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

		DSH Version 6.02	2/10/2023
A. General DSH Year Information			
1. DSH Year:	Begin		
2. Select Your Facility from the Drop-Down Menu Provided:	EMORY JOHNS CREEK		
Identification of cost reports needed to cover the DSH Year; 3. Cost Report Year 1 4. Cost Report Year 2 (if applicable) 5. Cost Report Year 3 (if applicable)	Cost Report Begin Date(s) Begin Date(s) Cost Report End Date(s) O9/01/2022 Must also comp	plete a separale survey file for each cost report	Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES.
6. Medicaid Provider Number: 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab): 9. Medicare Provider Number:	Data 34486600A 0 0 0 110230		
B. DSH Qualifying Information Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.	with Sec. 1923(d) of the Social Security Act.		
During the DSH Examination Year. 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-alighte individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the	ges at the hospital that agreed to 5 DSH year? (in the case of a hospital in with staff privileges at the	DSH Examination Year (07/01/21 - 06/30/22) Yes	
hospital to perform nonemergancy obstetric procedures.) 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's impatients are predominantly under 18 years of age? 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?	re because the hospital's te because it did not offer non- al Medicaid DSH regulations	° N	
3a. Was the hospital open as of December 22, 1987?		ON	
3b. What date did the hospital open?		4/4/2017	

State of Georgia
Disproportionate Share Hospital (DSH) Examination Survey Part 1
For State DSH Year 2022

C. Disclosure of Other Medicaid Payments Received:

407,331	nts, bonus	407,331		Yes		e Hospital Specific limit for		propried by the financial and other	of whether the hospital received payment eligibility and payments provisions. urvey, and will be made available for	10/17/2023	Date	divya matai@emoryheatthcare.org Hospital CEO or CFO E-Mail	
\$ ale fiscal year. However, DSH payments should NOT be included.)	Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2021 - 06/30/2022 (Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (FMP), supplementals, quality payments, payments, capitalson payments received by the hospital fnot 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 here if paid on a SFY basis.	Hospital Services07/01/2021 - 06/30/2022		if your		Other Protest Herr. "New Hampshire Hospital Association v. Azar". We protest the inclusion of Commercial and Medicare payments for Dual Eligibles toward the Hospital Specific limit for	are Cost.	The following certification is to be completed by the hospital's CEO or CFO: hereby certify that the information in Sections A B. C. D. F. F. G. H. I. J. K and L. of the DSH-Survey files are true and accurate to the best of our ability and surnorted by the financial and other	records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the dain. Understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the duet date of the survey, and will be made available for inspection, when requested.		CFO	678-474-7040 Hospital CEO or CFO Telephone Number	related to this survey:
 Medicaid 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 NOT be included. 	 Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2021 - 06/30/2022 (Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid 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 	3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services07/01/2021 - 06/30/2022	Certification:	 Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Markining the federal share with an IGTOPE 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. 	Explanation for "No" answers:	Other Protest Item: "New Hampshire Hospital Association v. Azar" We prot	Medicaid DSH and the payment calculation reduction of Uncompensated Care Cost	The following certification is to be completed by the hospital's CEO or CFO: I hereby certify that the information in Sections A. B. C. D. F. F. G. H. J. K. and I.	records of the hospital. All Medicaid eligible patients, including those who hat on the claim. I understand that this information will be used to determine the Datalied support exists for all amounts reported in the survey. These record inspection when requested.	3/3	Hospital CEO or CFO Signature	Divya Matei Hospital CEO or CFO Printed Name	Contact Information for individuals authorized to respond to inquiries related to this survey.

Outside Preparer:	Name Dennis Willis	Title Senior Manager	Firm Name Southeast Reimbursement Group	Telephone Number 615-333-0655 ext 205	E-Mail Address dennis.willlis@srgllc.org		
Hospital Contact:	Name (Wendy Chen	Title Accounting Manager	Telephone Number 678-474-7049	E-Mail Address wendy chen@emoryhealthcare.org	Mailing Street Address 6325 Hospital Parkway	Mailing City, State, Zip Johns Creek, GA 30097	

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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 9/1/2021 8/31/2022 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. EMORY JOHNS CREEK 1. Select Your Facility from the Drop-Down Menu Provided: 9/1/2021 through 8/31/2022 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: 5/12/2023 Data Correct? If Incorrect, Proper Information EMORY JOHNS CREEK 4. Hospital Name: 344886600A 5. Medicaid Provider Number: 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab): 8. Medicare Provider Number: 110230 Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): Private 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: (09/01/2021 - 08/31/2022) 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 160,740 439,866 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) \$600,606 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) 2.569.330 10.283.699 \$12.853.029 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) \$2,730,070 \$10,723,565 \$13,453,635 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments: 5.89% 4.10% 4.46% 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

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 (09/01/2021 - 08/31/2022)

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)

46,654

(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

\$	-
	10,951,153
	10,070,984
\$	21,022,137

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 For

port data. If	the hospital has a more	e recent version	of the cost report,
e data should	d be updated to the hos	spital's version o	f the cost report.
rmulas can l	be overwritten as need	ed with actual da	ıta.

- 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

st t,	Total	Patient Revenues (Charg	es)	Co	ontractual Adjustmer		las below can be e known)	overw	itten if amounts		
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	lnį	patient Hospital	Outpa	tient Hospital	N	Ion-Hospital	Net	Hospital Revenue
	\$121,113,746.00 \$0.00 \$0.00 \$0.00 \$260,798,078.00 \$0.00	\$345,618,783.00 \$78,345,563.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	85,141,043 - - - - 183,336,914	\$ \$ \$	242,964,525 55,075,689	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	-	\$ \$ \$ \$	35,972,703 - - - 180,115,423 23,269,874 - - - 1,200,169
	\$4,040,758.00 \$ 385,952,582	\$ 423,964,346 Total from Above	\$ - \$ 809,916,928	\$	2,840,589 271,318,546	\$	298,040,213 om Above	\$	- 569,358,759	\$	240,558,169

29. Total Per Cost Report

Total Patient Revenues (G-3 Line 1)

809,916,928 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

Total Contractual Adj. (G-3 Line 2)

569,358,759

- 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

Unreconciled Difference (Should be \$0)

569,358,759 Unreconciled Difference (Should be \$0)

G. Cost Report - Cost / Days / Charges

	ine # 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
hospital. comple hospital h data should	All data in this section must be verified by the If data is already present in this section, it was sted using CMS HCRIS cost report data. If the has a more recent version of the cost report, the id be updated to the hospital's version of the cost ormulas can be overwritten as needed with actual data.			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
Ro	outine Cost Centers (list below):									
1 03	3000 ADULTS & PEDIATRICS	\$ 58,929,458	\$ -	\$ -	\$0.00	\$ 58,929,458	40,576	\$71,716,367.00		\$ 1,452.32
	3100 INTENSIVE CARE UNIT	\$ 15,489,759	\$ -	\$ -		\$ 15,489,759	6,031	\$36,167,981.00		\$ 2,568.36
	200 CORONARY CARE UNIT	\$ -		\$ -		\$ -	-	\$0.00		\$ -
	BURN INTENSIVE CARE UNIT	\$ -		\$ -		\$ -	-	\$0.00		\$ -
	3400 SURGICAL INTENSIVE CARE UNIT	\$ - \$ 5.122.999	\$ -	•		\$ -	- 0.470	\$0.00 \$13.229.398.00		\$ -
	3500 OTHER SPECIAL CARE UNIT 1000 SUBPROVIDER I	\$ 5,122,999 \$ -		\$ - \$ -		\$ 5,122,999 \$ -	2,176	\$13,229,398.00 \$0.00		\$ 2,354.32 \$ -
	1100 SUBPROVIDER II	\$ -	\$ -	•		\$ -	-	\$0.00		\$ -
	1200 OTHER SUBPROVIDER	\$ -	T	\$ -		\$ -	-	\$0.00		\$ -
	300 NURSERY	\$ 1,119,926		\$ -		\$ 1,119,926	2,672	\$4,040,758.00		\$ 419.13
11	NOT THE LETT	\$ -	7	\$ -		\$ -	-	\$0.00		\$ -
12		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
13		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
14		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
15		\$ -	\$ -	Ψ		\$ -	-	\$0.00		\$ -
16		\$ -		\$ -		\$ -	-	\$0.00		\$ -
17		\$ -	\$ -	•		\$ -	-	\$0.00		\$ -
18		\$ 80,662,142	\$ -	\$ -	\$ -	\$ 80,662,142	51,455	\$ 125,154,504		
19	Weighted Average									\$ 1,567.62
Ot	bservation 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
	Observation (Non-Distinct)		4.801			\$ 6.972.588	\$80.655.00	\$7,412,370.00	\$ 7.493.025	0.930544
20 092	200 Observation (Non-Distinct)		4,001		-	φ 0,972,300	\$60,033.00	\$7,412,370.00	Φ 7,493,023	0.930344
	anillary Cost Costana (from M/C Costaluding Cha	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
	ncillary Cost Centers (from W/S C excluding Obser	\$25,678,834.00	\$ -	\$ -		\$ 25,678,834	\$33,024,020.00	\$88,194,123.00	\$ 121,218,143	0.211840
	100 RECOVERY ROOM	\$25,678,834.00		\$ - \$ -		\$ 25,678,834	\$4,088,371.00	\$88,194,123.00		0.211840
	200 DELIVERY ROOM & LABOR ROOM	\$6,309,402.00		\$ -		\$ 6,309,402	\$15,555,408.00		\$ 15,605,408	0.404309
	300 ANESTHESIOLOGY	\$1,131,421.00	7	\$ -		\$ 1,131,421	\$6,017,663.00	\$15,768,698.00		0.404309
	400 RADIOLOGY-DIAGNOSTIC	\$12,154,100.00		\$ -		\$ 12,154,100	\$19,215,216.00	\$53,792,668.00		0.166477
	700 CT SCAN	\$2,777,637.00				\$ 2,777,637	\$19,133,334.00	\$41,200,902.00		0.046037
	800 MRI	\$2,684,877.00		\$ -		\$ 2,684,877	\$7,162,315.00	\$25,938,616.00		0.081112
	900 CARDIAC CATHETERIZATION	\$4,023,049.00		\$ -		\$ 4,023,049	\$7,208,630.00	\$10,660,104.00		0.225145
	000 LABORATORY	\$9,289,829.00		\$ -		\$ 9,289,829	\$56,237,073.00	\$35,896,217.00		0.100830
30 65	500 RESPIRATORY THERAPY	\$3,783,777.00	\$ -	\$ -		\$ 3,783,777	\$12,732,205.00	\$2,907,388.00	\$ 15,639,593	0.241936

