State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2022

A. General DSH Year Information			DSH Versi	on 6.02	2/10/2023
	Begin	End			
1. DSH Year:	07/01/2021	06/30/2022			
2. Select Your Facility from the Drop-Down Menu Provided:	SOUTH GEORGIA MEDICAL	CENTER			
Market of the second of the se					
Identification of cost reports needed to cover the DSH Year:	Cost Report				
	Begin Date(s)	Cost Report End Date(s)			
3. Cost Report Year 1	10/01/2021	09/30/2022	Must also complete a separate survey file for each	cost report period lis	ted - SEE DSH SLIDVEY DADT II EII EE
4. Cost Report Year 2 (if applicable) 5. Cost Report Year 3 (if applicable)			, and the same	roat report period is	NEW - SEE DON SURVEY PART II FILES
and the state of the applicable)					
•	Data				
6. Medicaid Provider Number:		000001724A	*		
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):		000001724G			
Medicaid Subprovider Number 2 (Psychiatric or Rehab):			4.		
Medicare Provider Number:	1	10122			
			5		
B. DSH Qualifying Information					
Questions 1-3, below, should be answered in the accordance to	vith Sec. 1923(d) of the Social	Security Act.			
			DSH Examination		
During the DSH Examination Year:			Year (07/01/21 - 06/30/22)		
 Did the hospital have at least two obstetricians who had staff privile 	ges at the hospital that agreed to	0	Yes	<u> </u>	
provide obstetric services to Medicaid-eligible individuals during the	DSH year? (In the case of a ho	ospital	103	_	
located in a rural area, the term "obstetrician" includes any physicia hospital to perform nonemergency obstetric procedures.)	n with staff privileges at the				
Was the hospital exempt from the requirement listed under #1 above	a hacques the hacaitella			_	
inpatients are predominantly under 18 years of age?	e because the nospital's		No		
Was the hospital exempt from the requirement listed under #1 above	e because it did not offer non-		No	٦	
emergency obstetric services to the general population when feder	al Medicaid DSH regulations		110	_	
were enacted on December 22, 1987?					
3a. Was the hospital open as of December 22, 1987?				_	
			Yes	_	
3b. What date did the hospital open?			7/1/1955	٦	
			77171000	_	

State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2022

C. Disclosure of Other Medicaid Payments Received:	
Medicald Supplemental Payments for Hospital Services DSH Year 07/01/2021 - 06/30/2022 (Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should	\$ 4,712,826 VOT.be included.)
2. Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2021 - 06/30/2022	700.000
(Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (F payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.	· · · · · · · · · · · · · · · · · · ·
NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Section E, Question 14 should be reported	d here if paid on a SFY basis.
3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services07/01/2021 - 06/30/2022	\$ 5,475,161
Certification:	
1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.	Answer Yes
Explanation for "No" answers:	2 · · · · · · · · · · · · · · · · · · ·
The following certification is to be completed by the hospital's CEO or CFO:	1
I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurrecords of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reporpayment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with fe provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not leavailable of the provisions of the provisions.	ed on the DSH survey regardless of whether the hospital received
\\d, \M_{\sigma}	
CFO CFO	
Hospital CEO or CFO Signature Title	Date
John Moore 229-259-4162	
Hospital CEO or CFO Printed Name Hospital CEO or CFO Tele	john.moore@sgmc.org Hospital CEO or CFO E-Mail
Contact Information for individuals authorized to	Hospital SES of ST S E-IVIAI
Contact Information for individuals authorized to respond to inquiries related to this survey:	
Hospital Contact:	Outside Preparer:
Name John Moore Title CFO	Name Wes Sternenberg
Telephone Number 229-259-4162	Title Partner
E-Mail Address john.moore@sgmc.org	Firm Name Draffin & Tucker, LLP Telephone Number 229-883-7878
Mailing Street Address 2501 N Patterson Street	E-Mail Address wsternenberg@draffin-tucker.com
Mailing City, State, Zip Valdosta, GA 31602	- Man / Man 000 Material Bull great all in Flacket. Coll

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State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part II

DSH Version 8.11 2/10/2023 D. General Cost Report Year Information 10/1/2021 9/30/2022 The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey. 1. Select Your Facility from the Drop-Down Menu Provided: SOUTH GEORGIA MEDICAL CENTER 10/1/2021 through 9/30/2022 2. Select Cost Report Year Covered by this Survey (enter "X"): Х 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: 3/2/2023 Data Correct? If Incorrect, Proper Information SOUTH GEORGIA MEDICAL CENTER 4. Hospital Name: Yes 5. Medicaid Provider Number: 000001724A Yes 000001724G 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): Yes 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab): Yes 8. Medicare Provider Number: 110122 Yes Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): Non-State Govt. Yes Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year: **State Name** Provider No. 9. State Name & Number 10. State Name & Number 11. State Name & Number 12 State Name & Number 13. State Name & Number 14. State Name & Number 15. State Name & Number (List additional states on a separate attachment) E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2021 - 09/30/2022) 1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1) 2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 4. Total Section 1011 Payments Related to Hospital Services (See Note 1) 5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1) 6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1) 8. Out-of-State DSH Payments (See Note 2) Inpatient Outpatient Total 229,245 1,196,517 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) \$1,425,762 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) 1.490.275 8.795.435 \$10.285.710 11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments) \$1,719,520 \$9,991,952 \$11,711,472 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments: 13.33% 11.97% 12.17% 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

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.

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

State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part II

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

F. MIUR / LIUR Qualifying Data from the Cost Report (10/01/2021 - 09/30/2022)

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

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

72,924 (See Note in Section F-3, below)

F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ratio (LIUR) Calculation):

- 2. Inpatient Hospital Subsidies
- 3. Outpatient Hospital Subsidies
- 4. Unspecified I/P and O/P Hospital Subsidies
- 5. Non-Hospital Subsidies
- 6. Total Hospital Subsidies
- 7. Inpatient Hospital Charity Care Charges
- 8. Outpatient Hospital Charity Care Charges
- 9. Non-Hospital Charity Care Charges
- 10. Total Charity Care Charges

43.371.890

82,744,900

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

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost the Fo

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- 11. Hospital
- 12. Subprovider I (Psych or Rehab)
- 13. Subprovider II (Psych or Rehab)
- 14. Swing Bed SNF
- 15. Swing Bed NF
- 16. Skilled Nursing Facility
- 17. Nursing Facility
- 18. Other Long-Term Care
- 19. Ancillary Services
- 20. Outpatient Services
- 21. Home Health Agency
- 22. Ambulance
- 23. Outpatient Rehab Providers
- 24. ASC
- 25. Hospice 26. Other
- 27. Total
- 28. Total Hospital and Non Hospital

t				Contractual Adjustme			
	Total	Patient Revenues (Charg	jes)		are known)		
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
	\$81,071,236.00 \$0.00 \$3,028,934.00 \$451,931,857.00 \$0.00 \$21,575,612.00	\$667,561,234.00 \$68,051,429.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$17,688,637 \$0.00 \$7,569,809.00 \$2,700,040.00	\$ 59,119,223 \$ - \$ 2,208,776 \$ 329,560,291 \$ - \$ - \$ 5	\$ - \$ - \$ - \$ 486,802,758 \$ 49,624,846 \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 21,952,013 \$ 820,158 \$ 303,130,042 \$ 18,426,583 \$ - \$ 5,842,123
	\$ 557,607,639	\$ 735,612,663 Total from Above	\$ 27,958,486 \$ 1,321,178,788	\$ 406,621,779	\$ 536,427,604 Total from Above	\$ 20,388,044 \$ 963,437,428	\$ 350,170,918

29. Total Per Cost Report

Total Patient Revenues (G-3 Line 1)

1,321,178,788

Total Contractual Adj. (G-3 Line 2)

961,250,100

30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient

31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)

32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)

33, Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)

34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)

- 35. Adjusted Contractual Adjustments
- 36. Unreconciled Difference

2,187,328 963,437,428

Unreconciled Difference (Should be \$0)

Unreconciled Difference (Should be \$0)

$State\ of\ Georgia$ Disproportionate Share Hospital (DSH) Examination Survey Part II

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2021-09/30/2022)

