6.555.411 \$ 6.555.415 \$ 1.655.865 \$ 1.465.325 \$ 1.465.325 \$ 3.555.157 \$ 1.465.325 \$ 9.208.270 \$ 7.73.064.088	\$ 7,796,211 \$ 42,544,087 \$ 21,766,654 \$ 39,658,023 \$ 39,658,023 \$ 8,671,369 \$ 6,773,916 \$ 20,344,757 \$ 38,854,439 \$ 210,378,271 \$ 41,341,305 \$ 16,809,572 \$ 8,504,437 \$ 26,528,381 \$ 1,774,416 \$ 30,010,120	\$ 28,203,974 \$ 10,000,460 \$ 55,013,859 \$ 281,374,474 \$ 115,972,709 \$ 210,000,460 \$ 27,006,654 \$ 30,132,610 \$ 30,132,610 \$ 30,132,610 \$ 30,132,610 \$ 30,132,610 \$ 30,132,610 \$ 30,132,610 \$ 30,132,610 \$ 30,92,162 \$ 14,875,533 \$ 1,484,732 \$ 1,487,410 \$ 1,487,410 \$ 1,487,410 \$ 1,487,410 \$ 1,487,410 \$ 1,787,410 \$ 1,787,410 \$ 1,787,410 \$ 1,787,410 \$ 1,787,410 \$ 1,787,410 \$ 1,787,410 \$ 1,787,410	\$ 36,000,185 \$ 53,153,547 \$ 76,700,513 \$ 21,003,497 \$ 124,550,158 \$ 32,703,477 \$ 124,550,158 \$ 33,737,512 \$ 37,703,773,827 \$ 90,827,512 \$ 44,853,867 \$ 46,633,887 \$ 51,667,269 \$ 18,668,264 \$ 8,987,170 \$ 18,668,264 \$ 9,873,170 \$ 25,512,000 \$ 97,103,055 \$ 2,551,200 \$ 97,103,055 \$ 502,670,061	0.30075 0.43747 0.0157 0.0566 0.03725 0.07251 0.07251 0.05220 0.05220 0.05220 0.05220 0.05220 0.05220 0.05220000000000
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5500 RAD 5500 CAR 6500 LAB 6500 CAR 6600 LAB 6500 RES 6600 PHY 6700 OCC 6600 SPE 6900 ELE 7000 ELE 7000 ELE 7000 BLE 7000 DRU 7300 DRU 7300 DRU	20VERY ROOM UVERY ROOM & LABOR ROOM STHEBIOLOGY DIOLOGY-DAGNOSTIC DIOLOGY-DAGNOSTIC DIOLOGY-THERAPEUTIC DIOSTOTPE SCAN DIAC CATHETERIZATION ORATORY HERAPY 2007 DORATORY HERAPY 2007 DORATORY 2007 DORATORY	\$ 62,230,769 \$ 0.827,230 \$ 20,442,525 \$ 1,349,059 \$ 3,392,263 \$ 2,848,179 \$ 2,248,575 \$ 6,250,720 \$ 4,950,819 \$ 5,224,877 \$ 5,224,877 \$ 1,5284,004 \$ 1,1053,659 \$ 3,359,157 \$ 1,463,321 \$ 6,579,058 \$ 6,798,057 \$ 7,306,4098 \$ 2,782,142 \$ 2,782,142 \$ 4,240,458	\$ - \$ -	\$ -		\$ 10.827.230 \$ 26.442.582 \$ 1.349.059 \$ 32.442.582 \$ 1.349.059 \$ 32.922.263 \$ 8.988.779 \$ 2.446.578 \$ 6.229.720 \$ 4.960.819 \$ 2.242.340 \$ 15.284.004 \$ 11.063.650 \$ 3.389.187 \$ 10.599.058 \$ 400.252 \$ 57.798.847 \$ 59.20.870	\$ 7.795.211 42,544.087 21,766.654 5 39.656.023 \$ 39.656.023 \$ 6.73.0916 \$ 6.73.3946 \$ 2.93.47.67 \$ 2.93.47.67 \$ 2.93.47.67 \$ 2.03.76.271 \$ 2.10.376.271 \$ 2.10.376.271 \$ 2.62.93.47.67 \$ 2.62.93.47.67 \$ 2.62.93.47.67 \$ 2.10.376.271 \$ 1.640.502 \$ 1.640.502 \$ 2.63.47.67 \$ 3.67.67.003 \$ 3.67.67.005 \$ 2.75.67.700 \$ 1.62.42.404	\$ 22,203,974 \$ 10,600,460 \$ 55,013,869 221,374,474 115,877,878 \$ 216,004,860 \$ 27,006,834 \$ 216,004,860 \$ 30,152,810 \$ 33,0152,810 \$ 33,0475,533 \$ 35,262,159 \$ 1,246,773,83 \$ 77,684 \$ 10,002,935 \$ 170,002,935 \$ 170,002,935 \$ 10,002,935 \$ 20,002,935 \$ 20,002,935 \$ 20,002,935 \$ 20,002,935 \$ 20,002,935 \$ 20,002,935 \$ 20,002,935 \$ 20,002,935	\$ 36,000,185 \$ 53,153,547 \$ 53,153,547 \$ 76,780,513 \$ 221,032,407 \$ 124,850,158 \$ 124,850,158 \$ 13,737,552 \$ 173,276,322 \$ 50,477,367 \$ 46,639,587 \$ 639,587 \$ 57,672,929 \$ 18,056,264 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,372 \$ 2,857,376 \$ 2,857,376 \$ 2,857,372 \$ 2,857,376 \$ 2,857,376 \$ 2,857,376 \$ 2,857,376 \$ 2,857,376 \$ 3,877,872	0.30075 0.49747 0.01757 0.10566 0.07251 0.07250 0.07250 0.07250 0.07550 0.07550 0.07550 0.07550 0.07550 0.07550 0.075500 0.07550000000000
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5500 RAD 5500 RAD 5700 CT 5800 MRI 5800 CAB 6500 RES 6600 PHY 6500 RES 6600 PHY 6500 RES 6600 PHY 6500 RES 6700 CCC 6800 SPE 6900 ELE 7100 MED 7200 MPH 7400 REN 7500 ASC 7600 OTH	20VERY ROOM UVERY ROOM & LABOR ROOM ISTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY EXCAL THERAPY SICAL SUPPLIES CHARGED TO PATIENT SICAL AUPPLIES CHARGED TO PATIENTS SIGS CHARGED TO PATIENTS SIGN CHARGED TO PATIENTS SI (NONDISTINGT PART) (ER ANC CENTER	\$ 62.237.780 \$ 10.827.230 \$ 26.442.582 \$ 1.340.056 \$ 3.3.922.263 \$ 8.988.779 \$ 2.2465.573 \$ 6.263.720 \$ 4.560.817 \$ 5.246.527 \$ 6.263.720 \$ 4.560.817 \$ 5.2658.419 \$ 1.365.621 \$ 1.368.622 \$ 7.708.449 \$ 5.220.870 \$ 7.708.442 \$ 4.220.455 \$ 4.220.870 \$ 2.73.064.098 \$ 4.220.870 \$ 8.27.377	\$ - \$ -	\$ -		\$ 10.827.230 \$ 26,442.582 \$ 1.349.039 \$ 3.382.263 \$ 3.898.779 \$ 2.446.578 \$ 6.229.720 \$ 4.466.78 \$ 2.424.572 \$ 4.566.31 \$ 2.424.572 \$ 4.566.31 \$ 2.424.572 \$ 4.566.31 \$ 2.248.73 \$ 1.1063.650 \$ 3.359.157 \$ 1.466.321 \$ 5.420.703 \$ 7.306.409 \$ 2.247.57 \$ 9.220.870 \$ 7.278.447 \$ 9.220.870 \$ 9.220.870 \$ 9.220.870 \$ 9.220.870 \$ 82.735 \$ 82.735 \$ 82.735	\$ 7.796.211 \$ 4.2,544.087 \$ 2.1,766.654 \$ 39.656.023 \$ 39.656.023 \$ 8.671.309 \$ 6.733.462 \$ 20.344.757 \$ 20.344.757 \$ 21.076.271 \$ 21.0376.271 \$ 21.0376.271 \$ 2.65.28.381 \$ 1.774.416 \$ 30.010.120 \$ 10.5594.582 \$ 7.954.984.584 \$ 10.3594.582 \$ 7.954.984.584 \$ 10.3594.582 \$ 7.954.984 \$ 1.4624.404	\$ 22,03,974 \$ 10,060,460 \$ 50,013,869 221,374,474 115,877,879 \$ 210,004,600 \$ 211,374,474 \$ 116,072,860 \$ 210,074,874 \$ 106,042,860 \$ 30,132,610 \$ 313,475,593 \$ 35,992,159 \$ 1,248,772 \$ 462,733 \$ 17,807,355 \$ 151,012,776,804 \$ 150,012,776,804 \$ 150,012,776 \$ 29,956,291 \$ 151,012,776 \$ 29,956,291 \$ 20,956,291 \$ 20,956,291 \$ 20,956,291 \$ 20,956,291 \$ 20,956,291 \$ 20,956,291 \$ 20,956,291 \$ 20,956,291	\$ 36,000;185 \$ 53,153,547 \$ 53,153,547 \$ 76,780,573 \$ 21,002,497 \$ 124,550,186 \$ 33,737,550 \$ 37,775,753 \$ 50,027,497 \$ 50,027,497 \$ 54,453,854 \$ 56,077,367 \$ 90,827,512 \$ 50,477,367 \$ 54,453,864 \$ 57,672,929 \$ 10,058,264 \$ 2,55,7220 \$ 7,7494,498 \$ 2,557,220 \$ 7,7494,498 \$ 4,458,086 \$ 7,949,498 \$ 4,458,086 \$ 4,458,085 \$ 4,580,805 \$ 57,029 \$ 57,029 \$ 24,616,350 \$ 25,5720 \$ 7,949,498 \$ 5,749,498 \$ 4,580,605 \$ 6,053,240	0.30075 0.49747 0.01757 0.10566 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07252 0.07252 0.07252 0.07252 0.07252 0.07252 0.07252 0.05252 0.05252 0.05552 0.05552 0.05552 0.05551 0.05552 0.05551 0.05552 0.05552 0.05552 0.05552 0.05552 0.05552 0.05552 0.05552 0.05552 0.05552 0.05552 0.05552 0.05552 0.07251 0.07250 0.07250 0.07250 0.07250 0.07250 0.07570 0.07570 0.07570 0.07570 0.07570 0.07570 0.07570 0.07570 0.07570 0.07570 0.07570 0.07570 0.07570 0.075700 0.075700 0.075700 0.07570000000000
