DSH Version 8.11

2/10/2023

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey. EMORY HILLANDALE HOSPITAL 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 HILLANDALE HOSPITAL 4. Hospital Name: Yes 5. Medicaid Provider Number: 000000536U Yes 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab): 8. Medicare Provider Number: 110226 Yes Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): Non-State Govt. Yes Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year: State Name Provider No. 9. State Name & Number 10. State Name & Number 11. State Name & Number 12 State Name & Number 13. State Name & Number 14. State Name & Number 15. State Name & Number (List additional states on a separate attachment) E. Disclosure of Medicaid / Uninsured Payments Received: (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 35,396 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) 429,772 \$465,168 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) 347.651 2.940.222 \$3.287.873 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) \$383,047 \$3,369,994 \$3,753,041 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments: 9.24% 12.75% 12.39% 13. Did your hospital receive any Medicaid managed care payments not paid at the claim level? No Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments. 14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services 15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services 16. Total Medicaid managed care non-claims payments (see question 13 above) received \$-

8/31/2022

9/1/2021

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.

D. General Cost Report Year Information

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)	24,215 (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 Utilizati	ion Batio (LILID) Coloulation):
 Inpatient Hospital Subsidies 	
2. Inpatient 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	9,200,211
8. Outpatient Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges	17,948,309
9. Non-mospinal citating care citatiges 10. Total Charity Care Charges	\$ 27,148,520
	φ <u>21</u> ,146,520
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	Contractual Adjustments (formulas below can be overwritten if amounts
report data. If the hospital has a more recent version of the cost report	Contractadir regionation (contracto Delori del de Overwinden il amounto

report data. If the hospital has a more recent version of the cost report,	Total	Patient Revenues (Charge	s)		are known)		
the data should be updated to the hospital's version of the cost report.							
Formulas can be overwritten as needed with actual data.							
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital	\$67,483,299.00			\$ 52,389,370	\$-	\$ -	\$ 15,093,929
12. Subprovider I (Psych or Rehab)	\$0.00			\$ -	\$-	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF			\$0.00			\$ -	
15. Swing Bed - NF			\$0.00			\$ -	
16. Skilled Nursing Facility			\$0.00			\$ -	
17. Nursing Facility			\$0.00			\$ -	
18. Other Long-Term Care			\$0.00			\$ -	
19. Ancillary Services	\$110,589,279.00	\$173,885,855.00		\$ 85,853,874	\$ 134,992,961	\$ -	\$ 63,628,299
20. Outpatient Services		\$85,514,409.00			\$ 66,387,477	\$-	\$ 19,126,932
21. Home Health Agency			\$0.00			\$ -	
22. Ambulance	-	-	\$-	-	-	\$-	-
23. Outpatient Rehab Providers			\$0.00	\$-	\$-	\$-	\$ -
24. ASC	\$0.00	\$0.00		\$-	\$-	\$-	_\$
25. Hospice			\$0.00			\$ -	
26. Other	\$0.00	\$0.00	\$0.00	\$ -	\$-	\$-	\$-
27. Total	\$ 178,072,578	\$ 259.400.264	\$ -	\$ 138,243,243	\$ 201,380,439	s -	\$ 97,849,160
	\$ 176,072,576	1	+	\$ 130,243,243			\$ 97,649,100
28. Total Hospital and Non Hospital		Total from Above	\$ 437,472,842		Total from Above	\$ 339,623,682	
29. Total Per Cost Report	Total Patien	t Revenues (G-3 Line 1)	437,472,842	Total Con	tractual Adj. (G-3 Line 2)	338,155,106	
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on works	sheet G-3, Line 2 (impact is a	decrease in net patient					
revenue)						+	
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUE	DED 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 Rever	ue INCLUDED on worksheet	G-3. Line 2 (impact is a					
decrease in net patient revenue)		, (+ 2,659,081	
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patie	ent Care Cash Subsidies INCI	UDED on workshoot C				2,009,001	
3. Line 2 (impact is a decrease in net patient revenue)	ent Care Cash Subsidies INCL	ODED on worksheet G-					
					•	+	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INC	CLUDED on worksheet G-3, L	ine 2 (impact is an					
increase in net patient revenue)					-	1,190,505	
35. Adjusted Contractual Adjustments						339,623,682	
36. Unreconciled Difference	Unreconciled D	ifference (Should be \$0)	\$-	Unreconciled D	ifference (Should be \$0)	\$-	

G. Cost Report - Cost / Days / Charges

Cost Report Year (09/01/2021-08/31/2022) EMORY HILLANDALE HOSPITAL

	Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
hospi com hospit data sh	ital. If c npleted tal has iould be	data in this section must be verified by the data is already present in this section, it was l using CMS HCRIS cost report data. If the a more recent version of the cost report, the e updated to the hospital's version of the cost ulas can be overwritten as needed with actual data.	Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C. Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem
	Routi	ne Cost Centers (list below):									
1		ADULTS & PEDIATRICS	\$ 45,222,321	\$-	\$-	\$0.00	\$ 45,222,321	26,288	\$55,550,563.00		\$ 1,720.26
2	03100		\$ 4,696,973		\$ -		\$ 4,696,973	1,824	\$11,932,736.00		\$ 2,575.09
3	03200	CORONARY CARE UNIT	\$-	\$-	\$-		\$-	-	\$0.00		\$-
4	03300		\$		\$-		\$-	-	\$0.00		\$-
5		SURGICAL INTENSIVE CARE UNIT	\$-		\$-		\$-	-	\$0.00		\$ -
6			\$		\$ -		\$ -	-	\$0.00		\$ -
7	04000		\$		\$ -		\$ -	-	\$0.00		\$ -
8 9	04100	SUBPROVIDER II OTHER SUBPROVIDER	\$ - \$-	1 T	\$- \$-		<u>\$</u> - \$-	-	\$0.00 \$0.00		\$ \$
9 10		NURSERY			⇒ - \$ -		\$ -	-	\$0.00		\$ - \$ -
10	04300	NURSERT			- \$-		\$ -	-	\$0.00		\$ \$
12			- ۲		ş - \$ -		\$ -		\$0.00		\$ -
13			\$ -	1 T	\$ -		\$ -	-	\$0.00		\$ -
14			\$ -		\$ -		\$ -		\$0.00		\$ -
15			\$ -	Ψ	\$-		\$-	-	\$0.00		\$ -
16			\$-	\$ -	\$-		\$ -	-	\$0.00		\$ -
17			\$ -		\$ -		\$ -	-	\$0.00		\$ -
18 19		Total Routine Weighted Average	\$ 49,919,294	\$ -	\$ -	\$ -	\$ 49,919,294	28,112	\$ 67,483,299		\$ 1,775.72
	Obser	rvation 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
20		Observation (Non-Distinct)		3.897			\$ 6,703,853	\$1,523,670.00	\$5,591,502.00	\$ 7,115,172	0.942191
20	09200			5,097	-		μ 0,703,655	φ1,525,070.00	φ3,391,302.00	φ 1,113,172	0.542191
			Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4		Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
		ary Cost Centers (from W/S C excluding Obser								1	
21		OPERATING ROOM	\$7,679,959.00		\$ -		\$ 7,679,959	\$5,781,686.00	\$14,870,162.00		0.371878
22			\$14,631,007.00		\$ -		\$ 14,631,007	\$21,355,672.00	\$77,942,624.00		0.147344
23			\$2,552,405.00		\$ -		\$ 2,552,405	\$3,780.00	\$5,144,335.00	\$ 5,148,115	0.495794
24	6000		\$7,351,417.00		<u>\$</u> -		\$ 7,351,417	\$28,579,666.00	\$31,333,773.00	\$ 59,913,439	0.122701
25			\$4,096,582.00		\$ -		\$ 4,096,582	\$10,803,118.00	\$3,291,920.00		0.290640
26			\$3,716,406.00		\$ -		\$ 3,716,406	\$3,796,464.00	\$6,781,208.00		0.351344
27 28	6900 7000		\$714,939.00 \$149,102.00		\$ - \$-		\$ 714,939 \$ 149,102	\$7,431,021.00	\$10,933,406.00		0.038931 0.764406
28 29	7100		\$149,102.00 \$2,398,330.00		\$- \$-		\$ 149,102 \$ 2,398,330	\$127,984.00 \$1,762,926.00	\$67,072.00 \$2,172,796.00		0.609375
29 30		IMPL. DEV. CHARGED TO PATIENT	\$2,398,330.00		\$ - \$ -		\$ 2,398,330 \$ 2,189,605	\$1,762,926.00	\$2,172,796.00		0.609375
50	1200	INTE. DEV. CHANGED TO FATIENTS	φ2,103,003.00	Ψ -	Ψ -		Ψ <u>2,109,000</u>	φ 4 30,340.00	φ1,374,001.00	ψ 2,432,421	0.300173