SOUTH GEORGIA MEDICAL CENTER

	Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Total 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
hospi com hospit data sh	NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.		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
	Routin	ne Cost Centers (list below):									
1			\$ 42,008,785	\$ 303,062	\$ 65,150	\$0.00			\$45,492,968.00		\$ 937.56
2			\$ 39,430,240				\$ 39,496,766	23,071	\$38,607,202.00		\$ 1,711.97
3			\$ -		\$ -		\$ -	-	\$0.00		\$ -
4 5			\$ - \$ -	\$ - \$ -			\$ - \$ -	-	\$0.00 \$0.00		\$ - \$ -
5 6			\$ -	\$ -			\$ -	-	\$0.00		\$ -
7			\$ -	\$ -			\$ -	-	\$0.00		\$ -
8			\$ -	\$ -	•		\$ -		\$0.00		\$ -
9			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
10	04300	NURSERY	\$ 3,555,356	\$ -	\$ -		\$ 3,555,356	4,654	\$5,620,170.00		\$ 763.94
11			\$ -	\$ -			\$ -	-	\$0.00		\$ -
12			\$ -	\$ -			\$ -	-	\$0.00		\$ -
13			\$ -	\$ -			\$ -	-	\$0.00		\$ -
14			\$ -	\$ -	•		\$ -	-	\$0.00		\$ -
15			\$ -	\$ -	T		\$ - \$ -	-	\$0.00		\$ -
16 17			\$ - \$ -	\$ - \$ -	\$ - \$ -		\$ -	-	\$0.00 \$0.00		\$ - \$ -
18			\$ 84,994,381			¢.	\$ 85,429,119	72,924	\$ 89,720,340		· -
19		Weighted Average	\$ 04,994,301	\$ 309,300	\$ 65,150	\$ -	\$ 65,429,119	72,924	\$ 69,720,340		\$ 1,171.48
19		weighted Average									\$ 1,171.40
	Ohaaa	out on Data (Mar District)		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
		vation Data (Non-Distinct)									
20	09200	Observation (Non-Distinct)		12,023	-	-	\$ 11,272,284	\$8,271,930.00	\$7,185,505.00	\$ 15,457,435	0.729247
			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
		ary Cost Centers (from W/S C excluding Obser									
21		OPERATING ROOM	\$31,711,709.00		\$ -		\$ 31,711,709		\$86,101,153.00	\$ 131,087,067	0.241913
22		DELIVERY ROOM & LABOR ROOM	\$4,918,182.00		\$ -		\$ 4,918,182		\$571,209.00	\$ 6,006,229	0.818847
23	5300	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	\$1,666,031.00		\$ - \$ -		\$ 1,666,031	\$7,793,914.00	\$17,937,288.00	\$ 25,731,202	0.064747
24 25	5400	CT SCAN	\$32,537,145.00 \$4,869,143.00		\$ - \$ -		\$ 32,537,145 \$ 4,869,143		\$95,560,113.00 \$77,376,702.00	\$ 131,581,088 \$ 108.014.902	0.247278 0.045078
25 26	5800		\$1,888,720.00		\$ -		\$ 4,869,143		\$19,076,401.00	\$ 24,311,100	0.045076
27	6000		\$30,390,276.00	•	<u> </u>		\$ 30,390,276			\$ 194,927,914	0.155905
28	6300	BLOOD STORING PROCESSING & TRANS.	\$3,624,027.00		\$ -		\$ 3,624,027	\$8,590,854.00	\$3,560,077.00	\$ 12,150,931	0.298251
29	6500	RESPIRATORY THERAPY	\$8,449,167.00		\$ -		\$ 8,449,167	\$19,405,095.00	\$5,543,280.00	\$ 24,948,375	0.338666
30	6600	PHYSICAL THERAPY	\$2,595,804.00				\$ 2,595,804	\$2,431,691.00	\$1,032,951.00	\$ 3,464,642	0.749227

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2021-09/30/2022) SOUTH GEORGIA MEDICAL CENTER

Line			Intern & Resident Costs Removed on	Add-Back (If		I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem /
#	Cost Center Description	Cost	Cost Report *	Applicable	Total Cost		Ancillary Charges	Total Charges	Cost or Other Ratios
	OCCUPATIONAL THERAPY	\$1,912,616.00		\$ -	\$ 1,912,616	\$3,495,557.00	\$46,787.00		0.539929
	SPEECH PATHOLOGY	\$1,051,277.00		\$ -	\$	\$1,985,037.00	\$34,558.00		0.520539
	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT	\$4,730,254.00 \$7,574,174.00		\$ - \$ -	\$ 4,730,254 7,574,174	\$11,812,381.00 \$25,778,568.00	\$16,664,006.00 \$20,782,315.00		0.166111 0.162672
	IMPL. DEV. CHARGED TO PATIENTS	\$21,751,857.00		\$ -	\$	\$25,776,566.00	\$48,318,508.00		0.308586
	DRUGS CHARGED TO PATIENTS	\$51,122,816.00		\$ -	\$ 	\$140,171,379.00	\$156,964,144.00		0.172052
	RENAL DIALYSIS	\$2,026,095.00	\$ -	\$ -	\$	\$3,539,902.00		\$ 4,173,948	0.485415
	IV THERAPY	\$803,878.00	•	\$ -	\$	\$3,815,121.00	\$1,056,961.00		0.164997
	CLINIC	\$3,052,034.00			\$ 3,273,787	\$313,304.00	\$740,234.00		3.107422
9001	WOUND CARE	\$1,835,487.00	\$ -	\$ -	\$ 1,835,487	\$17,382.00	\$1,523,526.00		1.191172
9100	EMERGENCY	\$25,115,520.00	\$ 118,268	\$ 182,366	\$ 25,416,154	\$14,943,164.00	\$35,056,384.00	\$ 49,999,548	0.508328
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00			\$ -	\$0.00	\$0.00	•	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00		\$ -	-
		\$0.00	•	\$ -	\$	\$0.00		\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ -	\$0.00		\$ -	-
		\$0.00		\$ -	\$	\$0.00	\$0.00		-
		\$0.00 \$0.00		\$ - \$ -	\$	\$0.00 \$0.00	\$0.00		-
				\$ - \$ -	\$ -	\$0.00 \$0.00	\$0.00 \$0.00		-
		\$0.00 \$0.00		\$ - \$ -	\$ 	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ 	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ -	\$0.00		\$ -	-
		\$0.00		•	\$ 	\$0.00	\$0.00		-
		\$0.00			\$ 	\$0.00		\$ -	-
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		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00		\$ -	-
		\$0.00		\$ -	\$ -	\$0.00		\$ -	-
		\$0.00		•	\$ -	\$0.00	\$0.00	•	-
		\$0.00		\$ -	\$ -	\$0.00		\$ -	-
		\$0.00		\$ -	\$	\$0.00	\$0.00		-
		\$0.00	•		\$ -	\$0.00	\$0.00		-
		\$0.00	\$ -	7	\$ -	\$0.00		\$ -	-
		\$0.00 \$0.00	•	\$ - \$ -	\$	\$0.00 \$0.00	\$0.00 \$0.00		-
		\$0.00 \$0.00		\$ - \$ -	\$	\$0.00 \$0.00	\$0.00 \$0.00		-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ 	\$0.00	\$0.00		-
		\$0.00			\$	\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -	\$ -	\$0.00		\$ -	-
		\$0.00		\$ -	\$ _	\$0.00		\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -	\$ -	\$0.00		\$ -	-
		\$0.00		\$ -	\$ 	\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00	\$ -	7	\$	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00			\$ -	\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	ቅ -	-

State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part II

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2021-09/30/2022) SOUTH GEORGIA MEDICAL CENTER

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem /
	•	\$0.00	\$ -	\$ -	\$	- \$0.00	\$0.00 \$	-	-
		\$0.00	\$ -	\$ -	\$	- \$0.00	\$0.00 \$	-	-
		\$0.00	\$ -	\$ -	\$	- \$0.00	\$0.00 \$	-	-
		\$0.00	\$ -	\$ -	\$	- \$0.00	\$0.00 \$	-	-
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		\$0.00	\$ -	\$ -	\$	- \$0.00	\$0.00 \$	-	-
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		\$0.00		\$ -	7	- \$0.00	\$0.00 \$	-	-
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		\$0.00		\$ -	\$	- \$0.00	\$0.00 \$	-	-
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_		\$0.00			_ ·	- \$0.00 - \$0.00	\$0.00 \$	-	-
		\$0.00 \$0.00		\$ - \$ -	\$	- \$0.00 - \$0.00	\$0.00 \$ \$0.00 \$	-	-
				· ·	· · · · · · · · · · · · · · · · · · ·		11.11		-
	Total Ancillary	\$ 243,626,212	\$ 340,021	\$ 182,366	\$ 244,148,59	9 \$ 475,477,637	\$ 712,066,883 \$	1,187,544,520	
	Weighted Average								0.21508
	Sub Totals	\$ 328,620,593	\$ 709,609	\$ 247,516	\$ 329,577,718	8 \$ 565,197,977	\$ 712,066,883 \$	1,277,264,860	
	NF, SNF, and Swing Bed Cost for Medicaid (Worksheet D, Part V, Title 19, Column 5-7, L		Report Worksheet D-3,	Title 19, Column 3, Line 200 a			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
1	NF, SNF, and Swing Bed Cost for Medicare Worksheet D, Part V, Title 18, Column 5-7, L	Sum of applicable Cost	Report Worksheet D-3,	Title 18, Column 3, Line 200 a	nd \$0.00	0			
1	NF, SNF, and Swing Bed Cost for Other Pay	ers (Hospital must calcul	ate. Submit support for	calculation of cost.)					
(Other Cost Adjustments (support must be su	omitted)							
	Grand Total	,			\$ 329,577,71	8			