G. Cost Report - Cost / Days / Charges

Line		Total Allowable	Intern & Resident Costs Removed on	RCE and Therapy 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	Ancillary Charges	Total Charges	Cost or Other Ratios
6600	PHYSICAL THERAPY	\$5,545,025.00	\$ -	\$ -	\$	5,545,025	\$11,528,785.00	\$8,763,931.00	\$ 20,292,716	0.273252
6900	ELECTROCARDIOLOGY	\$909,263.00	\$ -	\$ -	\$	909,263	\$10,161,427.00	\$5,890,254.00	\$ 16,051,681	0.056646
	ELECTROENCEPHALOGRAPHY	\$610,107.00	•	\$ -	\$		\$242,503.00	\$1,124,558.00		0.446291
	MEDICAL SUPPLIES CHARGED TO PATIENT			\$ -	\$		\$9,251,655.00	\$11,818,601.00		0.414217
	IMPL. DEV. CHARGED TO PATIENTS	\$13,062,509.00		\$ -	\$		\$5,317,714.00	\$10,454,010.00		0.828223
	DRUGS CHARGED TO PATIENTS	\$19,683,029.00		\$ -	\$		\$42,241,778.00	\$22,518,710.00		0.303936
	RENAL DIALYSIS	\$736,052.00		\$ -			\$1,679,982.00	\$176,928.00		0.396385
9100	EMERGENCY	\$16,477,836.00		\$ - \$ -		-, ,	\$21,382,640.00	\$49,469,898.00		0.232565
		\$0.00 \$0.00		\$ -	\$		\$0.00 \$0.00	\$0.00 \$0.00	\$ -	-
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		\$0.00	\$ -	\$ -	\$	-	\$0.00	\$0.00	\$ -	-

G. Cost Report - Cost / Days / Charges

			Intern & Resident	RCE and Therapy				I/P Routine		
Line		Total Allowable	Costs Removed on	Add-Back (If			I/P Days and I/P	Charges and O/P		Medicaid Per Diem /
#	Cost Center Description	Cost	Cost Report *	Applicable		Total Cost	Ancillary Charges		Total Charges	Cost or Other Ratios
		\$0.00	\$ - :	\$ -	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00			\$	-	\$0.00		\$ -	-
		\$0.00			\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00		<u> </u>	\$	-	\$0.00		\$ -	-
		\$0.00		•	\$	-	\$0.00	70.00	\$ -	-
		\$0.00		<u> </u>	\$	-	\$0.00		\$ -	-
		\$0.00			\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00			\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00 \$0.00		•	\$ \$	-	\$0.00 \$0.00	70.00	\$ - \$ -	-
		\$0.00		•	\$	-	\$0.00	\$0.00	<u> </u>	-
		\$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	1	\$ -	-
		\$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		<u> </u>	\$	-	\$0.00		\$ -	-
		\$0.00			\$	-	\$0.00		\$ -	-
		\$0.00		<u> </u>	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00			\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00		<u> </u>	\$ \$	-	\$0.00	70.00	\$ - \$ -	-
		\$0.00 \$0.00			\$	-	\$0.00 \$0.00	70.00	\$ -	-
		\$0.00			\$		\$0.00		\$ -	-
		\$0.00			\$		\$0.00		\$ -	-
		\$0.00		•	\$		\$0.00	\$0.00		-
		\$0.00		•	\$	-	\$0.00	\$0.00		-
	Total Ancillary	\$ 136,308,996			\$	136,308,996			•	
	Weighted Average	Ψ 100,000,000	Ψ ,	Ψ	Ψ	100,000,000	Ψ 202,201,014	Ψ 402,001,001	Ψ 004,702,420	0.209243
	Weighted Average									0.209243
				_						
	Sub Totals	\$ 216,971,138			\$ \$	216,971,138	\$ 407,415,878	\$ 402,501,051	\$ 809,916,929	
	NF, SNF, and Swing Bed Cost for Medicaid (Worksheet D. Part V. Title 19, Column 5-7, Li		report vvorksneet D-3,	Title 19, Column 3, L	Line 200 and	\$0.00				
	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost F	Report Worksheet D-3,	Title 18, Column 3, I	Line 200 and	\$0.00				
	Worksheet D, Part V, Title 18, Column 5-7, Li	<i>'</i>	oto Cubmit compant for	coloulation of cost \						
	NF, SNF, and Swing Bed Cost for Other Payer		не. эиртін ѕирроп тог (carculation of cost.)						
01	Other Cost Adjustments (support must be sub	omitted)								
	Grand Total				\$	216,971,138				
	Total Intern/Resident Cost as a Percent of Ot	her Allowable Cost				0.00%				