G. Cost Report - Cost / Days / Charges

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

EMORY HILLANDALE HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable	т	otal 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
	DRUGS CHARGED TO PATIENTS	\$4,498,467.00		\$ -	\$	4,498,467	\$27,178,253.00	\$18,711,640.00		0.098027
	RENAL DIALYSIS	\$1,801,288.00			\$	1,801,288	\$3,310,364.00	\$662,838.00		0.453359
	EMERGENCY	\$22,058,607.00	<u> </u>	φ - \$ -	\$	22,058,607	\$10,259,794.00	\$68,139,443.00		0.281363
0.00					\$	-	\$0.00	\$0.00		-
		\$0.00			\$	-	\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -	\$	-	\$0.00	\$0.00		-
		\$0.00	\$-	\$-	\$	-	\$0.00	\$0.00	\$ -	-
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		\$0.00	\$ -	\$ -	\$	-	\$0.00	\$0.00	\$ -	-
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		\$0.00	\$-	\$-	\$	-	\$0.00	\$0.00	ծ -	-

G. Cost Report - Cost / Days / Charges

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

EMORY HILLANDALE HOSPITAL

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		Total Charges	Cost or Other Ratio
		\$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		T	\$	-	\$0.00	\$0.00		-
		\$0.00 \$0.00			\$ \$		\$0.00 \$0.00	\$0.00 \$0.00	<u>\$</u> - \$-	-
		\$0.00			\$	-	\$0.00	\$0.00		
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		\$0.00			\$	-	\$0.00	\$0.00		-
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		\$0.00			\$	-	\$0.00	\$0.00		-
		\$0.00			\$	-	\$0.00	\$0.00		-
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		\$0.00			\$	-	\$0.00	\$0.00		-
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		\$0.00			\$		\$0.00	\$0.00		-
		\$0.00			\$	-	\$0.00	\$0.00		-
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00		T	\$	-	\$0.00		\$-	-
		\$0.00	\$ -	\$-	\$	-	\$0.00	\$0.00		-
		\$0.00	\$-	\$-	\$	-	\$0.00	\$0.00	\$ -	-
	Total Ancillary	\$ 73,838,114	\$ -	\$-	\$	73,838,114	\$ 122,372,744	\$ 247,616,800	\$ 369,989,544	
	Weighted Average									0.21768
	Sub Totals	\$ 123,757,408	\$ -	\$ -	\$	123,757,408	\$ 189,856,043	\$ 247,616,800	\$ 437,472,843	
	SNF, and Swing Bed Cost for Medicaid (ksheet D, Part V, Title 19, Column 5-7, L	Sum of applicable Cost R				\$0.00	¢ 100,000,010	¢ 211,010,000	¢ 101,112,010	
	SNF, and Swing Bed Cost for Medicare (ksheet D, Part V, Title 18, Column 5-7, L		Report Worksheet D-3,	Title 18, Column 3,	Line 200 and	\$0.00				
	SNF, and Swing Bed Cost for Other Pay		ate. Submit support for	calculation of cost.)						
Othe	er Cost Adjustments (support must be sul	bmitted)								
	Grand Total				\$	123,757,408				
	I Intern/Resident Cost as a Percent of O					0.00%				