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

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

Cost Report Ye	ear (10/01/2021-09/30/2022)	SOUTH GEORGIA N	MEDICAL CENTER												
		Medicaid Per	Medicaid Cost to	In-State Medic	aid FFS Primary	In-State Medicaid M	anaged Care Primary		FS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-Sta	ite Medicaid
Line#	Cost Center Description	Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis		
000 ADU	Centers (from Section G): LTS & PEDIATRICS	\$ 937.56		Days 4,060		Days 3,584		Days 6,098		Days 3,138		Days 3,566		Days 16,880	
00 COR 00 BUR 00 SUR 00 OTH	INSIVE CARE UNIT IONARY CARE UNIT N INTENSIVE CARE UNIT GICAL INTENSIVE CARE UNIT ER SPECIAL CARE UNIT PROVIDER I	\$ 1,711.97 \$ - \$ - \$ - \$ - \$ -		1,643		382		3,876		1,577		2,310		7,478 - - - - -	
100 SUB	PROVIDER II ER SUBPROVIDER	\$ - \$ - \$ 763.94 \$ -		283		2,627		-		145		129		3,055	
		\$ - \$ - \$ - \$ - \$ -													
	D00D 5133D 13		Total Days	5,986		6,593		9,974		4,860		6,005		27,413	
tal Days per	PS&R or Exhibit Detail Unreconciled Days	(Explain Variance)		5,986		6,593		9,974		4,860		6,005			
	ine Charges ulated Routine Charge Per Diem			Routine Charges \$ 6,933,590 \$ 1,158.30		Routine Charges \$ 8,303,635 \$ 1,259.46		Routine Charges \$ 11,935,241 \$ 1,196.64		Routine Charges \$ 5,929,806 \$ 1,220.12		Routine Charges \$ 7,467,863 \$ 1,243.61		Routine Charges \$ 33,102,272 \$ 1,207.54	
9200 Obse	t Centers (from W/S C) (from Section ervation (Non-Distinct)	on G):	0.729247	Ancillary Charges 741,130	Ancillary Charges 990,475	Ancillary Charges 397,905	Ancillary Charges 751,257	Ancillary Charges 603,094	Ancillary Charges 1,257,920	Ancillary Charges 301,352	Ancillary Charges 1,007,644	Ancillary Charges 211,085	Ancillary Charges 1,082,570	Ancillary Charges \$ 2,043,482	Ancillary Charges \$ 4,007,296
	RATING ROOM IVERY ROOM & LABOR ROOM		0.241913 0.818847	1,596,315 214,780	2,486,993 2,940	2,770,562 2,964,405	12,136,422 212	4,024,798 23,645	6,193,914 1,137	1,672,966 503,776	2,594,543 309	3,696,478 121,816	4,379,652 410	\$ 10,064,641 \$ 3,706,606	\$ 23,411,872 \$ 4,598
5300 ANE	STHESIOLOGY		0.064747	406,522	695,374	752,005	2,576,915	900,579	1,382,304	397,057	584,567	851,380	1,063,817	\$ 2,456,163	\$ 5,239,160
5400 RAD 5700 CT S	IOLOGY-DIAGNOSTIC	_	0.247278 0.045078	857,905 1,743,727	2,306,489 2,677,545	1,633,657 1,078,565	5,010,379 4,951,031	4,374,653 4,292,318	9,117,541 7,060,867	1,389,730 1,715,289	2,933,568 2,507,416	4,403,210 3,587,488	7,015,995 10,143,384	\$ 8,255,945 \$ 8,829,898	\$ 19,367,978 \$ 17 196 859
5800 MRI			0.077690	320,934	574,111	159,575	724,218	771,441	2,048,068	236,865	540,812	575,933	1,531,852	\$ 1,488,815	\$ 3,887,209
6000 LAB	ORATORY OD STORING PROCESSING & TRAN	ue .	0.155905 0.298251	5,164,737 322,248	5,092,677 115,280	5,300,297 253,298	15,951,374 77,547	11,593,553 804,432	6,827,914 382,871	5,007,877 391,268	6,922,465 94,512	7,598,757 773,574	14,387,935 252,250	\$ 27,066,464 \$ 1,771,246	\$ 34,794,430 \$ 670,210
6500 RES	PIRATORY THERAPY	V 3.	0.338666	1,559,854	110,738	840,627	320,314	3,588,663	468,028	1,311,300	217,905	1,399,272	233,712	\$ 7,300,444	\$ 1,116,985
	SICAL THERAPY		0.749227	161,505	-	43,127	14,994	472,430	127,807	182,029	54,286	209,391	38,953	\$ 859,091	\$ 197,087
	EUPATIONAL THERAPY ECH PATHOLOGY	_	0.539929 0.520539	105,171 89,651	618	24,886 451,404	3,127 7,742	319,692 126,164	66,934 27,489	118,346 63,838	33,960 16,020	134,558 89,772	21,302 17,372	\$ 568,095 \$ 731,057	\$ 104,021 \$ 51,869
6900 ELE	CTROCARDIOLOGY		0.166111	1,283,903	1,325,830	280,377	1,220,021	1,447,065	1,654,015	511,035	638,335	962,714	1,984,723	\$ 3,522,380	\$ 4,838,201
	ICAL SUPPLIES CHARGED TO PATIEN DEV. CHARGED TO PATIENTS	NT	0.162672 0.308586	2,006,574 717,911	748,573 2,121,778	1,715,424 429,901	1,520,685 1,413,738	4,351,347 3,538,918	2,120,238 4,750,635	1,979,463 717.894	686,887 1,140,535	2,398,031 2,065,332	1,356,858 1,349,805	\$ 10,052,808 \$ 5,404,624	\$ 5,076,382 \$ 9,426,686
	IGS CHARGED TO PATIENTS		0.172052	10,197,117	9,335,933	6,661,589	7,505,060	19,465,597	22,666,867	9,498,840	6,182,743	12,462,004	10,400,126	\$ 45,823,144	\$ 45,690,604
	AL DIALYSIS		0.485415	371,747	-	26,152	4,572	1,111,895	205,009	667,787	84,240	104,377	93,726	\$ 2,177,581	\$ 293,821
7501 IV TI 9000 CLIN		_	0.164997 3.107422	62,497	110,186	371,131 9,926	24,894 9,500	422,051 109,431	133,276 28,433	200,349 47,352	36,153 14,141	195,619 56,257	48,020 15,933	\$ 993,531 \$ 229,206	\$ 194,323 \$ 162,260
9001 WOL	JND CARE		1.191172	- 02,497	- 110,100	2,488	55,236	2,829	288,408	1,343	76,826	1,311	102,045	\$ 6,661	\$ 420,470
9100 EME	RGENCY		0.508328	832,959	1,821,588	647,290	6,458,666	1,711,995	2,261,274	902,993	1,432,970	1,634,388	7,924,143	\$ 4,095,237	\$ 11,974,498
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (10/01/2021-09/30/2022)	SOUTH GEORGIA MEDICAL CENTER

		In-State Medica	aid FFS Primary	In-State Medicaid Managed Care Primary		In-State Medicare Fi Medicaid S	FS Cross-Overs (with Secondary)	In-State Other Me Included	dicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-Sta	%	
61	-												\$ -	<u>.</u>
62	-												\$ -	
63	-												\$ - \$ -	4
64 65	-												\$ - \$ -	4
66													\$ -	.1
67	-												\$ -	.1
68	-											\$ -	\$ -	-1
69	-											\$ -	\$ -	
70	-												\$ -	-1
71	-												\$ -	4
72 73	-											\$ - \$ -		4
74												\$ -		Η.
75												\$ -		.†
76	-											\$ -	\$ -	-7
77	-											\$ -		.]
78	-												\$ -	4
79	-											\$ -	\$ -	4
80 81	H											\$ - \$ -	\$ -	Η
82	-												\$ -	Η.
82 83													\$ -	.1
84 85	-												\$ -	-7
85	-												\$ -	
86	-											\$ -		_
87	-											\$ -		4
88	-												\$ -	4
89 90	-												\$ - \$ -	4
91													\$ -	Н.
92	-												\$ -	.1
93	-												\$ -	-7
94	-											\$ -	\$ -	
95	-											\$ -		
95 96 97	-											\$ -		4
98												\$ - \$ -		4
99												\$ -	-	4
100	-											\$ - \$ -	\$ -	.†
101	-											\$ -	\$ -	-1
102	-											\$ -	\$ -	-]
103	-											\$ -	\$ -	
104	-												\$ -	4
105 106	-								 				\$ -	4
106	-											\$ - \$ -		Н.
108													\$ -	.1
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112	-												\$ -	4
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114 115	-												\$ - \$ -	Η
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117													\$ -	.1
118	-												\$ -	-1
119	-											\$ -	\$ -	.]
120	-												\$ -	-1
121	-											\$ -		4
122	-												\$ -	4
123 124	-						-					\$ - \$ -	\$ - \$ -	4
124	-											\$ -	\$ -	.+
126	-											\$ -	\$.1
127	-												\$ -	-]
		\$ 28,757,187	\$ 30,517,128	\$ 26,814,591	\$ 60,737,905	\$ 64,056,591	\$ 69,070,950	\$ 27,818,749	\$ 27,800,836	\$ 43,532,747	\$ 63,444,582			