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

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

		Medicaid Per	Medicaid Cost to	In-State Medic	aid FFS Primary	In-State Medicaid M	anaged Care Primary	In-State Medicare Fi Medicaid S	FS Cross-Overs (with Secondary)	In-State Other Me Included E	dicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-Sta		%
	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		Survey to Cost Report Totals
		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			Totals
1 2 3	Routine Cost Centers (from Section G): 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	\$ 1,452.32 \$ 2,568.36		Days 1,423 377		Days 1,130 31		Days 1,262 169		Days 1,577 156		Days 1,691 110		Days 5,392 733		20.00% 14.04%
5 6 7	03200 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT 03500 OTHER SPECIAL CARE UNIT 04000 SUBPROVIDER I	\$ - \$ - \$ - \$ 2,354.32		9		497				59		25		- - - 565		27.44%
8 9 10 11	04100 SUBPROVIDER II 04200 OTHER SUBPROVIDER 04300 NURSERY	\$ - \$ - \$ 419.13 \$ -		115		315				63		88		- - 493		21.93%
12 13 14 15		\$ - \$ - \$ - \$ -												-		
16 17 18		\$ - \$ -	Total Days	1,924		1,973		1,431		1,855		1,914		7,183		17.85%
19 20	Total Days per PS&R or Exhibit Detail Unreconciled Days	(Explain Variance)		1,924		1,973		1,431		1,855		1,914				
21 21.01	Routine Charges Calculated Routine Charge Per Diem			Routine Charges \$ 5,173,911 \$ 2,689.14		Routine Charges \$ 5,802,271 \$ 2,940.84		Routine Charges \$ 3,900,615 \$ 2,725.80		Routine Charges \$ 4,866,180 \$ 2,623.28		Routine Charges \$ 4,425,499 \$ 2,312.17		Routine Charges \$ 19,742,977 \$ 2,748.57		19.48%
22	Ancillary Cost Centers (from W/S C) (from Section (1920) Observation (Non-Distinct)	on G):	0.930544	Ancillary Charges 5,190	Ancillary Charges 97,089	Ancillary Charges 5,826	Ancillary Charges 168,839	Ancillary Charges 2,008	Ancillary Charges 231,973	Ancillary Charges 2,368	Ancillary Charges 308,899	Ancillary Charges	Ancillary Charges 329,077	Ancillary Charges \$ 15,392	Ancillary Charges \$ 806,800	15.70%
23 24	5000 OPERATING ROOM 5100 RECOVERY ROOM		0.211840 0.187239	1,234,828 142,930	885,244 147,344	919,035 107,505	1,785,067 208,679	1,068,441 138,979	912,977 77,255	1,590,790 137,640	2,253,683 243,235	1,167,189 121,725	998,082 116,888	\$ 4,813,094 \$ 527,054	\$ 5,836,971 \$ 676,513	10.69%
25 26	5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY		0.404309	184,970	2,521	1,783,866	62,330		544	749,026	23,675	129,458	8,468	\$ 2.717.862	\$ 89.070	
27					407.070	447.747			4.44.200		200 700					
41	5400 RADIOLOGY-DIAGNOSTIC		0.051933 0.166477	198,087 393,922	187,272 360,652	147,717 213,262	336,521 851,885	136,664 464,047	141,382 647,326	238,149 505,993	366,766 1,089,252	159,134 709,402	170,781 1,101,983	\$ 2,717,862 \$ 720,617 \$ 1,577,224	\$ 1,031,941 \$ 2,949,115	9.68%
28	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN		0.166477 0.046037	393,922 568,700	360,652 241,809	213,262 279,930	851,885 1,021,868	464,047 597,288	647,326 502,931	505,993 580,841	1,089,252 973,722	159,134 709,402 784,357	170,781 1,101,983 1,949,415	\$ 720,617 \$ 1,577,224 \$ 2,026,759	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330	9.68% 8.81% 12.64%
	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5900 CARDIAC CATHETERIZATION		0.166477	393,922 568,700 151,378 635,725	360,652 241,809 181,562 12,070	213,262 279,930 196,540 2,590	851,885 1,021,868 489,114 5,180	464,047 597,288 262,658 143,039	647,326 502,931 306,223 213,580	505,993 580,841 291,074 181,817	1,089,252 973,722 707,205 228,118	159,134 709,402 784,357 368,838 356,520	170,781 1,101,983	\$ 720,617 \$ 1,577,224 \$ 2,026,759 \$ 901,650 \$ 963,171	\$ 1,031,941 \$ 2,949,115	9.68% 8.81%
28 29 30 31	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5900 CARDIAC CATHETERIZATION 6000 LABORATORY		0.166477 0.046037 0.081112 0.225145 0.100830	393,922 568,700 151,378 635,725 2,614,333	360,652 241,809 181,562 12,070 530,580	213,262 279,930 196,540 2,590 1,381,057	851,885 1,021,868 489,114 5,180 1,137,307	464,047 597,288 262,658 143,039 2,134,809	647,326 502,931 306,223 213,580 561,187	505,993 580,841 291,074 181,817 2,384,173	1,089,252 973,722 707,205 228,118 913,976	159,134 709,402 784,357 368,838 356,520 2,619,289	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296	\$ 720,617 \$ 1,577,224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,372	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 458,948 \$ 3,143,050	9.68% 8.81% 12.64% 9.98% 10.12% 17.30%
28 29 30 31 32 33	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5900 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY		0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252	393,922 568,700 151,378 635,725 2,614,333 510,884 500,792	360,652 241,809 181,562 12,070 530,580 138,355 101,524	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894	464,047 597,288 262,658 143,039 2,134,809 387,438 408,752	647,326 502,931 306,223 213,580 561,187 48,538 108,629	505,993 580,841 291,074 181,817 2,384,173 369,915 491,993	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870	159,134 709,402 784,357 368,838 356,520 2,619,289 151,053 283,594	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,469	\$ 720,617 \$ 1,577,224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,372 \$ 1,442,990 \$ 1,501,393	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 458,948 \$ 3,143,050 \$ 322,101 \$ 740,917	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79%
28 29 30 31 32 33 34	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAG CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6800 ELECTROCARDIOLOGY		0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646	393,922 568,700 151,378 635,725 2,614,333 510,884 500,792 62,888	360,652 241,809 181,562 12,070 530,580 138,355 101,524 32,723	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157	464,047 597,288 262,658 143,039 2,134,809 387,438 408,752 416,261	647,326 502,931 306,223 213,580 561,187 48,538 108,629 85,944	505,993 580,841 291,074 181,817 2,384,173 369,915 491,993 350,042	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541	159,134 709,402 784,357 368,838 356,520 2,619,289 151,053 283,594 421,818	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453	\$ 720,617 \$ 1,577,224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,372 \$ 1,442,990 \$ 1,501,393 \$ 1,027,861	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 458,948 \$ 3,143,050 \$ 322,101 \$ 740,917 \$ 483,365	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25%
28 29 30 31 32 33 34 35 36	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5900 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6900 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE	INT	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217	393,922 568,700 151,378 635,725 2,614,333 510,884 500,792 62,888 6,380 338,883	360,652 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395	464,047 597,288 262,658 143,039 2,134,809 387,438 408,752 416,261 111,064 265,453	647,326 502,931 306,223 213,580 561,187 48,538 108,629 85,944 12,784 75,828	505,993 580,841 291,074 181,817 2,384,173 369,915 491,993 350,042 6,380 362,937	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567	159,134 709,402 784,357 368,838 356,520 2,619,289 151,053 283,594 421,818 7,476	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518	\$ 720,617 \$ 1,577,224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,772 \$ 1,442,990 \$ 1,501,393 \$ 1,027,861 \$ 30,120 \$ 1,208,999	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 458,948 \$ 3,143,050 \$ 322,101 \$ 740,917 \$ 483,365 \$ 89,632 \$ 762,354	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05%
28 29 30 31 32 33 34 35 36 37	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RISSISCAL THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS	NT .	0.168477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223	393,922 568,700 151,378 635,725 2,614,333 510,884 500,792 62,888 6,380 338,883 233,842	360,652 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373	464,047 597,288 262,658 143,039 2,134,809 387,438 408,752 416,261 11,064 265,453 137,085	647,326 502,931 306,223 213,580 561,187 48,538 108,629 85,944 12,784 75,828 100,235	505,993 580,841 291,074 181,817 2,384,173 369,915 491,993 350,042 6,380 362,937 169,430	1,089_52 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462	159,134 709,402 784,357 368,838 356,520 2,619,289 151,053 283,594 421,818 7,476 194,667 228,757	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,469 137,518 145,657 92,640	\$ 720,617 \$ 1,577,224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,372 \$ 1,422,990 \$ 1,027,861 \$ 30,120 \$ 1,208,999 \$ 606,504	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 455,948 \$ 3,143,050 \$ 322,101 \$ 740,917 \$ 483,365 \$ 89,632 \$ 762,354 \$ 595,009	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78%