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

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

Cost Report Year (09/01/2021-08/31/2022) EMORY HILLANDALE HOSPITAL

			er Medicaid Cost to		In-State Medicaid M	anaged Care Primary	In-State Medicare Fl Medicaid S	FS Cross-Overs (with secondary)	In-State Other Me Included E	dicaid Eligibles (Not Elsewhere)	Unin	nsured	Total In-St	ate Medicaid	%	
Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	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			
3000 ADI 3100 INT 3200 CO 3300 BUI 3400 SUI 3500 OTI 4000 SUI 4100 SUI	It Centers (from Section G): ULTS & PEDIATRICS PEDNYE CARE UNIT RONARY CARE UNIT RONARY CARE UNIT ROIGAL INTENSIVE CARE UNIT HER SPECIAL CARE UNIT BPROVIDER I BPROVIDER II HER SUBPROVIDER RSERY	\$ 1.720.26 \$ 2.575.09 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		Days 2.763 326		Days 841 35		Days 1.956 202		Days 3.538 325 		Days 2.612 162 		Days 9,008 888		52.749 57.689
	er PS&R or Exhibit Detail Unreconciled Days (utine Charges	(Explain Variance)	Total Days	3,089 3,089 		876 876 		2,158 2,158 Routine Charges \$ 6,362,138		3,863 3,863 		2,774 2,774 Routine Charges \$ 7,450,744		9,986 Routine Charges \$ 28,334,446		45.75
	Iculated Routine Charge Per Diem			\$ 2,815.41		\$ 2,637.78		\$ 2,948.16		\$ 2,838.42		\$ 2,685.92		\$ 2,837.42		53.37
				Amelillem: Ohen	Anallian Ohan	Anallian Ohai	Analilan Ohan	An aillens Chan	Anneille Chan	Anallians Chan	Analilani Chan	Amaillans Chan	Analilani Chan	Amellion Oher	Amellion Ohe	
09200 Obs 5000 OPI 5400 RAI 5401 RAI 6000 LAB 6500 REI 6600 PH' 6900 ELE 7000 ELE 7100 MEI 7200 IME 7300 DR 7400 REI	st Centers (from W/S C) (from Section servation (k0n-Distint) EPATING ROOM DICLOGY-DIAGNOSTIC DICLOGY-DIAGNOSTIC DICLOGY-DIAGNOSTIC SPIRATORY THERAPY SOICAL THERAPY SCICAL THERAPY SCICAL THERAPY ECTROCOCARDIOLOGY ECTROEOCEPHALOGRAPHY DICAL SUPPLIES CHARGED TO PATIENTS NAL DIAL/SIS LIES CHARGED TO PATIENTS NAL DIAL/SIS IERGENCY		0.942191 0.371878 0.147344 0.495794 0.22201 0.290640 0.351344 0.038931 0.764406 0.609375 0.900173 0.098027 0.45359 0.281363 0.281	Ancillary Charges 127,759 227,759 686,683 1,649,763 1,649,763 3,854,046 1,375,990 327,395 818,113 24,725 183,695 33,753 3,269,125 47,476 1,271,915	Ancillary Charges Ancillary Charges 2,051,208 2,051,208 2,102 2,422,228 142,335 2,76,784 6,46,474 6,6,576 92,512 62,428 6,47,111 2,55,564 5,5586,075	Ancillary Charges 42,028 42,028 436,070,896 - 1,165,338 265,336 81,699 2211,571 5,480 69,421 9,338 1,264,759 125,212 125,21 125,212 125,212 125,21 125,212 125	Ancillary Charges 354.691 356.971 850.771 8.605.589 72.724 4.995.724 342.250 267.829 1,016.968 3,288 168.352 8.637 2.538.427 14.608 13,069.507	Ancillary Charges 65, 192 434, 155 1, 631, 507 2, 544, 187 1, 072, 096 338, 741 338, 741 348, 741 348, 741 349, 742 341, 776 341, 776 341, 776 341, 776 341 341, 776 341 341 341 341 341 341 341 341	Ancillary Charges 280,783 494,083 1755,329 172,587 881,741 122,884 2277,974 81,946 81,946 100,373 468,688 52,954 1,853,450	Ancillary Charges 204,729 004,851 3,235,971 4,288,873 1,954,246 662,230 1,212,805 22,352 312,688 708,811 4,120,028 668,228 1,517,797	Ancillary Charges 10.077.630 11.077.630 11.176.434 205.090 205	Ancillary Charges 158,916 158,916 158,916 158,916 158,916 2,736,225 3,372,819 888,737 292,638 663,261 162,21,36 153,334 39,728 3,438,141 164,340 14,96,522	Ancillary Charges 666.426 10.67.576 10.67.576 104.039 6.475.676 102.033 1.853.183 3.3288 138.818 65.714 4.155.747 94.952 16.560.347	\$ - \$ - \$ - \$ - \$ - \$	Ancilary Charges \$ 2.064.940 \$ 3.007.581 \$ 18.936.026 \$ 5.62.433 \$ 11.211.498 \$ 8.95.226 \$ 3.075.305 \$ 2.3.076 \$ 2.5.44.832.212 \$ 3.075.305 \$ 2.5.44.834 \$ 2.5.44.834 \$ 2.5.44.834 \$ 2.5.44.834 \$ 2.5.44.834 \$ 2.5.44.834 \$ 2.5.44.834 \$ 2.5.44.834 \$ 2.5.44.834 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	49.0 32.0 40.7 12.9 55.7 49.5 30.7 47.6 56.4 40.3 28.5 52.7 47.7
D9200 Obs 5000 OPI 5400 RAI 5401 RAI 6000 LAE 6600 PH' 6900 ELE 7000 ELE 7100 MEI 7200 IME 7300 DR 7400 REI	servation (Non-Distinct) TEATING ROOM DIOLOGY-DIAGNOSTIC DIDITION ONCOLLOGY BORATORY SPIRATORY THERAPY SPIRATORY THERAPY SOLAL THERAPY ECTROCOCARDIOLOGY ECTROENCEPHALOGRAPHY DICAL SUPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS		0.371678 0.147344 0.495794 0.122701 0.290640 0.351344 0.038831 0.764406 0.609375 0.900173 0.098027 0.453359 0.281363 - - - - - - - - - - - - -	127,759 688,683 1,649,763 2,854,046 1,375,990 327,395 818,113 24,725 183,895 33,753 3,269,125 47,476	382,831 537,308 2,051,208 71,028 2,482,228 182,335 278,784 646,474 6,576 92,512 52,428 647,111 25,564	42,028 350,730 970,896 1,165,338 255,336 81,699 211,571 5,480 69,421 9,338 1,264,759 1,25,212	354 691 859,771 8,605,589 72,724 4,995,724 342,250 267,829 1,016,968 3,288 166,352 88,537 2,538,427 1,4,608	85.792 434.155 1.631.507 2.544.187 1.072.086 338.741 594.096 9.022 160.945 41.449 2.317.776 511.280	289,788 434,068 1,755,329 112,587 881,741 115,814 129,884 277,974 3,288 81,946 100,373 486,868 52,954	294,729 904,851 3,235,971 4,288,873 1,954,246 662,230 1,212,805 22,352 312,688 79,811 4,121,028 668,228	1.037.630 1.176.434 6.623.900 306.094 2.851.805 254.837 762.715 1.133.889 9.864 211.291 180.100 1.672.428 172.169	158,916 695,813 2,736,225 3,372,819 888,737 292,638 863,261 22,136 153,334 39,728 3,438,141 164,340	686.426 462.683 10.667.576 104.039 6.475.676 467.105 102.033 1.855.183 3.288 133.818 65.714 4.155.747 9.4952	§ 550,308 \$ 2,378,419 § 2,378,419 § 7,488,137 § 1,1852,444 \$ 4,657,658 § 1,410,065 § 2,836,895 § 7,262,749 § 1,627,628 § 1,077,688 § 1,077,688 § 1,077,688 \$ - > -	\$ 2.064,940 \$ 3.007,581 \$ 18.936,026 \$ 562,433 \$ 11,211,498 \$ 895,226 \$ 14,392,112 \$ 3075,305 \$ 23,016 \$ 554,4101 \$ 554,4101 \$ 554,4101 \$ 525,102,506 \$ 25,2525 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 25,205 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 <td>49.07 32.02 40.70 12.98 55.77 49.50 30.77 47.67 56.44 40.30 28.59 52.77 47.74</td>	49.07 32.02 40.70 12.98 55.77 49.50 30.77 47.67 56.44 40.30 28.59 52.77 47.74
09200 Obs 5000 OP 5400 RAI 5401 RAI 6000 LAE 6600 PH 6900 ELE 7000 ELE 7100 MEI 7200 IME 7200 IME 7300 DR	servation (Non-Distinct) TEATING ROOM DIOLOGY-DIAGNOSTIC DIDITION ONCOLLOGY BORATORY SPIRATORY THERAPY SPIRATORY THERAPY SOLAL THERAPY ECTROCOCARDIOLOGY ECTROENCEPHALOGRAPHY DICAL SUPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS		0.371678 0.147344 0.495794 0.122701 0.280640 0.351344 0.0389315 0.900173 0.453359 0.281363 - - - - - - - - - - - - -	127,759 688,683 1,649,763 2,854,046 1,375,990 327,395 818,113 24,725 183,895 33,753 3,269,125 47,476	382,831 537,308 2,051,208 71,028 2,482,228 182,335 278,784 646,474 6,576 92,512 52,428 647,111 25,564	42,028 350,730 970,896 1,165,338 255,336 81,699 211,571 5,480 69,421 9,338 1,264,759 1,25,212	354 691 859,771 8,605,589 72,724 4,995,724 342,250 267,829 1,016,968 3,288 166,352 88,537 2,538,427 1,4,608	85.792 434.155 1.631.507 2.544.187 1.072.086 338.741 594.096 9.022 160.945 41.449 2.317.776 511.280	289,788 434,068 1,755,329 112,587 881,741 115,814 129,884 277,974 3,288 81,946 100,373 486,868 52,954	294,729 904,851 3,235,971 4,288,873 1,954,246 662,230 1,212,805 22,352 312,688 79,811 4,121,028 668,228	1.037.630 1.176.434 6.623.900 306.094 2.851.805 254.837 762.715 1.133.889 9.864 211.291 180.100 1.672.428 172.169	158,916 695,813 2,736,225 3,372,819 888,737 292,638 863,261 22,136 153,334 39,728 3,438,141 164,340	686.426 462.683 10.667.576 104.039 6.475.676 467.105 102.033 1.855.183 3.288 133.818 65.714 4.155.747 9.4952	\$ 550,388 \$ 2,378,419 \$ 7,488,137 \$ 11,852,444 \$ 4,657,658 \$ 1,410,065 \$ 2,836,585 \$ 2,836,585 \$ 2,836,585 \$ 164,351 \$ 1,372,196 \$ - \$	\$ 2.064,940 \$ 3.007,581 \$ 18.936,026 \$ 562,433 \$ 11.211,498 \$ 805,262 \$ 14.39,212 \$ 3075,305 \$ 23,016 \$ 554,4101 \$ 554,4101 \$ 554,4101 \$ 554,102,506 \$ 25,102,506 \$ -	49.0 32.0 40.7 12.9 55.7 49.5 30.7 47.6 56.4 40.3 28.5 52.7 47.7