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

Cost Report Year (10/01/2021-09/30/2022) SOUTH GEORGIA MEDICAL CENTER

			In-State Medicaid FFS Primary			In-State Medicaid Managed Care Primary			In-State Medicare FFS Cross-Overs (with Medicaid Secondary)			In-State Other Medicaid Eligibles (Not Included Elsewhere)			Uninsured				Total In-State Medicaid			caid	%			
	Totals / Payments																									
128	Total Charges (includes organ acquisition from Section J)	\$	35,690,777	\$	30,517,128	\$	35,118,226	\$	60,737,905	\$	75,991,832	\$	69,070,950	\$	33,748,555	\$	27,800,836	\$ 51 (Agrees to	000,610 Exhibit A)		63,444,582 s to Exhibit A)	\$	180,549,390	\$	188,126,819	38.90%
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$	35,690,777	\$	30,517,128	\$	35,118,226	\$	60,737,905	\$	75,991,832	\$	69,070,950	\$	33,748,555	\$	27,800,836	\$ 51	000,610	\$	63,444,582					
131	Total Calculated Cost (includes organ acquisition from Section J)	\$	13,247,735	\$	6,844,576	\$	13,431,035	\$	13,367,011	\$	26,246,569	\$	14,409,918	\$	12,057,421	\$	6,073,816	\$ 16	481,980	\$	13,685,436	\$	64,982,760	\$	40,695,321	42.51%
132 133 134 135 136 137 138 139 140 141	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C) Medicare Total Payments Reported on Cost Report Year (See Note C) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Toss-Over Bad Delt Payments Other Medicare Cross-Over Bad Delt Payments Other Medicare Cross-Over Pad Delt Payments	\$	9,833,897 179,130 10,013,027	\$ \$ \$	6,051,761 6,262 6,058,023 69,865	\$ \$ \$	10,470,136 166,570 1,285 10,637,991	\$ \$ \$	9,864,117 186,509 9,369 10,059,995	\$ \$ \$	19,400,158 284,225 905,436	\$ \$ \$ \$ \$ \$ \$ \$	1,450,522 5,203 11,073,134 257,571 20,651	\$ \$ \$ \$	54,869 350,309 3,484,355 58,132 4,069,145 1,958,122 183,713	\$ \$ \$ \$	21,752 320,169 3,658,772 8,977 800,997 2,178,364	(Agrees to E.			o Exhibit B and B-1) 1.196.517	\$ \$ \$ \$ \$ \$ \$ \$	10,724,100 10,820,445 3,831,533 59,417 - 23,469,303 1,958,122 284,225 1,089,149	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7,524,035 10,184,286 3,856,746 18,346 69,865 - 11,874,131 2,178,364 257,571 21,842	
143 144	Payment from Hospital Uninsured During Cost Report Year (Cash Basis) Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Sec	ction E)																\$	-	\$	1,196,517					
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$	3,234,708 76%		716,688 90%	\$	2,793,044 79%	\$	3,307,016 75%	\$	4,819,938 82%	\$	1,602,837 89%	\$	1,898,776 84%	\$	(916,406) 115%	\$ 16	252,735 1%		12,488,919 9%	\$	12,746,466 80%	\$	4,710,135 88%	
147 148	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, C	ol. 6, Su	m of Lns. 2, 3,	4, 14, 16	6, 17, 18 less line	s 5 & 6	i)				37,626 27%															

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

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

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

Note D - Should include other Medicaid recross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cross-over payments in the claim of the medicaid Managed Care payments such as Outliers and Non-Claim Specific payments should be all Medicare Graduate Medical Education payments).

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

NOTE: Inpatient uninsured payment rate is outside normal ranges, please verify this