28 29 30 31 32 33 34 35 36 37 38 39	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	NT_	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303936 0.396385	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720,617 \$ 1,577,224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,372 \$ 1,422,990 \$ 1,027,861 \$ 30,120 \$ 1,208,999 \$ 606,504 \$ 5,848,594 \$ 401,040	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 458,948 \$ 3,143,050 \$ 322,101 \$ 740,917 \$ 483,365 \$ 98,632 \$ 762,354 \$ 595,009 \$ 2,264,248 \$ 2,264,248	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5900 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6900 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 7300 IMPL. DEV. CHARGED TO PATIENTS 7300 IMPLS CHARGED TO PATIENTS	INT .	0.168477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303936	393,922 568,700 151,378 635,725 2,614,333 510,884 500,792 62,888 6,380 338,883 233,842 1,818,932	360,652 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373	464,047 597,288 262,658 143,039 2,134,809 387,438 408,752 416,261 11,064 265,453 137,085 1,273,331	647,326 502,931 306,223 213,580 561,187 48,538 108,629 85,944 12,784 75,828 100,235 304,527	505,993 580,841 291,074 181,817 2,384,173 369,915 491,993 350,042 6,380 362,937 169,430 1,610,013	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759	159,134 709,402 784,357 368,838 356,520 2,619,289 151,053 283,594 421,818 7,476 194,667 229,757 1,868,826	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,469 137,518 145,657 92,640 867,296	\$ 720,617 \$ 1,577,224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,372 \$ 1,442,990 \$ 1,501,393 \$ 1,027,861 \$ 30,120 \$ 1,208,999 \$ 606,504 \$ 5,848,594	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 458,948 \$ 3,143,050 \$ 740,917 \$ 483,365 \$ 88,632 \$ 762,354 \$ 595,009 \$ 2,264,248	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	NT.	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303936 0.396385 0.252565	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720,617 \$ 1,577,224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,372 \$ 1,422,990 \$ 1,027,861 \$ 30,120 \$ 1,208,999 \$ 606,504 \$ 5,848,594 \$ 401,040	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 458,948 \$ 3,143,050 \$ 322,101 \$ 740,917 \$ 483,365 \$ 98,632 \$ 762,354 \$ 595,009 \$ 2,264,248 \$ 2,264,248	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	NT .	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273325 0.056846 0.446291 0.414217 0.828223 0.303535 0.303555 0.232565	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720.617 \$ 1,577.224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,372 \$ 1,442,990 \$ 1,501,393 \$ 1,027,861 \$ 30,120 \$ 1208,999 \$ 606,504 \$ 5,848,594 \$ 401,040 \$ 2,239,655 \$.	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 458,948 \$ 3,143,050 \$ 322,101 \$ 740,917 \$ 483,365 \$ 98,632 \$ 762,354 \$ 595,009 \$ 2,264,248 \$ 2,264,248	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	INT	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273325 0.056846 0.446291 0.441217 0.828233 0.303385 0.303585 0.232565	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720,617 \$ 1,577 24 \$ 2,026,759 \$ 901,650 \$ 993,171 \$ 8,514,379 \$ 1,150,1393 \$ 1,027,861 \$ 1,027,861 \$ 1,049,05 \$ 1,289,05 \$ 1,289,	\$ 1,031,941 \$ 2,949,1330 \$ 2,740,330 \$ 1,684,104 \$ 1,684,104 \$ 3,143,065 \$ 322,101 \$ 740,917 \$ 483,365 \$ 89,632 \$ 762,254 \$ 555,009 \$ 2,284,248 \$ 21,564 \$ 3,43,965 \$ 3,221,01 \$ 762,254 \$ 555,009 \$ 2,284,248 \$ 3,285 \$ 3,285	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	nt	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303336 0.232565	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720.617 \$ 1,577.224 \$ 2,026,759 \$ 901,650 \$ 963,171 \$ 8,514,372 \$ 1,442,990 \$ 1,501,393 \$ 1,027,861 \$ 30,120 \$ 1208,999 \$ 606,504 \$ 5,848,594 \$ 401,040 \$ 2,239,655 \$.	\$ 1,031,941 \$ 2,949,115 \$ 2,740,330 \$ 1,684,104 \$ 458,948 \$ 3,143,050 \$ 322,101 \$ 740,917 \$ 483,365 \$ 98,632 \$ 762,354 \$ 595,009 \$ 2,264,248 \$ 2,264,248	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	INT_	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303396 0.232565 0.232565	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720,617 \$ 1,577 24 \$ 2,026,759 \$ 90,165 \$ 90,165 \$ 1,501,303 \$ 8,514,317 \$ 8,514,317 \$ 1,501,303 \$ 1,027,861 \$ 1,208,999 \$ 606,504 \$ 1,008,999 \$ 5,648,594 \$ 2,239,655 \$ 2,239,655 \$ 2,239,655 \$ 2,239,655 \$ 2,239,655 \$ 3,548,594	\$ 1,031,941 \$ 2,949,1330 \$ 2,949,1330 \$ 1,684,148 \$ 458,948 \$ 3,143,948 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 483,365 \$ 702,354 \$ 702,354 \$ 702,354 \$ 2,264,246 \$ 2,154,248 \$ 4,631,966 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	NT .	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273325 0.056846 0.446291 0.414217 0.828233 0.303535 0.303555 0.305565	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720,617 \$ 1,577 24 \$ 2,026,759 \$ 90,165 \$ 90,165 \$ 1,501,303 \$ 8,514,317 \$ 8,514,317 \$ 1,501,303 \$ 1,027,861 \$ 1,208,999 \$ 606,504 \$ 1,008,999 \$ 5,648,594 \$ 2,239,655 \$ 2,239,655 \$ 2,239,655 \$ 2,239,655 \$ 2,239,655 \$ 3,548,594	\$ 1,031,941 \$ 2,949,1330 \$ 2,949,1330 \$ 1,684,148 \$ 458,948 \$ 3,143,948 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 483,365 \$ 702,354 \$ 702,354 \$ 702,354 \$ 2,264,246 \$ 2,154,248 \$ 4,631,966 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	INT	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273352 0.056846 0.446291 0.414217 0.828223 0.303936 0.303936 0.232565	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720.617 \$ 1,577.26 \$ 2,026,759 \$ 90,555 \$ 90,555 \$ 983,171 \$ 8,514,375 \$ 1,507,393 \$ 1,507,393 \$ 1,027,861 \$ 30,102 \$ 1,208,991 \$ 30,102 \$ 1,208,991 \$ 30,102 \$ 1,208,991 \$ 30,102 \$ 1,208,991 \$ 30,102 \$ 1,208,991 \$ 30,102 \$ 1,027,891 \$ 30,102 \$ 1,028,991 \$ 30,102	\$ 1,031,941 \$ 2,949,1330 \$ 2,949,1330 \$ 1,684,148 \$ 458,948 \$ 3,143,948 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 483,365 \$ 702,354 \$ 702,354 \$ 702,354 \$ 2,264,246 \$ 2,154,248 \$ 4,631,966 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	INT	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.3033936 0.232565 0.232565	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720,617 \$ 1,577 24 \$ 2,026,759 \$ 90,1650 \$ 90,1650 \$ 963,171 \$ 8,514,371 \$ 8,514,371 \$ 1,501,393 \$ 1,027,861 \$ 1,208,999 \$ 606,504 \$ 1,008,999 \$ 5,648,594 \$ 2,239,655 \$ 2,239,655 \$ 2,239,655 \$ 2,239,655 \$ 2,239,655 \$ 3,239,655 \$ 3,2	\$ 1,031,941 \$ 2,949,1330 \$ 2,949,1330 \$ 1,684,148 \$ 458,948 \$ 3,143,948 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 483,365 \$ 702,354 \$ 702,354 \$ 702,354 \$ 2,264,246 \$ 2,154,248 \$ 4,631,966 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	INT	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303936 0.232565 	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720,617 \$ 1,577 24 \$ 2,026,759 \$ 901,655 \$ 901,655 \$ 963,171 \$ 8,514,325 \$ 1,501,393 \$ 1,501,393 \$ 1,501,393 \$ 1,501,393 \$ 1,027,881 \$ 1,027,881 \$ 3,042,00 \$ 1,501,393 \$ 1,027,881 \$ 3,042,00 \$ 1,501,393 \$ 1,027,881 \$ 1,0	\$ 1,031,941 \$ 2,949,1330 \$ 2,949,1330 \$ 1,684,148 \$ 458,948 \$ 3,143,948 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 483,365 \$ 702,354 \$ 702,354 \$ 702,354 \$ 2,264,246 \$ 2,154,248 \$ 4,631,966 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	NT .	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056846 0.446291 0.414217 0.828223 0.30938 0.396385 0.232265	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720.617 \$ 1,577.26 \$ 2,026,759 \$ 90,555 \$ 90,555 \$ 90,555 \$ 963,171 \$ 8,514,325 \$ 1,501,393 \$ 1,027,861 \$ 30,102 \$ 1,028,965 \$ 30,102 \$ 1,028,965 \$ 30,102 \$ 1,028,965 \$ 30,102 \$ 1,028,965 \$ 30,102 \$ 1,028,965 \$ 30,102	\$ 1,031,941 \$ 2,949,1330 \$ 2,949,1330 \$ 1,684,148 \$ 458,948 \$ 3,143,948 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 483,365 \$ 702,354 \$ 702,354 \$ 702,354 \$ 2,264,246 \$ 2,264,246 \$ 3,345,345 \$ 3,455,345 \$ 3,455,34	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 34 45 36 37 38 39 40 41 42 44 45 55 55 55 55 55 57	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	INT	0.166477 0.046037 0.081112 0.225145 0.100830 0.241196 0.273252 0.056846 0.446291 0.414217 0.828223 0.309386 0.396385 0.2322665	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720.617 \$ 1,577.26 \$ 2,026,759 \$ 90,555 \$ 90,555 \$ 90,555 \$ 963,171 \$ 8,514,325 \$ 1,501,393 \$ 1,027,861 \$ 30,102 \$ 1,028,965 \$ 30,102 \$ 1,028,965 \$ 30,102 \$ 1,028,965 \$ 30,102 \$ 1,028,965 \$ 30,102 \$ 1,028,965 \$ 30,102	\$ 1,031,941 \$ 2,949,1330 \$ 2,949,1330 \$ 1,684,148 \$ 458,948 \$ 3,143,948 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 483,365 \$ 702,354 \$ 702,354 \$ 702,354 \$ 2,264,246 \$ 2,264,246 \$ 3,345,345 \$ 3,455,345 \$ 3,455,34	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%
28 29 30 31 32 33 33 34 35 36 37 38 39 40 41 42 43 44 44 45 50 51 55 55 55 55 55 55 55 55 55 56	5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN 5800 MRI 5800 CARDIAC CATHETERIZATION 6000 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6500 ELECTROCARDIOLOGY 7000 ELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIE 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	INT	0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303936 0.3396385 0.232565	993.922 568.700 151.378 635.725 2,614.333 510.884 500.792 62.888 6.380 338.883 233.842 1,816.932 67.562	360,682 241,809 181,562 12,070 530,580 138,355 101,524 32,723 12,906 107,564 76,939 414,130	213,262 279,930 196,540 2,590 1,381,057 174,753 99,856 198,670 6,296 241,726 66,147 1,146,318 5,478	851,885 1,021,868 489,114 5,180 1,137,307 41,808 233,894 192,157 31,380 304,395 204,373 973,832	464,047 597,288 262,658 143,039 2,134,809 387,438 406,752 416,261 11,064 265,453 137,085 1,273,331 253,474	647,326 502,931 306,223 213,580 561,187 48,538 100,629 89,944 12,784 10,235 30,4527 10,956	505.993 580.841 291.074 181.817 2.384.173 369.915 491.993 350.042 6.380 362.937 169.430 1,610.013 74.526	1,089,252 973,722 707,205 228,118 913,976 93,400 296,870 172,541 32,562 274,567 213,462 571,759 10,608	159.134 709,402 784.357 368.838 356.520 2.619.289 151.053 283.594 421.818 7,476 194.667 222.757 1,868.826 84.983	170,781 1,101,983 1,949,415 316,400 30,070 1,462,296 48,453 30,489 137,518 145,657 92,640 867,296	\$ 720,617 \$ 1,577 46 47 48 \$ 2,026,759 \$ 90,1557 48 \$ 90,155 \$ 90,	\$ 1,031,941 \$ 2,949,1330 \$ 2,949,1330 \$ 1,684,148 \$ 458,948 \$ 3,143,948 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 3,22,101 \$ 483,365 \$ 702,354 \$ 702,354 \$ 702,354 \$ 2,264,246 \$ 2,264,246 \$ 3,345,345 \$ 3,455,345 \$ 3,455,34	9.68% 8.81% 12.64% 9.98% 10.12% 17.30% 12.68% 12.79% 13.25% 9.44% 11.05% 9.78% 16.97% 30.38%