5100 REC 5200 DEL 5300 ANE 5400 RAD 5400 RAD 5500 RAD 5500 RAD 5500 RAD 5500 RAD 5700 CT 5800 RAD 5900 CAR 6000 LAB 6500 REC 6800 SPE 7000 CEL 7200 MPI 7300 DRU 7400 RSN 7500 ASC 7600 CT	20VERY ROOM UVERY ROOM & LABOR ROOM STHEBIOLOGY DIOLOGY-DAGNOSTIC DIOLOGY-DAGNOSTIC DIOLOGY-THERAPEUTIC DIOSOTOPE SCAN DIAC CATHETERIZATION ORATIORY DIAC CATHETERIZATION ORATORY DIAC ATHETERIZATION DIAC CATHETERIZATION CIRCORATIONAL THERAPY CURCATIONAL THERAPY CURCATIONAL THERAPY CURCATIONAL THERAPY CURCATIONAL THERAPY CURCATIONAL CONTENT DIAC CONTENT NEC CONDENTINCT PART) HER ANC CENTER	\$ 62,230,769 \$ 0.827,230 \$ 20,442,525 \$ 1,349,059 \$ 3,392,263 \$ 0,898,779 \$ 2,248,575 \$ 0,289,720 \$ 0,229,720 \$ 0,595,419 \$ 2,249,230 \$ 1,528,4004 \$ 1,528,4004 \$ 1,653,359,157 \$ 1,463,321 \$ 0,579,058 \$ 67,798,847 \$ 0,520,670 \$ 2,782,142 \$ 2,782,142 \$ 42,244,458 \$ 8,273,771 \$ 1,914,426	\$ - \$ -	S - S -		\$ 10.827.230 \$ 26,442.582 \$ 1.340.050 \$ 3.382.263 \$ 3.898.779 \$ 2.444.573 \$ 6.228,720 \$ 6.358.419 \$ 6.358.419 \$ 2.444.573 \$ 6.358.419 \$ 2.445.73 \$ 2.445.73 \$ 2.445.73 \$ 2.427.340 \$ 1.328.157 \$ 0.595.615 \$ 0.595.615 \$ 0.595.615 \$ 0.596.617 \$ 0.597.647 \$ 0.597.647 \$ 0.596.648 \$ 2.785.142 \$ 2.782.424 \$ 2.420.458 \$ 1.314.426	\$ 7.795.211 4 2.544.087 \$ 4.2,544.087 \$ 3.9,656.023 \$ 3.9,656.023 \$ 6.73.30,916 \$ 6.73.3462 \$ 2.9,344.767 \$ 2.9,344.767 \$ 2.0,376.271 \$ 2.10,376.271 \$ 2.10,376.271 \$ 2.6,376.271 \$ 2.6,376.271 \$ 2.01,376.271 \$ 1.0609.5327 \$ 2.01,376.271 \$ 1.0609.5327 \$ 3.6,376.271 \$ 1.0609.5327 \$ 3.6,376.271 \$ 3.6,376.271 \$ 3.6,376.271 \$ 3.6,376.271 \$ 3.6,376.271 \$ 3.6,376.271 \$ 3.6,376.271 \$ 3.6,376.271 \$ 3.6,376.271 \$ 3.6,376.371 \$	\$ 22,203,974 \$ 10,600,460 \$ 55,013,869 221,374,474 115,877,809 \$ 281,374,474 \$ 115,877,809 \$ 27,006,834 \$ 10,6042,860 \$ 30,152,810 \$ 33,947,5533 \$ 7,6844 \$ 10,407,803 \$ 7,768,44 \$ 10,407,803 \$ 50,009,935 \$ 12,407,7383 \$ 226,977,853 \$ 229,95,291 \$ 4,034,303 \$ 25,907	\$ 36,000;185 \$ 53,153,647 \$ 53,153,647 \$ 76,780,513 \$ 21,032,497 \$ 124,550,186 \$ 33,737,550 \$ 53,737,550 \$ 53,647,7367 \$ 90,827,512 \$ 54,463,850 \$ 56,477,367 \$ 54,463,850 \$ 56,477,367 \$ 54,463,850 \$ 57,672,924 \$ 57,672,924 \$ 57,473,967 \$ 52,470,915 \$ 244,613,850 \$ 502,570,061 \$ 43,590,065 \$ 44,580,695 \$ 44,580,695 \$ 265,305 \$ 256,305	0.30075 0.49747 0.01757 0.10566 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07252 0.07552 0.075550 0.075550 0.075550 0.075550 0.075550 0.075550 0.075550000000000
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5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5500 RAD 5500 RAD 5500 RAD 5600 RAD 5700 CT 5800 MRI 5900 CAR 6000 LAB 6600 PHY 6700 CC 6800 SPE 7000 ELE 7300 DRU 7400 REN 7500 ASC 7500 CL 9001 MEN 9001 MEN 9001 MEN	20VERY ROOM UVERY ROOM & LABOR ROOM STHEBIOLOGY DIOLOGY-DAGNOSTIC DIOLOGY-DAGNOSTIC DIOLOGY-THERAPEUTIC DIOSOTOPE SCAN DIAC CATHETERIZATION ORATIORY DIAC CATHETERIZATION ORATORY DIAC ATHETERIZATION DIAC CATHETERIZATION CIRCORATIONAL THERAPY CURCATIONAL THERAPY CURCATIONAL THERAPY CURCATIONAL THERAPY CURCATIONAL THERAPY CURCATIONAL CONTENT DIAC CONTENT NEC CONDENTINCT PART) HER ANC CENTER	\$ 62.237.780 \$ 10.827.230 \$ 26.442.582 \$ 1.349.059 \$ 3.3922.263 \$ 8.988.779 \$ 6.2247.20 \$ 8.988.779 \$ 6.2247.20 \$ 6.569.419 \$ 6.2247.20 \$ 6.569.419 \$ 5.246.561 \$ 1.524.604 \$ 1.524.604 \$ 1.524.604 \$ 1.528.404 \$ 1.528.404 \$ 1.528.404 \$ 1.528.404 \$ 1.528.404 \$ 1.528.404 \$ 4.902.527 \$ 7.708.406 \$ 2.737.748.442 \$ 4.2240.455 \$ 2.737.75 \$ 1.914.425 \$ 2.737.75 \$ 1.705.199	\$ - \$ -	S - S -		\$ 10.827.230 \$ 26,442.582 \$ 1.349.039 \$ 3.382.263 \$ 3.898.779 \$ 2.446.578 \$ 2.646.578 \$ 2.648.578 \$ 2.446.578 \$ 2.446.578 \$ 2.649.340 \$ 2.649.340 \$ 1.063.650 \$ 3.359.157 \$ 1.466.321 \$ 5.920.870 \$ 7.306.408 \$ 9.22.0870 \$ 9.22.0870 \$ 7.306.408 \$ 9.22.0870 \$ 9.22.0870 \$ 9.22.0870 \$ 9.22.0870 \$ 9.22.0870 \$ 9.22.0870 \$ 9.22.0870 \$ 9.22.0870 \$ 9.22.0870 \$ 9.22.0870 \$ 9.22.0870 \$	\$ 7.796.211 \$ 4.2,544.087 \$ 4.2,544.087 \$ 3.9,656.023 \$ 3.9,656.023 \$ 8,671.309 \$ 6,733.462 \$ 2.0,344.757 \$ 2.0,344.757 \$ 2.0,344.757 \$ 2.0,344.757 \$ 2.0,344.757 \$ 2.0,376.271 \$ 1.6,809.532 \$ 2.6,529.381 \$ 1.77.4476 \$ 1.05.394.582 \$ 7.994.984 \$ 1.75.997.084 \$ 1.05.394.582 \$ 7.994.984 \$ 1.03.594.582 \$ 7.994.984 \$ 3.0766 \$ 3.3766 \$ 3.3766 \$ 3.3766 \$ 3.3766 \$ 3.3766 \$ 3.3766 \$ 3.3766	\$ 22,039,74 \$ 10,060,460 \$ 50,013,869 221,374,474 115,877,879 \$ 210,004,600 \$ 211,374,474 \$ 115,877,879 \$ 210,004,600 \$ 210,004,600 \$ 30,013,2610 \$ 510,33,097 \$ 35,992,159 \$ 35,992,159 \$ 144,872,33 \$ 17,807,355 \$ 151,012,768 \$ 510,02,905 \$ 151,012,768 \$ 22,956,211 \$ 4,034,333 \$ 4,034,333 \$ 25,987 \$ 511,567 \$ 11,085,902 \$ 11,085,902 \$ 11,085,902 \$ 511,567 \$ 11,085,902 \$ 15,847,086 \$ 15,847,086	\$ 36,000;185 \$ 53,153,547 \$ 76,780,513 \$ 76,780,513 \$ 32,10,32,497 \$ 124,550,186 \$ 33,737,550 \$ 77,377,350 \$ 50,477,367 \$ 90,827,512 \$ 54,463,8364 \$ 56,477,367 \$ 50,477,367 \$ 90,827,512 \$ 54,463,8364 \$ 57,672,924 \$ 57,672,924 \$ 57,434,453,864 \$ 74,463,435,736 \$ 97,103,055 \$ 522,570,061 \$ 7,349,490,695 \$ 44,580,695 \$ 4,035,240 \$ 265,305 \$ 256,305	0.30075 0.49747 0.07556 0.07251 0.07250 0.07250 0.07250 0.07250 0.07500 0.07500 0.07500 0.07500 0.0750000000000