I. Out-of-State Medicaid Data:

21.01

Description	MacCold Conting Prom Section of Regular Conting Prom Section of Conting		Year (10/01/2021-09/30/2022)	SOUTH GEORGIA N	EDIONE CENTER										
Description	Marian Carlo Mari														
March Cent Centre Description March Centre Ma	Notice Cost Center Description Notice Cost					0.4 -6 01-4- 14	dissell EEO Deissen							T-4-1 O. 4 Of 1	Danas Mandianid
Course C	Description			Medicald Per	Medicaid Cost to	Out-or-State Med	dicaid FFS Primary	Pri	nary	(with inedical	d Secondary)	Included	Elsewnere)	Total Out-OI-	State Medicald
Part Coat Center Description Rodine Center	Live Color Control Dept.														
Price Section G Price Sect	Price Section														
Prof. Section Prof. Section Summery (Next A)	Professional Content of March Summary (New A) Summary (New A	Line #	Cost Center Description	Centers	Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Prof. Section Prof. Section Summary (Net A) Summary (Net A	Professional Content of March Summary (New A) Summary (New A														
Days	Summer Coate Content Bill below Summer y (max /) Summer y (max /			From Section G	From Section G										
3000 1000	2002 April 176 Tries 1.0 1			770111 00000011 0	770117 000110117 0	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)		
3000 1000	2002 April 176 Tries 1.0 1														
STATE STAT	STORY COLUMN STORY							Days		Days					
Commonweight Care Design September Care Design S															
Section Charges Section Ch	2000 Decided Application 1			\$ 1,711.97		б		151				348		505	
Company Comp	3000 2000			\$ -											
Control Charges S	Good Supervice													-	
September Sept	Good Charge Standard Outset A Barbor Charge Standard Charge	03500 OTH	IER SPECIAL CARE UNIT	\$ -										-	
Section Charges Section Ch	G000 Total Days per PSRR or Enhist Detail													_	
Add All	CASSO NARSERY \$ 763														
S						1		4		_					
Total Days per PSR or Enhith Datal		04300 INUR	NOEKI			1		4				-			
Total Days per PS&R or Enible Detail Unrecorded Days (Esplain Variance) Routine Charges Routi	Total Days pr PSAR or Enhalt Detail Total Days pr PSAR or Enhalt Details pr PSAR or Enhalt Details pr PSAR or Enhalt Details pr PSAR or Enhalt			- T											
S	Total Days per PSAR or Exhibit Detail Unrecording Days (Explain Variance)			\$ -										-	
S	Total Days per PSR or Enhalt Datal			\$ -										-	
Total Days per PS&R or Exhibit Detail Unrecorded Clays (Explain Varience) Author Charges Sample	Total Days PP SSR or Exhibit Detail Actillary Charges Routine			7										-	
Total Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance) Control Days per PS&R or Exhibit Detail Days per PS&R or Exhibit Days per PS&R or Exhibit Detail Days per PS&R or Exhibit Detail Days per PS&R or Exhibit Detail Days per PS&R or Exhibit Days per PS&R or Exhibi	Total Days per PS&R or Exhibit Detail Unrecornied Days (Epilain Variance) Continue Charges Sale	\vdash		- T										-	
Same	Total Days per PSRR or Enhibt Detail Unrecorded Days (Epidar Variance) Routine Charges Routine Charges S			\$ -	- / 15			200				707		- 4.007	
Routine Charges Routine Ch	Control Charges Routine Ch				i otai Days	41		389				191	l	1,227	
Routine Charges Routine Ch	Control Charges Routine Ch	Total Days p	per PS&R or Exhibit Detail			41		389		_		797	1		
Routine Charges S	Routine Charages \$ 48,510 \$ 1,907,745 \$ 1,252.14 \$ 1,256.79 \$ 1,255.70	, ,		(Evaloia Voriance)											
Routine Charges S	Routine Charages \$ 48,510 \$ 1,907,745 \$ 1,252.14 \$ 1,256.79 \$ 1,255.70			(⊏xpiain variance)											
Calculated Routine Charge Per Diem	Calculated Routine Charge Per Diem		•	(Explain variance)		Bouting Charges		Pouting Charges		- Poutine Charges		Pouting Charges		Bouting Charges	
Ancillary Cost Centers (from W/S C) (list below): Ancillary Charges Ancillary Cha	Ancillary Cost Centers (from W.S. C) (list below):	Rout	tine Charnes	(Explain variance)						- Routine Charges					
90200 Chesevation (Nort-Distinct) 9.72947 2.606 13.567 14.499 52.850 51.892 99.400 \$ 6.899 \$ 165.897 \$ 500.0 ChestaTing ROOM 5.692 5.602 5.582 5.602 5.582 5.602 5.582 5.602 5.582 5.602 5.582 5.602 5.582 5.602 5.582 5.602 5.582 5.602 5.582 5.602 5.582 5.602 5.582 5.602 5.582 5.602	Description (Non-Delinics) Description (N			Explain variance)		\$ 48,510		\$ 490,971		_		\$ 1,001,264		\$ 1,540,745	
\$1,000 \$2,000 \$1,000	5000 DEPENTING ROOM 0.241913 13.610 7.425 114.515 103.530 0.520 ELECTROP ROOM & LABOR ROOM 0.818847 13.166 c. 29.980 5.582 0.980 19.613 20 \$ 62.790 \$ 5.602 5.500 5.5002 5.5	I Calc	culated Routine Charge Per Diem			\$ 48,510 \$ 1,183.17		\$ 490,971 \$ 1,262.14		\$ -		\$ 1,001,264 \$ 1,256.29		\$ 1,540,745 \$ 1,255.70	
\$200 DELWERY ROOM & LABOR ROOM \$0.818847	DELIVERY ROOM & LABOR ROOM S. BEAT 13,166 - 29,980 5,582	Ancillary Co	culated Routine Charge Per Diem ost Centers (from W/S C) (list below):		0.700047	\$ 48,510 \$ 1,183.17 Ancillary Charges		\$ 490,971 \$ 1,262.14 Ancillary Charges		\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256.29 Ancillary Charges		\$ 1,540,745 \$ 1,255.70 Ancillary Charges	Ancillary Charges
\$300 ANESTHESIOLOGY	\$300 ANESTHESIOLOGY \$0.044747 \$4.113 \$2.988 \$2.454 \$26.266 \$4.4886 \$17.431 \$8.1433 \$4.6655 \$500 ARAIOLOGY-DIAGNOSTIC \$0.247278 \$7.971 \$22.622 \$103.297 \$20.2990 \$329.179 \$281.661 \$4.40,447 \$5.307273 \$500 CT SCAN \$0.045078 \$4.749 \$55.391 \$148.111 \$469.899 \$32.476 \$293.03 \$4.018 \$5.07273 \$500 DRING PROCESSING & TRANS \$0.15905 \$1.392 \$4.8342 \$4.95.648 \$532.100 \$9.47257 \$254.685 \$1.494.297 \$8.858.127 \$8.8880 \$1.200 STORING PROCESSING & TRANS \$1.259	Ancillary Co	culated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct)			\$ 48,510 \$ 1,183.17 Ancillary Charges 2,606	13,557	\$ 490,971 \$ 1,262.14 Ancillary Charges 14,499	52,850	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256.29 Ancillary Charges 51,892	99,490	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998	\$ 165,897
STOP CT SCAN	STOD CT SCAN 0.045078	Ancillary Co 09200 Obse 5000 OPE	culated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM		0.241913	\$ 48,510 \$ 1,183.17 Ancillary Charges 2,606 13,610	13,557 7,425	\$ 490,971 \$ 1,262.14 Ancillary Charges 14,499 114,515	52,850 103,530	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256.29 Ancillary Charges 51,892 172,211	99,490 82,951	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335	\$ 165,897 \$ 193,906
Second Nation Control	S800 MR	Ancillary Co 09200 Obse 5000 OPE 5200 DEL	culated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM IVERY ROOM & LABOR ROOM		0.241913 0.818847	\$ 48,510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166	13,557 7,425	\$ 490,971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980	52,850 103,530 5,582	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256.29 Ancillary Charges 51,892 172,211 19,613	99,490 82,951 20	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759	\$ 165,897 \$ 193,906 \$ 5,602
6300 LABORATORY 0.155005 51,392 48,342 495,648 532,100 947,257 254,685 8 1,494,297 \$ 835,127 \$ 6500 RESPIRATORY THERAPY 0.338666 872 1,596 92,493 20,401 947,257 254,685 314,297 \$ 835,127 \$ 6500 RESPIRATORY THERAPY 1,596 92,493 20,401 947,257 254,685 314,297 \$ 835,127 \$ 800 RESPIRATORY THERAPY 1,596 92,493 20,401 947,257 254,685 314,297 \$ 835,127 \$ 800 RESPIRATORY THERAPY 1,596 92,493 20,401 947,257 254,685 314,297 \$ 835,127 \$ 800 1,596 92,493 20,401 947,257 254,685 314,297 \$ 835,127 \$ 800 1,596 92,493 20,401 947,257 254,685 314,297 \$ 835,127 \$ 800 1,596 92,493 20,401 947,257 244,685 1,596 92,493 244,946 94,446	6000 LABORATORY 0.155005 51,332 48,342 495,648 532,00 947,257 254,685 51,494,297 5,000	Ancillary Co 09200 Obse 5000 OPE 5200 DEL 5300 ANE 5400 RAD	culated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) ervation (Non-Ossinct) ervation (Non-Ossi		0.241913 0.818847 0.064747 0.247278	\$ 48,510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971	13,557 7,425 - 2,968 22,622	\$ 490,971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297	52,850 103,530 5,582 26,266 202,990	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256.29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179	99,490 82,951 20 17,431 281,661	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273
Column C	6500 BLOOD STORING PROCESSING & TRANS. 0.288251 2,150 5.00 8.72 1,596 92,493 20,401 111,150 6,036 5 329,156 5 29,566 6600 Physical Therapy 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,590 - 1,690 - 1	Ancillary Co 09200 Obse 5000 OPE 5200 DELI 5300 ANE 5400 RAD 5700 CT S	culated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) ervation (Non-Ossinct) ervation (Non-Ossi		0.241913 0.818847 0.064747 0.247278 0.045078	\$ 48,510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971	13,557 7,425 - 2,968 22,622 55,391	\$ 490,971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111	52,850 103,530 5,582 26,266 202,990 469,969	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476	99,490 82,951 20 17,431 281,661 293,769	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130
6500 RESPIRATORY THERAPY	6500 RESPIRATORY THERAPY	Ancillary Co 09200 Obse 5000 OPE 5200 DELI 5300 ANE 5400 RAD 5700 CT S 5800 MRI	culated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) ervati		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690	\$ 48,510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749	13,557 7,425 - 2,968 22,622 55,391	\$ 490,971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,808	52,850 103,530 5,582 26,266 202,990 469,969 28,697	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256.29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303	99,490 82,951 20 17,431 281,661 293,769 40,163	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860
6700 Physical Therapy 1,509 - 16,801 1,869 28,134 4,946 3 46,444 \$ 6,815 6700 OCCUPATIONAL THERAPY 0,539929 625 - 9,620 1,040 16,732 3,273 3,283 2,843 3,946 3,444 \$ 6,815 1,954 1,040 1,564 1,040 1	6600 PHYSICAL THERAPY 0.749227 1,509 - 16,801 1,869 28,134 4,946 3 46,444 \$ 6,815 6,700 CCUPATIONAL THERAPY 0.539929 625 - 9,620 1,040 1,040 1,644 3 1,754 1,040 1,644 5 1,758 1,954 1,646 5 1,758 1,954 1,646 5 1,758 1,954 1,646	Ancillary Cc 09200 Obse 5000 OPE 5200 DEL 5300 ANE 5400 RAD 5700 CT S 5800 MRI 6000 LAB6	culated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM INERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC SCAN ORATORY		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905	\$ 48,510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 - 51,392	13,557 7,425 - 2,968 22,622 55,391 - 48,342	\$ 490,971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,808 495,648	52,850 103,530 5,582 26,266 202,990 469,969 28,697 532,100	\$ -	Ancillary Charges	\$ 1,012.64 \$ 1,256.29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257	99,490 82,951 20 17,431 281,661 293,769 40,163 254,685	\$ 1,540,745 \$ 1,255,70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127