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

	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
61						\$ - \$ -
62 63						\$ - \$ - \$ - \$
64						\$ - \$ -
65						\$ - \$ -
66 67						\$ - \$ - \$ - \$
68						\$ - \$ -
69						\$ - \$ -
70						\$ - \$ -
71 72						\$ - \$ - \$ - \$
73						\$ - \$ -
74						\$ - \$ -
75 76						\$ - \$ - \$ -
77						\$ - \$ -
78						\$ - \$ -
79						\$ - \$ -
80 81						\$ - \$ - \$ -
82						\$ - \$ -
83						\$ - \$ -
84						\$ - \$ -
85 86						\$ - \$ -
87						\$ - \$ -
88						\$ - \$ -
89 90						\$ - \$ - \$ -
91						\$ - \$ -
92						\$ - \$ -
93						\$ - \$ -
94 95						\$ - \$ - \$ - \$
96						\$ - \$
97						\$ - \$ -
98						\$ - \$ - \$ -
99 100						\$ - \$ -
101						\$ - \$ -
102						\$ - \$ -
103 104						\$ - \$ -
105						\$ - \$ -
106						\$ - \$ -
107 108						\$ - \$ - \$ - \$
109						\$ - \$ -
110						\$ - \$ -
111						\$ - \$ -
112 113						\$ - \$ -
114						\$ - \$ -
115						\$ - \$ -
116						\$ - \$ -
117 118						\$ - \$ -
119						\$ - \$ -
120						\$ - \$ -
121						\$ - \$ -
122 123						\$ - \$ -
124						\$ - \$ -
125						\$ - \$ -
126 127						\$ - \$ - \$ - \$
121	\$ 10,340,436 \$ 4,268,916	\$ 7,229,647 \$ 10,311,788	\$ 8,808,936 \$ 4,897,865	\$ 10,705,332 \$ 9,849,429	\$ 10,658,021 \$ 12,323,064	- J [Φ -]

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

Cost Report Year (09/01/2021-08/31/2022) EMORY JOHNS CREEK

			In-State Medicaid FFS Primary				In-State Medicaid Managed Care Primary			In-State Medicare FFS Cross-Overs (with Medicaid Secondary)				In-State Other Med Included El	oles (Not	Uninsured				Total In-State Medicaid			%	
	Totals / Payments																							
128	Total Charges (includes organ acquisition from Section J)	\$	15,514,347	\$	4,268,916	\$	13,031,918	\$	10,311,788	\$	12,709,551	\$	4,897,865	\$	15,571,512	\$ 9,849,429		5,083,520 Exhibit A)	\$ 12,323,064 (Agrees to Exhibit A)	\$	56,827,328	\$	29,327,998	14.20%
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$	15,514,347	\$	4,268,916	\$	13,031,918	\$	10,311,788	\$	12,709,551	\$	4,897,865	\$	15,571,512	\$ 9,849,429	\$ 1	5,083,520	\$ 12,323,064]				
131	Total Calculated Cost (includes organ acquisition from Section J)	\$	5,329,719	\$	933,079	\$	4,824,149	\$	2,177,970	\$	4,011,331	\$	1,084,131	\$	5,149,978	\$ 2,112,636	\$	4,939,844	\$ 2,492,715	\$	19,315,177	\$	6,307,816	15.41%
132 133 134 135 136 137 138 139 140 141 142	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 Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Dett Payments Other Medicare Cross-Over Payments (See Note D) Payment from Hospital Uninsured During Cost Report Year (Cash Basis)	\$	3,207,337 167,393 3,374,730	\$ \$	650,963 6,352 657,315 113,780	\$	2,571,626 2,571,626	\$ \$	1,368,156 1,895 1,370,051	\$	2,635,343 22,849	\$	752,365 34,032	\$ \$	3,943,593	\$ 1,945,034 1,675	(Agrees to E	Exhibit B and 1) 160,740	(Agrees to Exhibit B and B-1)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,207,337 2,571,626 4,110,986 20 - - - 2,635,343 - 22,849	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	650,963 1,368,156 1,951,386 3,570 113,780 - 752,365 - 34,032	
144 145 146	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Sec Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	s s	1,954,989 63%	\$	161,984 83%	\$	2,252,523 53%	\$	807,919 63%	\$	1,353,129 66%	\$	297,734 73%	\$	1,206,375 77%	\$ 165,927 92%	\$	4,779,104 3%	\$ 2,052,849 18%	\$	6,767,016 65%	\$	1,433,564 77%	
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 Percent of cross-over days to total Medicare days from the cost report	ol. 6, Sur	m of Lns. 2, 3,	4, 14, 16	6, 17, 18 less line	es 5 & 6))				20,554 7%													

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 facial 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 should not the services profit including in the outline payments payments and state payments should not the services profit including and include all Medicaid Managed Care payments should not the services profit including in the notion payments.