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

Cost Report Year (09/01/2021-08/31/2022) EMORY HILLANDALE HOSPITAL

	 		In-State Medicaid FFS Primary	In-State Medicaid Managed Care Primary		In-State Medicare FF Medicaid S	S Cross-Overs (with Secondary)	In-State Other Me Included I	dicaid Eligibles (Not Elsewhere)	Unin	sured		te Medicaid
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (09/01/2021-08/31/2022) EMORY HILLANDALE HOSPITAL

	Totals / Payments	In-State Medicai	d FFS Primary	In-State Medicaid	Managed Care Primary		are FFS Cross-Ovi caid Secondary)	ers (with	In-State Other Medicaid Eligibles (No Included Elsewhere)	Uninsured	Total In-State Medicaid %
128	Total Charges (includes organ acquisition from Section J)	\$ 22,369,241	\$ 13,042,462	\$ 7,319,645	\$ 32,398,265	\$ 16,861	455 \$ 6	6,376,064 \$	30,260,415 \$ 21,086	720 \$ 21,773,354 \$ 41,837,587 (Agrees to Exhibit A) (Agrees to Exhibit A)	
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 22,369,241	\$ 13,042,462	\$ 7,319,645	\$ 32,398,265	\$ 16,861	455 \$ 6	6,376,064 \$	30,260,415 \$ 21,086	720 \$ 21,773,354 \$ 41,837,587] -
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 8,092,890	\$ 3,133,978	\$ 2,468,356	\$ 6,921,632	\$ 5,948	217 \$ 1	1,626,975 \$	\$ 10,810,800 \$ 5,153	402 \$ 7,509,434 \$ 8,736,669	\$ 27,320,263 \$ 16,835,987 49.36%
132 133 134 135 136 137 138 139 140 141 142 143 144	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 privary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (AI Payments) Medicaid Cots Stellment Payments (See Note B) Other Medicaid Cots Stellment Payments (See Note B) Other Medicaid Cots Stellment Payments (See Note B) Medicaire Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicaire Cross-Over Bad Debt Payments Other Medicaire Cross-Over Payments (See Note D) Payment from Hospil Uninsured During Cost Report Year (Cash Basis) Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Se	\$ 4.830.577 \$ 61,722 \$ 4.892,299 	\$ 1,651,321 \$ 2,491 \$ 1,653,812 \$ 687,052	\$ 1,598,140 \$ 53 \$ 1,598,193	\$ 3.611.245 \$ 4.505 \$ 3.615.750	\$ 470 \$ 2 \$ 3,741 \$ 140 \$ 122	164 \$	80,012 \$ \$ 791 \$ 788,305 \$ 60,731	133,791 \$ 171 54,330 \$ 24 4,860,178 \$ 2,292 1,102 \$ 8 5119,917 \$ 5 51,567,048 \$ 578	774 82 996	\$ 122,825 \$ -
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$ 3,200,591 60%	\$ 793,114 75%	\$ 870,163 65%	\$ 3,305,882 52%	\$ 1,471	000 \$ 75%	697,136 \$ 57%	62% 4,074,434 \$ 2,075	593 \$ 7,474,038 \$ 8,306,897 50% 0% 59	
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	col. 6, Sum of Lns. 2, 3, 4,	14, 16, 17, 18 less line	s 5 & 6)		11	812 18%				

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 (FA summary or PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claim Boeific payments. DSH payments should NOT be included. UPL payments made on a state faces large tasks ishould be reported in Section C of the survey. Note D - Should Include other Medicare corses-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 Granduate Medical Education payments). Note E - Medicaid Managed Care payments should hort payments related to the services provided, including, but includes payments.

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

is correct.