5100 REC 5200 DEL 5300 ANE 5400 RAD 5500 RAD 5500 RAD 5500 RAD 5500 RAD 5600 RAD 5700 CT 5800 MRI 5900 CAR 6000 LAB 6600 PHY 6700 CC 6800 SPE 7000 ELE 7300 DRU 7400 REN 7500 ASC 7500 CL 9001 MEN 9001 MEN 9001 MEN	DOVERY ROOM SUBJECT ROOM SUBJECT ROOM SUBJECT ROOM & LABOR ROOM STITLESIOLOGY UNDERVICE AND A CARDINAL SUBJECT ROOM STATUS AND A CARDINAL SUBJECT ROOM SUBJECT AND A CARDINAL THERAPY SUBJECT AND A CARDINAL THERAPY SUBJECT ROOM	\$ 62,230,769 \$ 10,827,230 \$ 20,442,525 \$ 1,349,059 \$ 3,392,263 \$ 2,446,575 \$ 0,289,8779 \$ 2,246,575 \$ 0,289,8779 \$ 2,249,234 \$ 0,559,419 \$ 2,249,234 \$ 1,524,004 \$ 1,528,4044 \$ 1,559,055 \$ 6,729,705 \$ 1,463,321 \$ 0,559,055 \$ 6,729,870 \$ 6,729,870 \$ 6,708,847 \$ 6,708,847 \$ 6,708,847 \$ 6,708,847 \$ 6,708,847 \$ 6,708,847 \$ 6,708,847 \$ 6,708,847 \$ 6,708,847 \$ 1,914,426 \$ 5,063,054 \$<	\$ - \$ -	S - S -		$\begin{array}{r c c c c c c c c c c c c c c c c c c c$	\$ 7.796.211 4 2,544.087 \$ 42,544.087 \$ 39,656.023 \$ 39,656.023 \$ 8,671.369 \$ 6,733.462 \$ 20,347.877 \$ 23,8594.432 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 26,528.381 \$ 17,74.416 \$ 38,010.120 \$ 105,594.582 \$ 7,994.988 \$ 14,624.404 \$ 83,766 \$ 38,766 \$ 38,766 \$ 32,745.337	\$ 22,039,74 \$ 10,060,460 \$ 50,013,869 221,374,474 115,877,879 \$ 210,004,600 \$ 211,374,474 \$ 115,877,879 \$ 210,004,600 \$ 210,004,600 \$ 30,013,2610 \$ 510,33,097 \$ 35,992,159 \$ 35,992,159 \$ 144,872,33 \$ 17,807,355 \$ 151,012,768 \$ 510,02,905 \$ 151,012,776,804 \$ 29,956,291 \$ 4,03,433 \$ 4,034,393 \$ 25,987 \$ 511,567 \$ 11,085,902 \$ 11,085,902 \$ 11,085,902 \$ 511,567 \$ 11,085,902 \$ 15,847,086	\$ 36,000;185 \$ 53,153,547 \$ 53,153,547 \$ 76,780,513 \$ 21,002,497 \$ 124,550,186 \$ 33,737,550 \$ 33,737,550 \$ 173,276,322 \$ 50,477,367 \$ 90,827,512 \$ 54,453,864 \$ 54,663,857 \$ 56,672,929 \$ 18,058,264 \$ 6,858,772,029 \$ 25,51,220 \$ 9,71,03,055 \$ 25,51,220 \$ 7,949,498 \$ 4,458,065 \$ 4,580,695 \$ 4,580,695 \$ 4,580,352 \$ 56,5333 \$ 13,31,741 \$ 21,362,482 \$ 21,362,482	0.30075 0.49747 0.01757 0.10566 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07252 0.07552 0.075550 0.075550 0.0755500000000000000
5100 REC 2500 DEL: 5300 ALC 2500 DEL: 5300 ALC 2500 DEL: 5300 RAD 2500 RAD	DOVERY ROOM SUBJECT FOR A CLASS ROOM SUBJECT ROOM SUBJECT ROOM STITLESIOLOGY UNDERVICE AND A CLASS ROOM STATUS AND A CLASS ROOM SUBJECT AND A CLAS	\$ 62,237,760 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 3,392,263 \$ 0,898,779 \$ 2,446,573 \$ 0,298,773 \$ 0,298,779 \$ 0,249,720 \$ 0,598,419 \$ 2,249,240 \$ 1,528,404 \$ 1,528,404 \$ 1,528,404 \$ 1,658,619 \$ 1,468,321 \$ 1,468,321 \$ 3,70,64,069 \$ 3,70,64,069 \$ 3,70,64,069 \$ 3,70,64,069 \$ 1,944,252 \$ 1,705,199 \$ 2,099,1188 \$ 2,099,1188 \$ 629,680,285 \$ 629,680,285 \$ 629,680,285 \$ 629,680,285 \$ 629,680,285 <t< td=""><td>\$ - \$ -</td><td>\$ - \$ -</td><td></td><td>\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 3,382,263 \$ 3,382,263 \$ 3,898,779 \$ 2,444,573 \$ 6,259,721 \$ 6,259,721 \$ 6,259,721 \$ 2,446,573 \$ 6,259,721 \$ 2,446,573 \$ 2,452,810 \$ 2,538,410 \$ 2,538,410 \$ 1,055,654 \$ 9,208,370 \$ 1,458,321 \$ 9,208,370 \$ 1,705,198 \$ 4,204,458 \$ 2,399,188 \$ 2,399,184 \$ 602,800,234,6038 \$ 450,314,625 \$ 602,800,234,6038 \$ 602,800,246,058 \$ 602,800,246,058 \$ 602,800,246,058 \$ 602,800,246,058</td></t<> <td>\$ 7.795.211 4 2,544.087 \$ 42,544.087 \$ 39,656.023 \$ 8,671.309 \$ 6,733.462 \$ 20,347.87 \$ 20,347.87 \$ 20,347.87 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 10,609.532 \$ 210,376.271 \$ 10,609.532 \$ 210,376.271 \$ 10,394.542 \$ 316 \$ 275.697.708 \$ 14,624.404 \$ 318 \$ 245.839 \$ 245.839 \$ 245.838 \$ 245.838 \$ 245.838 \$ 14.62.575.323 <td>\$ 22 203 974 \$ 10.000 460 \$ 55.013.869 221,374.474 \$ \$ 281,374.474 \$ 115.877.878 \$ 210.006.834 \$ 210.006.834 \$ 30.152.610 \$ 5.495.202 \$ 3.3.926.159 \$ 1.343.675.533 \$ 7.6804 \$ 1.946.7323 \$ 7.6804 \$ 1.9009.935 \$ 7.6804 \$ 10.009.935 \$ 226.977.833 \$ 225.987 \$ 11.085.902 \$ 1.085.902 \$ 1.084.02.09</td><td>\$ 36.000;185 \$ 53,153,647 \$ 76,780,513 \$ 21,032,497 \$ 12,103,477 \$ 37,7550 \$ 37,7550 \$ 53,173,77,550 \$ 54,103,77,550 \$ 54,463,864 \$ 50,477,367 \$ 90,827,512 \$ 44,633,860 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,463,530 \$ 50,276,2804 \$ 44,853,864 \$ 254,270,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 <</td><td>0.30075 0.49747 0.01757 0.10566 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07252 0.07552 0.075550 0.075550 0.0755500000000000000</td></td>	\$ - \$ -	\$ - \$ -		\$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 3,382,263 \$ 3,382,263 \$ 3,898,779 \$ 2,444,573 \$ 6,259,721 \$ 6,259,721 \$ 6,259,721 \$ 2,446,573 \$ 6,259,721 \$ 2,446,573 \$ 2,452,810 \$ 2,538,410 \$ 2,538,410 \$ 1,055,654 \$ 9,208,370 \$ 1,458,321 \$ 9,208,370 \$ 1,705,198 \$ 4,204,458 \$ 2,399,188 \$ 2,399,184 \$ 602,800,234,6038 \$ 450,314,625 \$ 602,800,234,6038 \$ 602,800,246,058 \$ 602,800,246,058 \$ 602,800,246,058 \$ 602,800,246,058	\$ 7.795.211 4 2,544.087 \$ 42,544.087 \$ 39,656.023 \$ 8,671.309 \$ 6,733.462 \$ 20,347.87 \$ 20,347.87 \$ 20,347.87 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 10,609.532 \$ 210,376.271 \$ 10,609.532 \$ 210,376.271 \$ 10,394.542 \$ 316 \$ 275.697.708 \$ 14,624.404 \$ 318 \$ 245.839 \$ 245.839 \$ 245.838 \$ 245.838 \$ 245.838 \$ 14.62.575.323 <td>\$ 22 203 974 \$ 10.000 460 \$ 55.013.869 221,374.474 \$ \$ 281,374.474 \$ 115.877.878 \$ 210.006.834 \$ 210.006.834 \$ 30.152.610 \$ 5.495.202 \$ 3.3.926.159 \$ 1.343.675.533 \$ 7.6804 \$ 1.946.7323 \$ 7.6804 \$ 1.9009.935 \$ 7.6804 \$ 10.009.935 \$ 226.977.833 \$ 225.987 \$ 11.085.902 \$ 1.085.902 \$ 1.084.02.09</td> <td>\$ 36.000;185 \$ 53,153,647 \$ 76,780,513 \$ 21,032,497 \$ 12,103,477 \$ 37,7550 \$ 37,7550 \$ 53,173,77,550 \$ 54,103,77,550 \$ 54,463,864 \$ 50,477,367 \$ 90,827,512 \$ 44,633,860 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,463,530 \$ 50,276,2804 \$ 44,853,864 \$ 