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 UNIVERSITY 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"): 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 If Incorrect, Proper Information Data Correct? EMORY UNIVERSITY HOSPITAL 4. Hospital Name: Yes 5. Medicaid Provider Number: 000000712A Yes 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 000000712B Yes 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab): Yes 110010 8 Medicare Provider Number Yes Yes 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 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) 268,761 1,510,849 \$1,779,610 13,847,826 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) 3,188,572 \$17,036,398 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) \$18,816,008 \$3,457,333 \$15,358,675 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments: 7.77%

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 theospital (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 guestion 13 above) received

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

Net Hospital Revenue

\$

\$

261,228,551 7,316,106

1,027,324,609 32,478,430

1,344,919,364

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

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

Total Patient Revenues (Charges)

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)

206,476 (See Note in Section F-3, below)

Contractual Adjustments (formulas below can be overwritten if amounts

are known)

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

104,551,738
26,058,731
1,730,431
\$ 132,340,900

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

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. ual data.

ormulas can be overwritten as needed with actu
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

27.	Total	
28.	Total	Hospital and Non Hospital
		5 6 15 1

25. Hospice 26. Other

				Í							
Inp	patient Hospital	Ou	tpatient Hospital		Non-Hospital	Inp	atient Hospital	Outp	patient Hospital	ı	Non-Hospital
	\$758,997,775.00					\$	497,769,224	\$	-	\$	-
	\$21,256,896.00					\$	13,940,790	\$	-	\$	-
	\$0.00					\$	-	\$	-	\$	-
					\$0.00					\$	-
					\$0.00					\$	-
					\$0.00					\$	-
					\$0.00					\$	-
					\$0.00					\$	-
	\$1,958,462,531.00	\$	1,026,422,123.00			\$	1,284,407,421	\$	673,152,624	\$	-
			\$94,365,857.00		40.00			\$	61,887,427	\$	-
				_	\$0.00			ļ		\$	-
				\$	-					\$	-
	\$0.00		#0.00		\$0.00	\$	-	\$	-	\$	-
	\$0.00		\$0.00		\$0.00	D.	-	D)	-	\$	-
	\$48,023,467.00		\$125,404.00		\$0.00	\$	31,494,959	\$	82,243	\$	-
	φ40,023,407.00	_	\$123,404.00		φ0.00	φ	31,434,333	φ	02,243	φ	-
\$	2,786,740,669	\$	1,120,913,384	\$	-	\$	1,827,612,395	\$	735,122,294	\$	-
			Total from Above	\$	3,907,654,053			Total	from Above	\$	2,562,734,689
	Total Patient	Reve	nues (G-3 Line 1)		3 907 654 053		Total Cont	ractual	Adi (G-3 Line 2)		2 568 140 890

29. Total Per Cost Report 30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient 31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue) 32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue) 33. Increase worksheet G-3. Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLUDED on worksheet G-3. Line 2 (impact is a decrease in net patient revenue)

 Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is a increase in net patient revenue) 				,			
increase in net patient revenue)	34.	Decrease worksheet G-3,	Line 2 to remove M	ledicaid Provider Tax	es INCLUDED on w	orksheet G-3, Line 2	2 (impact is an
		increase in net patient rev	renue)				

35. Adjusted Contractual Adjustments

36. Unreconciled Difference Unreconciled Difference (Should be \$0)

Total Contractual Adj. (G-3 Line 2)	Į	2,568,140,890
	+	
	Ť	
	+	
	+	
	+	
	-	5,406,201
		2,562,734,689
Unreconciled Difference (Should be \$0)		\$ -

G. Cost Report - Cost / Days / Charges

	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 con hospit data sh	ital. If dan inpleted ital has a nould be	lata in this section must be verified by the ata is already present in this section, it was using CMS HCRIS cost report data. If the inner recent version of the cost report, the updated to the hospital's version of the cost las can be overwritten as needed with actual data.	Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem
	Routin	ne Cost Centers (list below):									
1		ADULTS & PEDIATRICS	\$ 220,323,385	\$ 11,697,881		\$0.00		130,957	\$314,874,995.00		\$ 1,771.74
2		INTENSIVE CARE UNIT	\$ 106,181,358	\$ 3,446,430			\$ 109,627,788	38,147	\$297,640,956.00		\$ 2,873.82
3		CORONARY CARE UNIT	\$ 16,249,771		•		\$ 16,845,820	5,108	\$51,350,189.00		\$ 3,297.93
4 5	03300	BURN INTENSIVE CARE UNIT	\$ - \$ -	\$ - \$ -	\$ - \$ -		\$ -	-	\$0.00 \$0.00		\$ - \$ -
5 6		SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE UNIT	\$ -	Ψ	\$ - \$ -		\$ - \$ -	-	\$0.00 \$0.00		\$ - \$ -
7		SUBPROVIDER I	\$ 11,804,947	\$ 1,441,840	\$ -		\$ 13,246,787	7,559	\$20,938,739.00		\$ 1,752.45
8		SUBPROVIDER II	\$ 11,004,947	\$ 1,441,040	\$ -		\$ 13,240,767	7,555	\$0.00		\$ 1,732.43
9		OTHER SUBPROVIDER	\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
10		NURSERY	\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
11	3101	BMT	\$ 34,443,573	\$ 2,234,352	\$ -		\$ 36,677,925	24,705	\$95,131,635.00		\$ 1,484.64
12			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
13			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
14			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
15			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
16			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
17			\$ -	-	\$ -		-	-	\$0.00		\$ -
18		Total Routine	\$ 389,003,034	\$ 19,416,552	\$ -	\$ -	\$ 408,419,586	206,476	\$ 779,936,514		[
19		Weighted Average									\$ 1,978.05
	Observ	vation 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)					\$ -	\$0.00	\$0.00	\$ -	_
20	09200	Observation (Non-Distinct)		-	_	-	Φ -	\$0.00	\$0.00	Φ -	-
		_									
			Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4		Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
		ary Cost Centers (from W/S C excluding Obser									
21		OPERATING ROOM	\$83,676,393.00				\$ 87,339,265	\$361,360,557.00	\$165,598,325.00	\$ 526,958,882	0.165742
22		RECOVERY ROOM	\$11,032,410.00	\$ 299,690	\$ -		\$ 11,332,100	\$24,605,012.00	\$30,141,164.00	\$ 54,746,176	0.206993
23		ANESTHESIOLOGY	\$6,035,406.00				\$ 8,785,890 \$ 42.615,260	\$66,359,324.00	\$34,459,913.00	\$ 100,819,237	0.087145
24 25		RADIOLOGY-DIAGNOSTIC ELECTRO PYSIOLOGY	\$39,108,892.00 \$1,078,893.00	\$ 3,506,368	\$ - \$ -		\$ 42,615,260 \$ 1,078,893	\$76,302,548.00 \$6,716,577.00	\$91,377,130.00 \$17,002,638.00	\$ 167,679,678 \$ 23,719,215	0.254147 0.045486
25 26		PET SCANNER	\$1,078,893.00	φ - \$	\$ -		\$ 1,078,893	\$6,716,577.00	\$17,002,638.00	\$ 23,719,215	0.045486
26 27		RADIOLOGY-THERAPEUTIC	\$14,882,661.00	\$ 379,607	\$ -		\$ 3,732,325	\$4,800,430.00	\$69,557,386.00	\$ 74,357,816	0.205254
28		RADIOISOTOPE	\$7.334.947.00	\$ -	\$ -		\$ 7,334,947	\$4.886.437.00	\$28,498,324.00	\$ 33.384.761	0.219709
29		CT SCAN	\$8,418,105.00	\$ -	\$ -		\$ 8,418,105	\$63,567,941.00	\$84,280,330.00	\$ 147,848,271	0.056937
											•

G. Cost Report - Cost / Days / Charges

		Tatal Allamakia		RCE and Therapy			1/D D 1 1/D	I/P Routine		Madiatid Day Diagraf
Line #	Cost Center Description	Total Allowable Cost	Costs Removed on Cost Report *	Add-Back (If Applicable		Total Cost	I/P Days and I/P Ancillary Charges	Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
5800		\$14,798,236.00			l \$	14,798,236	\$51.144.203.00		\$ 144.689.458	0.102276
	CARDIAC CATHETERIZATION	\$7,221,244.00		\$ -	\$	7,221,244	\$18,028,482.00	1 / /	\$ 38,366,420	0.188218
	LABORATORY	\$80,062,080.00			\$	81,810,269	\$350,604,243.00		\$ 491,608,225	0.166414
	PATHOLOGY	\$9,771,431.00		\$ -	\$	11,306,507	\$9,427,364.00		\$ 17,772,651	0.636174
	HEMAPHERESIS	\$5,712,490.00		\$ -	\$	5,712,490	\$14,664,167.00		\$ 18,234,255	0.313283
	GI LAB	\$5,105,467.00		\$ -	\$	5,105,467	\$14,770,133.00		\$ 28,964,565	0.176266
6500	RESPIRATORY THERAPY	\$27,228,956.00	\$ -	\$ -	\$	27,228,956	\$112,031,784.00	\$1,217,755.00	\$ 113,249,539	0.240433
6501	PULMONARY FUNCTION	\$1,189,406.00	\$ -	\$ -	\$	1,189,406	\$89,466,453.00	\$4,827,325.00	\$ 94,293,778	0.012614
	PHYSICAL THERAPY	\$10,598,450.00	\$ -	\$ -	\$	10,598,450	\$32,080,143.00	\$4,331,359.00	\$ 36,411,502	0.291074
	ELECTROCARDIOLOGY	\$710,457.00	•	\$ -	\$	710,457	\$6,346,623.00	1 - 1 - 1	\$ 9,873,995	0.071952
	ELECTROENCEPHALOGRAPHY	\$3,576,396.00	•	\$ -	\$	3,576,396	\$12,257,592.00	70.10,000.00	\$ 12,602,925	0.283775
	ECHO CARDIOLOGY	\$10,380,329.00	•	\$ -	\$	10,380,329	\$46,982,285.00	\$39,714,236.00		0.119732
	ELECTROSHOCK THERAPY	\$1,746,388.00		\$ -	\$	1,746,388	\$521,785.00		\$ 3,247,927	0.537693
	MEDICAL SUPPLIES CHARGED TO PATIENT	\$118,633,797.00	•	\$ -	\$	118,633,797	\$55,390,853.00	\$23,672,505.00	\$ 79,063,358	1.500490
	IMPL. DEV. CHARGED TO PATIENTS	\$42,814,487.00		\$ -	\$	42,814,487	\$84,644,102.00		\$ 134,961,692	0.317234
	DRUGS CHARGED TO PATIENTS	\$113,030,167.00	•	\$ -	\$	113,030,167	\$325,187,044.00		\$ 365,873,950	0.308932
	RENAL DIALYSIS	\$4,434,869.00	•	\$ -	\$	4,434,869	\$11,788,769.00	1 1 1	\$ 13,769,411	0.322081
	ALLOGENEIC HSCT ACQUISITION	\$28,107,239.00	•		\$	28,107,239	\$71,833,761.00		\$ 89,322,166	0.314673
	EMERGENCY	\$45,274,208.00	•		\$	45,274,208	\$41,905,582.00	1 - 1 1	\$ 136,271,439	0.332235
	KIDNEY ACQUISITION	\$18,124,586.00		\$ -	\$	18,124,586	\$23,944,113.00		\$ 24,014,113	-
	HEART ACQUISITION	\$5,210,913.00		\$ -	\$	5,210,913	\$7,980,856.00	\$0.00	\$ 7,980,856	-
	LIVER ACQUISITION LUNG ACQUISITION	\$9,480,452.00		\$ -	\$	9,480,452 2,914,277	\$9,815,859.00		\$ 9,815,859 \$ 2,464,357	-
	PANCREAS ACQUISITION	\$2,914,277.00 \$601,628.00		\$ - \$ -	\$	1. 1	\$2,075,248.00	1 1	\$ 2,464,357 \$ 779.868	-
10900	PANCREAS ACQUISITION			*	\$	601,628	\$779,868.00 \$0.00		,	-
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G. Cost Report - Cost / Days / Charges

				RCE and Therapy			I/P Routine		
Line #	Cost Center Description	Total Allowable Cost	Costs Removed on Cost Report *	Add-Back (If Applicable	Total Cost	I/P Days and I/P	Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem Cost or Other Ratio
#	Cost Center Description	\$0.00			\$ -	\$0.00	\$0.00	\$ -	-
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		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	*		\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	*	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$	-
		\$0.00	'	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	-
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		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00			\$ -	\$0.00	\$0.00	\$ -	-
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		\$0.00 \$0.00		\$ - \$ -	\$ -	\$0.00 \$0.00	\$0.00 \$0.00	\$ - \$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	_
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	_
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00		\$ -	\$ -	\$0.00	\$0.00		-
		\$0.00			\$ -	\$0.00	\$0.00	•	-
	Total Ancillary	\$ 742,027,985	\$ 13,882,286	\$ -	\$ 755,910,271	\$ 2,003,058,475	\$ 1,120,671,474	\$ 3,123,729,949	
	Weighted Average								0.23373
	0.17.1			•	4 404 000 057				
NIT (Sub Totals SNF, and Swing Bed Cost for Medicaid (S	\$ 1,131,031,019			\$ 1,164,329,857 \$ \$0.00	\$ 2,782,994,989	\$ 1,120,671,474	\$ 3,903,666,463	
	sheet D. Part V. Title 19, Column 5-7, Lir.		report worksneet D-3	Title 19, Column 3, Line 200 an	\$0.00				
		,	Damant Mankahaat D. 3	Title 18 Column 3 Line 200 an	d \$0.00				
	SNF, and Swing Bed Cost for Medicare (S		Report vvorksneet D-3	, Title 18, Column 3, Line 200 ar	\$0.00				
	sheet D, Part V, Title 18, Column 5-7, Lin	•							
NF S	SNF, and Swing Bed Cost for Other Payer		ate. Submit support fo	r calculation of cost.)					
	r Cost Adjustments (support must be sub-	mitted)							
	r Cost Adjustments (support must be sub Grand Total	mitted)			\$ 1,164,329,857				