I. Out-of-State Medicaid Data:

Cost Report Year (09/01/2021-08/31/2022) EMORY HILLANDALE HOSPITAL

From Section G From PS&R Summary (Note A) F								caid Managed Care mary		are FFS Cross-Overs id Secondary)	Out-of-State Other M Included E	/ledicaid Eligibles (Not Elsewhere)	Total Out-Of-	-State Medicaid
Pression Pression Sensory (Ref. A) Sensory (Ref. A) <th< th=""><th>.ine #</th><th>Cost Center Description</th><th>Diem Cost for Routine Cost</th><th>Charge Ratio for Ancillary Cost</th><th>Inpatient</th><th>Outpatient</th><th>Inpatient</th><th>Outpatient</th><th>Inpatient</th><th>Outpatient</th><th>Inpatient</th><th>Outpatient</th><th>Inpatient</th><th>Outpatien</th></th<>	.ine #	Cost Center Description	Diem Cost for Routine Cost	Charge Ratio for Ancillary Cost	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatien
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Uneconced Days (Explan Variance) Calcular Charges Routine Charges				Total Days	101		-		-		-		101	
Anciliary Cost Genters (from VG-0) (kinc) Anciliary Charges Anci	,		Explain Variance)								-			
92000 Observation (Non-Distinct) 0.942/191 1.216 22.803 Image: Control of	Roi	Unreconciled Days (E utine Charges	Explain Variance)				Routine Charges						\$ 229,877	
5000 OPERATING ROOM S 92.87.4 40.445 S S 82.87.4	Rou Cal	Unreconciled Days (E utine Charges Iculated Routine Charge Per Diem	Explain Variance)			Annillana Okanana	\$ -	Annillana Okanana	\$ -	Annillana Okanana	\$ -		\$ 229,877 \$ 2,276.01	
5400 147574 12.522 464.002 -	Rou Cal	utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below):	Explain Variance)	0.042101			\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges	
5401 RADIATION ONCOLOGY 0.489744 - <	Rou Cal Ancillary C	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct)	Explain Variance)		Routine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216	29,803	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges \$ 1,216	\$ 29
6000 LABCRATORY 0.122701 170.735 330.27 0 0 0 0 0 0.7725 \$ 6800 RESPRAY 0.29040 39615 28,846 - - - - - - - 5 30,811 10,717 3 -	Rou Cal Marcillary C 19200 Obs 5000 OP	Unreconciled Days (E utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): iservation (Non-Distinct) 'ERATING ROOM	Explain Variance)	0.371878	Routine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674	29,803 40,445	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges \$ 1,216 \$ 28,674	\$ 29 \$ 40
6000 BESPIRATORY THERAPY 0.200640 39.815 28.864 IC IC IC IC IC S	Rot Cal 9200 Obs 5000 OP 5400 RA	Unreconciled Days (E utine Charges lculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): iservation (Non-Distinct) "ERATING ROOM DIOLOGY-DUGROSTIC	Explain Variance)	0.371878 0.147344	Routine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632	29,803 40,445 464,002	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges \$ 1,216 \$ 28,674 \$ 122,632	\$ 29 \$ 40 \$ 464
6600 PHYSICAL THERAPY 0.351344 10.717 3 mmmm mmmm mmmm s 10.717 s 000 ELECTROCARDIOLOGY 0.080375 4.675 8.984 -	Rot Cal 9200 Obs 5000 OP 5400 RA 5401 RA	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIATION ONCCLOGY	Explain Variance)	0.371878 0.147344 0.495794	Routine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632	29,803 40,445 464,002	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges \$ 1,216 \$ 28,674 \$ 122,632 \$ -	\$ 29 \$ 40 \$ 464 \$
6000 LECTROCARDIOLOGY 0.038931 44.075 81.984 c	Roy Cal 9200 Ob: 5000 OP 5400 RA 5401 RA 6000 LAB	Unreconciled Days (E utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) "ERATING ROOM DIOLOGY-DIAGNOSTIC DIATION ONCOLOGY BORATORY	Explain Variance)	0.371878 0.147344 0.495794 0.122701	Acutine Charges \$ 229,877 \$ 2,276,011 Ancillary Charges 1,216 28,674 122,632 170,735	29,803 40,445 464,002 - 330,257	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges \$ 1,216 \$ 28,674 \$ 122,632 \$ - \$ 170,735	\$ 29 \$ 40 \$ 464 \$ \$ 330
000 ELECTROENCEPHALOGRAPHY 0.764406 0.000 0.00	Roy Cal 9200 Ob: 5000 OP 5400 RA 5401 RA 6000 LAB 6500 RE	Unreconciled Days (E utine Charges lculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM DIOLOGY-DIAGNOSTIC DIATION ONCOLOGY BORATORY SPIRATORY THERAPY	Explain Variance)	0.371878 0.147344 0.495794 0.122701 0.290640	Routine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 - 170,735 39,815	29,803 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges \$ 1,216 \$ 28,674 \$ 122,632 \$ - \$ 170,735 \$ 39,815	\$ 29 \$ 40 \$ 464 \$ \$ 330 \$ 28
7100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.600375 4,150 4,142 n n n n n s 4,750 \$ 7200 MPL DEV. CHARGED TO PATIENTS 0.000173 . 4,142 n n n n n n s	Rot Cal 9200 Ob: 5000 OP 5400 RA 6000 LA8 6500 RE 6600 PH	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): Servation (Non-Distinct) PERATING ROOM DIOLOGY-DIAGNOSTIC UDIATION ONCOLOGY BORATORY SPIRATORY THERAPY YSICAL THERAPY	Explain Variance)	0.371878 0.147344 0.495794 0.122701 0.290640 0.351344	Acutine Charges \$ 229,877 \$ 2,276,017 Ancillary Charges 1,216 28,674 122,632 - 170,735 39,815 10,717	29,803 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 \$ 1,216 \$ 28,674 \$ 122,632 \$ - \$ 170,735 \$ 39,815 \$ 10,717	\$ 29 \$ 40 \$ 464 \$ \$ 330 \$ 28 \$
7200 IMPL DEV. CHARGED TO PATIENTS 0.090073 - 4,142 Imple Dev. CHARGED TO PATIENTS Imple Dev. CHARGED TO PATIENTS 0.090073 117,915 1184,965 Imple Dev. CHARGED TO PATIENTS Imple Dev. CHARGED TO P	Rot Cal 9200 Obs 5000 OP 5400 RA 5401 RA 6500 RE 6500 RE 6500 ELE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIDATON ONCOLOGY BORATORY SIPIRATORY THERAPY VISICAL THERAPY ECTROCARDIOLOGY	Explain Variance)	0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.038931	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,682 10,735 39,815 10,717 44,675	29,803 40,445 464,002 - 330,257 28,846 3 81,984	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges \$ 1,216 \$ 28,674 \$ 122,632 \$ - \$ 170,735 \$ 39,815 \$ 10,717 \$ 44,675	\$ 29 \$ 40 \$ 464 \$ \$ 330 \$ 28 \$ \$ 8