6700 OCCUPATIONAL THERAPY 0.539929 625 - 9.820 1.040 16.732 3.273 3.273 3.26.977 \$ 4.313 6800 SPEECH PATHOLOGY 0.15611 2.581 4.704 60.389 47.426 116.446 51.758 179.615 19.045 10.15611 2.581 4.704 60.389 47.426 116.446 51.758 179.615 10.172 40.613 375.750 28.324 3.485.222 3.273 3.26.977 \$ 4.313 3.273 3	6700 OCCUPATIONAL THERAPY 0.539929 6.25 - 9.620 1.040 1.640 1.6732 3.273 5.26977 \$ 4.313 6800 SPEECH PATHOLOGY 0.520539 780 - 3.817 390 14.040 1.5646 51.758 116.446 51.758 179.416 5.000 5.20539 780 - 3.817 390 14.040 1.5646 51.758 1.6446 51.758 1.6446 51.758 1.6446 51.758 1.6446 51.758 1.6446 51.758 1.6466 51.7586 1.64666 51.7586 1.64666 51.7586 1.64666 51.7586	Ancillary Co 09200 Obse 5000 OPE 5200 DEL 5300 ANE 5400 RAD 5700 CT S 5800 MRI 6000 LAB6 6300 BLO	culated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) :RATING ROOM :IVERY ROOM & LABOR ROOM :STHESIOLOGY :IOLOGY-DIAGNOSTIC SCAN :ORATORY :OD STORING PROCESSING & TRANS		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13.610 13.166 4,113 7,971 4,749 51,392 2,159	13,557 7,425 - 2,968 22,622 55,391 - 48,342	\$ 490.971. \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,808 495,648 38,709	52,850 103,530 5,582 26,266 202,990 469,969 28,697 532,100 4,695	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150	99,490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 499,536 \$ 50,111 \$ 1,494,217 \$ 152,018	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731
6000 ELECTROCARDIOLOGY 0.166111 2.581 4.704 60.389 47.426 116.446 51.788 3.7550 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 28.324 5.7050 5.7050 28.324 5.7050	6000 ELECTROCARDIOLOGY 0.166111 2.581 4.704 60.389 47.426 116.446 51.758 3.750 28.321 3.7500 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.308586 -	Ancillary Cc 09200 Obse 5000 OPE 5200 DELI 5300 ANE 5400 RAD 5700 CT S 5800 MRI 6000 LABG 6300 BLO 6500 RES	culated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct): ERATING ROOM .URERY ROOM & LABOR ROOM .STHESIOLOGY .UICHY ROOM & LABOR ROOM .COMPANDED AND A COMPANDED .COMPANDED .COMPAND		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,006 13,610 13,166 4,113 7,971 4,749 - - 51,392 2,159 872	13,557 7,425 - 2,968 22,622 55,391 - 48,342 - 1,596	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,808 495,648 38,709 92,493	52,850 103,530 5,582 26,266 202,990 469,969 28,697 532,100 4,695	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 1111,50 301,586	99,490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 7,569	\$ 1,540.745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 5,0111 \$ 1,494,297 \$ 152,018 \$ 394,951	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566
T100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.182672 8.300 5.735 101.172 40.613 375.750 28.324 \$ 485.222 \$ 74.673 17.00 MPL DEV. CHARGED TO PATIENTS 0.308586 -	Trion MEDICAL SUPPLIES CHARGED TO PATIENT 0.162672 8,300 5,735 101,172 40,813 375,750 28,324 3 485,222 \$ 74,673 7200 MPL DEV. CHARGED TO PATIENTS 0.308586 -	Ancillary Cc (9200 Obse 5000 OPE 5200 DEL 5300 ANE 5400 RAD 5700 CT \$ 5800 MRI 6000 LABú 6300 BLO 6500 RES 6600 PHY	culated Routine Charge Per Diem cost Centers (from W/S C) (list below): ervation (Non-Distinct) :: RATING ROOM :: IVERY ROOM & LABOR ROOM :STHESIOLOGY :: STHESIOLOGY :: SIOLOGY-DIAGNOSTIC :: SCAN ORATORY ORATORY		0.241913 0.818847 0.064747 0.247278 0.045078 0.155905 0.298251 0.338666 0.749227 0.539929	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 - 51,392 2,159 872 1,500 625	13,557 7,425 - 2,968 22,622 55,391 - 48,342 - 1,596	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103.297 148,111 20,808 495,648 38,709 92,493 16,801 9,620	52,850 103,530 5,582 26,266 202,990 469,969 28,697 532,100 4,695 20,401 1,869	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 1 19,613 44,886 29,179 342,476 29,303 947,257 111,150 301,586 28,134 16,732	99,490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 7,569 4,946 3,273	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 49,442 \$ 26,977	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313
\$\begin{array}{c c c c c c c c c c c c c c c c c c c	Total Tota	Ancillary Cc 09200 Obse 5000 OPSE 5200 DELI 5300 ANE 5400 RAD 5700 CT S 5800 MRI 6300 BLO 6300 BLO 6500 RES 6600 PHY 6700 OCC 6800 SPE	culated Routine Charge Per Diem cost Centers (from W/S C) (list below): ervation (Non-Distinct) ::RATING ROOMVERY ROOM & LABOR ROOM ::STHESIOLOGYVIOLOGY-DIAGNOSTIC SCAN ORATORY ORATORY ORATORY SICKLE THERAPY SICKLE THERAPY CUPATIONAL THERAPY CUPATIONAL THERAPY CUPATIONAL THERAPY CECH PATHOLOGY		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520539	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,160 4,113 7,971 4,749 - 51,392 2,159 872 1,509 625 780	13,567 7,425 2,968 22,622 55,391 48,342 1,596	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,817	52,850 103,530 5,582 26,266 202,990 469,969 28,697 532,100 4,695 20,401 1,869 1,040	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,586 28,134 16,732 14,040	99,490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 7,569 4,946 3,273 1,564	\$ 1,540,745 \$ 1,255,70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 46,444 \$ 20,977 \$ 16,637	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954
7300 DRUGS CHARGED TO PATIENTS 0.172052 48,251 29,302 845,741 616,578 1,904,869 247,822 5 2,798,861 \$ 893,702 \$ 240,825 5 24,164 \$ 2	Table Tabl	Ancillary Cc 09200 Obses 5000 OPE 5200 DEL 5300 ANE 5400 RAD 5700 CT S 5800 MRI 6300 BLO 6500 RES 6600 PHY 6700 OCC 6800 SPE 6900 ELE	DISTORY PERAPY CORATIONY PERAPY CORATIONAL THERAPY CORATIONAL THERAPY CORATIONAL THERAPY CORATIONAL THERAPY CORATIONAL THERAPY CORRESPONDED CORR		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520539 0.166111	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 - 51,392 2,159 872 1,509 625 780 2,581	13,567 7,425 - 2,968 22,622 55,391 - 48,342 - 1,596 - - - 4,704	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,317 60,389	52,850 103,530 5,582 26,266 202,990 469,969 28,697 532,100 4,695 20,401 1,869 1,040 390 47,426	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,586 28,134 16,732 14,040 116,446	99,490 82,951 20 117,431 281,661 293,769 40,163 254,885 6,036 7,569 4,946 3,273 1,564 51,758	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 496,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 46,444 \$ 26,977 \$ 16,637 \$ 179,416	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 335,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,958
T400 RENAL DIALYSIS 0.486415 - 17.05 1.143 106.959 8.001 \$ 124.164 \$ 9.144 \$ 9.000 \$ 1.000	T400 RENAL DIALYSIS 0.485415 - 17.005 1.143 106,959 8.001 \$ 124,164 \$ 9.144 1.276 1.06,959 8.001 \$ 124,164 \$ 1.276 1.06,959 8.001 \$ 124,164 \$ 1.276 1.06,959 8.001 \$ 1.07422 8.000 \$ 1.07422 8.000 \$ 1.0742 \$ 1.0742 \$ 1.076 \$ 1.0742 \$ 1.074	Ancillary Cc 09200 Obse 5000 OPE 5200 DEL 5300 ANC 5400 RAD 5700 CT \$ 5800 MRI 6000 LAB 6300 BLO 6500 RES 6600 PHY 6700 OCC 6800 SPE 6900 ELEC 7100 MED	culated Routine Charge Per Diem cost Centers (from W/S C) (list below): ervation (Non-Distinct): ERATING ROOM JUERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN ORATORY OOD STORING PROCESSING & TRAN: EPIRATORY THERAPY SICAL THERAPY SUPATIONAL THERAPY ECH PATHOLOGY CIROCARDIOLOGY CIROCARDIOLOGY CIROCARDIOLOGY		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520539 0.166111 0.162672	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 - 51,392 2,159 872 1,509 625 780 2,581	13,567 7,425 2,968 22,622 55,391 - 48,342 - 1,596 - - 4,704 5,735	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,817 60,389 101,172	52,850 103,530 5,882 26,266 202,990 469,969 28,897 532,100 4,695 20,401 1,869 1,040 390 47,426 40,613	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,586 28,134 16,732 14,040 116,446 375,750	99,490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 7,569 4,946 3,273 1,564 51,758 28,324	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 46,444 \$ 26,977 \$ 18,637 \$ 116,637 \$ 179,416	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,880 \$ 335,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 174,673
7501 V THERAPY	Total V Therapy Control V Therapy	Ancillary Cc 09200 Obse 5000 OPE 5200 DEL 5300 ANE 5400 RAD 5700 CT S 5800 MRI 6000 LAB 6300 BLO 6500 RES 6600 PHY 6700 OCC 6800 SPE 6900 ELE 7100 MED	culated Routine Charge Per Diem cost Centers (from W/S C) (list below): ervation (Non-Distinct) ervat		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.336666 0.749227 0.539929 0.50539 0.166111 0.162672 0.3085867	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 - 51,392 2,159 872 1,509 625 780 2,581 8,300	13,567 7,425 - 2,968 22,622 55,391 - 1,596 	\$ 490.971. \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,817 60,389 101,172 15,770	52,850 103,530 5,582 26,266 202,990 469,969 28,697 532,100 4,695 20,401 1,669 1,040 390 47,426 40,613 15,731	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,866 28,134 16,732 14,040 116,446 375,750 126,818	99.490 82.951 20 17.431 281.661 293.769 40.163 254.685 6.036 7.569 4.946 3.273 1.564 51,758 28.324 15.403	\$ 1,540,745; \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335; \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 26,977 \$ 18,637 \$ 179,416 \$ 485,222 \$ 142,529	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134
901 WOUND CARE 1.191172 2 - 89 2.712 259 5.061 \$ 350 \$ 7.773 910 EMERGENCY 44.884 86,449 438,49 5 180,750 150,994 \$ 276,10 \$ 634,27 \$ 5 634,27 \$ 5 634,27 \$ 5 634,27 \$ 5 634,27 \$ 5 634,27 \$ 6 634,27	9001 WOUND CARE 1.191172 2	Ancillary Cc 09200 Obse 5000 OPE 5000 DELE 5300 ANE 5400 RAD 5700 CT S 5800 MRI 6000 LAB 6300 BLO 6300 BC 6700 OCC 6800 SPE 6900 SEE 7100 MED 7200 IMPL 7300 IMPL	culated Routine Charge Per Diem cost Centers (from W/S C) (list below): ervation (Non-Distinct)) ::RATING ROOM .!VERY ROOM & LABOR ROOM :STHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN ORATORY OD STORNING PROCESSING & TRANSPIRATORY THERAPY SICAL THERAPY SUPATIONAL THERAPY :ICH THERAPY :I		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.53929 0.520539 0.166511 0.162672 0.308586 0.172052	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 - 51,392 2,159 872 1,509 625 780 2,581 8,300	13,567 7,425 - 2,968 22,622 55,391 - 1,596 	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,808 495.648 38,709 92,493 16,801 9,620 3,817 60,389 101,172 15,710 845,741	52,850 103,530 5,582 26,266 202,990 469,969 28,697 532,100 4,695 20,401 1,869 1,040 390 47,426 40,613 15,731 616,578	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,586 28,134 16,732 14,040 116,446 375,750 120,818	99,490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 7,569 4,946 3,273 1,564 51,758 28,324 15,403 247,822	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300.335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 46,444 \$ 26,977 \$ 18,637 \$ 179,416 \$ 485,222 \$ 142,529 \$ 2,798,861	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134 \$ 833,702