^{*} 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 UNIVERSITY HOSPITAL

					In-State Medic	aid FFS Primary	In-State Medicaid M	lanaged Care Primary		FFS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-Sta	ate Medicaid	%
			Medicald Per Diem Cost for Routine Cost	Medicald Cost to Charge Ratio for Ancillary Cost									Inpatient	Outpatient			Survey to Cost Report
	Line #	Cost Center Description	Centers	Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	(See Exhibit A)	(See Exhibit A)	Inpatient	Outpatient	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			
ı	Routine Cost	Centers (from Section G):			Days		Days		Days		Days		Days		Days		
		LTS & PEDIATRICS NSIVE CARE UNIT	\$ 1,771.74 \$ 2.873.82		11,299 5.421		2,522 1,236		8,290 2,710		4,505 1,744		5,133 2,643		26,616 11.111		24.70% 36.52%
		ONARY CARE UNIT	\$ 3,297.93		270		1,230		143		194		120		728		17.19%
		N INTENSIVE CARE UNIT GICAL INTENSIVE CARE UNIT	\$ - \$ -												-		
	3500 OTHE	ER SPECIAL CARE UNIT	\$ -												-		
		PROVIDER I PROVIDER II	\$ 1,752.45				129		424		230		262		783		14.22%
		ER SUBPROVIDER	\$ -												-		
10 (3101 BMT		\$ - \$ 1.484.64				767		1.683		1.082		1.641		3.532		21 39%
12	3101 DIVIT		\$ -				101		1,000		1,002		1,041				21.35%
13 14			\$ - \$ -												-		
15			\$ -												-		
16 17			\$ -												-		
18				Total Days	16,990		4,775		13,250		7,755		9,799		42,770		25.92%
19	Total Davs ner	PS&R or Exhibit Detail			16,990		4,775		13,250	1	7,755		9,799				
20	otal Bayo poi	Unreconciled Days (E	Explain Variance)		-		4,770		10,200	! :	-		0,700				
					Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
21		ine Charges			\$ 58,295,460		\$ 18,551,500		\$ 45,451,207		\$ 29,018,470		\$ 38,428,339		\$ 151,316,637		24.74%
21.01		ulated Routine Charge Per Diem			\$ 3,431.16		\$ 3,885.13		\$ 3,430.28		\$ 3,741.90		\$ 3,921.66		\$ 3,537.92		
		t Centers (from W/S C) (from Section ervation (Non-Distinct)	1 G):		Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	7
23	5000 OPER	RATING ROOM		0.165742	20,219,195	4,721,039	10,492,584	6,619,998	20,633,252	9,516,479	9,909,752	3,820,329	13,741,409	2,589,401	\$ 61,254,783	\$ 24,677,846	
23 24	5000 OPER 5100 REC	RATING ROOM OVERY ROOM		0.165742 0.206993	1,005,807	872,939	642,186	979,666	1,313,829	1,622,085	543,269	633,834	568,906	368,998	\$ 3,505,091	\$ 4,108,524	15.72%
23 24 25 26	5000 OPER 5100 RECO 5300 ANES 5400 RADI	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC		0.165742 0.206993 0.087145 0.254147			642,186 1,615,034 1,031,066	979,666 1,166,212 1,201,995	1,313,829 3,571,254 2,274,721	1,622,085 1,679,332 2,159,398	543,269 1,554,409 1,198,988	633,834 696,364 981,990	568,906 1,905,435 2,214,386	368,998 456,753 1,216,863	\$ 3,505,091 \$ 9,638,294 \$ 9,227,489	\$ 4,108,524 \$ 4,462,384 \$ 7,349,582	15.72% 16.51% 12.04%
23 24 25 26 27	5000 OPER 5100 RECO 5300 ANES 5400 RADI 5401 ELEC	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CTRO PYSIOLOGY		0.165742 0.206993 0.087145 0.254147 0.045486	1,005,807 2,897,597	872,939 920,476	642,186 1,615,034 1,031,066 149,216	979,666 1,166,212 1,201,995 99,947	1,313,829 3,571,254 2,274,721 294,730	1,622,085 1,679,332 2,159,398 404,736	543,269 1,554,409 1,198,988 219,587	633,834 696,364 981,990 251,459	568,906 1,905,435 2,214,386 357,970	368,998 456,753 1,216,863 155,548	\$ 3,505,091 \$ 9,638,294 \$ 9,227,489 \$ 663,533	\$ 4,108,524 \$ 4,462,384 \$ 7,349,582 \$ 756,142	15.72% 16.51% 12.04% 8.23%
23 24 25 26 27 28 29	5000 OPER 5100 RECO 5300 ANES 5400 RADI 5401 ELEC 5402 PET S 5500 RADI	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254	1,005,807 2,897,597 4,722,714 - - 342,860	872,939 920,476 3,006,199 - - 1,583,042	642,186 1,615,034 1,031,066 149,216 69,183 344,191	979,666 1,166,212 1,201,995 99,947 393,155 2,353,611	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947	543,269 1,554,409 1,198,988 219,587 147,714 184,600	633,834 696,364 981,990 251,459 469,410 1,243,680	568,906 1,905,435 2,214,386 357,970 237,717 207,671	368,998 456,753 1,216,863 155,548 1,029,028 2,021,321	\$ 3,505,091 \$ 9,638,294 \$ 9,227,489 \$ 663,533 \$ 387,298 \$ 1,013,079	\$ 4,108,524 \$ 4,462,384 \$ 7,349,582 \$ 756,142 \$ 2,183,293 \$ 8,513,280	15.72% 16.51% 12.04% 8.23% 11.35% 15.84%
23 24 25 26 27 28 29 30	5000 OPEF 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5402 PET 5 5500 RADI 5600 RADI	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709	1,005,807 2,897,597 4,722,714 - 342,860 59,896	872,939 920,476 3,006,199 - 1,583,042 162,202	642,186 1,615,034 1,031,066 149,216 69,183	979,666 1,166,212 1,201,995 99,947 393,155 2,353,611 151,194	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062	1,622,085 1,679,332 2,159,398 404,736 1,320,728	543,269 1,554,409 1,198,988 219,587 147,714 184,600 45,800	633,834 696,364 981,990 251,459 469,410	568,906 1,905,435 2,214,386 357,970 237,717 207,671 71,476	368,998 456,753 1,216,863 155,548 1,029,028 2,021,321 373,043	\$ 3,505,091 \$ 9,638,294 \$ 9,227,489 \$ 663,533 \$ 387,298 \$ 1,013,079 \$ 222,809	\$ 4,108,524 \$ 4,462,384 \$ 7,349,582 \$ 756,142 \$ 2,183,293 \$ 8,513,280 \$ 1,151,522	15.72% 16.51% 12.04% 8.23% 11.35% 15.84% 5.48%
23 24 25 26 27 28 29 30 31 32	5000 OPER 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5402 PET 3 5500 RADI 5700 CT SC	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIACNOSTIC OTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276	1,005,807 2,897,597 4,722,714 - - 342,860	872,939 920,476 3,006,199 - - 1,583,042	642,186 1,615,034 1,031,066 149,216 69,183 344,191 22,051 1,670,909 1,497,063	979,666 1,166,212 1,201,995 99,947 393,155 2,353,611 151,194 2,207,976 3,674,532	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062 3,948,272 2,551,393	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393	543,269 1,554,409 1,198,988 219,587 147,714 184,600 45,800 2,499,418 1,515,094	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,462,028	568,906 1,905,435 2,214,386 357,970 237,717 207,671 71,476 3,929,624 2,966,725	368,998 456,753 1,216,863 155,548 1,029,028 2,021,321 373,043 3,359,872 1,881,318	\$ 3,505,091 \$ 9,638,294 \$ 9,227,489 \$ 663,533 \$ 387,298 \$ 1,013,079 \$ 222,809 \$ 12,510,326 \$ 5,563,550	\$ 4,108,524 \$ 4,462,384 \$ 7,349,582 \$ 756,142 \$ 2,183,293 \$ 8,513,280 \$ 1,151,522 \$ 10,121,156 \$ 9,471,953	15.72% 16.51% 12.04% 8.23% 11.35% 15.84% 5.48% 20.53% 13.90%
23 24 25 26 27 28 29 30 31 32 33	5000 OPER 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5402 PET 3 5500 RADI 5600 RADI 5700 CT 8 5800 MRI 5900 CARI	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC DIAGCATHETERIZATION		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276	1,005,807 2,897,597 4,722,714 - - 342,860 59,896 4,391,727 -	872,939 920,476 3,006,199 - - 1,583,042 162,202 1,573,342 -	642,186 1,615,034 1,031,066 149,216 69,183 344,191 22,051 1,670,909 1,497,063 36,018	979,666 1,166,212 1,201,995 99,947 393,155 2,353,611 151,194 2,207,976 3,674,532 8,908	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062 3,948,272 2,551,393 291,525	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433	543,269 1,554,409 1,198,988 219,587 147,714 184,600 45,800 2,499,418 1,515,094 386,124	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111	568,906 1,905,435 2,214,386 357,970 237,717 207,671 71,476 3,929,624 2,966,725 720,625	368,998 456,753 1,216,863 155,548 1,029,028 2,021,321 373,043 3,359,872 1,881,318 326,946	\$ 3,505,091 \$ 9,638,294 \$ 9,227,489 \$ 663,533 \$ 387,298 \$ 1,013,079 \$ 222,809 \$ 12,510,326 \$ 5,563,550 \$ 713,667	\$ 4,108,524 \$ 4,462,384 \$ 7,349,582 \$ 756,142 \$ 2,183,293 \$ 8,513,280 \$ 1,151,522 \$ 10,121,156 \$ 9,471,953 \$ 1,202,452	15.72% 16.51% 12.04% 8.23% 11.35% 15.84% 5.48% 20.53% 13.90% 7.93%
23 24 25 26 27 28 29 30 31 32 33 34 35	5000 OPEF 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5402 PET: 5500 RADI 5600 RADI 5700 CT S 5800 MRI 5900 CARE 6001 LABC	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC CAN DIAC CATHETERIZATION ORATORY HOLOGY		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.186814 0.186814	1,005,807 2,897,597 4,722,714 - 342,860 59,896	872,939 920,476 3,006,199 1,583,042 162,202 1,573,342 5,106,642 162,893	642,186 1,615,034 1,031,066 149,216 69,183 344,191 22,051 1,670,909 1,497,063 36,018 10,180,770 195,048	979,666 1,166,212 1,201,995 99,947 393,155 2,353,611 151,194 2,207,976 3,674,532 8,308 2,286,297 199,724	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062 3,948,272 2,551,393 291,525 21,102,913 408,431	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 6,537,162	543,269 1,554,409 1,199,988 219,587 147,714 184,600 45,800 2,499,418 1,515,094 386,124 12,900,662 178,723	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717	568,906 1,905,435 2,214,386 357,970 237,717 207,671 71,476 3,929,624 2,966,725 720,624 18,016,004 287,280	368,998 456,753 1,216,863 155,548 1,029,028 2,021,321 373,043 3,359,672 1,881,318 326,946 4,372,794 137,684	\$ 3,505,091 \$ 9,638,294 \$ 9,227,489 \$ 663,533 \$ 387,296 \$ 1,013,079 \$ 222,809 \$ 12,510,326 \$ 5,563,550 \$ 713,667 \$ 77,534,254 \$ 1,781,238	\$ 4,108,524 \$ 4,462,384 \$ 7,349,582 \$ 756,142 \$ 2,183,293 \$ 8,513,280 \$ 1,151,522 \$ 10,121,156 \$ 9,471,953 \$ 1,202,452 \$ 18,305,818 \$ 854,221	15.72% 16.51% 12.04% 8.23% 11.35% 15.84% 5.48% 20.53% 13.90% 7.93% 24.41% 17.42%
23 24 25 26 27 28 29 30 31 32 33 34	5000 OPEF 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5402 PET: 5500 RADI 5600 RADI 5700 CT S 5800 MRI 5900 CARE 6001 LABC	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC OTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE IOLAC CATHETERIZATION ORATORY HOLOGY		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218	1,005,807 2,897,597 4,722,714 	872,939 920,476 3,006,199 - - 1,583,042 162,202 1,573,342 - 5,106,642	642,186 1,615,034 1,031,066 149,216 69,183 344,191 22,051 1,670,909 1,497,063 36,018	979,666 1,166,212 1,201,995 99,947 393,155 2,353,611 151,194 2,207,976 3,674,532 8,908 2,286,297	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062 3,948,272 2,551,993 291,525 21,102,913	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 6,537,162	543,269 1,554,409 1,198,988 219,587 147,714 184,600 45,800 2,499,418 1,515,094 386,124 12,900,662	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717	568,906 1,905,435 2,214,386 357,970 237,717 207,671 71,476 3,929,624 2,966,725 720,624 18,016,004	368,998 446,753 1,216,863 155,548 1,029,028 2,021,321 373,043 3,359,872 1,881,318 326,946 4,372,794	\$ 3,505,091 \$ 9,638,294 \$ 9,227,489 \$ 663,533 \$ 387,298 \$ 1,013,079 \$ 222,809 \$ 12,510,326 \$ 5,663,550 \$ 713,667 \$ 77,534,254	\$ 4,108,524 \$ 4,462,384 \$ 7,349,582 \$ 766,142 \$ 2,183,293 \$ 8,513,280 \$ 1,151,522 \$ 10,121,156 \$ 9,471,953 \$ 1,202,452 \$ 18,305,818	15.72% 16.51% 12.04% 8.23% 11.35% 5.48% 20.53% 13.90% 7.93% 24.41% 17.42% 17.12%
23 24 25 26 27 28 29 30 31 31 32 33 34 35 36 37 38	5000 OPEF 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5402 PET 5500 RADI 5700 CT S 5800 MRI 5900 CARE 6001 LABC 6001 PATH 6002 HEMM 6003 GI LA 60500 RESF	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC OTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE IOLAC CATHETERIZATION ORATORY HOLOGY		0.165742 0.206993 0.007145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.805174 0.313283 0.176266	1,005,807 2,897,597 4,722,714 - 342,860 59,896 4,391,727 - 33,349,910 999,036	872,939 920,476 3,006,199 - 1,583,042 162,202 1,573,342 - 5,106,642 162,893	642.186 1,615,034 1,031,066 149,216 69,183 344.191 22,051 1,670,909 1,497,063 36,018 10,180,770 195,048 387,654 186,310	979.666 1,166.212 1,201.995 99.947 393,155 2,353,611 151,194 2,207,976 3,674.532 8,908 2,286.297 199,724 352,257 176,623 29,332	1.313.829 3.571.254 2.274.721 294.730 170.401 141.428 95.062 3.948.272 2.551.393 291.525 21.102.913 408.431 537.980 518.257 6.289,046	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,644 4,179,5,465 4,915,393 846,433 6,537,162 354,033 243,505 666,724 166,244	543,269 1,554,409 1,196,988 219,587 147,714 184,600 2,499,418 1,515,094 386,124 12,900,662 178,723 317,440 261,784 4,285,700	833,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,71 376,958 219,220 75,110	588.906 1,905.435 2,214.386 357,970 237,717 207,671 71,476 3,929.624 2,996,725 720,624 18,016,004 287,280 393,414 449,279 4,112,226	368,996 456,753 1,216,863 1,55,548 1,029,028 2,021,321 373,043 3,359,872 1,881,518 326,946 4,372,794 137,684 458,942 137,241 458,942	\$ 3.505.091 \$ 9,638.294 \$ 9,227,489 \$ 663.533 \$ 387,298 \$ 1,013.079 \$ 222,809 \$ 12,510,326 \$ 713.667 \$ 77,534.254 \$ 1,781,238 \$ 1,243.074 \$ 1,592.052 \$ 26,658.592	\$ 4.108.524 \$ 4.462.384 \$ 7.349.582 \$ 756.142 \$ 2.183.293 \$ 8.513.280 \$ 10,121,156 \$ 9.471.953 \$ 12,02.452 \$ 18,305.818 \$ 972,720 \$ 1211.769 \$ 972,720 \$ 12,11.769	15.72% 16.51% 12.04% 8.23% 11.35% 15.84% 5.48% 20.53% 13.90% 7.93% 24.41% 17.42% 17.12% 11.87% 22.53%