254,270,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 <</td> <td>0.30075 0.49747 0.01757 0.10566 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07252 0.07552 0.075550 0.075550 0.0755500000000000000</td>	\$ 22 203 974 \$ 10.000 460 \$ 55.013.869 221,374.474 \$ \$ 281,374.474 \$ 115.877.878 \$ 210.006.834 \$ 210.006.834 \$ 30.152.610 \$ 5.495.202 \$ 3.3.926.159 \$ 1.343.675.533 \$ 7.6804 \$ 1.946.7323 \$ 7.6804 \$ 1.9009.935 \$ 7.6804 \$ 10.009.935 \$ 226.977.833 \$ 225.987 \$ 11.085.902 \$ 1.085.902 \$ 1.084.02.09	\$ 36.000;185 \$ 53,153,647 \$ 76,780,513 \$ 21,032,497 \$ 12,103,477 \$ 37,7550 \$ 37,7550 \$ 53,173,77,550 \$ 54,103,77,550 \$ 54,463,864 \$ 50,477,367 \$ 90,827,512 \$ 44,633,860 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,463,530 \$ 50,276,2804 \$ 44,853,864 \$ 254,270,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 <	0.30075 0.49747 0.01757 0.10566 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07251 0.07252 0.07552 0.075550 0.075550 0.0755500000000000000
5100 REC 2500 DEL: 5300 ALC 2500 DEL: 5300 ALC 2500 DEL: 5300 RAD 2500 RAD	20VERY ROOM JURERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DURANOSTIC DIOLOGY-DURANOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY SCAL THERAPY SIGAL THERAPY SIGAL THERAPY SUPATIONAL THERAPY SIGAL THERAPY SUPATIONAL SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION SUPATION	\$ 62,237,760 \$ 10,827,230 \$ 26,442,582 \$ 1,349,059 \$ 3,392,263 \$ 0,898,779 \$ 2,446,573 \$ 0,298,773 \$ 0,298,779 \$ 0,249,720 \$ 0,598,419 \$ 2,249,240 \$ 1,528,404 \$ 1,528,404 \$ 1,528,404 \$ 1,658,619 \$ 1,468,321 \$ 1,468,321 \$ 3,70,64,069 \$ 3,70,64,069 \$ 3,70,64,069 \$ 3,70,64,069 \$ 1,944,252 \$ 1,705,199 \$ 2,099,1188 \$ 2,099,1188 \$ 629,680,285 \$ 629,680,285 \$ 629,680,285 \$ 629,680,285 \$ 629,680,285 <t< td=""><td>\$ - \$ -</td><td>\$ - \$ -</td><td></td><td>\$ 10.827.230 \$ 26,442.582 \$ 1,349.095 \$ 33,822.263 \$ 8,898.779 \$ 2,444.578 \$ 2,644.578 \$ 2,2445.578 \$ 2,2445.578 \$ 2,2425.2720 \$ 4,560.844 \$ 15,284.040 \$ 11,0650.650 \$ 3,359.157 \$ 4,466,321 \$ 4,260,485 \$ 2,242,377 \$ 1,916,426 \$ 2,22,870 \$ 3,259,177 \$ 4,220,4870 \$ 5,220,870 \$ 5,23,377 \$ 5,422,397 \$ 5,23,377 \$ 5,423,977 \$ 5,423,977 \$ 5,439,188 \$ 3,059,184 \$ 2,3,391,188 \$ 629,680,2855</td><td>\$ 7.795.211 4 2,544.087 \$ 42,544.087 \$ 39,656.023 \$ 8,671.309 \$ 6,733.462 \$ 20,347.87 \$ 20,347.87 \$ 20,347.87 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 10,609.532 \$ 210,376.271 \$ 10,609.532 \$ 210,376.271 \$ 10,394.542 \$ 316 \$ 275.697.708 \$ 14,624.404 \$ 318 \$ 245.839 \$ 245.839 \$ 245.838 \$ 245.838 \$ 245.838 \$ 14.62.575.323 <td>\$ 22 203 974 \$ 10.000 460 \$ 55.013.869 221,374.474 \$ \$ 281,374.474 \$ 115.877.878 \$ 210.006.834 \$ 210.006.834 \$ 30.152.610 \$ 5.495.202 \$ 3.3.926.159 \$ 1.343.675.533 \$ 7.6804 \$ 1.946.7323 \$ 7.6804 \$ 1.9009.935 \$ 7.6804 \$ 10.009.935 \$ 226.977.833 \$ 225.987 \$ 11.085.902 \$ 1.085.902 \$ 1.084.02.09</td><td>\$ 36.000;185 \$ 53,153,647 \$ 76,780,513 \$ 21,032,497 \$ 12,103,477 \$ 37,7550 \$ 37,7550 \$ 53,173,77,550 \$ 54,103,77,550 \$ 54,463,864 \$ 50,477,367 \$ 90,827,512 \$ 44,633,860 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,463,530 \$ 50,276,2804 \$ 44,853,864 \$ 254,270,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 <</td><td>0.30075 0.49747 0.01757 0.10566 0.02217 0.07251 0.03526 0.08827 0.07251 0.075700 0.075700 0.075700 0.07570000000000</td></td></t<>	\$ - \$ -	\$ - \$ -		\$ 10.827.230 \$ 26,442.582 \$ 1,349.095 \$ 33,822.263 \$ 8,898.779 \$ 2,444.578 \$ 2,644.578 \$ 2,2445.578 \$ 2,2445.578 \$ 2,2425.2720 \$ 4,560.844 \$ 15,284.040 \$ 11,0650.650 \$ 3,359.157 \$ 4,466,321 \$ 4,260,485 \$ 2,242,377 \$ 1,916,426 \$ 2,22,870 \$ 3,259,177 \$ 4,220,4870 \$ 5,220,870 \$ 5,23,377 \$ 5,422,397 \$ 5,23,377 \$ 5,423,977 \$ 5,423,977 \$ 5,439,188 \$ 3,059,184 \$ 2,3,391,188 \$ 629,680,2855	\$ 7.795.211 4 2,544.087 \$ 42,544.087 \$ 39,656.023 \$ 8,671.309 \$ 6,733.462 \$ 20,347.87 \$ 20,347.87 \$ 20,347.87 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 210,376.271 \$ 10,609.532 \$ 210,376.271 \$ 10,609.532 \$ 210,376.271 \$ 10,394.542 \$ 316 \$ 275.697.708 \$ 14,624.404 \$ 318 \$ 245.839 \$ 245.839 \$ 245.838 \$ 245.838 \$ 245.838 \$ 14.62.575.323 <td>\$ 22 203 974 \$ 10.000 460 \$ 55.013.869 221,374.474 \$ \$ 281,374.474 \$ 115.877.878 \$ 210.006.834 \$ 210.006.834 \$ 30.152.610 \$ 5.495.202 \$ 3.3.926.159 \$ 1.343.675.533 \$ 7.6804 \$ 1.946.7323 \$ 7.6804 \$ 1.9009.935 \$ 7.6804 \$ 10.009.935 \$ 226.977.833 \$ 225.987 \$ 11.085.902 \$ 1.085.902 \$ 1.084.02.09</td> <td>\$ 36.000;185 \$ 53,153,647 \$ 76,780,513 \$ 21,032,497 \$ 12,103,477 \$ 37,7550 \$ 37,7550 \$ 53,173,77,550 \$ 54,103,77,550 \$ 54,463,864 \$ 50,477,367 \$ 90,827,512 \$ 44,633,860 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,463,530 \$ 50,276,2804 \$ 44,853,864 \$ 254,270,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 <</td> <td>0.30075 0.49747 0.01757 0.10566 0.02217 0.07251 0.03526 0.08827 0.07251 0.075700 0.075700 0.075700 0.07570000000000</td>	\$ 22 203 974 \$ 10.000 460 \$ 55.013.869 221,374.474 \$ \$ 281,374.474 \$ 115.877.878 \$ 210.006.834 \$ 210.006.834 \$ 30.152.610 \$ 5.495.202 \$ 3.3.926.159 \$ 1.343.675.533 \$ 7.6804 \$ 1.946.7323 \$ 7.6804 \$ 1.9009.935 \$ 7.6804 \$ 10.009.935 \$ 226.977.833 \$ 225.987 \$ 11.085.902 \$ 1.085.902 \$ 1.084.02.09	\$ 36.000;185 \$ 53,153,647 \$ 76,780,513 \$ 21,032,497 \$ 12,103,477 \$ 37,7550 \$ 37,7550 \$ 53,173,77,550 \$ 54,103,77,550 \$ 54,463,864 \$ 50,477,367 \$ 90,827,512 \$ 44,633,860 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,477,367 \$ 50,463,530 \$ 50,276,2804 \$ 44,853,864 \$ 254,270,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 \$ 245,3207,061 <	0.30075 0.49747 0.01757 0.10566 0.02217 0.07251 0.03526 0.08827 0.07251 0.075700 0.075700 0.075700 0.07570000000000