9100 EMERGENCY 0.508328 8,411 44,384 86,449 438,849 180,750 150,994 \$ 275,610 \$ 634,227 \$	9100 EMERGENCY 0.508328 8,411 44,384 86,449 438,849 180,750 150,994 \$ 275,610 \$ 634,227 \$	Ancillary Cc 09200 Obse 5000 OPSe 6000 OPSe 7000 OPSe 7000	DISTANCE OF THE REPORT OF THE		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520539 0.1661111 0.162672 0.308586 0.172052 0.485415 0.164997	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 - 51,392 2,159 872 1,509 625 780 2,581 8,300 - 2,581 8,300 - 4,8251	13,567 7,425 2,968 22,622 55,391 48,342 1,596 4,704 5,735 	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103.297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,817 60,389 101,172 15,710 845,741 17,205 13,244	52,850 103,530 5,582 26,266 202,990 469,969 28,697 532,100 4,695 20,401 1,669 1,040 390 47,426 40,613 15,731 616,578 1,143 1,143	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,586 28,134 16,732 14,040 116,446 375,750 126,818 1,904,889 100,889	99,490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 4,946 3,273 1,564 51,758 28,324 15,403 247,822 8,001	\$ 1,540,745 \$ 1,255,70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 46,444 \$ 26,977 \$ 116,637 \$ 179,416 \$ 485,222 \$ 1,42,529 \$ 2,798,861 \$ 124,164	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134 \$ 893,702 \$ 9,144 \$ 9,145
		Ancillary Cc 09200 Obse 5000 OPE 5200 DEL 5300 ANL 5300 ANL 5400 RAD 5700 CT S 5800 MRI 6000 LAB 6300 BLO 6500 RES 6600 PHY 6700 OCC 6800 SPE 6900 ELE 7100 MED 7200 IMPL 7300 DRU 7400 REN 7501 IV TT 9000 CLIN	culated Routine Charge Per Diem cost Centers (from W/S C) (list below): ervation (Non-Distinct): ERATING ROOM JUERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN ORATORY ORATORY SPIRATORY THERAPY SICAL THERAPY JUPATIONAL THERAPY JUPATIONAL THERAPY JUCAL SUPPLIES CHARGED TO PATIENTS JUSC CHARGED TO PATIENTS		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520539 0.166111 0.162672 0.308586 0.172052 0.485415 0.164997 3.1074227	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 	13,567 7,425 2,968 22,622 55,391 - 48,342 - 1,596 - 4,704 5,735 - 29,302	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103,297 148,111 20,008 495,648 38,709 92,493 16,801 9,620 3,817 60,389 101,172 15,710 845,741 17,205 13,244 3,295	52,850 103,530 5,882 26,266 202,990 469,969 28,697 532,100 4,695 20,401 1,869 1,040 390 47,426 40,613 15,731 616,578 1,143 1,276	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,586 28,134 16,732 14,040 116,446 375,750 126,818 1,904,869 106,959 38,664 111,349	99,490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 7,569 4,946 3,273 1,564 51,758 28,324 15,403 247,822 8,001 2,381 1,620	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 46,444 \$ 26,977 \$ 18,637 \$ 179,416 \$ 485,222 \$ 142,529 \$ 12,798,861 \$ 124,164 \$ 52,191	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,880 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134 \$ 93,702 \$ 9,144 \$ 3,658 \$ 1,953
		Ancillary Cc 09200 Obse 5000 OPE 5200 DEL: 5300 ANE 5400 RAD 5400 RAD 5400 RAD 6500 RES 6600 PHY 6700 OCC 6800 SPE 7100 MED 7200 MED 7300 DRU 7400 RED 7501 N T9 9000 CLIM	DISTRIBUTION OF THE REPLY CONTROL THE REPLY CONTR		0.241913 0.81847 0.064747 0.247278 0.045078 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520511 0.162672 0.308586 0.172052 0.485415 0.164997 3.107422 1.191172	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 	13,567 7,425 2,968 22,622 55,391	\$ 490.971 \$ 1,262.14 Ancillary Charges	52,850 103,530 5,582 22,266 202,990 489,969 28,997 532,100 4,695 20,401 1,869 1,040 390 47,426 40,613 15,731 616,578 1,143 1,276 333 2,712	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,866 28,134 16,732 14,040 116,446 375,750 126,818 1,904,869 106,959 38,664 11,349 259	99.490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 4,946 3,273 1,564 51,758 28,324 15,403 247,822 8,001 2,381 1,520 5,061	\$ 1,540,745; \$ 1,255.70 Ancillary Charges \$ 68,998; \$ 300,335; \$ 62,759; \$ 81,453; \$ 440,447; \$ 495,336; \$ 50,111; \$ 1,494,297; \$ 115,2018; \$ 394,951; \$ 46,444; \$ 26,977; \$ 18,637; \$ 179,416; \$ 485,222; \$ 142,529; \$ 2,798,861; \$ 124,164; \$ 52,191; \$ 15,526; \$ 350,191; \$ 350	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134 \$ 833,702 \$ 9,144 \$ 1,953 \$ 1,953
		Ancillary Cc 09200 Obse 5000 OPE 5200 DEL: 5300 ANE 5400 RAD 5400 RAD 5400 RAD 6500 RES 6600 PHY 6700 OCC 6800 SPE 7100 MED 7200 MED 7300 DRU 7400 RED 7501 N T9 9000 CLIM	DISTRIBUTION OF THE REPLY CONTROL THE REPLY CONTR		0.241913 0.81847 0.064747 0.247278 0.045078 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520511 0.162672 0.308586 0.172052 0.485415 0.164997 3.107422 1.191172	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 	13,567 7,425 2,968 22,622 55,391	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103.297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,817 60,389 101,172 15,710 845,741 17,205 13,244 3,295 89	52,850 103,530 5,582 22,266 202,990 489,969 28,997 532,100 4,695 20,401 1,869 1,040 390 47,426 40,613 15,731 616,578 1,143 1,276 333 2,712	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,866 28,134 16,732 14,040 116,446 375,750 126,818 1,904,869 106,959 38,664 11,349 259	99.490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 4,946 3,273 1,564 51,758 28,324 15,403 247,822 8,001 2,381 1,520 5,061	\$ 1,540,745; \$ 1,255.70 Ancillary Charges \$ 68,998; \$ 300,335; \$ 62,759; \$ 81,453; \$ 440,447; \$ 495,336; \$ 50,111; \$ 1,494,297; \$ 115,2018; \$ 394,951; \$ 46,444; \$ 26,977; \$ 18,637; \$ 179,416; \$ 485,222; \$ 142,529; \$ 2,798,861; \$ 124,164; \$ 52,191; \$ 15,526; \$ 350,191; \$ 350	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134 \$ 833,702 \$ 9,144 \$ 1,953 \$ 1,953
		Ancillary Cc 09200 Obse 5000 OPE 5200 DEL: 5300 ANE 5400 RAD 5400 RAD 5400 RAD 6500 RES 6600 PHY 6700 OCC 6800 SPE 7100 MED 7200 MED 7300 DRU 7400 RED 7501 N T9 9000 CLIM	DISTRIBUTION OF THE REPLY CONTROL THE REPLY CONTR		0.241913 0.81847 0.064747 0.247278 0.045078 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520511 0.162672 0.308586 0.172052 0.485415 0.164997 3.107422 1.191172	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 	13,567 7,425 2,968 22,622 55,391	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103.297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,817 60,389 101,172 15,710 845,741 17,205 13,244 3,295 89	52,850 103,530 5,582 22,266 202,990 489,969 28,997 532,100 4,695 20,401 1,869 1,040 390 47,426 40,613 15,731 616,578 1,143 1,276 333 2,712	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,866 28,134 16,732 14,040 116,446 375,750 126,818 1,904,869 106,959 38,664 11,349 259	99.490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 4,946 3,273 1,564 51,758 28,324 15,403 247,822 8,001 2,381 1,520 5,061	\$ 1,540,745; \$ 1,255.70 Ancillary Charges \$ 68,998; \$ 300,335; \$ 62,759; \$ 81,453; \$ 440,447; \$ 495,336; \$ 50,111; \$ 1,494,297; \$ 152,018; \$ 498,336; \$ 179,416; \$ 29,977; \$ 18,637; \$ 179,416; \$ 485,222; \$ 142,529; \$ 2,798,861; \$ 142,164; \$ 52,191; \$ 15,526; \$ 350; \$ 275,610; \$ 350; \$ 275,610; \$ -5,526; \$ 350; \$ 275,610; \$ -5,526; \$ 350; \$ 275,610; \$ -5,526; \$ 350; \$ 275,610; \$ -5,526; \$ 350; \$ 275,610; \$ -5,526; \$ 350; \$ 275,610; \$ -5,526; \$ 350; \$ 275,610; \$ -5,526; \$ 350; \$ 275,610; \$ -5,526; \$ 350; \$ -5,526; \$ 350; \$ -5,526; \$ 350; \$ -5,526; \$ -5	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134 \$ 833,702 \$ 9,144 \$ 1,953 \$ 1,953
		Ancillary Cc 09200 Obse 5000 OPE 5200 DEL: 5300 ANE 5400 RAD 5400 RAD 5400 RAD 6500 RES 6600 PHY 6700 OCC 6800 SPE 7100 MED 7200 MED 7300 DRU 7400 RED 7501 N T9 9000 CLIM	DISTRIBUTION OF THE REPLY CONTROL THE REPLY CONTR		0.241913 0.818847 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520539 0.1665111 0.162672 0.308586 0.172052 0.485415 0.164997 3.107422 1.191172 0.508328	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 	13,567 7,425 2,968 22,622 55,391	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103.297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,817 60,389 101,172 15,710 845,741 17,205 13,244 3,295 89	52,850 103,530 5,582 22,266 202,990 489,969 28,997 532,100 4,695 20,401 1,869 1,040 390 47,426 40,613 15,731 616,578 1,143 1,276 333 2,712	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,866 28,134 16,732 14,040 116,446 375,750 126,818 1,904,869 106,959 38,664 11,349 259	99.490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 4,946 3,273 1,564 51,758 28,324 15,403 247,822 8,001 2,381 1,520 5,061	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 46,444 \$ 26,977 \$ 18,637 \$ 179,416 \$ 485,222 \$ 142,529 \$ 2,798,861 \$ 124,164 \$ 52,191 \$ 15,526 \$ 350 \$ 2,75610 \$ 50,112 \$ 1,5526 \$ 350 \$ 2,75610 \$ 350 \$	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,860 \$ 835,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134 \$ 833,702 \$ 9,144 \$ 1,953 \$ 1,953
		Ancillary Cc 09200 Obse 5000 OPE 5200 DEL: 5300 ANE 5400 RAD 5400 RAD 5400 RAD 6500 RES 6600 PHY 6700 OCC 6800 SPE 7100 MED 7200 MED 7300 DRU 7400 RED 7501 N T9 9000 CLIM	DISTRIBUTION OF THE REPLY CONTROL THE REPLY CONTR		0.241913 0.818847 0.064747 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520539 0.16611 0.162672 0.308586 0.172052 0.485415 0.164997 3.107422 1.191172 0.508328	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 	13,567 7,425 2,968 22,622 55,391	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103.297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,817 60,389 101,172 15,710 845,741 17,205 13,244 3,295 89	52,850 103,530 5,582 22,266 202,990 489,969 28,997 532,100 4,695 20,401 1,869 1,040 390 47,426 40,613 15,731 616,578 1,143 1,276 333 2,712	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,866 28,134 16,732 14,040 116,446 375,750 126,818 1,904,869 106,959 38,664 11,349 259	99.490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 4,946 3,273 1,564 51,758 28,324 15,403 247,822 8,001 2,381 1,520 5,061	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 46,444 \$ 26,977 \$ 18,637 \$ 179,416 \$ 485,222 \$ 144,529 \$ 124,164 \$ 52,191 \$ 124,164 \$ 52,191 \$ 15,526 \$ 350 \$ 275,610 \$	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,880 \$ 335,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134 \$ 893,702 \$ 9,144 \$ 3,658 \$ 1,953 \$ 7,773 \$ 634,227 \$ - 5
		Ancillary CC (1920) Obset (1920	DISTRIBUTION OF THE REPLY CONTROL THE REPLY CONTR		0.241913 0.818847 0.064747 0.064747 0.247278 0.045078 0.077690 0.155905 0.298251 0.338666 0.749227 0.539929 0.520539 0.16611 0.162672 0.308586 0.172052 0.485415 0.164997 3.107422 1.191172 0.508328	\$ 48.510 \$ 1,183.17 Ancillary Charges 2,606 13,610 13,166 4,113 7,971 4,749 	13,567 7,425 2,968 22,622 55,391	\$ 490.971 \$ 1,262.14 Ancillary Charges 14,499 114,515 29,980 32,454 103.297 148,111 20,808 495,648 38,709 92,493 16,801 9,620 3,817 60,389 101,172 15,710 845,741 17,205 13,244 3,295 89	52,850 103,530 5,582 22,266 202,990 489,969 28,997 532,100 4,695 20,401 1,869 1,040 390 47,426 40,613 15,731 616,578 1,143 1,276 333 2,712	\$ -	Ancillary Charges	\$ 1,001,264 \$ 1,256,29 Ancillary Charges 51,892 172,211 19,613 44,886 329,179 342,476 29,303 947,257 111,150 301,866 28,134 16,732 14,040 116,446 375,750 126,818 1,904,869 106,959 38,664 11,349 259	99.490 82,951 20 17,431 281,661 293,769 40,163 254,685 6,036 4,946 3,273 1,564 51,758 28,324 15,403 247,822 8,001 2,381 1,520 5,061	\$ 1,540,745 \$ 1,255.70 Ancillary Charges \$ 68,998 \$ 300,335 \$ 62,759 \$ 81,453 \$ 440,447 \$ 495,336 \$ 50,111 \$ 1,494,297 \$ 152,018 \$ 394,951 \$ 46,444 \$ 26,977 \$ 18,637 \$ 179,416 \$ 485,222 \$ 144,529 \$ 124,164 \$ 52,191 \$ 124,164 \$ 52,191 \$ 15,526 \$ 350 \$ 275,610 \$	\$ 165,897 \$ 193,906 \$ 5,602 \$ 46,665 \$ 507,273 \$ 819,130 \$ 68,880 \$ 335,127 \$ 10,731 \$ 29,566 \$ 6,815 \$ 4,313 \$ 1,954 \$ 103,888 \$ 74,673 \$ 31,134 \$ 893,702 \$ 9,144 \$ 3,658 \$ 1,953 \$ 7,773 \$ 634,227 \$ - 5