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	5000 OPEF 5100 RECE 5300 ARDI 5401 ELEC 5401 ELEC 5500 RADI 5600 RADI 5700 CT SI 5800 MRI 5900 CARI 6000 LABC 6001 PATH 6002 HEM. 6003 GI LA 6500 RESE 6501 PULM	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CITRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE CAN DIAC CATHETERIZATION PRATORY HOLOGY HOL		0.165742 0.206963 0.087145 0.254147 0.045186 0.110140 0.205264 0.219709 0.056937 0.102276 0.188218 0.166414 0.313283 0.176286	1,005,807 2,897,597 4,722,714 34,860 59,896 4,391,727 - 33,349,910 999,036	872 939 920 476 3,006,199 - - 1,583,042 162,202 1,573,342 - 5,106,642 162,893 - 149,202 40,119	642,186 1,615,034 1,031,066 149,216 69,183 344,191 1,070,909 1,497,063 36,018 10,180,770 195,048 387,654 188,310 1,827,178 1,905,539 611,622	979.666 1,166.212 1,201.995 99.947 393.155 2,353.611 151.194 2,207.976 8,908 2,286.297 199.724 352.257 176.623	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062 2,551,393 291,525 21,102,913 408,431 537,990 518,257	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 4,795,845 4,315,393 846,433 6,537,162 354,033 243,506 666,724	543,269 1,554,409 1,198,988 219,587 147,714 184,600 2,499,418 1,515,094 386,124 12,900,682 178,723 317,440 261,784	633,834 986,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,6358 219,220 75,110 216,934	588.906 1,905.435 2,214.386 357.970 237.717 207.671 71.476 3,929.624 18,016.004 287.280 393.414 449.279	368.996. 456,753 1,216,863 155,548 1,029,028 2,021,321 373,043 3,359,872 1,881,318 326,946 4,372,794 137,684 45,942 137,241 45,996 309,831	\$ 3,505.091 \$ 9,638.294 \$ 9,227,489 \$ 663,533 \$ 367,296 \$ 1,013.079 \$ 222,809 \$ 12,510,326 \$ 5,563.550 \$ 77,534,254 \$ 1,781,238 \$ 1,243,074 \$ 1,592,052	\$ 4,108,524 \$ 4,462,384 \$ 7,349,582 \$ 756,142 \$ 2,183,293 \$ 8,513,280 \$ 10,121,156 \$ 9,471,953 \$ 1,202,452 \$ 18,305,818 \$ 854,221 \$ 972,720 \$ 121,1769	15.72% 16.51% 12.04% 8.23% 11.35% 15.84% 5.48% 20.53% 13.90% 7.93% 24.41% 17.42% 17.12% 11.87% 22.53% 13.27%
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	5000 OPEI 5100 RECC 5300 ANEE 5400 RADI 5401 ELEC 5402 PET: 5500 RADI 5600 RADI 5700 CT S: 5800 MRI 6000 LABC 6001 DABC 6003 GI LA 6500 RES 6500 RES 6500 RES 6500 RES 6500 RES 6500 RES 6500 RES 6500 RES 6500 RES 6500 RES	RATING ROOM OVERY ROOM STHESIOLOGY OLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE CAN DIAC CATHETERIZATION DRATORY HOLOGY HORORY HOROR		0.165742 0.206903 0.087445 0.254147 0.045486 0.110140 0.205254 0.219709 0.065937 0.102276 0.188218 0.166414 0.539174 0.313283 0.176266 0.240433 0.012614 0.291074	1,005,807 2,897,597 4,722,714 	872 939 920.476 3.006.199	642.186 1.615.034 1.031.066 69.183 344.191 22.051 1.670.309 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.327.178 1.190.539 611.622	979.666 1,166.212 1,201.995 99.947 393.155 2,353.611 151.194 2,207.976 3,674.532 8,908 2,286.297 199.724 352.257 176.623 29.332 165,267 81.075	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062 2,551,393 291,525 21,102,913 408,431 537,980 518,257 6,289,046 3,651,341 1,927,682 474,957	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,846 4,315,393 846,433 243,505 666,724 166,244 166,244 336,087 336,087 272,226	543 269 1.554 409 1.198.988 219.587 147.714 184.600 45.800 2.499.418 1.515.094 386.124 12.900.662 178.723 317.440 261.784 4.285.700 2.320.331 883.624 266.313	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811	568.906 1.905.435 2.214.386 357.970 237.717 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.070.331 1.364.559 344.270	368.998 456.753 1.216.863 155.548 1.029.028 2.021.321 373.043 3.559.872 1.881.318 326.946 4.372.794 458.942 137.241 45.998 309.831 25.378 280.014	\$ 3,505,091 \$ 9,638 9,227,489 \$ 9,227,489 \$ 683,533 \$ 1,013,079 \$ 122,809 \$ 12,510,326 \$ 5,563,536 \$ 713,667 \$ 775,54,274 \$ 1,243,074 \$ 1,243,074 \$ 1,781,238 \$ 2,0688,592 \$ 7,878,211 \$ 5,422,105 \$ 1,317,724	\$ 4,108,524 \$ 4,628,348 \$ 7,349,582 \$ 756,142 \$ 2183,280 \$ 8,513,280 \$ 1,151,525 \$ 1,151,528 \$ 9,471,93 \$ 9,471,93 \$ 1202,482 \$ 9,471,93 \$ 130,085 \$ 141,176 \$ 150,085 \$ 163,085 \$ 163,085	15.72% 16.51% 12.04% 8.23% 11.35% 15.84% 20.53% 13.90% 7.93% 24.41% 17.42% 17.12% 11.87% 22.53% 13.27% 27.53%
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	5000 OPEF 5100 PEF 51	RATING ROOM OVERY ROOM STHESIOLOGY UICLOGY-DIAGNOSTIC OTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE IOAC ATHETERIZATION DIAC CATHETERIZATION ORATORY HOLOGY H		0.165742 0.206903 0.087445 0.254147 0.045486 0.110140 0.205254 0.188218 0.168414 0.636174 0.313283 0.176266 0.240433 0.012614 0.21674	1,005,807 2,897,597 4,722,714 	872 939 920 476 3,006,199 - - 1,583,042 162,202 1,573,342 - 5,106,642 162,893 - 149,202 40,119	642,186 1,615,034 1,031,066 149,216 69,183 344,191 1,070,909 1,497,063 36,018 10,180,770 195,048 387,654 188,310 1,827,178 1,905,539 611,622	979.666 1,166.212 1,201.995 99.447 3,931.55 2,353,611 151,194 2,207.976 8,908 2,286.297 199.724 352.257 176.623 2,932 2,932 165,267 8,1075	1.313.829 3.571 254 2.274 721 294 730 170.401 141.428 95.062 2.551.393 291.525 21.102.913 406.431 537.990 518.257 6.289.046 3.651,341	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,179,5,465 4,315,393 846,433 243,505 666,724 166,244 580,254 336,087	543,269 1,554,409 1,198,988 219,587 147,714 184,600 2,499,418 1,515,094 386,124 12,900,662 178,723 317,440 261,784 4,285,700 2,320,331 893,624	633,834 696,364 981,990 251,459 489,410 1,243,680 196,172 1,543,993 1,482,028 347,111 137,571 137,571 376,958 219,220 75,110 216,934 70,465	568.906 1.905.435 2.214.986 357.970 237.717 71.476 3.329.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.070.331 1.364.559	368.996. 456,753 1.216.863 1.55.548 1.029.028 2.021,321 373,043 3.359.672 1.881,318 326,946 4.372,794 137,684 459,942 137,241 45,898 309,831 25,578	\$ 3,505,091 \$ 9,639,294 \$ 9,227,489 \$ 9,227,489 \$ 663,533 \$ 387,298 \$ 1,013,079 \$ 222,809 \$ 12,510,326 \$ 5,563,550 \$ 713,667 \$ 77,534,254 \$ 1,781,238 \$ 1,243,074 \$ 1,592,052 \$ 20,658,592 \$ 7,878,211 \$ 1,782,2105	\$ 4.108.524 \$ 4.462.384 \$ 7.349.582 \$ 756.142 \$ 2.183.293 \$ 6.513.280 \$ 1.151,522 \$ 10.121,156 \$ 9471.953 \$ 1.202.452 \$ 18.305.818 \$ 854.221 \$ 972,720 \$ 1.211,769 \$ 1.211,769 \$ 962,455 \$ 962,455 \$ 962,455	15.72% 16.51% 12.04% 8.23% 11.35% 15.84% 20.53% 13.90% 24.41% 17.42% 11.87% 22.53% 23.27% 20.79% 27.53% 27.53%
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	5000 OPEF 5100 RCS 5100 RACE 5300 ANEX 5400 RADI 5400 RADI 5500 RADI 5500 RADI 5500 RADI 5500 RADI 5500 RADI 5500 RADI 5600 RADI 5700 CT S 5000 MPI 5900 CARR 6001 PATH 6002 HEM 6500 RES 6500 PLYS 6500 PHYS 6500 PHYS 6500 PHYS 6500 PHYS 6500 RES 7000 ELEC 7000 ELECT 7000 ELEC	RATING ROOM OVERY ROOM STHESIOLOGY STHESIOLOGY SCANNER IOLOGY-DIAGNOSTIC OTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE IOAN DIAC CATHETERIZATION ORATORY HOLOGY HAPHERESIS AB PIPRATORY THERAPY MONARY FUNCTION SIGLA THERAPY CTROCACROIOLOGY CTROCHCORADIOLOGY CTROCACROPIOLOGY CTROCACROPIOLOGY OCARDIOLOGY TOROCACROPIOLOGY CTROCACROPIOLOGY CTROCACROPICTOROCACROPI CTROCACROPICTOROCACROPICTOROCACROPI CTROCAC		0.165742 0.206903 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266 0.240453 0.012614 0.291074 0.071952 0.283775 0.119732 0.537693	1,005,807 2,897,597 4,722,714 	872 939 920.476 3,006,199 1,583,042 162,202 1,573,342 162,202 40,119 144,179 154,344 8,551 1,077,899	642,186 1,615,034 1,031,066 149,216 69,183 344,191 22,051 1,670,909 1,497,063 36,016 10,180,770 195,046 186,310 1,827,178 1,906,539 611,622 148,489 352,383 1,412,142 172,175	979.666 1.166.212 1.201.995 99.947 393.155 2.353.611 151.194 2.207.976 3.974.532 8.906 2.286.297 199.724 352.257 176.623 29.332 165.267 81.075 133.724 367.605 791.197 334.104	1.313.829 3.571.254 2.274.721 294.730 170.401 114.1428 95.062 3.948.272 2.551.393 291.525 21.102.913 408.431 537.980 518.257 6.289,046 3.651.341 1.927.682 474.957 454.628	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,047 639,654 4,175,845 4,915,845 354,033 243,505 666,724 580,254 580,254 36,087 777,722,26 95,969 2,790,870 178,755	543,269 1,554,409 1,198,988 219,587 147,714 184,600 45,800 2,499,418 1,515,094 386,124 12,900,662 178,723 317,440 261,784 4,285,700 2,320,331 893,624 256,313 332,993 1,729,442 68,978	633,834 696,364 981,990 251,459 489,410 1.243,680 1.88,172 1.482,028 347,111 137,5717 137,5717 376,958 219,220 75,110 216,934 70,465 113,811 481,375	688.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 4.016.004 287.280 393.414 449.279 4.112.226 3.070.331 1.364.559 354.270 599.201 2.567.258	368.996. 456,753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3,359.672 1.881,318 326,946 4.372,794 137,684 459,642 137,241 45,896 309.831 25,378 280,014 127,427 665,176 67,423	\$ 3,505,091 \$ 9,638,091 \$ 9,638,091 \$ 9638,294 \$ 9,227,489 \$ 653,383 \$ 387,288 \$ 1,015,095 \$ 1,015,095 \$ 1,015,095 \$ 1,015,095 \$ 5,583,569 \$ 715,584,284 \$ 1,781,238 \$ 1,243,074 \$ 1,582,052 \$ 7,878,211 \$ 1,802,052 \$ 1,802,052 \$ 1,802,052 \$ 1,1029,284 \$ 1,029,284 \$ 1,029,284	\$ 4,108,524 \$ 4,462,34 \$ 7,349,582 \$ 756,44 \$ 2,183,293 \$ 8,513,203 \$ 1,151,522 \$ 10,121,156 \$ 9,471,933 \$ 1,202,452 \$ 922,755 \$ 922,455 \$ 922,455 \$ 922,455 \$ 922,455 \$ 923,503 \$ 963,806 \$ 963,500 \$ 963,500	15.72% 16.51% 12.04% 8.23% 11.35% 15.84% 5.48% 20.53% 13.90% 7.93% 24.41% 11.67% 22.53% 13.27% 20.79% 27.57% 27.57% 27.97% 23.15%
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 40 41 42 43	5000 OPEF 5100 RECC 5300 ANES 5400 RADI 5400 ELEC 5401 ELEC 5402 PET : 5500 RADI 5500 RADI 5500 MRI 5900 CARR 5000 PATH 6001 PATH 6002 HEM 6003 GLA 6001 PULL 6000 ELEC 7000 ELEC 7001 ELEC 7001 ELEC	RATING ROOM OVERY ROOM STHESIOLOGY OUERY ROOM STHESIOLOGY CITGO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOGY-THERAPEUTIC IOGORAPEUTICION SICAL THERAPEUTIC IOGORAPEUTICION SICAL THERAPEUTICION SICAL THERAPEUTIC	T	0.165742 0.206903 0.087445 0.254147 0.045486 0.110140 0.205254 0.219709 0.065937 0.102276 0.188218 0.166414 0.659174 0.313283 0.176266 0.240433 0.0712614 0.291074 0.291074 0.291074	1,005,807 2,897,597 4,722,714 	872 939 920,476 3,006,199 3,006,199 1,583,042 162,202 1,573,342 162,893 1,573,342 149,202 40,119 146,179 154,344 8,551	642.186 1.615.034 1.031.066 69.183 344.191 22.051 1.670.909 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.827.178 611,622 144.489 352.963 1.412.142	979.666 1,166.212 1,201.995 99.447 393,155 2,353,611 151.194 2,207.976 3,674.532 8,308 2,286.297 199.724 352,257 176.623 29.332 29.332 165,267 81,075 133,724 367.605 791,197	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062 2,551,933 291,525 21,102,913 408,431 537,990 518,257 6,289,046 3,651,341 1,927,682 474,957	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 243,505 666,724 166,244 168,244 336,087 272,226 95,969	543_269 1.554_409 1.198_888 219_587 147,714 184,600 45,800 2,499_418 1.515,094 386,124 12,900_662 178,723 317,440 261,784 4,285,700 2,320,331 893,624 266,313 332,993 1,729,442	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,71 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375	568.906 1.905.435 2.214.386 357.970 237.717 71.476 3.929.624 2.966.725 720.624 18.016.004 287,280 393.414 449,279 4.112.226 3.070.331 1.364.559 354.270	368.998 456.753 1.216.863 155.548 1.029.028 2.021.321 373.043 3.559.672 1.881.318 326.946 4.372.794 45.894 2.37.241 45.894 2.37.241 42.597 3.09.831 25.578 280.014 127.427 665.176	\$ 3,505,091 \$ 9,638,244 \$ 9,927,489 \$ 665,533 \$ 387,298 \$ 1,013,079 \$ 222,809 \$ 12,510,326 \$ 5,583,550 \$ 71,587 \$ 1,783,244 \$ 1,782,345 \$ 1,582,55 \$ 5,583,550 \$ 71,587 \$ 1,783,244 \$ 1,582,55 \$ 5,583,550 \$ 71,587 \$ 1,783,244 \$ 1,582,55 \$ 5,583,550 \$ 1,783,244 \$ 1,582,55 \$ 5,583,550 \$ 1,783,244 \$ 1,582,55 \$ 1,783,244 \$ 1,582,55 \$ 1,783,244 \$ 1,582,55 \$ 1,783,245 \$ 1	\$ 4,108,524 \$ 4,462,348 \$ 7,349,582 \$ 756,142 \$ 2,183,293 \$ 8,513,293 \$ 1,151,522 \$ 10,121,643 \$ 1,202,443 \$ 1,202	15,72% 16,51% 12,04% 8,23% 11,35% 15,84% 5,46% 20,53% 13,90% 7,93% 24,41% 17,42% 17,42% 17,42% 12,53% 22,53% 32,75% 22,53% 43,55% 45,56% 23,15%