		Medicald Per	Medicald Cost to	In-State Medic	aid FFS Primary	In-State Medicaid M	lanaged Care Primary	In-State Medicare FF Medicaid S	S Cross-Overs (with econdary)		ere & with Medicaid e Medicaid Exhausted -Covered)	Medicaid FFS & MC Covered (Not to be	D Exhausted and Non- Included Elsewhere)	Unit	nsured	Total In-State Mee Medicaid FFS & N Non-C	dicaid (Days Include ICO Exhausted and overed)	% Surv Cost R
Line #	Cost Center Description	Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	Tot (Inclue pay
		From Section G	Fram Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospitai's Own Internal Analysis	From Hospitai's Own Internal Analysis			
03000 AD 03100 IN1 03200 CC 03300 BU 03400 SU 03500 OT 04000 SU 04100 SU	St Centers (from Section G): ULTS & PEDIATRICS FENSIVE CARE UNIT IRONARY CARE UNIT IRN INTENSIVE CARE UNIT IRGICAL INTENSIVE CARE UNIT HER SPECIAL CARE UNIT IBPROVIDER II	\$ 1,198.54 \$ 2,969.03 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		Days 3,166 477 129		Days 2,312 66 1,035		Days 4,256 252		Days 4,894 256		Days 86 2 - - - 23 - - - - - - - - -		Days 5,489 - - - - - - - - - - - - - - - - - - -		Days 14,714 1,063 - - - - 2,167 -		
04300 NU	HER SUBPROVIDER IRSERY IRN INTENSIVE CARE UNIT	\$ 1,961.71 \$ -	Total Days	1,188 4,960		- 1,209 - 4,622		4,508								2,737 20,661		
Total Days	per PS&R or Exhibit Detail Unreconciled Days ((Explain Variance)		4,960		4,622		4,508		6,347		224		6,191	l ·			
Ro Ca	utine Charges Iculated Routine Charge Per Dien	コ		Routine Charges \$ 13,832,308 \$ 2,788.77		Routine Charges \$ 12,508,985 \$ 2,706.40		Routine Charges \$ 12,200,669 \$ 2,706.45		Routine Charges \$ 19,910,733 \$ 3,137.03		Routine Charges \$ 454,932 \$ 2,030.95		Routine Charges \$ 17,039,666 \$ 2,752.33		Routine Charges \$ 58,452,695 \$ 2,829.13		ı
09200 Ob 5000 OP 5100 RE	est Centers (from W/S C) (from Sec servation (Non-Distinct) ERATING ROOM COVERY ROOM	tion G):	0.526556 0.188387 0.300755	Ancillary Charges \$ 112,616 \$ 3,067,457 \$ 412,236	Ancillary Charges \$ 73,414 \$ 2,257,388 \$ 390,812	Ancillary Charges \$ 15,774 \$ 1,763,438 \$ 170,570	Ancillary Charges \$ 359,100 \$ 5,912,794 \$ 514,222	Ancillary Charges \$ 66,411 \$ 2,656,579 \$ 100,377	Ancillary Charges \$ 165,190 \$ 3,578,300 \$ 313,348	Ancillary Charges \$ 4,746 \$ 3,358,952 \$ 160,807	Ancillary Charges \$ 583,897 \$ 6,174,457 \$ 560,764	Ancillary Charges \$. \$ 83,381 \$ 10,031	Ancillary Charges \$ 23,352 \$ 631,328 \$ 41,929	Ancillary Charges \$ - \$ 4,068,170 \$ 144,226	Ancillary Charges \$ 636,247 \$ 8,840,760 \$ 714,785	Ancillary Charges \$ 199,547 \$ 10,846,426 \$ 843,989	Ancillary Charges \$ 1,181,601 \$ 17,922,938 \$ 1,779,146	ł
5300 AN 5400 RA 5500 RA	LIVERY ROOM & LABOR ROOM IESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC		0.497475 0.017570 0.105666 0.072170	\$ 1,082,686 \$ 575,169 \$ 833,281 \$ 165,292 \$ 478,758	\$ 7,459 \$ 512,863 \$ 1,133,460 \$ 1,707,216	\$ 4,622,293 \$ 414,531 \$ 1,007,662 \$ 5,720	\$ 1,592,232 \$ 1,312,185 \$ 6,814,519 \$ 1,067,502	\$ 1,321,418 \$ 527,628 \$ 1,797,896 \$ 340,369	\$ 149,201 \$ 692,634 \$ 4,547,650 \$ 2,714,006	\$ 3,008,212 \$ 689,470 \$ 2,318,695 \$ 287,667	\$ 428,388 \$ 1,311,872 \$ 7,507,173 \$ 2,881,721	\$ 138,439 \$ 10,068 \$ 51,508 \$ 2,329	\$ 73,613 \$ 112,921 \$ 509,890 \$ 233,666	\$ 2,352,483 \$ 849,817 \$ 2,632,648 \$ 694,020	\$ 931,251 \$ 1,796,506 \$ 12,861,275 \$ 5,935,187	\$ 10,034,609 \$ 2,206,798 \$ 5,957,534 \$ 799,048	\$ 2,177,280 \$ 3,829,554 \$ 20,002,803 \$ 8,370,445	
5700 CT 5800 MR	RDIAC CATHETERIZATION		0.072518 0.035953 0.098278 0.072615	\$ 478,758 \$ 1,919,762 \$ 526,057 \$ 1,300,358	\$ 55,925 \$ 1,957,311 \$ 1,067,027 \$ 285,978	\$ 57,040 \$ 982,463 \$ 329,927 \$ 870.005	\$ 173,384 \$ 3,243,593 \$ 618,148 \$ 423,233	\$ 294,118 \$ 3,113,590 \$ 968,527 \$ 1,674,305	\$ 522,858 \$ 2,851,840 \$ 1,014,391 \$ 1.053,730	\$ 294,075 \$ 3,008,593 \$ 857,156 \$ 1,949,248	\$ 768,872 \$ 3,960,464 \$ 722,314 \$ 1,690,856	\$ - \$ 27,236 \$ 5,373 \$ 31,200	\$ 14,339 \$ 227,676 \$ 67,179 \$ 40,272	\$ 626,451 \$ 4,860,691 \$ 1,724,368 \$ 5,191,045	\$ 9,673,457 \$ 1,169,029 \$ 1,863,056	\$ 1,123,991 \$ 9,024,408 \$ 2,681,667 \$ 5,793,916	\$ 1,521,039 \$ 12,013,208 \$ 3,421,880 \$ 3,453,798	
6500 RE 6600 PH	BORATORY SPIRATORY THERAPY IYSICAL THERAPY CUPATIONAL THERAPY		0.065204 0.327705 0.191834 0.186018	\$ 8,220,025 \$ 1,541,172 \$ 613,760 \$ 512,022	\$ 2,103,552 \$ 101,376 \$ 394,231 \$ 76,772	\$ 5,806,713 \$ 428,295 \$ 142,793 \$ 165,319	\$ 6,314,136 \$ 108,095 \$ 290,337 \$ 106,517	\$ 10,904,728 \$ 974,534 \$ 903,184 \$ 769,095	\$ 3,690,297 \$ 73,149 \$ 682,710 \$ 182,487	\$ 12,376,534 \$ 2,800,517 \$ 983,575 \$ 895,119	\$ 4,454,097 \$ 212,747 \$ 765,048 \$ 186,354	\$ 243,211 \$ 16,298 \$ 1,496 \$ 3,408	\$ 347,413 \$ 2,585 \$ 46,864 \$ 2,703	\$ 14,707,699 \$ 1,136,905 \$ 847,287 \$ 649,300	\$ 11,507,237 \$ 127,362 \$ 2,078,036 \$ 285,111	\$ 37,307,999 \$ 5,744,518 \$ 2,643,312 \$ 2,341,555	\$ 16,562,082 \$ 495,367 \$ 2,132,326 \$ 552,130	