7300 [RUGS CHARGED TO PATIENTS 0.098027 117,915 184,985 n	Rot Cal 9200 Ob 5400 RA 5401 RA 6000 LA 6500 RE 6600 PH 6600 EL 7000 EL	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM DIOLOGY-DIAGNOSTIC DIATION ONCOLOGY BORATORY SIPIRATORY THERAPY YISICAL THERAPY ECTROCARDIOLOGY ECTROCOCEPHALOGRAPHY		0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.038931 0.764406	Routine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675	29,803 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2,276.01 Ancillary Charges \$ \$ 1,216 \$ 28.674 \$ 122,632 \$ - \$ 170.735 \$ 39.815 \$ 10,717 \$ 44.675 \$ -	\$ 29 \$ 44 \$ 46 \$ \$ 33 \$ 20 \$ 8 \$ 8
7400 RENAL DIALYSIS 0.0453359 -<	Roillary C 9200 Ob 5000 OP 5400 RA 5401 RA 6500 RE 6600 PH 6600 ELE 7000 ELE 7000 ELE	Unreconciled Days (E utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATINE ROOM DIOLOGY-DIAGNOSTIC DIDATON ONCOLOGY BORATORY SPIRATORY THERAPY YSICAL THERAPY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCONCEPHALOGRAPHY DIOLAL SUPPLIES CHARGED TO PATIENT		0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.038931 0.764406 0.609375	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 4,750	29,803 40,445 464,002 330,257 28,846 3 81,984 - 8,162	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§ 229,877 \$ 2,276.01 Ancillary Charges \$ \$ 1.216 \$ 122.632 \$ - \$ 170.735 \$ 39,816 \$ 0.717 \$ 44,675 \$ 4,750	\$ 29 \$ 44 \$ 46 \$ 33 \$ 33 \$ 20 \$ 33 \$ 20 \$ 3 \$ 33 \$ 20 \$ 3 \$ 33 \$ 20 \$ 3 \$ 33 \$ 20 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3
910 EMERGENCY 0.281933 86,819 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 5 6 5 <td>Roi Cai 9200 Obi 5000 OP 5400 RA 5401 RA 6000 LAB 6500 RE 6600 PH 6900 ELD 7000 ELD 7000 ME 7100 ME</td> <td>Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): iservation (Non-Distinct) "ERATING ROOM DIOLOGY-DOM DIOLOGY-DOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIO</td> <td></td> <td>0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.038931 0.764406 0.609375 0.900173</td> <td>Ancellary Charges \$ 229,877 \$ 2,276.01 Ancellary Charges 1,216 1,216 12,637 122,632 170,735 39,815 10,717 44,675 4,750</td> <td>29.803 40,445 464,002 - - - - - - - - - - - - - - - - - -</td> <td>\$ -</td> <td>Ancillary Charges</td> <td>\$ -</td> <td>Ancillary Charges</td> <td>\$ -</td> <td>Ancillary Charges</td> <td>\$ 229.877 \$ 2.276.01 Ancillary Charges 1.216 \$ 1.216 \$ 28.674 \$ 122.632 \$ 10.717 \$ 30.815 \$ 10.717 \$ 44.675 \$ 4.750 \$ 4.750 \$ 4.750</td> <td>\$ 25 \$ 44 \$ 464 \$ 330 \$ 26 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8</td>	Roi Cai 9200 Obi 5000 OP 5400 RA 5401 RA 6000 LAB 6500 RE 6600 PH 6900 ELD 7000 ELD 7000 ME 7100 ME	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): iservation (Non-Distinct) "ERATING ROOM DIOLOGY-DOM DIOLOGY-DOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIO		0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.038931 0.764406 0.609375 0.900173	Ancellary Charges \$ 229,877 \$ 2,276.01 Ancellary Charges 1,216 1,216 12,637 122,632 170,735 39,815 10,717 44,675 4,750	29.803 40,445 464,002 - - - - - - - - - - - - - - - - - -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2.276.01 Ancillary Charges 1.216 \$ 1.216 \$ 28.674 \$ 122.632 \$ 10.717 \$ 30.815 \$ 10.717 \$ 44.675 \$ 4.750 \$ 4.750 \$ 4.750	\$ 25 \$ 44 \$ 464 \$ 330 \$ 26 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8
Image: series of the series	Roi Cal 9200 Obs 5000 OP 5400 RA 55401 RA 6500 LAS 6500 RE 6600 PH 7000 ELS 7000 ELS 7100 ME 7200 IMF 7200 IMF 7200 IMF	Unreconciled Days (E utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): Servation (Non-Distinct) PERATING ROOM DIOLOGY-DIAGNOSTIC DIATION ONCOLOGY BORATORY SIPIRATORY THERAPY YISICAL THERAPY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY		0.371878 0.147344 0.495794 0.122701 0.296640 0.351344 0.038931 0.764406 0.609375 0.900173 0.098027	Acutine Charges \$ 229,877 \$ 2,276,017 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 4,750 117,915	29,803 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2.276.01 Ancillary Charges 1.216 \$ 1.2.16 \$ 28.674 \$ 122.632 \$ 122.632 \$ 170.735 \$ 39.816 \$ 10.717 \$ 44.675 \$ - \$ 17.915 \$ - \$ - \$ - \$ - \$ - \$ 117.915 \$ - \$ 117.915	\$ 29 \$ 44 \$ 46 \$ 330 \$ 20 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8 \$ 8
Image: series of the series	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS VIGAL DIALYSIS		0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.038931 0.764406 0.69375 0.9090173 0.909077 0.453359	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2.276.01 Ancillary Charges 1.216 \$ 1.2.16 \$ 28.674 \$ 122.632 \$ 122.632 \$ 170.735 \$ 39.816 \$ 10.717 \$ 44.675 \$ - \$ 17.915 \$ - \$ - \$ - \$ - \$ - \$ 117.915 \$ - \$ 117.915	\$ 21 \$ 44 \$ 46 \$ \$ 330 \$ 22 \$ \$ 8 \$ \$ 8 \$ \$ 18 \$
Image: state stat	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS VIGAL DIALYSIS		0.371878 0.147344 0.495794 0.220640 0.351344 0.038931 0.764406 0.609375 0.0900173 0.0900173 0.45359 0.281363	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2,276.01 Ancillary Charges \$ \$ 1,216 \$ 28.674 \$ 122,632 \$ 170.735 \$ 10,717 \$ 44,675 \$ - \$ 4,750 \$ - \$ 117,915 \$ - \$ 86,819	\$ 21 \$ 44 \$ 46 \$ \$ 330 \$ 22 \$ \$ 8 \$ \$ 8 \$ \$ 18 \$