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	5000 OPEF 5100 RECO. 5300 ANESE 5400 RECO. 5300 ANESE 5400 EVEC 5500 RADIO 5500 RADIO 5500 RADIO 5500 RADIO 5700 CT ST 5000 CT ST 5000 CAST 5000 C	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CITRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY IOLAGO CATHETERIZATION ORATORY HOLOGY HOLOGY HOLOGY IOLOGY	T	0.165742 0.206993 0.087445 0.254147 0.045486 0.110140 0.205254 0.219709 0.065837 0.102276 0.188218 0.166414 0.659174 0.313283 0.072614 0.21074 0.21074 0.21074 0.21074 0.21074 0.21074 0.21074 0.21074 0.21074 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.33328 0.3332	1,005,807 2,897,597 4,722,714 	872 939 920.476 3.006.199	642.186 1.615.034 1.031.066 149.216 69.183 344.191 22.051 1.670.909 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.827.178 1.906.539 611.622 148.489 352.383 1.412.142 172.176 2.484.222 1.213.190 7.823.977	979.666 1,166.212 1,201.995 99.447 393,155 2,353,611 151.194 2,207.976 3,674.532 8,308 2,286.297 199.724 352,257 176.623 29.332 165,267 81,075 133,724 367,605 791,197 334,104 607,928 1,038,086 1,338,086	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062 2,551,393 291,525 21,102,913 408,431 537,990 518,257 6,289,046 3,651,341 1,927,682 474,957 454,628 3,511,074 211,387	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 243,505 666,724 166,244 168,245 336,087 7,72,226 95,969 2,790,870 178,755 1,189,381 2,771,493	543,269 1,554,409 1,198,898 219,587 147,714 184,600 45,800 2,499,418 1,515,094 386,124 12,900,662 178,723 317,440 261,784 4,285,700 2,320,331 883,624 266,313 332,993 1,729,442 68,978 2,500,885 1,941,584 1,941,584	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375 949,469 324,202 407,376 1,553,718	568.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.070.331 1.364.559 354.270 599.201 2.567.258 2.044 2.966.190 2.192.326	368.996 456.753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3.559.672 1.881.318 326.946 4.372.794 45.894 2.5378 2.001.321 1.27.421 45.894 2.001.427.427 465.476 667.423 2.98.373 429.191 1.998.127	\$ 3,505,091 \$ 9,638,244 \$ 9,927,489 \$ 665,533 \$ 367,288 \$ 1,013,079 \$ 222,809 \$ 12,510,326 \$ 5,583,550 \$ 71,587 \$ 1,77,534,254 \$ 1,782,325 \$ 1,243,074 \$ 1,582,505 \$ 2,258,592 \$ 1,243,074 \$ 1,582,505 \$ 1,371,724 \$ 1,582,505 \$ 1,371,724 \$ 1,092,284 \$ 1,092,284	\$ 4,108,524 \$ 4,462,84 \$ 7,349,582 \$ 756,142 \$ 2,183,233 \$ 8,513,233 \$ 1,151,522 \$ 10,121,83 \$ 1,102,432 \$ 1,102,432 \$ 132,308,418 \$ 854,221 \$ 972,720 \$ 121,128 \$ 854,218 \$ 854,218 \$ 854,218 \$ 854,218 \$ 854,218 \$ 854,218 \$ 854,218 \$ 10,218 \$ 10,2	15,72% 16,51% 12,04% 8,23% 11,35% 15,84% 5,46% 20,53% 13,90% 7,93% 14,41% 11,87% 22,53% 11,87% 22,53% 27,97% 23,15% 45,56% 25,30% 14,53%
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 42 44 45 44 47 48	5000 OPEI 5100 REC 15 5300 ANES 5400 RAD 1 5401 ELEC 5400 RAD 1 5500 RAD 1 5500 RAD 1 5500 RAD 1 5500 RAD 1 5500 RAD 1 5500 CT S 5500 RAD 1 5500 CT S 5500 RAD 1 5500 CT S 5500 RAD 1 5500 CT S 5500 RAD 1 5500 Phys 6600 Phys 6600 Phys 6600 Phys 7000 ELEC 7000 ELEC 7000 ELEC 7000 ELEC 7000 MPL 7300 PRU 7400 MPL 7400 MPL 7400 MPL 7400 REN 7400 REN 7400 REN 7400 REN	RATING ROOM OVERY ROOM STHESIOLOGY OUERY ROOM STHESIOLOGY CITRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC ORATORY HOLOGY HOLO	T	0.165742 0.206903 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.065837 0.102276 0.188218 0.166414 0.839174 0.313283 0.0172614 0.291074 0.291074 0.291074 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.33832	1.005.807 2.897.597 4.722.714 	872 939 920.476 3.006.199 920.476 3.006.199 1.583.042 162.202 1.573.342 162.202 40.119 146.179 154.344 8.551 1.077.899 1.333.187 930.460 1.333.187	642.186 1.615.034 1.031.066 149.216 69.183 344.191 22.051 1.670.309 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.327.178 1.906.539 611.622 148.489 352.363 1.412.142 172.175 2.484.222 1.213.190 7.823.977 235.849	979.666 1,166.212 1,201.995 99.447 393.155 2,353.611 151.194 2,207.976 3,674.532 8,008 2,286.297 199.724 352.257 176.623 29.332 165.267 81.075 334.104 607.928 1,038.085 1,334.982 6,056	1.313.829 3.571.254 2.274.721 2.274.721 2.274.721 170.401 141.428 95.062 3.948.272 2.551.393 291.525 21.102.913 408.431 537.990 518.257 6.289.046 3.6651.341 1.927.682 474.957 454.66733 3.449.360 29.155.011 1.471.803	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 6,537,622 354,033 243,505 666,724 166,244 166,244 336,087 272,226 95,599 2,790,870 178,755 1,189,381 2,771,493 4,893,310 333,282	543.269 1.554.409 1.198.988 219.587 147.714 184.600 45.800 45.800 2.499.418 1.515.094 386.124 12.900.662 178.723 317.440 261.784 4.285.700 2.320.331 883.624 266.313 332.993 1.729.442 68.978 2.580.885 1.941.584 10.488.213	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375 949,469 324,202 407,376 1,553,718 1,543,724 1,553,718 1,547,249	568.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.077.331 1.364.559 354.270 599.201 2.567.258 2.044 2.986.190 2.192.326 15.590.739	368.998 456.753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3.559.872 1.881.318 326.946 4.372.794 458.942 137.241 45.998 309.831 25.378 280.014 127.427 665.176 67.423 298.373 429.191 1.998.127 487.859 487.859	\$ 3,505.091 \$ 9,638.24 \$ 9,927.489 \$ 663.533 \$ 387.298 \$ 1,013.079 \$ 222.809 \$ 125.10.326 \$ 5,563.550 \$ 713.677 \$ 777.534.254 \$ 1,781.238 \$ 1,243.074 \$ 1,592.05 \$ 2,20.656.592 \$ 2,20.656.592 \$ 1,371.724 \$ 1,180.336 \$ 1,171.724 \$ 1,100.336 \$ 1,100	\$ 4,108,524 \$ 4,462,344 \$ 7,349,582 \$ 756,42 \$ 2,183,233 \$ 8,513,233 \$ 10,121,522 \$	15,72%, 16,51%, 12,04%, 8,23%, 11,35%, 15,84%, 20,53%, 13,90%, 24,41%, 17,12%, 17,12%, 12,53%, 22,53%, 13,27%, 20,75%, 23,15%, 45,56%, 25,30%, 14,53%, 27,47%, 39,45%, 0.00%, 45%, 0.00%, 20,53%, 25,30%, 26,56%, 26,5
23 24 25 26 27 28 29 30 31 32 33 34 4 3 36 41 42 43 444 44 44 44 44 44 44 44 44 44 44 44	5000 OPEI 5100 RECC 5 5300 ANE 5 5400 RADI 5 5401 RED 5 5401 RED 5 5402 PET 1 5500 RADI 5 5500 RADI 5 5500 RADI 5 5500 MRI 5 5500 MRI 5 5500 CART 5 5500 CART 5 5500 CART 5 5500 PHY 5 6003 GL D 6 5501 PLUT 5 6000 PHY 5 6000 ELEC 7 7001 ELEC 7 7001 ELEC 7 7001 ELEC 7 7002 ELEC 7 7002 ELEC 7 7000 RED 7 7000 RE	RATING ROOM OVERY ROOM STHESIOLOGY OUEDY ROOM STHESIOLOGY SCANNER IOLOGY-DIAGNOSTIC CITRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE IOAN DIAC CATHETERIZATION ORATORY HOLOGY HOLOGY APPHERESIS AB PIPRATORY THERAPY MONARY FUNCTION SICAL THERAPY CTROCACROLOGY TOROCHOCAROLOGY CTROSHOCK THERAPY IOCAL SUPPLIES CHARGED TO PATIENTS AL DIALYSIS GS CHARGED TO PATIENTS AL DIALYSIS SCENER HOSENTION SCHEMENTS AL DIALYSIS OSCHEMENTS AL DIALY	T	0.165742 0.206903 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266 0.240433 0.012614 0.291074 0.071952 0.283775 0.119732 0.537693 1.500490 0.317234 0.308932	1,005,807 2,897,597 4,722,714 	872 939 920.476 3,006,199 3,006,199 1,583,042 162,202 1,573,342 162,203 1,573,342 162,203 1,573,342 162,203 1,573,342 162,203 1,573,342 162,203 1,573,342 1,573,343 1,	642.186 1.615.034 1.031.066 149.216 69.183 344.191 22.051 1.670.909 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.827.178 1.906.539 611.622 148.489 352.363 1.412.142 172.176 2.484.222 1.213.190 7.823.977	979.666 1,166.212 1,201.995 99.447 393,155 2,353,611 151.194 2,207.976 3,674.532 8,308 2,286.297 199.724 352,257 176.623 29.332 165,267 81,075 133,724 367,605 791,197 334,104 607,928 1,038,086 1,338,086	1,313,829 3,571,254 2,274,721 294,730 170,401 141,428 95,062 2,551,393 291,525 21,102,913 408,431 537,990 518,257 6,289,046 3,651,341 1,927,682 474,957 454,628 3,511,074 211,387	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 243,505 666,724 166,244 168,245 336,087 7,72,226 95,969 2,790,870 178,755 1,189,381 2,771,493	543,269 1,554,409 1,198,898 219,587 147,714 184,600 45,800 2,499,418 1,515,094 386,124 12,900,662 178,723 317,440 261,784 4,285,700 2,320,331 883,624 266,313 332,993 1,729,442 68,978 2,500,885 1,941,584 1,941,584	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375 949,469 324,202 407,376 1,553,718	568.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.070.331 1.364.559 354.270 599.201 2.567.258 2.044 2.966.190 2.192.326	368.996 456.753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3.559.672 1.881.318 326.946 4.372.794 45.894 2.5378 2.001.321 1.27.421 45.894 2.001.427.427 465.776 67.423 2.98.373 429.191 1.998.127	\$ 3,505,091 \$ 9,638,244 \$ 9,927,489 \$ 665,533 \$ 367,288 \$ 1,013,079 \$ 222,809 \$ 12,510,326 \$ 5,583,550 \$ 71,587 \$ 1,77,534,254 \$ 1,782,325 \$ 1,243,074 \$ 1,582,505 \$ 2,258,592 \$ 1,243,074 \$ 1,582,505 \$ 1,371,724 \$ 1,582,505 \$ 1,371,724 \$ 1,092,284 \$ 1,092,284	\$ 4,108,524 \$ 4,462,84 \$ 7,349,582 \$ 756,142 \$ 2,183,233 \$ 8,513,233 \$ 1,151,522 \$ 10,121,83 \$ 1,102,432 \$ 1,102,432 \$ 132,308,418 \$ 854,221 \$ 972,720 \$ 121,128 \$ 854,218 \$ 854,218 \$ 854,218 \$ 854,218 \$ 854,218 \$ 854,218 \$ 854,218 \$ 10,218 \$ 10,2	15,72%, 16,51%, 12,04%, 8,23%, 11,35%, 15,84%, 5,48%, 20,53%, 13,90%, 7,93%, 24,41%, 11,67%, 22,53%, 27,53%, 27,53%, 27,53%, 27,53%, 27,53%, 25,30%, 45,56%, 25,30%, 45,53%, 45,56%, 39,45%, 0,00%, 22,22%, 39,45%, 0,00%, 16,53%, 27,47%, 39,45%, 0,00%, 22,22%, 27,53%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 27,47%, 39,45%, 0,00%, 22,22%, 22%, 22,22%, 22,22%, 22,
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 42 44 45 44 47 48	5000 OPEI 5100 REC 5 5300 ANES 5400 RADI 5401 ELEC 5400 RADI 5500 RADI 5500 RADI 5500 RADI 5500 CT S 5500 RADI 5500 CARL 5600 CARL 5600 CARL 5600 CARL 5600 CARL 5600 DAGE 5600 DAGE 5600 SI LA 5600 SI LA 5600 ELEC 7000 ELEC 7000 ELEC 7000 ELEC 7000 ELEC 7000 ELEC 7000 RADI 7400 MEDI 7400 MEDI 7400 MEDI 7400 REN 7400 EMEI	RATING ROOM OVERY ROOM STHESIOLOGY OUERY ROOM STHESIOLOGY CITRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC IOLOGY-THERAPEUTIC ORATORY HOLOGY HOLO	T	0.165742 0.206903 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.065837 0.102276 0.188218 0.166414 0.839174 0.313283 0.0172614 0.291074 0.291074 0.291074 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.33832	1.005.807 2.897.597 4.722.714 	872 939 920.476 3.006.199 920.476 3.006.199 1.583.042 162.202 1.573.342 162.202 40.119 146.179 154.344 8.551 1.077.899 1.333.187 930.460 1.333.187	642.186 1.615.034 1.031.066 149.216 69.183 344.191 22.051 1.670.309 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.327.178 1.906.539 611.622 148.489 352.363 1.412.142 172.175 2.484.222 1.213.190 7.823.977 235.849	979.666 1,166.212 1,201.995 99.447 393.155 2,353.611 151.194 2,207.976 3,674.532 8,008 2,286.297 199.724 352.257 176.623 29.332 165.267 81.075 334.104 607.928 1,038.085 1,334.082 6,056	1.313.829 3.571.254 2.274.721 2.274.721 2.274.721 170.401 141.428 95.062 3.948.272 2.551.393 291.525 21.102.913 408.431 537.990 518.257 6.289.046 3.6651.341 1.927.682 474.957 454.66733 3.449.360 29.155.011 1.471.803	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 6,537,622 354,033 243,505 666,724 166,244 166,244 336,087 272,226 95,599 2,790,870 178,755 1,189,381 2,771,493 4,893,310 333,282	543.269 1.554.409 1.198.988 219.587 147.714 184.600 45.800 45.800 2.499.418 1.515.094 386.124 12.900.662 178.723 317.440 261.784 4.285.700 2.320.331 883.624 266.313 332.993 1.729.442 68.978 2.580.885 1.941.584 10.488.213	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375 949,469 324,202 407,376 1,553,718 1,543,724 1,553,718 1,547,249	568.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.077.331 1.364.559 354.270 599.201 2.567.258 2.044 2.986.190 2.192.326 15.590.739	368.998 456.753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3.559.872 1.881.318 326.946 4.372.794 458.942 137.241 45.998 309.831 25.378 280.014 127.427 665.176 67.423 298.373 429.191 1.998.127 487.859 487.859	\$ 3,505.091 \$ 9,638.24 \$ 9,927.489 \$ 663.533 \$ 387.298 \$ 1,013.079 \$ 222.809 \$ 125.10.326 \$ 5,563.550 \$ 713.677 \$ 777.534.254 \$ 1,781.238 \$ 1,243.074 \$ 1,592.05 \$ 2,20.656.592 \$ 2,20.656.592 \$ 1,371.724 \$ 1,180.336 \$ 1,171.724 \$ 1,100.336 \$ 1,100	\$ 4,108,524 \$ 4,462,344 \$ 7,349,582 \$ 756,42 \$ 2,183,233 \$ 8,513,233 \$ 10,121,522 \$	15,72%, 16,51%, 12,04%, 8,23%, 11,35%, 15,84%, 20,53%, 13,90%, 24,41%, 17,12%, 17,12%, 12,53%, 22,53%, 13,27%, 20,75%, 23,15%, 45,56%, 25,30%, 14,53%, 27,47%, 39,45%, 0.00%, 45%, 0.00%, 20,53%, 25,30%, 26,56%, 26,5
23 24 25 26 27 28 29 30 31 32 33 44 35 36 37 38 9 40 41 42 43 44 45 46 47 48 49 551 552 553	5000 OPEI 5100 REC 5 5300 ANE 5400 RAD 1 5401 ELEC 5400 RAD 1 5500 RAD 1 5500 RAD 1 5500 RAD 1 5500 RAD 1 5500 MAD 1 5500 MAD 1 5600 CARL 6001 PATH 6 6001 SI LA 1 6000 SI LA 1 6000 SI LA 1 6000 SI LA 1 6000 SI LA 1 7000 ELEC 7000 ELEC 7	RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CITRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOLOGY-THERA	T	0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.056937 0.105274 0.1056937 0.105276 0.186218 0.166414 0.836174 0.313283 0.176266 0.240433 0.071952 0.2537765 0.1537693 1.500490 0.317234	1.005.807 2.897.597 4.722.714 	872 939 920.476 3.006.199 920.476 3.006.199 1.583.042 162.202 1.573.342 162.202 40.119 146.179 154.344 8.551 1.077.899 1.333.187 930.460 1.333.187	642.186 1.615.034 1.031.066 149.216 69.183 344.191 22.051 1.670.309 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.327.178 1.906.539 611.622 148.489 352.363 1.412.142 172.175 2.484.222 1.213.190 7.823.977 235.849	979.666 1,166.212 1,201.995 99.447 393.155 2,353.611 151.194 2,207.976 3,674.532 8,008 2,286.297 199.724 352.257 176.623 29.332 165.267 81.075 334.104 607.928 1,038.085 1,334.082 6,056	1.313.829 3.571.254 2.274.721 2.274.721 2.274.721 170.401 141.428 95.062 3.948.272 2.551.393 291.525 21.102.913 408.431 537.990 518.257 6.289.046 3.6651.341 1.927.682 474.957 454.66733 3.449.360 29.155.011 1.471.803	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 6,537,622 354,033 243,505 666,724 166,244 166,244 336,087 272,226 95,599 2,790,870 178,755 1,189,381 2,771,493 4,893,310 333,282	543.269 1.554.409 1.198.988 219.587 147.714 184.600 45.800 45.800 2.499.418 1.515.094 386.124 12.900.662 178.723 317.440 261.784 4.285.700 2.320.331 883.624 266.313 332.993 1.729.442 68.978 2.580.885 1.941.584 10.488.213	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375 949,469 324,202 407,376 1,553,718 1,543,724 1,553,718 1,547,249	568.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.077.331 1.364.559 354.270 599.201 2.567.258 2.044 2.986.190 2.192.326 15.590.739	368.998 456.753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3.559.872 1.881.318 326.946 4.372.794 458.942 137.241 45.998 309.831 25.378 280.014 127.427 665.176 67.423 298.373 429.191 1.998.127 487.859 487.859	\$ 3,505.091 \$ 9,638.24 \$ 9,927.489 \$ 663.533 \$ 387.298 \$ 1,013.079 \$ 222.809 \$ 125.10.326 \$ 5,563.550 \$ 713.677 \$ 777.534.254 \$ 1,781.238 \$ 1,243.074 \$ 1,592.05 \$ 2,20.656.592 \$ 2,20.656.592 \$ 1,371.724 \$ 1,180.336 \$ 1,171.724 \$ 1,100.336 \$ 1,100	\$ 4,108,524 \$ 4,462,84 \$ 7,349,582 \$ 756,142 \$ 2,183,233 \$ 8,513,233 \$ 8,513,233 \$ 1,151,522 \$ 10,121,64 \$ 94,71,935 \$ 1,202,452 \$ 130,508,16 \$ 972,720 \$ 121,720 \$ 12	15,72%, 16,51%, 12,04%, 8,23%, 11,35%, 11,35%, 15,84%, 20,53%, 13,90%, 7,93%, 24,4.1%, 17,42%, 11,87%, 22,53%, 27,53%, 27,53%, 25,30%, 14,53%, 25,30%, 14,53%, 25,30%, 14,53%, 25,30%, 14,53%, 25,30%, 25,25%, 25,30%, 25,25%, 26,50%,