6800 SP 6900 EL 7000 EL	EECH PATHOLOGY ECTROCARDIOLOGY ECTROENCEPHALOGRAPHY DICAL SUPPLIES CHARGED TO PATIE		0.163046 0.239064 0.188244 0.565232	\$ 316,517 \$ 224,167 \$ -	\$ 13,927 \$ 85,041 \$ -	\$ 237,982 \$ 78,202 \$ 46,098	\$ 7,888 \$ 141,873 \$ 42,580 \$ 47,375	\$ 353,035 \$ 293,735 \$ 94,939 \$ 16,877	\$ 74,362 \$ 194,313 \$ 26,780 \$ 11,838	\$ 430,200 \$ 299,819 \$ 124,417	\$ 55,246 \$ 237,311 \$ 27,290	\$ 20,068 \$ 1,872 \$.	\$ 1,124 \$ 6,575 \$ -	\$ 334,583 \$ 424,784 \$ 166,230 \$ 33,481	\$ 61,756 \$ 385,281 \$ 34,393	\$ 1,337,734 \$ 895,923 \$ 265,454 \$ 1,023,956	\$ 151,423 \$ 658,538 \$ 96,650 \$ 502,280	
7200 IM 7300 DR 7400 RE	PL. DEV. CHARGED TO PATIENTS IUGS CHARGED TO PATIENTS INAL DIALYSIS C. (NON-DISTINCT PART)		0.232589 0.145381 0.349977 0.095119	\$ 1,639,491 \$ 8,710,989 \$ - \$ 40,188	\$ 1,155,453 \$ 2,111,709 \$ - \$ 5,865	\$ 316,193 \$ 6,808,290 \$ 117,576 \$ 342,770	\$ 2,202,399 \$ 3,873,222 \$. \$ 672,135	\$ 2,999,920 \$ 13,782,868 \$ 791,120 \$ 575,473	\$ 2,065,597 \$ 2,537,615 \$ - \$ 384,785	\$ 3,838,317 \$ 15,612,024 \$ 863,044 \$ 661,522	\$ 3,497,381 \$ 4,278,021 \$ - \$ 684,494	\$ 5,095 \$ 232,259 \$ - \$ 16,563	\$ 96,159 \$ 278,351 \$ - \$ 70,999	\$ 2,613,895 \$ 16,179,580 \$ 257,816 \$ 772,383	\$ 3,718,250 \$ 18,391,082 \$ - \$ 996,212	\$ 8,793,921 \$ 44,914,170 \$ 1,771,740 \$ 1,619,953	\$ 8,920,830 \$ 12,800,567 \$. \$ 1747,278	
7600 OT 9000 CL 9001 ME	HÊR ANC CENTER INIC INTAL HEALTH OP CLINIC		0.205038 7.469328 2.864278	\$ 40,188 \$ - \$ - \$ 561	\$ 5,805 \$ - \$ 4,488	\$ 342,770 \$ 2,490 \$ 3,720 \$ 2,478	\$ 125,490 \$ 53,788 \$ 14,025	\$ 5/5,473 \$ - \$ - \$ -	\$ 124,168 \$ - \$ 1,683	\$ 001,522 \$ 444 \$ 1,277 \$ 1,683	\$ 084,494 \$ 259,502 \$ 12,636 \$ 20,103	\$ 16,563 \$ - \$ - \$ -	\$ 16,867 \$ 3,075 \$ 1,683	\$ 112,383 \$ - \$ 106 \$ 31,557	\$ 996,212 \$ 172,582 \$ 33,834 \$ 141,894	\$ 2,934 \$ 4,997 \$ 4,722	\$ 509,160 \$ 66,424 \$ 40,299	
	NCER CENTER IERGENCY		0.446803 0.113507	\$ 2,090 \$ 1,481,880 34,702,922	\$ 65,299 \$ 2,550,527 18,532,969	\$ 38,711 \$ 686,299 25,505,400	\$ 438,450 \$ 11,789,236 48,258,458	\$ 15,978 \$ 2,151,172 47,487,875	\$ 356,910 \$ 2,588,553 30,598,396	\$ 39,838 \$ 2,123,051 57,027,641	\$ 653,789 \$ 5,064,228 47,026,215	\$ 3,164 \$ 31,404 936,832	\$ 35,017 \$ 585,601 3,478,088	\$ 57,628 \$ 3,575,005 64,932,157	\$ 2,009,165 \$ 19,257,520 105,469,202	\$ 96,617 \$ 6,442,402	\$ 1,514,448 \$ 21,992,543	2
Totals / Pa	yments Total Charges (includes organ	acquisition from Section	on J)	\$ 48,535,230	\$ 18,532,969	\$ 38,014,385	\$ 48,258,458	\$ 59,688,544	\$ 30,598,396	\$ 76,938,374	\$ 47,026,215	\$ 1,391,764	\$ 3,478,088	\$ 81,971,823 (Agrees to Exhibit A)	\$ 105,469,202 (Agrees to Exhibit A)	\$ 223,176,533	\$ 144,416,037	1
	ges per PS&R or Exhibit Detail Unreconciled Charges	s (Explain Variance)		\$ 48,535,230	\$ 18,532,969	\$ 38,014,385	\$ 48,258,458	\$ 59,688,544	\$ 30,598,396	\$ 76,938,374	\$ 47,026,215	\$ 1,391,764	\$ 3,478,088	\$ 81,971,823	\$ 105,469,202			
	Cost Adjustment (if applicable) Total Calculated Cost (includes or	gan acquisition from S	Section J)	\$ 13,170,975	\$ 2,475,488	\$ 12,116,861	\$ 7,025,625	\$ 12,432,883	\$ 3,804,476	\$ 17,735,385	\$ 6,469,847	\$ 538,890	\$ 493,746	\$ 16,937,296	\$ 14,492,709	\$. \$ 55,456,104	\$. \$ 19,775,436	ł
Total Medica Private Insu	aid Paid Amount (excludes TPL, Co-F aid Managed Care Paid Amount (exclud urance (including primary and third par	les TPL, Co-Pay and Spi	end-Down) (See Note E)	\$ 7,721,563 \$ - \$ 163,289	\$ 2,418,969 \$ - \$ 2,535	\$ - \$ 7,031,651 \$ 1,474	\$ 105 \$ 5,026,594 \$ 4,375	\$ 344,044 \$ - \$ -	\$ 332,750 \$. \$.	\$ 414,147 \$ 72,789 \$ 7,539,387	\$ 348,858 \$ 82,205 \$ 2,821,507					\$ 8,479,753 \$ 7,104,440 \$ 7,704,150	\$ 3,100,682 \$ 5,108,798 \$ 2,828,417	ł
Total Allow Medicaid C	cluding Co-Pay and Spend-Down) ed Amount from Medicaid PS&R or R/ ost Settlement Payments (See Note B	i)		\$ 7,884,852 \$.	\$ 2,421,504 \$ (123,699)	\$ 7,033,125 \$.	\$ 15,801 \$ 5,046,875 \$ -	\$ 1,358	\$ 4	\$ 25,796	\$ 29,228	\$ 7,882	\$ 12,718			\$ 27,154 \$.	\$ 45,033 \$ (123,699)	4
Medicare Ti Medicare M Medicare C	caid Payments Reported on Cost Rep raditional (non-HMO) Paid Amount (ex lanaged Care (HMO) Paid Amount (ex ross-Over Bad Debt Payments	cludes coinsurance/de cludes coinsurance/de	ductibles) (See Note F) ductibles)	\$ - \$ -	\$ -	\$ - \$ -	\$-	\$ 7,238,667 \$ - \$ 159,305	\$ 2,475,380 \$ - \$ 85,340	\$ 1,207,238 \$ 6,288,964 \$ -	\$ 431,236 \$ 3,200,813 \$ -	\$-		\$ -	(Agrees to Exhibit B	\$	\$ - \$ 2,906,596 \$ 3,200,813 \$ 85,340	
Payment fro	care Cross-Over Payments (See Note om Hospital Uninsured During Cost Re 11 Payment Related to Inpatient Hospi	eport Year (Cash Basis)		rom Section E)				a 16,701	а -	ф	¢ .			and B-1) \$ 1,605,769 \$	and B-1) \$ 4,528,521 \$	\$ 16,701	۰ ·	1
Calculated	d Payment Shortfall / (Longfall) (PRIO Calculated Payments as	R TO SUPPLEMENTAL	PAYMENTS AND DSH)	\$ 5,286,123	\$ 177,683	\$ 5,083,736	\$ 1,978,750 72%	\$ 4,672,808	\$ 911,021	\$ 2,187,066	\$ (443,999)	\$ 531,008	\$ 481,028	\$ 15,331,527	\$ 9,964,188 31%	\$ 17,229,733	\$ 2,623,455	I