I. Out-of-State Medicaid Data:

			Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
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I. Out-of-State Medicaid Data:

	Cost Report Year (10/01/2021-09/30/2022) SOUTH GEORGIA MEDICAL CENTER							
		Out-of-State Med	icaid FFS Primary		icaid Managed Care mary	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	Total Out-Of-State Medicaid
112	-							\$ - \$ -
113	-							\$ - \$ -
114 115								\$ - \$ -
116								\$ - \$ - \$ -
117								\$ - \$ -
118								\$ - \$ -
119								\$ - \$ -
120	-							\$ - \$ -
121								\$ - \$ -
122 123	-							\$ - \$ - \$ -
123								
125								\$ - \$ -
126								\$ - \$ -
127								\$ - \$ -
		\$ 172,261	\$ 236,026	\$ 2,264,047	\$ 2,615,042	\$ - \$ -	\$ 5,270,323 \$ 1,604,923	
	Totals / Payments							
128	Total Charges (includes organ acquisition from Section K)	\$ 220,771	\$ 236,026	\$ 2,755,018	\$ 2,615,042	\$ -	\$ 6,271,587 \$ 1,604,923	\$ 9,247,376 \$ 4,455,991
129	Total Charges per PS&R or Exhibit Detail	\$ 220,771	\$ 236,026	\$ 2,755,018	\$ 2,615,042	\$ - \$ -	\$ 6,271,587 \$ 1,604,923	
130	Unreconciled Charges (Explain Variance)							•
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 89,309	\$ 57,360	\$ 961,302	\$ 590,431	\$ -	\$ 2,167,795 \$ 382,822	\$ 3,218,406 \$ 1,030,613
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 437	\$ 3,493		\$ 4.029		\$ 43,452 \$ 15,203	\$ 43,889 \$ 22,725
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	ţ	ψ 0,100	\$ 204,697	\$ 147,210		\$ 58,968 \$ 17,526	\$ 263,665 \$ 164,736
134	Private Insurance (including primary and third party liability)		\$ 9,281	\$ 83,125	\$ 81,656		\$ 77,932 \$ 82,836	\$ 161,057 \$ 173,773
135	Self-Pay (including Co-Pay and Spend-Down)				\$ 45		\$ 143	\$ - \$ 188
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 437	\$ 12,774	\$ 287,822	\$ 232,940		·	
137	Medicaid Cost Settlement Payments (See Note B)							\$ - \$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)							\$ - \$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)						\$ 1,000,324 \$ 143,504	\$ 1,000,324 \$ 143,504
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)						\$ 470,904 \$ 44,630	\$ 470,904 \$ 44,630
141	Medicare Cross-Over Bad Debt Payments					<u> </u>		\$ - \$ - \$ -
142	Other Medicare Cross-Over Payments (See Note D)							\$ - \$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 88.872	\$ 44,586	\$ 673,480	\$ 357,491	s - s -	\$ 516,215 \$ 78,980	\$ 1,278,567 \$ 481,057
143	Calculated Payment Shortrail / (Longrail) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	0%	22%	30%	39%	0% 0%	76% 79%	60% 53%
	edicalated a symbolic de a contrage of ever	070	22.70	3070	0570	0.0	1070	5070

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

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

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

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

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

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 of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (10/01/2021-09/30/2022)

SOUTH GEORGIA MEDICAL CENTER

Worksheet A Pro	ovider Tax Assessment Re	econciliation:				
1a Workin 2 Hospita	al Gross Provider Tax Assessr	and Account # that inclu	r)* des Gross Provider Tax Assessment e on the Cost Report (W/S A, Col. 2)	Expense \$ 4	mount 4,474,331 4,474,331	(WTB Account #) (Where is the cost included on w/s A?)
3 Differe	nce (Explain Here>)			\$	-	
Provid	ler Tax Assessment Reclassi Reclassification Code	ifications (from w/s A-6	of the Medicare cost report)			(Reclassified to / (from))
5	Reclassification Code					(Reclassified to / (from))
6	Reclassification Code					(Reclassified to / (from))
7	Reclassification Code					(Reclassified to / (from))
8 9 10 11 DSH U 12 13 14 15	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment	ider Tax Assessment Ar	iments (from w/s A-8 of the Medicare cost re ljustments (from w/s A-8 of the Medicare co	\$ 4	4,474,331	(Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from))
	,					
17 Gross	Allowable Assessment Not Inc	cluded in the Cost Report		\$	-	
• •	tionment of Provider Tax Ass		Medicaid & Uninsured:			
18	Medicaid Hospital	Charges Sec. G		-	2,379,576	
19	Uninsured Hospital	Charges Sec. G			1,445,193	
20	Total Hospital	Charges Sec. G		1,277	7,264,860	
21			ent to include in DSH Medicaid UCC		29.94%	
22	Medicaid Provider Tax A		ent to include in DSH Uninsured UCC	•	8.96%	
23 24	Uninsured Provider Tax A			\$		
	er Tax Assessment Adjustmen	•	10 D311 000	•		
25 F10VIde	or rax Assessment Aujustmen	11 10 12311 000		*		

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

^{**} The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and uninsured based on charges sec. g unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.