23 24 25 26 27 28 29 30 31 32 33 33 34 44 44 44 44 44 45 46 46 47 48 49 55 55 55 55 55 55 55 55 55 5	5000 OPEI 5100 RECC 5500 ANE 5300 ANE 5400 RADI ELEC 5400 RADI ELEC 5500 RADI 5500 RADI 5500 RADI 5500 RADI 5500 CT S 5500 RADI 5500 CARL 6001 PATH 6002 HEM 6002 HEM 6002 HEM 7000 ELEC 7001 ECHH 7100 MEDI 7200 MEDI 7300 RADI 7400 REDI 7400 REDI 7	RATING ROOM OVERY ROOM STHESIOLOGY OUEDY ROOM STHESIOLOGY OUGOING ROOM SCANNER OLOGY-THERAPEUTIC IOISOTOPE IOIAC ATHETERIZATION DIAC CATHETERIZATION DIAC CA	т	0.165742 0.206903 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.065837 0.102276 0.188218 0.166414 0.839174 0.313283 0.0172614 0.291074 0.291074 0.291074 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.313283 0.33832	1.005.807 2.897.597 4.722.714 	872 939 920.476 3.006.199 920.476 3.006.199 1.583.042 162.202 1.573.342 162.202 40.119 146.179 154.344 8.551 1.077.899 1.333.187 930.460 1.333.187	642.186 1.615.034 1.031.066 149.216 69.183 344.191 22.051 1.670.309 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.327.178 1.906.539 611.622 148.489 352.363 1.412.142 172.175 2.484.222 1.213.190 7.823.977 235.849	979.666 1,166.212 1,201.995 99.447 393.155 2,353.611 151.194 2,207.976 3,674.532 8,008 2,286.297 199.724 352.257 176.623 29.332 165.267 81.075 334.104 607.928 1,038.085 1,334.082 6,056	1.313.829 3.571.254 2.274.721 2.274.721 2.274.721 170.401 141.428 95.062 3.948.272 2.551.393 291.525 21.102.913 408.431 537.990 518.257 6.289.046 3.6651.341 1.927.682 474.957 454.66733 3.449.360 29.155.011 1.471.803	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 243,505 666,724 166,244 186,245 336,087 7,272,226 95,599 1,718,755 1,189,881 2,771,493 4,893,310 333,282 333,282 333,283 333,283 334,893,310	543.269 1.554.409 1.198.988 219.587 147.714 184.600 45.800 45.800 2.499.418 1.515.094 386.124 12.900.662 178.723 317.440 261.784 4.285.700 2.320.331 883.624 266.313 332.993 1.729.442 68.978 2.580.885 1.941.584 10.488.213	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375 949,469 324,202 407,376 1,553,718 1,543,724 1,553,718 1,547,249	568.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.077.331 1.364.559 354.270 599.201 2.567.258 2.044 2.986.190 2.192.326 15.590.739	368.998 456.753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3.559.872 1.881.318 326.946 4.372.794 458.942 137.241 45.998 309.831 25.378 280.014 127.427 665.176 67.423 298.373 429.191 1.998.127 487.859 487.859	\$ 3,505.091 \$ 9,638.24 \$ 9,927.489 \$ 663.533 \$ 387.298 \$ 1,013.079 \$ 222.809 \$ 125.10.326 \$ 5,563.550 \$ 713.677 \$ 777.534.254 \$ 1,781.238 \$ 1,243.074 \$ 1,592.05 \$ 2,20.656.592 \$ 2,20.656.592 \$ 1,371.724 \$ 1,180.336 \$ 1,171.724 \$ 1,100.336 \$ 1,100	\$ 4,108,524 \$ 4,462,344 \$ 7,349,582 \$ 756,42 \$ 2,183,233 \$ 8,513,233 \$ 10,121,522 \$	15,72%, 16,51%, 12,04%, 12,04%, 12,04%, 13,05%, 15,84%, 20,53%, 13,90%, 7,93%, 24,41%, 17,42%, 11,87%, 22,53%, 13,27%, 20,79%, 27,57%, 23,15%, 45,56%, 25,30%, 45,56%, 20,00%, 20,00%, 0,00%, 0,00%, 1
23 24 25 27 28 30 31 31 32 33 33 34 40 41 42 43 44 44 44 47 48 49 50 50 51 55 55 55 56	5000 OPEI 5100 RECC 5500 ANE 5300 ANE 5400 RADI ELEC 5400 RADI ELEC 5500 RADI 5500 RADI 5500 RADI 5500 RADI 5500 CT S 5500 RADI 5500 CARL 6001 PATH 6002 HEM 6002 HEM 6002 HEM 7000 ELEC 7001 ECHH 7100 MEDI 7200 MEDI 7300 RADI 7400 REDI 7400 REDI 7	RATING ROOM OVERY ROOM STHESIOLOGY STHESIOLOGY SCANNER IOLOGY-DIAGNOSTIC CITRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE IOAN DIAC CATHETERIZATION ORATORY HOLOGY HO	T	0.165742 0.206903 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266 0.240433 0.012614 0.291074 0.071952 0.283775 0.119732 0.353763 1.500490 0.317234 0.308932 0.322081 0.314673 0.332235	1.005.807 2.897.597 4.722.714 	872 939 920.476 3.006.199 920.476 3.006.199 1.583.042 162.202 1.573.342 162.202 40.119 146.179 154.344 8.551 1.077.899 1.333.187 930.460 1.333.187	642.186 1.615.034 1.031.066 149.216 69.183 344.191 22.051 1.670.309 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.327.178 1.906.539 611.622 148.489 352.363 1.412.142 172.175 2.484.222 1.213.190 7.823.977 235.849	979.666 1,166.212 1,201.995 99.447 393.155 2,353.611 151.194 2,207.976 3,674.532 8,008 2,286.297 199.724 352.257 176.623 29.332 165.267 81.075 334.104 607.928 1,038.085 1,334.082 6,056	1.313.829 3.571.254 2.274.721 2.274.721 2.274.721 170.401 141.428 95.062 3.948.272 2.551.393 291.525 21.102.913 408.431 537.990 518.257 6.289.046 3.6651.341 1.927.682 474.957 454.66733 3.449.360 29.155.011 1.471.803	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 243,505 666,724 166,244 186,245 336,087 7,272,226 95,599 1,718,755 1,189,881 2,771,493 4,893,310 333,282 333,282 333,283 333,283 334,893,310	543.269 1.554.409 1.198.988 219.587 147.714 184.600 45.800 45.800 2.499.418 1.515.094 386.124 12.900.662 178.723 317.440 261.784 4.285.700 2.320.331 883.624 266.313 332.993 1.729.442 68.978 2.580.885 1.941.584 10.488.213	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375 949,469 324,202 407,376 1,553,718 1,543,724 1,553,718 1,547,249	568.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.077.331 1.364.559 354.270 599.201 2.567.258 2.044 2.986.190 2.192.326 15.590.739	368.998 456.753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3.559.872 1.881.318 326.946 4.372.794 458.942 137.241 45.998 309.831 25.378 280.014 127.427 665.176 67.423 298.373 429.191 1.998.127 487.859 487.859	\$ 3,505.091 \$ 9,638.24 \$ 9,927.489 \$ 663.533 \$ 387.298 \$ 1,013.079 \$ 222.809 \$ 125.10.326 \$ 5,563.550 \$ 713.677 \$ 777.534.254 \$ 1,781.238 \$ 1,243.074 \$ 1,592.05 \$ 2,20.656.592 \$ 2,20.656.592 \$ 1,371.724 \$ 1,180.336 \$ 1,171.724 \$ 1,100.336 \$ 1,100	\$ 4,108,524 \$ 4,462,344 \$ 7,349,582 \$ 756,42 \$ 2,183,293 \$ 8,513,293 \$ 8,513,293 \$ 11,151,522 \$ 19,221,152 \$ 10,202,452 \$ 10,202,452 \$ 10,308,418 \$ 10,202,452 \$ 10,308,418 \$ 10,202,452 \$	15,72%, 16,51%, 12,04%, 12,04%, 12,04%, 12,04%, 13,30%, 7,93%, 24,41%, 17,42%, 17,12%, 13,27%, 20,79%, 27,57%, 23,15%, 45,56%, 23,45%, 30,45%, 0,00%, 0,00%, 0,00%, 0,00%, 10,53,45%, 10,00%,
23 24 25 27 28 29 20 30 31 31 32 33 33 33 33 33 33 33 34 40 41 42 43 44 44 44 44 44 45 55 55 55 55	5000 OPEI 5100 RECC 5500 ANE 5300 ANE 5400 RADI ELEC 5400 RADI ELEC 5500 RADI 5500 RADI 5500 RADI 5500 RADI 5500 CT S 5500 RADI 5500 CARL 6001 PATH 6002 HEM 6002 HEM 6002 HEM 7000 ELEC 7001 ECHH 7100 MEDI 7200 MEDI 7300 RADI 7400 REDI 7400 REDI 7	RATING ROOM OVERY ROOM STHESIOLOGY STHESIOLOGY SCANNER IOLOGY-DIAGNOSTIC CITRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE IOAN DIAC CATHETERIZATION ORATORY HOLOGY H	T	0.165742 0.206903 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266 0.240433 0.012614 0.291074 0.071952 0.283775 0.119732 0.353763 1.500490 0.317234 0.308932 0.322081 0.314673 0.332235	1.005.807 2.897.597 4.722.714 	872 939 920.476 3.006.199 920.476 3.006.199 1.583.042 162.202 1.573.342 162.202 40.119 146.179 154.344 8.551 1.077.899 1.333.187 930.460 1.333.187	642.186 1.615.034 1.031.066 149.216 69.183 344.191 22.051 1.670.309 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.327.178 1.906.539 611.622 148.489 352.363 1.412.142 172.175 2.484.222 1.213.190 7.823.977 235.849	979.666 1,166.212 1,201.995 99.447 393.155 2,353.611 151.194 2,207.976 3,674.532 8,008 2,286.297 199.724 352.257 176.623 29.332 165.267 81.075 334.104 607.928 1,038.085 1,334.082 6,056	1.313.829 3.571.254 2.274.721 2.274.721 2.274.721 170.401 141.428 95.062 3.948.272 2.551.393 291.525 21.102.913 408.431 537.990 518.257 6.289.046 3.6651.341 1.927.682 474.957 454.66733 3.449.360 29.155.011 1.471.803	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 243,505 666,724 166,244 186,245 336,087 7,272,226 95,599 1,718,755 1,189,881 2,771,493 4,893,310 333,282 333,282 333,283 333,283 334,893,310	543.269 1.554.409 1.198.988 219.587 147.714 184.600 45.800 45.800 2.499.418 1.515.094 386.124 12.900.662 178.723 317.440 261.784 4.285.700 2.320.331 883.624 266.313 332.993 1.729.442 68.978 2.580.885 1.941.584 10.488.213	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375 949,469 324,202 407,376 1,553,718 1,543,724 1,553,718 1,547,249	568.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.077.331 1.364.559 354.270 599.201 2.567.258 2.044 2.986.190 2.192.326 15.590.739	368.998 456.753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3.559.872 1.881.318 326.946 4.372.794 458.942 137.241 45.998 309.831 25.378 280.014 127.427 665.176 67.423 298.373 429.191 1.998.127 487.859 487.859	\$ 3,505.091 \$ 9,638.24 \$ 9,927.489 \$ 663.533 \$ 387.298 \$ 1,013.079 \$ 222.809 \$ 125.10.326 \$ 5,563.550 \$ 713.677 \$ 777.534.254 \$ 1,781.238 \$ 1,243.074 \$ 1,592.05 \$ 2,20.656.592 \$ 2,20.656.592 \$ 1,371.724 \$ 1,180.336 \$ 1,171.724 \$ 1,100.336 \$ 1,100	\$ 4,108,524 \$ 4,462,344 \$ 7,349,582 \$ 756,42 \$ 2,183,293 \$ 8,513,293 \$ 8,513,293 \$ 11,151,522 \$ 19,221,152 \$ 10,202,452 \$ 10,202,452 \$ 10,308,418 \$ 10,202,452 \$ 10,308,418 \$ 10,202,452 \$	15,72%, 16,51%, 12,04%, 12,04%, 12,04%, 12,04%, 13,30%, 7,93%, 24,41%, 17,42%, 17,12%, 13,27%, 20,79%, 27,57%, 23,15%, 45,56%, 23,45%, 30,45%, 0,00%, 0,00%, 0,00%, 0,00%, 10,53,45%, 10,00%,
23 24 25 26 27 28 30 31 31 32 33 33 33 33 33 33 34 41 42 43 44 44 44 45 55 56 56 57 57 57 57 57 57 57 57 57 57	5000 OPEI 5100 RECC 5500 ANE 5300 ANE 5400 RADI ELEC 5400 RADI ELEC 5500 RADI 5500 RADI 5500 RADI 5500 RADI 5500 CT S 5500 RADI 5500 CARL 6001 PATH 6002 HEM 6002 HEM 6002 HEM 7000 ELEC 7001 ECHH 7100 MEDI 7200 MEDI 7300 RADI 7400 REDI 7400 REDI 7	RATING ROOM OVERY ROOM STHESIOLOGY STHESIOLOGY SCANNER IOLOGY-DIAGNOSTIC CITRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOISOTOPE IOAN DIAC CATHETERIZATION ORATORY HOLOGY H	T	0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.056937 0.10227 0.1686218 0.166414 0.836174 0.313283 0.176246 0.291074 0.291074 0.071952 0.383775 0.119732 0.557693 1.500490 0.317234 0.318283 1.500490 0.317234 0.318283	1.005.807 2.897.597 4.722.714 	872 939 920.476 3.006.199 920.476 3.006.199 1.583.042 162.202 1.573.342 162.202 40.119 146.179 154.344 8.551 1.077.899 1.333.187 930.460 1.333.187	642.186 1.615.034 1.031.066 149.216 69.183 344.191 22.051 1.670.309 1.497.063 36.018 10.180.770 195.048 387.654 186.310 1.327.178 1.906.539 611.622 148.489 352.363 1.412.142 172.175 2.484.222 1.213.190 7.823.977 235.849	979.666 1,166.212 1,201.995 99.447 393.155 2,353.611 151.194 2,207.976 3,674.532 8,008 2,286.297 199.724 352.257 176.623 29.332 165.267 81.075 334.104 607.928 1,038.085 1,334.082 6,056	1.313.829 3.571.254 2.274.721 2.274.721 2.274.721 170.401 141.428 95.062 3.948.272 2.551.393 291.525 21.102.913 408.431 537.990 518.257 6.289.046 3.6651.341 1.927.682 474.957 454.66733 3.449.360 29.155.011 1.471.803	1,622,085 1,679,332 2,159,398 404,736 1,320,728 3,332,947 639,954 4,795,845 4,315,393 846,433 243,505 666,724 166,244 186,245 336,087 7,272,226 95,599 1,718,755 1,189,881 2,771,493 4,893,310 333,282 333,282 333,283 333,283 334,893,310	543.269 1.554.409 1.198.988 219.587 147.714 184.600 45.800 45.800 2.499.418 1.515.094 386.124 12.900.662 178.723 317.440 261.784 4.285.700 2.320.331 883.624 266.313 332.993 1.729.442 68.978 2.580.885 1.941.584 10.488.213	633,834 696,364 981,990 251,459 469,410 1,243,680 198,172 1,543,993 1,482,028 347,111 4,375,717 137,571 376,958 219,220 75,110 216,934 70,465 113,811 481,375 949,469 324,202 407,376 1,553,718 1,543,724 1,553,718 1,547,249	568.906 1.905.435 2.214.386 357.970 237.717 207.671 71.476 3.929.624 2.966.725 720.624 18.016.004 287.280 393.414 449.279 4.112.226 3.077.331 1.364.559 354.270 599.201 2.567.258 2.044 2.986.190 2.192.326 15.590.739	368.998 456.753 1.216.863 1.55.548 1.029.028 2.021.321 373.043 3.559.872 1.881.318 326.946 4.372.794 458.942 137.241 45.998 309.831 25.378 280.014 127.427 665.176 67.423 298.373 429.191 1.998.127 487.859 487.859	\$ 3,505.091 \$ 9,638.24 \$ 9,927.489 \$ 663.533 \$ 387.298 \$ 1,013.079 \$ 222.809 \$ 125.10.326 \$ 5,563.550 \$ 713.677 \$ 777.534.254 \$ 1,781.238 \$ 1,243.074 \$ 1,592.05 \$ 2,20.656.592 \$ 2,20.656.592 \$ 1,371.724 \$ 1,180.336 \$ 1,171.724 \$ 1,100.336 \$ 1,100	\$ 4,108,524 \$ 4,462,84 \$ 7,349,582 \$ 756,142 \$ 2,183,230 \$ 8,513,230 \$ 1,151,522 \$ 101,212,68 \$ 94,71,935 \$ 1,202,482 \$ 133,95,81 \$ 854,221 \$ 892,720 \$ 121,720 \$ 121,	15,72%, 16,51%, 12,04%, 12,04%, 12,04%, 12,04%, 13,30%, 7,93%, 24,41%, 17,42%, 17,12%, 13,27%, 20,79%, 27,57%, 23,15%, 45,56%, 23,45%, 30,45%, 0,00%, 0,00%, 0,00%, 0,00%, 10,53,45%, 10,00%,