I. Out-of-State Medicaid Data:

21.01

Cost Repo	ort Year (09/01/2021-08/31/2022)	EMORY JOHNS CR	EEK										
				Out of State Med	dicaid FFS Primary		icaid Managed Care mary	Out-of-State Medica	are FFS Cross-Overs		Medicaid Eligibles (Not Elsewhere)	Total Out Of	State Medicaid
		Medicaid Per	Medicaid Cost to	Out-or-State Med	alcald 11 3 Fillinary	FIL	ilaly	(With Medical	d Secondary)	included i	Lisewileie)	Total Out-OI-	State Medicald
		Diem Cost for	Charge Ratio for										
		Routine Cost	Ancillary Cost		.		.						
Line #	Cost Center Description	Centers	Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
				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)		
Routine Co	ost Centers (list below):			Days		Days		Days		Days		Days	
	DULTS & PEDIATRICS	\$ 1,452.32		63		Sujo		1		8		72	
	TENSIVE CARE UNIT	\$ 2,568.36		1						3		4	
	DRONARY CARE UNIT JRN INTENSIVE CARE UNIT	\$ - \$ -										-	
	JRGICAL INTENSIVE CARE UNIT	\$ -										-	
	THER SPECIAL CARE UNIT	\$ 2,354.32		7								7	
	JBPROVIDER I	\$ -										-	
	JBPROVIDER II THER SUBPROVIDER	\$ - \$ -											
04200 NU		\$ 419.13		5								- 5	
04000 110	SKOLKI	\$ -										-	
		\$ -										-	
		\$ -										-	
-		\$ - \$ -										-	
		\$ -											
		\$ -										-	
-			Total Days	76		-		1		11		88	
T	per PS&R or Exhibit Detail			76			i						
Total Days													
		(Explain Variance)				-		1		11			
	Unreconciled Days	(Explain Variance)				-	:	1		-			
, Do	Unreconciled Days	(Explain Variance)		Routine Charges		Routine Charges		Routine Charges		- Routine Charges		Routine Charges	
	Unreconciled Days	(Explain Variance)				Routine Charges				-		Routine Charges \$ 214,789 \$ 2.440,78	
1 Ca	Unreconciled Days outine Charges liculated Routine Charge Per Diem			Routine Charges \$ 175,375 \$ 2,307.57		\$ -		Routine Charges \$ 1,807 \$ 1,807.00		Routine Charges \$ 37,607 \$ 3,418.82		\$ 214,789 \$ 2,440.78	
1 Ca	Unreconciled Days butine Charges ilculated Routine Charge Per Diem Cost Centers (from W/S C) (list below)		0.000544	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges	Ancillary Charges		Ancillary Charges	Routine Charges \$ 1,807	Ancillary Charges	Routine Charges \$ 37,607	Ancillary Charges	\$ 214,789 \$ 2,440.78 Ancillary Charges	Ancillary Charges
1 Ca Ancillary (Unreconciled Days butine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below) servation (Non-Distinct)		0.930544 0.21840	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62	18,823	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00	Ancillary Charges	Routine Charges \$ 37,607 \$ 3,418.82	3,724	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62	\$ 23,915
Ancillary (09200 Ob 5000 OP 5100 RE	Unreconciled Days butine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below) beervation (Non-Distinct) JERATING ROOM COVERY ROOM		0.211840 0.187239	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046		\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00		Routine Charges \$ 37,607 \$ 3,418.82		\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046	Ancillary Charges \$ 23,915 \$ 127,686 \$ 11,187
Ancillary (09200 Ob 5000 OP 5100 RE 5200 DE	Unreconciled Days butine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below) servation (Non-Distinct) PERATING ROOM EUVERY ROOM ELIVERY ROOM LABOR ROOM		0.211840 0.187239 0.404309	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820	18,823 65,052 4,983	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00		Routine Charges \$ 37,607 \$ 3,418.82	3,724 62,634 6,204	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820	\$ 23,915 \$ 127,686 \$ 11,187 \$ -
Ancillary (09200 Ob 5000 OP 5100 RE 5200 DE 5300 AN	Unreconciled Days Juline Charges Juline Charges Juline Charge Per Diem Cost Centers (from W/S C) (list below) Seervation (Non-Distinct) ERATING ROOM ECOVERY ROOM LIVERY ROOM LESTHESIOLOGY		0.211840 0.187239 0.404309 0.051933	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872	18,823 65,052 4,983	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges	1,368	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges	3,724 62,634 6,204 12,702	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 1,872	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623
Ancillary (09200 Ob 5000 OP 5100 RE 5200 DE 5300 AN 5400 RA	Unreconciled Days butine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below) DERATING ROOM ECOVERY ROOM LIVERY ROOM & LABOR ROOM LIVERY ROOM & LABOR ROOM LISTHESIOLOGY DIOLOGY-DIAGNOSTIC		0.211840 0.187239 0.404309 0.051933 0.166477	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829	18,823 65,052 4,983 12,921 53,580	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges	1,368	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges	3,724 62,634 6,204 12,702 9,337	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 1,872 \$ 19,463	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154
Ancillary (09200 Ob 5000 OP 5100 RE 5200 DE 5300 AN 5400 RA 5700 CT 5800 MF	Unreconciled Days Juline Charges Juline Charges Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Charge Per Diem Cost Centers (from W/S C) (list below) SERVATING ROOM ECOVERY ROOM LIVERY ROOM LIVERY ROOM & LABOR ROOM JULINEST HESIOL OGY LDIOLOGY-DIAGNOSTIC SCAN RI		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872	18,823 65,052 4,983	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges	1,368	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges	3,724 62,634 6,204 12,702	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 20,46 \$ 26,820 \$ 1,872 \$ 19,463	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623
Ancillary (09200 Ob 5000 OP 5100 RE 5200 DE 5300 AN 5400 RA 5700 CT 5800 MF 5900 CA	Unreconciled Days butine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below) servation (Non-Distinct) FERATING ROOM ECOVERY ROOM ELIVERY ROOM & LABOR ROOM LESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN RRDIAC CATHETERIZATION		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152	18,823 65,052 4,983 12,921 53,580 82,586 12,216	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges 1,788 4,947 2,296	1,368 10,237 6,537 11,436	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges	3,724 62,634 6,204 12,702 9,337 3,582 2,296	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ -
Ancillary (09200 Ob 5000 OP 5100 RE 5200 DE 5300 AN 5400 RA 5700 CT 5800 MR 5900 CA 6000 LA	Unreconciled Days Justine Charges Justine Charges Justine Charge Per Diem Cost Centers (from W/S C) (list below) Justine Room Justine Ro		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152	18,823 65,052 4,983 12,921 53,580 82,586 12,216	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges 1,788 4,947	1,368 10,237 6,537	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges	3,724 62,634 6,204 12,702 9,337 3,582	\$ 214,789 \$ 2,440,78 \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480
Ancillary (09200 Ob 5000 OP 5100 RE 5200 DE 5300 AN 5400 RA 5700 CT 5800 MF 5900 CA 6000 LA 6500 RE	Unreconciled Days Justine Charges Idualited Routine Charge Per Diem Cost Centers (from W/S C) (list below) SERATING ROOM EOVERY ROOM ELIVERY ROOM & LABOR ROOM IESTHESIOLOGY JDIOLOGY-DIAGNOSTIC SCAN RI JRDIAC CATHETERIZATION BIOLAC CAT		0.211840 0.187239 0.404309 0.051933 0.166477 0.081112 0.225145 0.10830 0.241936	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135	18,823 65,052 4,983 12,921 53,580 82,586 12,216 75,501 2,824	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges 1,788 4,947 2,296 2,292	1,368 10,237 6,537 11,436 12,031	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708	3,724 62,634 6,204 12,702 9,337 3,582 2,296	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 20,46 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 15,135	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 2,824
Ancillary (09200 Ob 5000 OP 5100 RE 5200 DE 5300 AN 5400 RA 5700 CT 5800 MF 5900 CA 6000 LA 6500 RE 6600 PH	Unreconciled Days Justine Charges Justine Charges Justine Charge Per Diem Cost Centers (from W/S C) (list below) Justine Room Justine Ro		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152	18,823 65,052 4,983 12,921 53,580 82,586 12,216	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges 1,788 4,947 2,296	1,368 10,237 6,537 11,436	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges	3,724 62,634 6,204 12,702 9,337 3,582 2,296	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 100,293 \$ 15,135	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480
Ancillary (09200 Ob 5000 Op 5100 RE 5200 DE 5300 AN 5400 RA 5700 CT 5800 MF 5900 CA 66000 LA 6500 RE 6600 PH 6900 EL 7000 EL	Unreconciled Days Justine Charges Idulated Routine Charge Per Diem Cost Centers (from W/S C) (list below) JUSEPATING ROOM EUVERY ROOM EUVERY ROOM & LABOR ROOM JUSEPATING ROOM EUSTHESIOLOGY JOIOLOGY-DIAGNOSTIC SCAN RI JRDIAC CATHETERIZATION BORATORY SPIRATORY THERAPY HYSICAL THERAPY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCROCEPHALOGRAPHY		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477	18,823 65,052 4,983 12,921 53,580 82,586 12,216 75,501 2,824 775 5,487	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges 1,788 4,947 2,296 2,292 2,512	1,368 10,237 6,537 11,436 12,031	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 20,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 2,824 \$ 14,413 \$ 14,103 \$ 14,103
Ancillary (09200 Ob 5000 Ob 5000 Re 5200 DE 5300 AN 5400 RA 5700 CT 5800 MR 5900 CA 6000 LA 6500 RE 6600 PH 6900 EL 7100 EL	Unreconciled Days Junie Charges Junie Charges Junie Charge Per Diem Cost Centers (from W/S C) (list below) Junie Coverna		0.211840 0.187239 0.404309 0.051933 0.166477 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477	18,823 65,052 4,983 12,921 53,880 82,586 12,216 75,501 2,824 775 5,487 1,794 8,336	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges 1,788 4,947 2,296 2,292 2,512	1,368 10,237 6,537 11,436 12,031	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749	\$ 214,789 \$ 2,440,78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 18,72 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508 \$ 5,298	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 2,824 \$ 14,413 \$ 14,103 \$ 1,794 \$ 10,777