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

Note A. These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PSAR summaries are not available (submit logs with su Note B. Hodicaid cost antiment pyments and net to pymente made typestical pyments. 2014 pyments have of the hypertent in a cost submit of pyments and entry of PSAR Note C. Other Medicaid Apprents and and Care antipacity pyments. 2014 pyments and other eligibles, use the hospital's storable reported in Section C of the sar Note C. Other Medicaid Apprents and and Care any present to any pyments addied (Dia entry and C. Upp apprents made on a state fixed) are to an other solution of a state fixed and part based on the Medicaid Care and the Apprent and and Care any present on the Medicaid Care and the Care and the Apprent and the Apprent and the Care and the Apprent and the Care and the Apprent and the Care and the Apprent and the Apprent and the Care and the Apprent and the Care and the Apprent ap

Note F - Medicare payments reported in FFS, MCO, MCD Exhausted/Neo-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 d should not have Medicare Part A benefits (due to no coverage or enhausted benefits).

Cost R	teport Year (10/01/2022-09/30/2023)	NORTHSIDE HOSP	ITAL-FORSYTH										
				Out-of-State Med	licaid FFS Primary	Out-of-State Medic Prin	caid Managed Care hary		are FFS Cross-Overs id Secondary)	Included Elsewhe	Medicaid Eligibles (Not are & with Medicaid ondary)	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	Outpatie
				From PS&R	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R		
		From Section G	From Section G	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)		
	ne Cost Centers (list below):			Days		Days		Days		Days		Days	
03000	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	\$ 1,198.54 \$ 2,969.03		4				16		8		28	
03200	CORONARY CARE UNIT	\$ -		-		-				-			
	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	s -		-		-						-	
	OTHER SPECIAL CARE UNIT	\$ - \$ 1,837.34		-				-					
04000	SUBPROVIDER I	\$ -		-		-		-		-		-	
04100	SUBPROVIDER II	\$-		-		-		-		-		-	
04200	OTHER SUBPROVIDER NURSERY	\$ - \$ 1,961.71		- 2				-		-		- 2	
3301	1 BURN INTENSIVE CARE UNIT	\$ -		-		-		-		-		-	
	u		Total Days	6				17		8		31	
Total D	Days per PS&R or Exhibit Detail Unreconciled Days (6		-		17		8			
	Unreconciled Days (Explain variance)		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
	Routine Charges	7		\$ 12,216		\$ -		\$ 89,140		\$ 41,648		\$ 143,004	
	Calculated Routine Charge Per Diem			\$ 2,036.00		s -		\$ 5,243.53		\$ 5,206.00		\$ 4,613.03	
Ancilla	ary Cost Centers (from W/S C) (list below)			Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Cl
	Observation (Non-Distinct) OPERATING ROOM	_	0.526556 0.188387	-							2,883	\$ -	\$
5100	0 RECOVERY ROOM		0.300755	-	-	-	-	-	-	-	-	\$ -	s
5200	DELIVERY ROOM & LABOR ROOM		0.497475	17,029	-	-	-	-	-	-	-	\$ 17,029	\$
5300	D ANESTHESIOLOGY D RADIOLOGY-DIAGNOSTIC	_	0.017570	-	53.515	-	-	5.649	3,020 40,518	1,146	3,020	\$ 6,795	S S
5500	0 RADIOLOGY-THERAPEUTIC	-	0.072170		-				40,010	1,140	-	\$ 0,785	s
	0 RADIOISOTOPE		0.072518	-	-	-	-	-	-	-	-	\$-	\$
	0 CT SCAN	_	0.035953 0.098278	-		-	-	3,447 5,373	-	12,369	-	\$ 15,816 \$ 5,373	\$
	0 CARDIAC CATHETERIZATION	-	0.072615	8.370	-			3,837		-	-	\$ 12,207	s
6000	0 LABORATORY		0.065204	12,916	41,459		-	59,859	12,075	25,039	8,132	\$ 97,814	\$
	0 RESPIRATORY THERAPY 0 PHYSICAL THERAPY	_	0.327705 0.191834	-	-	-	-	3,021	1,272	2,674	1,114	\$ - \$ 5.695	S
	0 OCCUPATIONAL THERAPY	-	0.186018					2,782		2,874	878	\$ 5,095	s
6800	0 SPEECH PATHOLOGY		0.163046	274	-	-	-	3,243	3,115		1,047	\$ 3,517	S
6900	0 ELECTROCARDIOLOGY		0.239064		959		-	2,808	468	1,872	468	\$ 4,680	\$
	0 ELECTROENCEPHALOGRAPHY 0 MEDICAL SUPPLIES CHARGED TO PATIEN	T	0.188244 0.595232	- 200	- 497	-	-	-	-	-	- 414	\$ - \$ 200	\$
7200	0 IMPL. DEV. CHARGED TO PATIENTS	· ·	0.232589	-	-	-	-	-	18,708	1,569	-	\$ 1,569	ŝ
7300	DRUGS CHARGED TO PATIENTS		0.145381	6,890	60,475		-	54,564	5,340	22,847	7,323	\$ 84,301	S
	0 RENAL DIALYSIS 0 ASC (NON-DISTINCT PART)	_	0.349977 0.095119	-	-	-	-	-	-	-	-	\$ - \$	\$
	D OTHER ANC CENTER	-	0.205038	-	-	-	-	-	-	-	-	\$ -	s
	0 CLINIC	_	7.469328	-	· · ·	-	-	-	-	-	-	\$ -	\$
9001	1 MENTAL HEALTH OP CLINIC 2 CANCER CENTER	_	2.864278	-	234		-	-	- 516	-	-	s - s -	\$
	0 EMERGENCY		0.113507	-	128,838	-	-	8,445	9,981	5,200	54,844	\$ 13,645	\$ 1
				45,679	288,255	-	-	153,028	95,013	75,106	80,800		
Totals	/ Payments												
	Total Charges (includes organ	acquisition from Sect	ion K)	\$ 57,895	\$ 288,255	\$ -	\$-	\$ 242,168	\$ 95,013	\$ 116,754		\$ 416,817	\$ 4
Total C	Charges per PS&R or Exhibit Detail Unreconciled Charges	(Explain Variance)		\$ 57,895	\$ 288,255	\$-	\$-	\$ 242,168	\$ 95,013	\$ 116,754	\$ 80,800		
Sampli	ing Cost Adjustment (if applicable)	、,										\$ -	s
	Total Calculated Cost (includes or	gan acquisition from S	Section K)	\$ 19,804	\$ 33,987	ş -	\$-	\$ 38,764	\$ 12,649	\$ 17,469	\$ 10,369	\$ 76,037	\$
Total M	Medicaid Paid Amount (excludes TPL, Co-Pa	y and Spend-Down)		\$ -	\$ 156	\$-	\$ -	\$ -	\$ -	\$ -	\$ -	\$-	\$
	Medicaid Managed Care Paid Amount (exclud		end-Down) (See Note E)	\$-	\$-	\$ -	\$-	\$ -	\$ -	\$ -	\$ -	\$ -	S
	Insurance (including primary and third party av (including Co-Pay and Spend-Down)	liability)		3 - S	s -	5 - 5	3 - S	<u>s</u> -	s - s	\$ 5,868 \$	\$ 1,940	\$ 5,868	S S
Total A	Nowed Amount from Medicaid PS&R or RA I	Detail (All Payments)		\$ -	\$ 156	\$ -	\$ -						-
Medica	aid Cost Settlement Payments (See Note B)			\$ -	\$ -							\$ -	\$
	Medicaid Payments Reported on Cost Repor are Traditional (non-HMO) Paid Amount (excl		ntibles) (See Note E)	\$ -	\$ -	5 - e	Ş -	e 10 700	e 14 00F	e	e	\$ - \$ 13.239	s
	are Traditional (non-HMO) Paid Amount (excl are Managed Care (HMO) Paid Amount (excl			φ -		ф -		s 12,796	s 14,225	¢ 443 \$ 6.288	\$ 7.426	\$ 13,239	s

140 141 142

Medicare Managed Care (HMO) Paid Amount (exclud Medicare Cross-Over Bad Debt Payments Other Medicare Cross-Over Payments (See Note D)

 Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)
 \$ 19,804
 \$ 33,831
 \$ \$ 25,968
 \$ (1,576)
 \$

 Calculated Payments as a Percentage of Cost
 0%
 0%
 0%
 0%
 33%
 112%
 143 144 4,870 \$ 1,003 \$

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 meter 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 such a Outlines and Non-Claim Specific payments. DBH spayments should NDT be indude. UPL payments made to a state fical guart 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 alow. This includes payments guart basis more alow tables and Non-Should Payments survey. Note E - Medicaid Managed Care payments alored Indudes in the paid claims data reported alow. This includes payments guart basis should with Survey haves. This includes payments and universes. Care Basis Medicare Cost payments, capitation and table-capitation payments. Note F - Medicaid Managed Care payments alored Induces and Managed Care payments. Survey payments, constato and table-capitation payments. Note F - Medicaid to in Corresport or chanasted benefits. Note F - Medicaid to in corresport estimated that alore to another payments for payments, bonstate payments. Note F - Medicaid to in corresport or chanasted benefits.

50,642 \$

33,258

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

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

		Total		Total Adjusted	Revenue for	Total	In-State Medi	aid FFS Primary	In-State Medicaid M	lanaged Care Primary		FS Cross-Overs (with Secondary)	Included Elsewhe Secondary - Exclude M	re & with Medicaid Aedicaid Exhausted and overed)	Non-Covered (N	ICO Exhausted and lot to be Included vhere)	Unin	nsured
		Organ Acquisition Cost	Intern/Resident	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	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	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
C	Organ Acquisition Cost Centers (list below):						[
_	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	S -	0	\$ -	0	s -	0	S -	0	\$ -	0	<u>\$</u>	0
	Kidney Acquisition	<u>s</u> -	\$ -	\$ -	<u>\$</u> -	0	<u>s</u> -	0	\$ -	0	\$ -	0	<u>s</u> -	0	<u>\$</u> -	0	<u>\$</u>	0
_	Liver Acquisition	\$ -	\$ -	\$ -	S -	0	s -	0	\$ -	0	S -	0	s -	0	\$ -	0	\$ -	0
	Heart Acquisition	<u>s</u> -	\$ -	\$ -	<u>\$</u> -	0	<u>s</u> -	0	\$ -	0	\$ -	0	<u>s</u> -	0	<u>\$</u> -	0	<u>\$</u>	0
	Pancreas Acquisition	<u>\$</u>	\$ -	\$	<u> </u>	0	\$ -	0	\$ -	0	<u>\$</u> -	0	<u>s</u> -	0	\$ -	0	\$ -	0
_	Intestinal Acquisition	3 -	s -	s -	3 -	0	<u> </u>	0	s -	0	s -	0	5 -	0	s -	0	\$ -	0
	Islet Acquisition	3 -	3 -	3 -		U	<u> </u>	U	3 -	0	<u>ې -</u>	0	<u> </u>	0	> -	0	<u> </u>	U
		> -	\$ -	2 -	<u>ه</u> -	U	3 -	U	\$ -	U	> -	U	3 -	U	، د	U	۰ د	U
	Totals	s -	s -	s -	s -	-	s -	-	s -	-	s -	-	s -	-	s -	· ·	s -	
	,								L		, ·				,i			
	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.

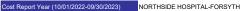
K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid

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

		Total			Revenue for	Total	Out-of-State Med	licaid FFS Primary		caid Managed Care nary		are FFS Cross-Overs id Secondary)	Included Elsewhe Secor	re & with Medicaid ndary)
		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)						
		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 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)							
rgan Acquisit	ion Cost Centers (list below):													
Lung Acquisi	tion	\$ -	s -	\$-	\$ -	0	S -	0	\$ -	0	\$-	0	\$ -	
Kidney Acqui	isition	\$ -	s -	\$-	\$ -	0	S -	0	\$ -	0	\$-	0	S -	
Liver Acquisit	tion	\$ -	s -	\$-	\$ -	0	S -	0	\$ -	0	\$-	0	\$ -	
Heart Acquis	ition	\$ -	s -	\$-	\$ -	0	S -	0	\$ -	0	\$-	0	S -	
Pancreas Ac	quisition	\$ -	\$-	\$ -	\$ -	0	S -	0	\$ -	0	\$-	0	\$ -	
Intestinal Acc	quisition	\$ -	\$-	\$ -	\$ -	0	S -	0	\$ -	0	\$ -	0	S -	
Islet Acquisiti	ion	s -	s -	\$-	\$-	0	s -	0	s -	0	s -	0	s -	
		\$-	\$ -	\$ -	\$ -	0	s -	0	\$ -	0	\$ -	0	\$ -	
	Totals	\$-	\$ -	\$-	\$-	-	\$-	-	\$-	-	\$-	-	s -	
	Total Cost nounts must agree to your inpa gan Acquisition Payments in Si				ilable (if not, use hospita	I's logs and subm	nit with survey							

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:

			Dollar Amount	W/S A Cost Center Line
1 Hospit	al Gross Provider Tax Assessment (from	a general ledger)*	\$ 8,256,316	
		unt # that includes Gross Provider Tax Assessment	Expense	06-00900-00141 (WTB Account #)
		ded in Expense on the Cost Report (W/S A, Col. 2)	\$ 8,256,316	5.00 (Where is the cost included on w/s A?)
3 Differe	nce (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))
9 0 1	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment	Lessor of Expense or benefit of add on fee 0 0 0 0	\$ (2,119,669) \$ - \$ - \$ -	5.00 (Adjusted to / (from)) - (Adjusted to / (from)) - (Adjusted to / (from)) - (Adjusted to / (from))
DSH L	JCC NON-ALLOWABLE Provider Tax	Assessment Adjustments (from w/s A-8 of the Medicare cost report))	
12	Reason for adjustment	0	\$ -	-
3	Reason for adjustment	0	\$ -	-
4	Reason for adjustment	0	\$ -	-
15	Reason for adjustment	0	\$ -	-
16 Total M	Net Provider Tax Assessment Expense I	ncluded in the Cost Report	\$ 6,136,647	
C Provi	der Tax Assessment Adjustment:			
	Allowable Assessment Not Included in th	he Ored Breed	\$ 2 119 669	

Apportionment of Provider Tax Assessment Adjustment to All Medicaid Eligible & Uninsured:

18	Medicaid Eligible***	Charges Sec. G	
19	Uninsured Hospital	Charges Sec. G	
20	Total Hospital	Charges Sec. G	
21	Medicaid Eligible Percer	ntage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***	
22	Percentage of Provider	Tax Assessment Adjustment to include in DSH Uninsured UCC	
23	Medicaid Eligible Provid	ler Tax Assessment Adjustment to DSH UCC***	\$
24	Uninsured Provider Tax	Assessment Adjustment to DSH UCC	\$
25 Provider Ta	x Assessment Adjustmer	nt to DSH UCC Including all Medicaid eligibles***	\$
Apportion	nent of Provider Tax As	ssessment Adjustment to Medicaid Primary & Uninsured:	
26	Medicaid Primary***	Charges Sec. G	
27	Uninsured Hospital	Charges Sec. G	
28	Total Hospital	Charges Sec. G	
29	Medicaid Primary Perce	ntage 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 Provid	der Tax Assessment Adjustment to DSH UCC***	\$
32	Uninsured Provider Tax	Assessment Adjustment to DSH UCC	\$
33 Medicaid Pr	imary Tax Assessment A	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.

373,343,306 187,441,026 3 306 199 77 11.29% 5.67% 239,358 120,172 359,530 153,687,192 192.310.877 3.306,199,779 4.65% 5.82% 98,532 123,294 221,826

3.30%

7.72%

31

DSH Examination Eligibility Summary NORTHSIDE HOSPITAL-FORSYTH Hospital Name 000000767A Hospital Medicaid Number Cost Report Period 10/1/2022 То 9/30/2023 From As-Reported Adjustments As-Adjusted LIUR \$ 23,857,605 \$ \$ 1 Medicaid Hospital Net Revenue Survey H & I (Sum all In-State & Out-of-State Medicaid Payments) 23,857,605 2 Hospital Cash Subsidies \$ \$ \$ Survey F-2 \$ \$ 3 Total 23,857,605 \$ 23,857,605 4 Net Hospital Patient Revenue \$ 722,920,827 \$ 722,920,827 Survey F-3 \$ 0.00% 5 Medicaid Fraction 3.30% 6 Inpatient Charity Care Charges \$ 91,023,791 \$ 91,023,791 Survey F-2 \$ 7 Inpatient Hospital Cash Subsidies Survey F-2 \$ \$ \$ _ 8 Unspecified Hospital Cash Subsidies \$ \$ \$ Survey F-2 9 Adjusted Inpatient Charity Care \$ 91,023,791 \$ \$ 91,023,791 _ **10 Inpatient Hospital Charges** Survey F-3 \$ 1,178,759,709 \$ 1.178.759.709 \$ **11 Inpatient Charity Fraction** 7.72% 0.00% 11.02% 0.00% 11.02% 12 LIUR MIUR 13 In-State Medicaid Eligible Days Survey H 20,661 20,661 14 Out-of-State Medicaid Eligible Days Survev I 31 15 Total Medicaid Eligible Days 20,692 20,692 16 Total Hospital Days (excludes swing-bed) Survey F-1 116,958 116,958 17.69% 0.00% **17 MIUR** 17.69%

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-FORSY	гн														
Cost Report Period	From	10/1/2022	То	9/30/2023													
As-Reported:		A	В	с	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 to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	13,170,975 2,475,488	7,721,563 2,418,969	:	163,289 2,535	:	(123,699)				:				7,884,852 2,297,805	5,286,123 177,683	59.87% 92.82%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	12,116,861 7,025,625	- 105	7,031,651 5,026,594	1,474 4,375	- 15,801	:	:							7,033,125 5,046,875	5,083,736 1,978,750	58.04% 71.84%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	12,432,883 3,804,476	344,044 332,750			1,358 4			7,238,667 2,475,360		159,305 85,340	16,701 -			7,760,075 2,893,455	4,672,808 911,021	62.42% 76.05%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	17,735,385 6,469,847	414,147 348,858	72,789 82,205	7,539,387 2,821,507	25,796 29,228			1,207,238 431,236	6,288,964 3,200,813	:	1			15,548,319 6,913,846	2,187,066 (443,999)	87.67% 106.86%
9 Uninsured 10 Uninsured	Inpatient Outpatient	17,476,186 14,986,455	:	:	:	7,882 12,718	:			:	:	:	1,605,769 4,528,521		1,613,651 4,541,239	15,862,535 10,445,216	9.23% 30.30%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	72,932,290 34,761,891	8,479,753 3,100,682	7,104,440 5,108,798	7,704,150 2,828,417	35,036 57,751	(123,699)	-	8,445,904 2,906,596	6,288,964 3,200,813	159,305 85,340	16,701 -	1,605,769 4,528,521	-	39,840,022 21,693,220	33,092,268 13,068,671	54.63% 62.41%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	76,037 57,005	- 156	:	5,868 1,940	:	:		13,239 14,225	6,288 7,426	:	1			25,395 23,747	50,642 33,258	33.40% 41.66%
15 Sub-Total 15.01 Provider Tax Assessment Adjustr	I/P and O/P nent to UCC	107,827,223	11,580,591	12,213,238	10,540,375	92,786	(123,699)	-	11,379,965	9,503,490	244,645	16,701	6,134,290	-	61,582,383	46,244,840 359,530	57.11%
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	-	:	:	:	:	:	:							-	:	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	I/P and O/P		-	-	-		-	-	-	-		-	-		<u> </u>	-	0.00%

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

DSH Examination UCC Cost & F	Payment Summa	ary												Georgia			
Hospital Name Hospital Medicaid Number	NORTHSIDE H	IOSPITAL-FORSY	ΓH]												
Cost Report Period	From	10/1/2022	То	9/30/2023													
As-Adjusted:	_	A	В	с	D	E	F	G	н		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 to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	13,170,975 2,475,488	7,721,563 2,418,969	:	163,289 2,535	-	(123,699)	1		:		-			7,884,852 2,297,805	5,286,123 177,683	59.87% 92.82%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	12,116,861 7,025,625	- 105	7,031,651 5,026,594	1,474 4,375	- 15,801			•						7,033,125 5,046,875	5,083,736 1,978,750	58.04% 71.84%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	12,432,883 3,804,476	344,044 332,750	-	-	1,358 4			7,238,667 2,475,360	-	159,305 85,340	16,701			7,760,075 2,893,455	4,672,808 911,021	62.42% 76.05%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	17,735,385 6,469,847	414,147 348,858	72,789 82,205	7,539,387 2,821,507	25,796 29,228			1,207,238 431,236	6,288,964 3,200,813	:	-			15,548,319 6,913,846	2,187,066 (443,999)	87.67% 106.86%
9 Uninsured 10 Uninsured	Inpatient Outpatient	17,476,186 14,986,455	:	:	1	7,882 12,718		:	-	:	[1	1,605,769 4,528,521	1	1,613,651 4,541,239	15,862,535 10,445,216	9.23% 30.30%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	72,932,290 34,761,891	8,479,753 3,100,682	7,104,440 5,108,798	7,704,150 2,828,417	35,036 57,751	(123,699)	:	8,445,904 2,906,596	6,288,964 3,200,813	159,305 85,340	16,701	1,605,769 4,528,521		39,840,022 21,693,220	33,092,268 13,068,671	54.63% 62.41%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	76,037 57,005	- 156	:	5,868 1,940	:	:	:	13,239 14,225	6,288 7,426	-				25,395 23,747	50,642 33,258	33.40% 41.66%
15 Cost Report Year Sub-Total	I/P and O/P	107,827,223	11,580,591	12,213,238	10,540,375	92,786	(123,699)		11,379,965	9,503,490	244,645	16,701	6,134,290		61,582,383	46,244,840	57.11%

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

137,704 7,357,162 39,109,504

359,530

46,604,370

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

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Printed 3/19/2025

Medicaid DSH Survey Adjustments

PROVIDER: FROM:	NORTHSIDE HOSPITAL-FORSYTH 10/1/2022	TO: <u>9/30/2023</u>		Mcaid Number: 0	000000767A 110005		
		Myers and Stauffer DSH Survey Adjustments					
Adj. # Schedule	Line # Line Description	Column Column Description	Explanation for Adjustmen	Original Amount	Adjustment A	djusted Tota	W/P Ref.

Medicaid DSH Report Notes

PROVIDER:
FROM:

NORTHSIDE HOSPITAL-FORSYTH TO: 9/30/2023 Mcaid Number: 000000767A

10/1/2022

Mcare Number: 110005

Myers and Stauffer DSH Report Notes

e # Note for Report	Amounts
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