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						\$ - \$ -	
-						\$ - \$ -	
69 -						\$ - \$ -	
70 -						\$ -	
71 -						\$ - \$ -	
72 -						\$ - \$ -	
73 -						\$ - \$ -	
74 -						\$ -	
75 -						\$ -	
76 -						\$ - \$ -	
77 -						\$ - \$ -	
78 -						\$ - \$ -	
79 -						\$ -	
80 -						\$ - \$ -	
81 -						\$ - \$ -	
82 -						\$ - \$ - \$ - \$	
83 -							
84						\$ - \$ -	
86						\$ - \$ -	
86						\$ - \$ -	
						\$ - \$ -	
89						\$ - \$ -	
91						\$ - \$ -	
92						\$ - \$ -	
93						\$ - \$ -	
94						\$ - \$ -	
95						\$ - \$ -	
96						\$ - \$ -	
97						\$ - \$ -	
98						\$ - \$ -	
99 -						\$ - \$ -	
100						\$ - \$ -	
101						\$ - \$ -	
102						\$ - \$ -	
103						\$ - \$ -	
104						\$ - \$ -	
105						\$ - \$ -	
106						\$ - \$ -	
107						\$ -	
108						\$ - \$ -	
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121 -						\$ - \$ -	
122						\$ - \$ - \$ - \$	
123						\$ - \$ -	
124						\$ - \$ -	
125						\$ - \$ -	
127 -						\$ - \$ -	
	\$ 121,970,501 \$ 25,981,491	\$ 47,589,732 \$ 29,975,104	\$ 114,600,048 \$ 55,720,076	\$ 59.355.072 \$ 25.390.746	\$ 81,796,087 \$ 30,455,768	Ψ -	