Ancillary (09200 Ob 5000 OP 5100 RE 5200 DE 5300 AN 5400 RA 5700 CT 5800 MF 5990 CA 6600 PA 6600 RE 6600 PE 7000 EL 7100 ME	Unreconciled Days Juline Charges Juline Charges Juline Charges Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Content Communication Juline Comm		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477 5,298 1,586	18.823 65.052 4.983 12.921 53.580 82.586 12.216 75.501 2.824 775 5.487 1.794 8.336 11.042	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges 1,788 4,947 2,296 2,292 2,512 4,636	1,368 10,237 6,537 11,436 12,031 8,287 4,867	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708 9,701 3,395	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749 2,441 6,976	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508 \$ 5,296 \$ 5,296 \$ 5,296 \$ 1,586	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 2,824 \$ 14,413 \$ 14,103 \$ 11,794 \$ 10,777 \$ 8,018
Ancillary (9200 Ob 5000 OP 5100 RE 5200 DE 5300 AN 5400 RA 5700 CT 5800 MR 5900 CA 6000 LA 6500 RE 6600 PH 6900 EL 7100 ME 7200 IMI 7300 DR	Unreconciled Days Junie Charges Junie Charges Junie Charge Per Diem Cost Centers (from W/S C) (list below) Junie Coverna		0.211840 0.187239 0.404309 0.051933 0.166477 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477	18,823 65,052 4,983 12,921 53,880 82,586 12,216 75,501 2,824 775 5,487 1,794 8,336	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges 1,788 4,947 2,296 2,292 2,512	1,368 10,237 6,537 11,436 12,031	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508 \$ 5,298 \$ 1,586	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 2,824 \$ 14,413 \$ 14,103 \$ 1,794 \$ 10,777
Ancillary 6 09200 Ob 5000 OP 5100 RE 5200 DE 5200 DE 5200 DE 5200 DE 5200 MR 5400 RA 5400 RA 6500 RE 6500 RE 6500 RE 6500 RE 7000 EL 7000 EL 7200 MR 7200 MR	Unreconciled Days Justine Charges Idulated Routine Charge Per Diem Cost Centers (from W/S C) (list below) Servation (Non-Distinct) FERATING ROOM ECOVERY ROOM ESTHESIOLOGY ADIOLOGY-DIAGNOSTIC SCAN RI INEDIAC CATHETERIZATION BORATORY ESPIRATORY THERAPY TYSICAL THERAPY ECTROCARDIOLOGY ECTROCARDIOLO		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303936	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477 5,298 1,586 47,207	18.823 65.052 4.983 12.921 53.580 82.586 12.216 75.501 2.824 775 5.487 1.794 8.336 11.042	\$ -	Ancillary Charges	Routine Charges \$ 1,807 \$ 1,807.00 Ancillary Charges 1,788 4,947 2,296 2,292 2,512 4,636	1,368 10,237 6,537 11,436 12,031 8,287 4,867	Routine Charges \$ 37,607 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708 9,701 3,395	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749 2,441 6,976	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508 \$ 5,298 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,826 \$	\$ 23,915 \$ 127,686 \$ 11,187 \$ \$ 25,623 \$ 73,154 \$ 92,705 \$ 92,705 \$ 95,480 \$ \$ 95,480 \$ 14,413 \$ 14,413 \$ 11,794 \$ 10,777 \$ 18,018 \$ 79,204
Ancillary 6 09200 Ob 5000 OP 5100 RE 5200 DE 5200 DE 5200 DE 5200 DE 5200 MR 5400 RA 5400 RA 6500 RE 6500 RE 6500 RE 6500 RE 7000 EL 7000 EL 7200 MR 7200 MR	Unreconciled Days Juline Charges Juline Charges Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Control Common Comm		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.826223 0.396365 0.396385	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477 5,298 1,586 47,207 1,876	18,823 65,052 4,983 12,921 53,580 82,586 12,216 75,501 2,824 775 5,487 1,794 8,336 11,042 73,127	\$ -	Ancillary Charges	Routine Charges \$ 1.807 \$ 1.807.00	1,368 10,237 6,537 11,436 12,031 8,287 4,867	Routine Charges \$ 37,007 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708 9,701 3,395	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749 2,441 6,976 3,706	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 32,104	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 14,413 \$ 14,103 \$ 1,794 \$ 10,777 \$ 18,018 \$ 79,204 \$ 1,826
Ancillary 6 09200 Ob 5000 OP 5100 RE 5200 DE 5200 DE 5200 DE 5200 DE 5200 MR 5400 RA 5400 RA 6500 RE 6500 RE 6500 RE 6500 RE 7000 EL 7000 EL 7200 MR 7200 MR	Unreconciled Days Juline Charges Juline Charges Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Control Common Comm		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303936 0.396385 0.232565	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477 5,298 1,586 47,207 1,876	18,823 65,052 4,983 12,921 53,580 82,586 12,216 75,501 2,824 775 5,487 1,794 8,336 11,042 73,127	\$ -	Ancillary Charges	Routine Charges \$ 1.807 \$ 1.807.00	1,368 10,237 6,537 11,436 12,031 8,287 4,867	Routine Charges \$ 37,007 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708 9,701 3,395	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749 2,441 6,976 3,706	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508 \$ 5,296 \$ 11,586 \$ 61,472 \$ 18,266 \$ 32,104 \$ 5	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 14,413 \$ 14,103 \$ 1,794 \$ 10,777 \$ 18,018 \$ 79,204 \$ 1,826
Ancillary 6 09200 Ob 5000 OP 5100 RE 5200 DE 5200 DE 5200 DE 5200 DE 5200 MR 5400 RA 5400 RA 6500 RE 6500 RE 6500 RE 6500 RE 7000 EL 7000 EL 7200 MR 7200 MR	Unreconciled Days Juline Charges Juline Charges Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Control Common Comm		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.826223 0.396365 0.396385	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477 5,298 1,586 47,207 1,876	18,823 65,052 4,983 12,921 53,580 82,586 12,216 75,501 2,824 775 5,487 1,794 8,336 11,042 73,127	\$ -	Ancillary Charges	Routine Charges \$ 1.807 \$ 1.807.00	1,368 10,237 6,537 11,436 12,031 8,287 4,867	Routine Charges \$ 37,007 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708 9,701 3,395	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749 2,441 6,976 3,706	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 32,104	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 14,413 \$ 14,103 \$ 1,794 \$ 10,777 \$ 18,018 \$ 79,204 \$ 1,826
Ancillary 6 09200 Ob 5000 OP 5100 RE 5200 DE 5300 AN 5400 RA 5400 RA 5400 RA 6500 RE 6500 RE 6500 RE 6500 RE 7000 EL 7000 EL 7100 MR 7200 MR 7300 DR	Unreconciled Days Juline Charges Juline Charges Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Control Common Comm		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.303936 0.396385 0.232565	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477 5,298 1,586 47,207 1,876	18,823 65,052 4,983 12,921 53,580 82,586 12,216 75,501 2,824 775 5,487 1,794 8,336 11,042 73,127	\$ -	Ancillary Charges	Routine Charges \$ 1.807 \$ 1.807.00	1,368 10,237 6,537 11,436 12,031 8,287 4,867	Routine Charges \$ 37,007 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708 9,701 3,395	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749 2,441 6,976 3,706	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 20,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,500 \$ 1,586 \$ 5,298 \$ 1,586 \$	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 14,413 \$ 14,103 \$ 1,794 \$ 10,777 \$ 18,018 \$ 79,204 \$ 1,826
Ancillary 6 09200 Ob 5000 OP 5100 RE 5200 DE 5200 DE 5200 DE 5200 DE 5200 MR 5400 RA 5400 RA 6500 RE 6500 RE 6500 RE 6500 RE 7000 EL 7000 EL 7200 MR 7200 MR	Unreconciled Days Juline Charges Juline Charges Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Control Common Comm		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.273252 0.056646 0.446291 0.414217 0.828223 0.396365 0.396385 0.232565	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477 5,298 1,586 47,207 1,876	18,823 65,052 4,983 12,921 53,580 82,586 12,216 75,501 2,824 775 5,487 1,794 8,336 11,042 73,127	\$ -	Ancillary Charges	Routine Charges \$ 1.807 \$ 1.807.00	1,368 10,237 6,537 11,436 12,031 8,287 4,867	Routine Charges \$ 37,007 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708 9,701 3,395	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749 2,441 6,976 3,706	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 18,72 \$ 19,463 \$ 34,913 \$ 61,08 \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586 \$ 1,586	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 14,413 \$ 14,103 \$ 1,794 \$ 10,777 \$ 18,018 \$ 79,204 \$ 2,826 \$ 79,204 \$ - \$ 79,205 \$ 210,189 \$ - \$ 210,189 \$ - \$ 210,189 \$ - \$ 210,189 \$ - \$ 210,189 \$ - \$ 210,189 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Ancillary 6 08200 Ob 5000 OP 5100 RE 5200 DE 5200 DE 5300 AN 6400 RA 6400 RA 6500 CA 6500 DE 6500 RE 6500 RE 6500 RE 7000 EL 7000 EL 7200 MM 7300 DR	Unreconciled Days Juline Charges Juline Charges Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Charge Per Diem Cost Centers (from W/S C) (list below) Juline Control Common Comm		0.211840 0.187239 0.404309 0.051933 0.166477 0.046037 0.081112 0.225145 0.100830 0.241936 0.241936 0.241936 0.446221 0.414217 0.828223 0.303936 0.396385 0.232555	Routine Charges \$ 175,375 \$ 2,307.57 Ancillary Charges 62 15,162 2,046 26,820 1,872 16,829 21,152 83,293 15,135 12,374 34,477 5,298 1,586 47,207 1,876	18,823 65,052 4,983 12,921 53,580 82,586 12,216 75,501 2,824 775 5,487 1,794 8,336 11,042 73,127	\$ -	Ancillary Charges	Routine Charges \$ 1.807 \$ 1.807.00	1,368 10,237 6,537 11,436 12,031 8,287 4,867	Routine Charges \$ 37,007 \$ 3,418.82 Ancillary Charges 846 8,814 3,812 14,708 9,701 3,395	3,724 62,634 6,204 12,702 9,337 3,582 2,296 7,948 5,351 3,749 2,441 6,976 3,706	\$ 214,789 \$ 2,440.78 Ancillary Charges \$ 62 \$ 15,162 \$ 2,046 \$ 26,820 \$ 1,872 \$ 19,463 \$ 34,913 \$ 6,108 \$ 100,293 \$ 15,135 \$ 24,587 \$ 42,508 \$ 5,298 \$ 1,586 \$ 61,472 \$ 1,826 \$ 32,104 \$ 32,104	\$ 23,915 \$ 127,686 \$ 11,187 \$ - \$ 25,623 \$ 73,154 \$ 92,705 \$ 25,948 \$ - \$ 95,480 \$ 14,413 \$ 14,103 \$ 1,794 \$ 10,777 \$ 18,018 \$ 79,204 \$ 1,826