Image: state in the state	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS VIGAL DIALYSIS		0.371878 0.147344 0.495794 0.122701 0.296640 0.351344 0.038931 0.764406 0.609375 0.900173 0.098027 0.453359 0.281363	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229,877 \$ 2,276.01 Ancillary Charges \$ \$ 1.216 \$ 28,674 \$ 122,632 \$ - \$ 170,735 \$ 39,815 \$ 10,717 \$ 44,675 \$ - \$ 117,915 \$ - \$ 14,675 \$ - \$ 4,750 \$ - \$ 06,819 \$ -	\$ 2! \$ 446 \$ 333 \$ 2! \$ 8 \$ 8 \$ 18 \$ 18 \$ 18 \$ 75/5
Image: state of the state	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS VIGAL DIALYSIS		0.371878 0.147344 0.495794 0.220640 0.351344 0.038931 0.764406 0.609375 0.990173 0.0900173 0.090027 0.453359 0.281363 -	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2.276.01 Ancillary Charges 1.216 \$ 1.216 \$ 28.674 \$ 122.632 \$ 170.735 \$ 39.815 \$ 10.717 \$ 44.675 \$ - \$ 117.915 \$ 86.819 \$ - \$ -	\$ 24 \$ 44 \$ 46 \$ 334 \$ 324 \$ 38 \$ 8 \$ 8 \$ 18 \$ 18 \$ 756 \$ \$
Image: state of the state	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS VIGAL DIALYSIS		0.371878 0.147344 0.495794 0.290640 0.351344 0.036931 0.764406 0.609375 0.098027 0.453359 0.281363 - -	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2,276.01 Ancillary Charges \$ \$ 1,216 \$ 28.674 \$ 122,632 \$ - \$ 170.735 \$ 39.815 \$ 10,717 \$ 44.675 \$ - \$ 4,750 \$ - \$ 4,750 \$ - \$ 8.6.819 \$ - \$ 86.819 \$ -	\$ 22 \$ 404 \$ 3330 \$ 26 \$ 3330 \$ 26 \$ 8 \$ 8 \$ 8 \$ 184 \$ 750 \$ \$ \$ 5
Image: state of the state	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS VIGAL DIALYSIS		0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.038931 0.764406 0.609375 0.900173 0.098027 0.453359 0.281363 	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2.276.01 Ancillary Charges 1.216 \$ 1.216 \$ 28.674 \$ 122.632 \$ 10.717 \$ 44.675 \$ 44.675 \$ 4.750 \$ 117.915 \$ 98.619 \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 225 \$ 464 \$ 330 \$ 226 \$ 285 \$ 285 \$ 811 \$ 8 \$ 464 \$ 8 \$ 46 \$ 750 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Image: state of the state	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UNAL DIALYSIS		0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.0389315 0.764405 0.0900173 0.0900173 0.090027 0.453359 0.281363 - - - -	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2,276.01 Ancillary Charges 1,216 \$ 1,216 \$ 28.674 \$ 122,632 \$ 10,717 \$ 10,717 \$ 10,717 \$ 10,717 \$ 44,675 \$ - \$ 117,915 \$ - \$ 86,819 \$ - \$ - \$ - \$ - \$ - \$ -	\$ 25 \$ 464 \$ 3333 \$ 225 \$ 8 \$ 8 \$ 8 \$ 25 \$ 8 \$ 184 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ \$
Image: state of the state	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UNAL DIALYSIS		0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.038931 0.764406 0.609375 0.900173 0.453359 0.281363 	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2,276.01 Ancillary Charges 1,216 \$ 1,216 \$ 28.674 \$ 122.632 \$ 122.632 \$ 170.735 \$ 30.815 \$ 0.717 \$ 44.675 \$ - \$ 117.915 \$ - \$ 117.915 \$ - \$ - \$ 86.819 \$ - \$ 86.819 \$ - \$ - \$ - \$ - \$ -	\$ 225 \$ 464 \$ 330 \$ 225 \$ 28 \$ 28 \$ 28 \$ 464 \$ 184 \$ 750 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Image: state of the state	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UNAL DIALYSIS		0.371878 0.147344 0.485794 0.220640 0.351344 0.038931 0.764406 0.609375 0.990173 0.0900173 0.090027 0.453359 0.281363 - - - - -	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2.276.01 Ancillary Charges 1.216 \$ 1.216 \$ 28.674 \$ 122.632 \$ 122.632 \$ 10.717 \$ 44.675 \$ - \$ 117.915 \$ -	\$ 29 \$ 404 \$ 330 \$ 28 \$ 8 \$ 8 \$ 8 \$ 184 \$ 184 \$ 184 \$ 750 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UNAL DIALYSIS		0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.036931 0.764406 0.609375 0.990173 0.098027 0.453359 0.281363 - - - - - - - - - - - - -	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2,276.01 Ancillary Charges \$ \$ 1,216 \$ 28.674 \$ 122,632 \$ - \$ 170.735 \$ 10,717 \$ 44.675 \$ - \$ 47.500 \$ - \$ 48.819 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	28 464 \$ 464 \$ 3300 \$ 28 \$ 28 \$ 8 \$ 8 \$ 8 \$ 184 \$ 184 \$ 184 \$ 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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	Roi Cal 9200 Ob 5000 OP 5400 RA 55401 RA 66000 LA6 66000 EL6 6600 PH 66000 EL1 7000 EL6 7100 ME 7100 ME 7100 ME 7100 ME 7200 IMF 7200 IMF 7200 RE	Unreconciled Days (E utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLAS UPPLIES CHARGED TO PATIENTS DIOLAS UPPLIES CHARGED TO PATIENTS UNAL DIALYSIS		0.371878 0.147344 0.495794 0.122701 0.290640 0.351344 0.039931 0.764406 0.609375 0.900173 0.453359 0.281363 	Acutine Charges \$ 229,877 \$ 2,276.01 Ancillary Charges 1,216 28,674 122,632 170,735 39,815 10,717 44,675 44,750 117,915	29,003 40,445 464,002 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 229.877 \$ 2,276.01 Ancillary Charges \$ \$ 1,216 \$ 28.674 \$ 122.632 \$ 122.632 \$ 170.735 \$ 39.815 \$ 10.717 \$ 44.675 \$ - \$ 4.7500 \$ - \$ 4.7500 \$ - \$ 4.7500 \$ - \$ 4.7500 \$ - \$ 86.819 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - <tr td="" tt<=""><td>\$ 225 \$ 464 \$ 464 \$ 330 \$ 225 \$ 28 \$ 28 \$ 464 \$ 3300 \$ 28 \$ 46 \$ 184 \$ 750 \$ \$ \$ 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$</td></tr>	\$ 225 \$ 464 \$ 464 \$ 330 \$ 225 \$ 28 \$ 28 \$ 464 \$ 3300 \$ 28 \$ 46 \$ 184 \$ 750 \$ \$ \$ 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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I. Out-of-State Medicaid Data:

Cost Report Year (09/01/2021-08/31/2022) EMORY HILLANDALE HOSPITAL

	 		Out-of-State Medicaid FFS P	Primary	Out-of-State Medic Prin	aid Managed Care hary	are FFS Cross-Overs id Secondary)	Out-of-State Other M Included E	ledicaid Eligibles (Not Elsewhere)	Total Out-Of-S	tate Medicaid
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I. Out-of-State Medicaid Data:

Cost Report Year (09/01/2021-08/31/2022) EMORY HILLANDALE HOSPITAL

		Out-of-State Medicaid FFS Primary			caid Managed Care nary		care FFS Cross-Overs aid Secondary)		Medicaid Eligibles (Not Elsewhere)	Te	otal Out-Of-Sta	te Medicaid
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		¢ 021,010 ¢ 1,022,		•	Ÿ	· ·	•	•	•			
	Totals / Payments											
128	Total Charges (includes organ acquisition from Section K)	\$ 857,825 \$ 1,922,8		\$-	\$-	\$-	\$-	\$-	\$-	\$	857,825 \$	1,922,844
129	Total Charges per PS&R or Exhibit Detail	\$ 857,825 \$ 1,922,8	844	\$-	\$-	\$-	\$-	\$-	\$-			
130	Unreconciled Charges (Explain Variance)	<u> </u>	-	-	-	-		-	-			
404	Total Calculated Cost (includes organ acquisition from Section K)	\$ 282.241 \$ 401.5	507	s -	\$ -	s -	S -	¢	s -	s	282.241 \$	401.507
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 282,241 \$ 401,3	507	\$-	ъ -	<u>ې</u> -	3 -	\$ -	÷ -	2	282,241	401,507
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 23,802 \$ 70,5	512				1			S	23,802 \$	70,512
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	¢ 20,002 ¢ 10,								\$	- 9	
134	Private Insurance (including primary and third party liability)									s	- 5	-
135	Self-Pay (including Co-Pay and Spend-Down)	\$	190							\$	- \$	190
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 23,802 \$ 70,7	702	\$-	\$-							
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)									\$	- \$	
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)									\$	- \$	-
143 144	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 258,439 \$ 330,1		\$ -	\$ -	\$ -	\$	<u>\$</u> -0%	\$	\$	258,439 \$	<u>330,805</u> 18%
144	Calculated Payments as a Percentage of Cost	8%	18%	0%	0%	0%	0%	0%	0%		8%	18%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey). Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.

Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments). Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

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

Cost Report Year (09/01/2021-08/31/2022) EMORY HILLANDALE HOSPITAL

		Total Additional Add-In Total Adjusto			Revenue for	Total	In-State Medic	aid FFS Primary	In-State Medicaid N	Nanaged Care Primary		FS Cross-Overs (with Secondary)	In-State Other Medicai Elsev		Unir	isured
		Organ Acquisition Cost	Intern/Resident	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
0	rgan Acquisition Cost Centers (list below):															
1	Lung Acquisition	\$0.00	s -	\$-		0										
2	Kidney Acquisition	\$0.00	s -	\$ -		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										
1.1		· · · · · · · · · · · · · · · · · · ·	·	-												
9	Totals	\$ -	\$ -	\$ -	\$-	-	\$ -	-	\$-	-	\$ -	-	\$-	-	\$ -	-
10	Total Cost									-						-

10 Total Cost
Note A - These amounts must agree to your instant outpatient Medicaid paid claims summary. If available (if not, use hospital's logs and submit with survey).
Note 8: Enter Organ Acquisition Payments in Section H as part of your in-State Medicaid total payments.
Note 6: Enter the total revenue applicable to organs transplanted into non-Medicaid non-Uninsured organ counts above). Such revenues must be determined under the
accrual method of accounting. If organs are transplanted into non-Medicaid hon-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 hon-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 HILLANDALE HOSPITAL

			Total		Revenue for	Total	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 Additional Add-In Total Adjusted Intern/Resident Organ Acquisition Cost Cost		Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicair(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)				
Org	an Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$ -	s -	\$ -	\$ -	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	\$-	\$ -	\$-	\$-	-	\$-		\$-	_	\$-		\$-	
20	Total Cost]	dissid naid slaims a	ummony if available (i	f not use beenitel's logs	and submit with						-		-

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 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 HILLANDALE HOSPITAL

Norksheet A	Provider Tax Assessment Reconciliation	1:			
			Dollar Amount	W/S A Cost Center Line	
1 Hos	pital Gross Provider Tax Assessment (from ge	neral ledger)*	\$ 987,061		
1a Wor	king Trial Balance Account Type and Account	# that includes Gross Provider Tax Assessment	Contractual Adjustment	40997.00 (WTB Account #)	
2 Hos	pital Gross Provider Tax Assessment Included	in Expense on the Cost Report (W/S A, Col. 2)		(Where is the cost included on w/s A?)	
3 Diffe	erence (Explain Here>)	Provider tax included as offset to contractuals	\$ 987,061		
_					
4 Pro	vider Tax Assessment Reclassifications (fro Reclassification Code	om w/s A-6 of the Medicare cost report)		(Deplement of the (frame))	
4	Reclassification Code			(Reclassified to / (from))	
5	Reclassification Code			(Reclassified to / (from))	
6 7				(Reclassified to / (from))	
7	Reclassification Code			(Reclassified to / (from))	
DSH	UCC ALLOWABLE - Provider Tax Assessm	nent Adjustments (from w/s A-8 of the Medicare cost report)			
8	Reason for adjustment	······································		(Adjusted to / (from))	
9	Reason for adjustment			(Adjusted to / (from))	
10	Reason for adjustment			(Adjusted to / (from))	
11	Reason for adjustment			(Adjusted to / (from))	
DSH	UCC NON-ALLOWABLE Provider Tax Asse	essment Adjustments (from w/s A-8 of the Medicare cost report)			
12	Reason for adjustment				
13	Reason for adjustment				
14	Reason for adjustment				
15	Reason for adjustment				
16 Lota	al Net Provider Tax Assessment Expense Inclu	ded in the Cost Report	\$ -		
OSH UCC Pro	vider Tax Assessment Adjustment:				
17 Gro	ss Allowable Assessment Not Included in the 0	Cost Report	\$ 987,061		
			·		
	ortionment of Provider Tax Assessment Ad				
18	Medicaid Hospital Charges Se		152,494,936		
19	Uninsured Hospital Charges Se		63,610,941		
20	Total Hospital Charges Se		437,472,843		
21		ent Adjustment to include in DSH Medicaid UCC	34.86%		
22		ent Adjustment to include in DSH Uninsured UCC	14.54%		
23	Medicaid Provider Tax Assessment Ac		\$ 344,071		
24	Uninsured Provider Tax Assessment A	•	\$ 143,524		
25 Prov	vider Tax Assessment Adjustment to DSH UCC		\$ 487,595		

* 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.