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

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

		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	%
	Totals / Payments							
128	Total Charges (includes organ acquisition from Section J)	\$ 189,656,266 \$ 25,981,491	\$ 67,893,480 \$ 29,975,104	\$ 171,608,615 \$ 55,720,076	\$ 98,222,159 \$ 25,390,746	\$ 120,224,426 \$ 30,455,768 (Agrees to Exhibit A)	\$ 527,380,521 \$ 137,067,416	21.17%
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 189,656,266 \$ 25,981,491	\$ 67,893,480 \$ 29,975,104	\$ 171,608,615 \$ 55,720,076	\$ 98,222,159 \$ 25,390,746	\$ 120,224,426 \$ 30,455,768		
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 70,575,955 \$ 6,133,443	\$ 22,492,925 \$ 6,568,331	\$ 57,726,380 \$ 12,104,311	\$ 32,720,070 \$ 5,720,675	\$ 40,127,604 \$ 6,724,125	\$ 183,515,330 \$ 30,526,760	22.74%
132 133 134 135 136 137 138 139 140 141 142 143	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 Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Tosso-Over Bad Debt Payments Other Medicare Cross-Over Bad Debt Payments Other Medicare Cross-Over Payments (See Note D) Payment from Hospital Uninsured During Cost Report Year (Cash Basis) Section 1011 Payment Related to Inpatent Hospital Services NOT Included in Exhibits B & B-1 (from S	\$ 40,070,304 \$ 334,139 \$ 40,404,443 \$ 5,087,000 \$ 354,680 Section E)	\$ 13,094,674 \$ 4,207,476 \$ 9 \$ 13,094,674	\$ 1,944,991 \$ 919,241 \$ 1,786 \$ 1,786 \$ 1,786 \$ \$ 1,786 \$ \$ 1,786 \$ \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,786 \$ 1,887 \$	\$ 219,458 \$ 87,769 \$ 5,813,226 \$ 1,696,905 \$ 67,071 \$ 113,156 \$ \$ 7,920,223 \$ 800,685 \$ 11,537,881 \$ 2,903,262	(Agrees to Eshibit B and B-1) B-1 S 268,761 \$ 1,510,849 \$ \$ - \$	\$ 42,015,295 \$ 5,980,058 \$ 13,314,132 \$ 4,295,245 \$ 61,473,65 \$ 1,724,874 \$ 67,071 \$ 113,165 \$ \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5	
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$ 30,171,512 \$ 691,763 57% \$89%	\$ 9,398,251 \$ 2,360,846 58% 64%	\$ 8,782,127 85% \$ 475,964 96%	\$ 7,162,211 \$ 118,898 98%	\$ 39,858,843 \$ 5,213,276 1% \$ 22%	\$ 55,514,101 \$ 3,647,471 70% \$88%	
147 148	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, 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	lines 5 & 6)	96,267 14%				

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 2 - inequal decision between payments belief to payments finded by webulan during a closi report settlement until an are not inenteded of the transport of the control of the control of the survey.

Note C - Other Medicaide Payments such as Outliers and Non-Claim Ryselfic payments. Settle provided in the finded of the payments should NOTe be.

Note D - Should include other Medicare cross-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 included included Medicare cross-post report settlement (e.g., Medicare Graduate Medicare).

Note E - Medicaid Managed Care payments should included Medicare cross-payments related to the services provided, including, but not limited to, incontribe payments, boxine payments, capitation and sub-capitation payments.