I. Out-of-State Medicaid Data:

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

	Cost Report Year (09/01/2021-08/31/2022) EMORY JOHNS CREEK															
		Out-of-Sta	ite Medicai	id FFS Primary	Out-of-State M	Medicaid Ma Primary	naged Care		Medicare FFS ledicaid Secor	S Cross-Overs andary)		ther Medica	id Eligibles (Not lere)	Total O	ut-Of-State N	Medicaid
112														\$	- \$	-
113														\$	- \$	-
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124									_					\$	- \$	-
125	-													\$	- \$	-
126	-													\$	- \$	-
127														\$	- \$	-
		\$ 306	5,610 \$	614,996	s -	- s		\$ 22	688 \$	71,973	\$ 61.	957 \$	141,877			
	Totals / Payments															
128	Total Charges (includes organ acquisition from Section K)	\$ 481	,985 \$	614,996	\$ -	\$	-	\$ 24	495 \$	71,973	\$ 99,	564 \$	141,877	\$ 606	044 \$	828,846
129	Total Charges per PS&R or Exhibit Detail	e 404	.985 \$	614,996	•	-		\$ 24	495 \$	71,973	\$ 99	564 \$	141,877			•
130	Unreconciled Charges (Explain Variance)	\$ 401	,900 0	014,990	3			\$ 24	495 5	71,973	\$ 99,	304 J 3	141,011			
130	Officorioled Charges (Explain Variance)		<u> </u>			<u> </u>			<u> </u>			<u> </u>				
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 171	.977 \$	134,302	\$ -	. \$	-	\$ 4	467 \$	12.430	\$ 30.	191 \$	33,463	\$ 206	635 \$	180.195
	,									,						,
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 22	2,290 \$	9,316										\$ 22	290 \$	9,316
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)													\$	- \$	-
134	Private Insurance (including primary and third party liability)										\$ 20,	008 \$	26,391	\$ 20	008 \$	26,391
135	Self-Pay (including Co-Pay and Spend-Down)					\neg								\$	- \$	-
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 22	2,290 \$	9,316	\$ -	\$	-									
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)							\$ 6	374 \$	8,794				\$ 6	374 \$	8,794
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)													\$	- \$	-
141	Medicare Cross-Over Bad Debt Payments													\$	- \$	-
142	Other Medicare Cross-Over Payments (See Note D)													\$	- \$	-
143	O L L L LD	\$ 140														105.004
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 149	9,687 \$	124,986	\$ -	. \$	-	\$ (1	907) \$	3,636	\$ 10,	183 \$	7,072	\$ 157	963 \$	135,694

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 0 - 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.

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

Cost Report Year (09/01/2021-08/31/2022) EMORY JOHNS CREEK

In-State Medicare FFS Cross-Overs (with Medicaid Secondary) In-State Medicaid FFS Primary Total Total Revenue for Medicaid/ Cross-Additional Add-In Total Adjusted Useable Useable Organs Over / Uninsure Organs Useable Organs Useable Organs Useable Organs Useable Organs Acquisition Cost Cost Organs Sold (Count) Charges (Count) Charges (Count) (Count) (Count) Add-On Cost Factor on Section G, Line Organ Acquisition from Cost Report W/S D-4 Pt. III, Col. 1, Ln Cost Report From Paid Claims From Hospital's Own From Hospital's Own

		Pt. III, Col. 1, Ln 61	133 x Total Cost Report Organ Acquisition Cost	Cost and the Add- On Cost	Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	4, Pt. III, Line 62	Data or Provider Logs (Note A)	Internal Analysis	Internal Analysis							
	Organ Acquisition Cost Centers (list below):															
1	Lung Acquisition	\$0.00	\$ -	\$ -		0										
2	Kidney Acquisition	\$0.00	\$ -	\$ -		0										
3	Liver Acquisition	\$0.00	\$ -	\$ -		0										
4	Heart Acquisition	\$0.00	\$ -	\$ -		0										
5	Pancreas Acquisition	\$0.00	\$ -	\$ -		0										
6	Intestinal Acquisition	\$0.00	\$ -	\$ -		0										
7	Islet Acquisition	\$0.00	\$ -	\$ -		0										
8		\$0.00	\$ -	\$ -		0										
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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 H 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 (09/01/2021-08/31/2022) EMORY JOHNS CREEK

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

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

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

L. Provider Tax Assessment Reconciliation / Adjustment

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

Cost Report Year (09/01/2021-08/31/2022) EMORY JOHNS CREEK

Worksheet A Provider Tax Assessment Reconciliation:

				Dollar Amount	W/S A Cost Center Line	
1 Hospital	Gross Provider Tax Assessment (from general le	edger)*	\$	2,794,800		
1a Working	Trial Balance Account Type and Account # that	includes Gross Provider Tax Assessment	Cont	ractual Adjustment		(WTB Account #)
2 Hospital	Gross Provider Tax Assessment Included in Exp	pense on the Cost Report (W/S A, Col. 2)	\$	2,794,800	5.00	(Where is the cost included on w/s A?)
3 Difference	ce (Explain Here>)		\$			
Provide	r Tax Assessment Reclassifications (from w/s	A-6 of the Medicare cost report)				
4	Reclassification Code					(Reclassified to / (from))
5	Reclassification Code					(Reclassified to / (from))
6	Reclassification Code					(Reclassified to / (from))
7	Reclassification Code					(Reclassified to / (from))
DSH UC	C ALLOWABLE - Provider Tax Assessment Ad	djustments (from w/s A-8 of the Medicare cost report)				. "
8	Reason for adjustment		\$	(2,061,560)	5.00	(Adjusted to / (from))
9	Reason for adjustment					(Adjusted to / (from))
10	Reason for adjustment					(Adjusted to / (from))
11	Reason for adjustment					(Adjusted to / (from))
12 13 14 15	C NON-ALLOWABLE Provider Tax Assessment Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment the Provider Tax Assessment Expense Included in	nt Adjustments (from w/s A-8 of the Medicare cost report) the Cost Report	\$	733,240		
DSH UCC Provide	er Tax Assessment Adjustment:					
17 Gross Al	llowable Assessment Not Included in the Cost Re	eport	\$	2,061,560		
Apportio	onment of Provider Tax Assessment Adjustme	ent to Medicaid & Uninsured:				
18	Medicaid Hospital Charges Sec. G			87,590,216		
19	Uninsured Hospital Charges Sec. G			27,406,584		
20	Total Hospital Charges Sec. G			809,916,929		
21	Percentage of Provider Tax Assessment Adju	ustment to include in DSH Medicaid UCC		10.81%		
22	Percentage of Provider Tax Assessment Adj	ustment to include in DSH Uninsured UCC		3.38%		
23	Medicaid Provider Tax Assessment Adjustme		\$	222,952		
24	Uninsured Provider Tax Assessment Adjustn		\$	69,761		
25 Provider	Tax Assessment Adjustment to DSH UCC		\$	292,713		

^{*} 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.