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

Version 8.11

I. Out-of-State Medicaid Data:

21.01

oost report	Year (09/01/2021-08/31/2022)	EMORY UNIVERSIT	Y HOSPITAL										
				Out-of-State Med	dicaid FFS Primary		caid Managed Care nary		are FFS Cross-Overs id Secondary)		Medicaid Eligibles (Not Elsewhere)	Total Out-Of-S	State Medicaid
Line#	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)		
Routine Cos	st Centers (list below):			Days		Days		Days		Days		Days	
	ILTS & PEDIATRICS	\$ 1,771.74		474				101		21		596	
	ENSIVE CARE UNIT	\$ 2,873.82		155				19		2		176	
	RONARY CARE UNIT	\$ 3,297.93		24				6		-		30	
	RN INTENSIVE CARE UNIT	\$ -										-	
	RGICAL INTENSIVE CARE UNIT	\$ -										-	
	IER SPECIAL CARE UNIT	\$ -										-	
04000 SUBF		\$ 1,752.45		24				5		1		30	
	PROVIDER II	\$ -										-	
	IER SUBPROVIDER	\$ -										-	
04300 NURS		\$ - \$ 1,484.64		97				12		2		111	
3101 6011		\$ 1,404.04		91				12				- 111	
 		\$ -											
-		\$ -											
		\$ -											
		\$ -										-	
		\$ -										_	
			Total Days	774		-		143		26		943	
Total Days pe	per PS&R or Exhibit Detail			774		-		143		26			
	Unreconciled Days	(Explain Variance)											
				D		Develop Observes		Davidsa Obassa		Davidson Observa		Davidas Obsesses	
	i Ob	_		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
	tine Charges			\$ 2,621,257		Routine Charges		\$ 503,167		\$ 79,229		\$ 3,203,653	
	tine Charges culated Routine Charge Per Diem					Routine Charges \$ -							
Calcu Ancillary Co	ulated Routine Charge Per Diem ost Centers (from W/S C) (list below)	=		\$ 2,621,257	Ancillary Charges	Routine Charges \$ - Ancillary Charges	Ancillary Charges	\$ 503,167	Ancillary Charges	\$ 79,229 \$ 3,047.27 Ancillary Charges	Ancillary Charges	\$ 3,203,653	Ancillary Charges
Ancillary Co	culated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct)			\$ 2,621,257 \$ 3,386.64 Ancillary Charges	-	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges	-	\$ 79,229 \$ 3,047.27 Ancillary Charges	-	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ -	\$ -
Ancillary Co 09200 Obse 5000 OPER	rulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) ERATING ROOM	:	0.165742	\$ 2,621,257 \$ 3,386.64 Ancillary Charges - 986,327	- 56,145	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524	- 104	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272	-	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ - \$ 1,206,123	\$ - \$ 56,249
Ancillary Co 09200 Obse 5000 OPER 5100 RECO	rulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) RATING ROOM COVERY ROOM		0.165742 0.206993	\$ 2,621,257 \$ 3,386.64 Ancillary Charges - 986,327 40,482	56,145 3,730	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544	- 104 -	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 	-	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026	\$ - \$ 56,249 \$ 3,730
Ancillary Co 09200 Obse 5000 OPER 5100 RECO 5300 ANES	ulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) RATING ROOM COVERY ROOM STHESIOLOGY		0.165742 0.206993 0.087145	\$ 2,621,257 \$ 3,386.64 Ancillary Charges - 986,327 40,482 138,988	56,145 3,730 7,830	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882	- 104 - -	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 6,032	-	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902	\$ - \$ 56,249 \$ 3,730 \$ 7,830
Ancillary Co 09200 Obse 5000 OPER 5100 RECO 5300 ANES 5400 RADI	uulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM) (OVERY ROOM) (STHESIOLOGY) (IOC) (I	:	0.165742 0.206993 0.087145 0.254147	\$ 2,621,257 \$ 3,386.64 Ancillary Charges 	56,145 3,730 7,830 39,270	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges 	- 104 - - - 986	\$ 79,229 \$ 3,047.27 Ancillary Charges 	- - - - - 2,554	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810
Calcu Ancillary Co 09200 Obse 5000 OPE 5100 RECO 5300 ANES 5400 RADI 5401 ELEC	ost Centers (from W/S C) (list below) envation (Non-Distinct) ERATING ROOM OVERY ROOM STHESIOLOGY OTHERS (STHESIOLOGY) CTRO PYSIOLOGY	:	0.165742 0.206993 0.087145 0.254147 0.045486	\$ 2,621,257 \$ 3,386.64 Ancillary Charges - 986,327 40,482 138,988 100,967 15,420	- 56,145 3,730 7,830 39,270	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges 	- 104 - - 986	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,27 6,032 - 3,096 	- - - - 2,554	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ -
Calcu Ancillary Co 09200 Obse 5000 OPE 5100 RECO 5300 ANES 5400 RADI 5401 ELEC 5402 PET	uilated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140	\$ 2,621,257 \$ 3,386.64 Ancillary Charges 986,327 40,482 138,988 100,967 15,420	56,145 3,730 7,830 39,270 - 10,022	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges 	- 104 - - - 986 - -	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 	- - - - - 2,554	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ -	\$ - \$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ - \$ 10,022
Calcu Ancillary Co 09200 Obse 5000 OPEI 5100 RECO 5300 ANES 5400 RADI 5401 ELEC 5402 PET: 5500 RADI	ulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM COVERY ROOM STHESIOLOGY JOLOGY-JIACNOSTIC CTRO PYSIOLOGY JOLOGY-JHAENOSTIC SCANNER JOLOGY-JHERAPEUTIC		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254	\$ 2,621,257 \$ 3,386.64 Ancillary Charges 	56,145 3,730 7,830 39,270 - 10,022 14,539	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges 	- 104 - - 986	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,27 6,032 - 3,096 	2,554	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ 6,882	\$ - \$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ - \$ 10,022 \$ 14,660
Ancillary Co 09200 Obse 5000 OPEF 5100 RECG 5300 ANES 5400 RADI 5401 ELEC 5402 PET: 5500 RADI 5600 RADI	ost Centers (from W/S C) (list below) enation (Non-Distinct) ERATING ROOM OVERY ROOM STHESIOLOGY OIOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER DIOLOGY-THERAPEUTIC IOSOTOPE		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140	\$ 2,621,257 \$ 3,386.64 Ancillary Charges 986,327 40,482 138,988 100,967 15,420	56,145 3,730 7,830 39,270 - 10,022	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges 	- 104 - - - 986 - -	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 	2,554	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ -	\$ - \$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ - \$ 10,022
Ancillary Co 09200 Obse 5000 OPEI 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5402 PET: 5500 RADI	uulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM DOWERY ROOM STHESIOLOGY HOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER POIOLOGY-THERAPEUTIC HOLOGY-THERAPEUTIC HOLOGY-DIOPE SCAN SCAN SCAN SCAN SCAN SCAN SCAN SCAN		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709	\$ 2,621,257 \$ 3,386,84 Ancillary Charges - 986,327 40,482 138,988 100,987 15,420 - 6,344 4,322	56,145 3,730 7,830 39,270 - 10,022 14,539 6,302	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882 38,624 4,613 2		\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 	2,554 	\$ 3,203,653 \$ 3,397,30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ \$ 6,882 \$ 4,322	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ - \$ 10,022 \$ 14,660 \$ 6,302
Ancillary Co 09200 Obse 5000 OPEi 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5500 RADI 5500 RADI 5600 RADI 5700 CT S 5800 MRI	uulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM DOWERY ROOM STHESIOLOGY HOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER POIOLOGY-THERAPEUTIC HOLOGY-THERAPEUTIC HOLOGY-DIOPE SCAN SCAN SCAN SCAN SCAN SCAN SCAN SCAN		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937	\$ 2,621,257 \$ 3,386,64 Ancillary Charges - 986,327 40,482 138,988 100,967 15,420 - - 6,384 4,322 222,076	56,145 3,730 7,830 39,270 - 10,022 14,539 6,302 127,357	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882 38,624 4,613 260 57,184		\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 238 - 238 - 8,007	- - 2,554 - - - - 3,582	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 4,322 \$ 287,267	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351
Ancillary Co 09200 Obse 5000 OPEI 5100 RECC 5300 ANCE 5400 RADI 5401 ELEC 5402 PET 5500 RADI 5600 RADI 5700 CT S 5800 MRI 5900 CARI	oost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM COVERY ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER JIOLOGY-THERAPEUTIC JIOLOGY-THERAPEUTIC JIOLOGY-THERAPEUTIC JIOLOGY-THERAPEUTIC		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276	\$ 2,621,257 \$ 3,386,64 Ancillary Charges - 986,327 40,482 138,988 100,367 15,420 - 3,384 4,322 222,076 143,488	56,145 3,730 7,830 39,270 - 10,022 14,539 6,302 127,357 38,621	\$ -	Ancillary Charges	\$ 503.167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882 38,624 4,613 - 260 - 57,184 31,751	- 104 - - - 986 - - 121 - 15,412 30	\$ 79.229 \$ 3,047.27 Ancillary Charges - 72.272 - 6,032 3,096 238 - 238 - 8,007 8,752	- - 2,554 - - - - - 3,582 1,549	\$ 3,203,653 \$ 3,997,30 Anciliary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 4,322 \$ 287,267 \$ 183,991	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ - \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200
Ancillary Co 09200 Obse 5000 OPET 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5500 RADI 5500 RADI 5600 RADI 5700 CT S 5800 MRI 5900 CARC 6000 LABC 6001 PATF	culated Routine Charge Per Diem cost Centers (from WiS C) (list below) ervation (Non-Distinct) (RATING ROOM) covery ROOM cove		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174	\$ 2,621,257 \$ 3,386,84 Ancillary Charges - 986,327 40,482 138,988 100,987 15,420 - 6,34 4,322 222,076 143,488 10,535 1,376,286 26,034	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882 38,624 4,613 - 260 1 57,184 31,751 8,687 146,673 9,010	104 	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 238 - 238 - 8,007 8,752 - 81,966	2,554 	\$ 3,203,653 \$ 3,397,30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 4,322 \$ 287,267 \$ 183,991 \$ 19,222 \$ 1,605,125 \$ 3,044	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155
Calculary Co	uilated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM DOWERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER IOLOGY-THERAPEUTIC IOCISOT-THERAPEUTIC IOCISOTOPE SCAN EDIAC CATHETERIZATION ORATORY HOLOGY HOLOGY HOLOGY HOLOGY HOLOGY HOLOGY		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174	\$ 2,621,257 \$ 3,386,64 Ancillary Charges - 986,327 40,482 138,988 100,967 15,420 - 6,384 4,322 222,076 143,488 10,535 1,376,286 26,034 45,170	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882 38,624 4,613 - 260 57,184 31,751 8,687 146,873 9,010	104 	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 238 - 238 - 8,007 8,762 	2,554 	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 4,322 \$ 287,267 \$ 183,991 \$ 19,222 \$ 1,605,125 \$ 35,044 \$ 50,406	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295
Calcu Calc	oost Centers (from W/S C) (list below) evation (Non-Distinct) Evatio		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266	\$ 2,621,257 \$ 3,386,84 Ancillary Charges - 986,327 40,482 138,988 100,667 15,420 - 6,384 4,322 222,076 143,488 10,535 1,376,286 26,034 45,170 39,921	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155 2,289	\$ -	Ancillary Charges	\$ 503.167 \$ 3,518.65 Ancillary Charges 	104 	\$ 79.229 \$ 3,047.27 Ancillary Charges - 72.272 - 6,032 3,096 - 238 8,007 8,752 - 81,966 - 4,308	3,582 1,549 - 2,265 - 42	\$ 3,203,653 \$ 3,997,307 Anciliary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 4,322 \$ 182,297 \$ 183,991 \$ 19,222 \$ 1,605,125 \$ 35,044 \$ 50,406 \$ 48,414	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155 \$ 3,845 \$ 3,845
Ancillary Co 09200 Obses 5000 OPE1 5100 RECU 5300 ANE3 5400 RADU 5401 ELEC 5402 PET 1 5500 RADU 5500 RADU 5500 RADU 5600 RADU 5600 RADU 6600 LABC 6600 LABC 6600 LABC 6600 LABC 6600 REGU	uilated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) ERATING ROOM OVERY ROOM SISTHESIOLOGY FOLOGY FO		0.165742 0.206993 0.087145 0.254147 0.045488 0.110140 0.205254 0.219709 0.056837 0.102276 0.186218 0.166414 0.636174 0.313283 0.176266	\$ 2,621,257 \$ 3,386,64 Ancillary Charges - 986,327 40,482 138,988 100,967 15,420 - 6,384 4,322 222,076 143,488 10,535 1,376,286 26,034 45,170 39,921 346,421	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155 2,289	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882 38,624 4,613 - 260 1 57,184 31,751 8,687 146,873 9,010 928 8,493 15,152	104 	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 238 - 238 - 8,007 8,752 81,966 	3,582 1,549 2,265 42	\$ 3,203,653 \$ 3,397,30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$. \$ 6,882 \$ 4,322 \$ 287,267 \$ 183,991 \$ 19,222 \$ 1,605,125 \$ 30,044 \$ 50,406 \$ 48,414	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155 \$ 3,845 \$ 1,138
Calcu Ancillary Co 09200 Obse 5000 Option 5000 Option 5100 RECL 5300 ANES 5400 RADI 5401 ELEC 5500 RADI 5500 RADI 5500 RADI 5500 RADI 5500 RADI 6500 PATH 6000 LARG 6001 PATH 6003 GL L 6500 RESI	uulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM OVERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER DIOLOGY-THERAPEUTIC IOISOTOPE SCAN DIDLAC CATHETERIZATION ORATORY HOLOGY HO		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266 0.240433 0.072614	\$ 2,621,257 \$ 3,386,648 Ancillary Charges - 986,327 40,482 138,988 100,967 15,420 6,384 4,322 222,076 143,488 10,535 1,376,286 26,034 45,170 39,921 346,421	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155 2,289	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882 38,624 4,613 - 260 57,184 31,751 8,687 146,873 9,010 928 8,493 15,152 28,663	104 	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 8,752 - 8,007 8,752 	2,554 2,554 3,582 1,549 2,265 - 42 - - - -	\$ 3,203,653 \$ 3,397.30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 4,322 \$ 287,267 \$ 183,991 \$ 19,022 \$ 1,605,125 \$ 35,044 \$ 50,406 \$ 43,414 \$ 50,406 \$ 43,414 \$ 50,406 \$ 43,414 \$ 50,406 \$ 43,414 \$ 50,406 \$ 43,414 \$ 50,406 \$ 43,414 \$ 52,416 \$ 43,414 \$ 53,406 \$ 53,406 \$ 53,406 \$ 54,411	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155 \$ 3,845 \$ 3,845
Ancillary Co 09200 Obses 5000 OPE 5100 RECG 5300 ANES 5400 RADI 5401 ELEC 5402 PET: 5500 RADI 5600 RADI 6600 LABG 6600 LABG 6000 LABG 6000 LABG 6000 LABG 6000 LABG 6000 RADI 6000 CARG 6000 PATH 6000 RESG 6000 PULN	oost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM COVERY ROOM CO		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266 0.240433 0.012614	\$ 2,621,257 \$ 3,386,84 Ancillary Charges - 986,327 40,482 138,988 100,967 15,420 6,384 4,322 222,076 143,488 10,535 1,376,286 26,034 45,170 39,921 346,421 242,922 101,897	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155 2,289 1,138 11,138	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges 	104 - 104 - 986 - 121 - 15,412 - 30 13,302 15,473 - 1,514 628	\$ 79.229 \$ 3,047.27 Ancillary Charges - 72.272 - 6,032 3,096 238 238 8,007 8,752 - 81,966 4,308 4,308 - 23,382 12,546 11,533	2,554 	\$ 3,203,653 \$ 3,397,307 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$. \$ 6,882 \$ 4,322 \$ 287,267 \$ 183,991 \$ 19,222 \$ 1,605,125 \$ 35,044 \$ 50,406 \$ 48,414 \$ 384,955 \$ 284,131 \$ 384,955 \$ 284,131	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155 \$ 3,845 \$ 1,138 \$ 11,839 \$ 11,839
Calculary Co 09200 Obses 5000 OPEI 5100 RECUL 5100 RECUL 5400 RADI 5401 ELEC 5400 RADI 5401 ELEC 5500 RADI 6700 CT S 5800 MRI 6700 CT S 5800 MRI 6700 CT S 5800 MRI 6700 LABC 67	uilated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM OVERY ROOM STHESIOLOGY OLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER SIOLOGY-HERAPEUTIC DIOISOTOPE SCANNER ADIAC CATHETERIZATION ORATORY HOLOGY HAPPHERESIS AB PIRATORY THERAPY MONARY FUNCTION SIONARY FUNCTION S		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.836174 0.313283 0.176266 0.240433 0.012614 0.291074	\$ 2,621,257 \$ 3,386,64 Ancillary Charges - 986,327 40,482 138,988 100,967 15,420 	56,145 3,730 7,830 39,270 - 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155 2,289 - 1,138 11,125	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882 38,624 4,613 - 260 7,7184 31,751 8,687 146,873 9,010 928 8,493 15,152 28,663 20,858 3,009	104 104 	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 238 - 238 - 8,1966 4,308 4,308 23,382 - 23,382 - 12,546 1,333 531	3,582 1,549 2,265 1,549 2,265 - 42 - 177	\$ 3,203,653 \$ 3,397,307 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 44,322 \$ 287,267 \$ 183,991 \$ 19,222 \$ 1,605,125 \$ 35,044 \$ 50,406 \$ 48,414 \$ 384,955 \$ 284,131 \$ 228,610	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155 \$ 3,845 \$ 5 \$ 11,839 \$ 11,839 \$ 5 \$ 11,839 \$ 5
Ancillary Co 09200 Obse 5000 Option 6000 Option 6000	ulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM OVERY ROOM STHERING ROOM STHESSHED ROOM STHESSHED ROOM SCANNER DIOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER DIOLOGY-THERAPEUTIC HOSTOTOPE SCAN CONTROLOGY HOLOGY HOL		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.18218 0.166414 0.636174 0.313283 0.176266 0.240433 0.012614 0.291074 0.071952	\$ 2,621,257 \$ 3,386,84 Ancillary Charges - 986,327 40,482 138,988 100,567 15,420 	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155 2,289 1,138 11,125 1,136 1	\$ -	Ancillary Charges	\$ 503.167 \$ 3,518.65 Ancillary Charges 	104 - 104 - 986 - 121 - 121 - 15,412 - 30 113,302 15,473 - 1,514 - 1,416 - 628 - 1,416	\$ 79.229 \$ 3,047.27 Ancillary Charges - 72.272 - 6,032 3,096 - 238 8,007 8,752 - 81,966 - 4,308 23,382 12,546 1,333 531 1,687	2,554 	\$ 3,203,853 \$ 3,997,307 Anciliary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 287,267 \$ 183,991 \$ 19,222 \$ 1,605,125 \$ 35,044 \$ 50,406 \$ 48,414 \$ 384,955 \$ 284,131 \$ 124,088 \$ 22,860	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155 \$ 3,845 \$ 1,138 \$ 11,839 \$ 11,839 \$ 3,517
Calcu Ancillary Co 09200 Obsess 5000 Open 5000	uilated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) ERATING ROOM OVERY ROOM SISTHESIOLOGY FOLOGY FOLOGY FOLOGY FOLOGY-THERAPEUTIC FOLOGY-THERAPEUTIC FOLOGY-THERAPEUTIC FOLOGY-THERAPEUTIC FOLOGY-THERAPEUTIC FOLOGY-THERAPEUTIC FOLOGY-THERAPEUTIC FOLOGY-THERAPEUTIC FOLOGY FOLO		0.165742 0.206993 0.087145 0.254147 0.045488 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266 0.240433 0.012614 0.291074 0.071952 0.283775	\$ 2,621,257 \$ 3,386,84 Ancillary Charges - 986,327 40,482 138,988 100,987 15,420 6,384 4,322 222,076 143,488 10,535 1,376,286 26,034 45,170 39,921 346,421 242,922 101,897 19,320 25,032	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155 2,289 - 1,138 11,126 - 1,138 11,126 - 1,1460 3,517 24,292	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges	104 104 	\$ 79,229 \$ 3,047.27 Ancillary Charges - 72,272 - 6,032 3,096 238 - 238 - 8,1966 4,308 4,308 23,382 - 23,382 - 12,546 1,333 531	2,554 	\$ 3,203,653 \$ 3,397,30 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 44,322 \$ 287,267 \$ 19,222 \$ 1,605,125 \$ 50,404 \$ 50,406 \$ 384,955 \$ 284,131 \$ 22,860 \$ 35,450 \$ 22,860 \$ 35,450	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155 \$ 3,845 \$ 1,138 \$ 11,839 \$ 11,839 \$ 15,753 \$ 3,515 \$
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Calcu Ancillary Co 09200 Obse 5000 OPSE 5000 OPSE 5100 RECC 5300 ANES 5400 RADI 5401 ELEC 5500 RADI 5500 RADI 5600 RADI 6500 RADI 6500 CARR 6001 PATH 6002 HEM 6500 RESI 6501 PULL 6600 PHYS 6800 ELEC 7001 ECHC 7002 ELEC	ulated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM OVERTY ROOM OVERTY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC CTRO PYSIOLOGY SCANNER IOLOGY-HERAPEUTIC IOLOGY-HERAPEUTIC IOLOGY-HERAPEUTIC IOLOGY-HERAPEUTIC IOLOGY-HERAPEUTIC IOLOGY ROHATORY HOLOGY ABHOLOGY ABHOLOGY ABHOLOGY TOROMORY FUNCTION SICAL THERAPY CTROCARDIOLOGY CTROCARDIOLOGY CTROCARDIOLOGY CTROCARDIOLOGY CTROSHOCHALOGRAPHY IOCARDIOLOGY CTROSHOCHALOGRAPHY IOCARDIOLOGY CTROSHOCK THERAPY IOCARDIOLOGY IOCARDIOLOGY CTROSHOCK THERAPY IOCARDIOLOGY IOCARDIOLOGY IOCARDIOLOGY CTROSHOCK THERAPY IOCARDIOLOGY IOCARDI		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266 0.240433 0.012614 0.291074 0.313283 0.176266	\$ 2,621,257 \$ 3,386,84 Ancillary Charges - 986,327 40,482 138,988 100,967 15,420 6,384 4,322 222,076 143,488 10,535 1,376,286 26,034 45,170 39,921 346,421 242,922 101,897 19,320 25,032 119,630 15,030 16,030 16,030 16,030 16,030	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155 2,289 11,138 11,126 14,160 3,517 24,292 20,819 7,140	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges 	104 - 104 - 986 - 121 - 121 - 15,412 - 30 113,302 15,473 - 1,514 1,416 1,416	\$ 79.229 \$ 3,047.27 Ancillary Charges - 72.272 - 6,032 3,096 - 2 238 8,007 8,752 - 81,966 - 4,308 4,308 23,382 12,546 1,333 531 1,687 9,123	2,554 	\$ 3,203,653 \$ 3,397,307 Ancillary Charges \$ - \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 4,322 \$ 287,267 \$ 183,991 \$ 19,222 \$ 10,5125 \$ 35,044 \$ 50,406 \$ 44,414 \$ 50,406 \$ 44,414 \$ 50,406 \$ 284,414 \$ 50,406 \$ 284,131 \$ 122,280 \$ 284,131 \$ 123,233 \$ 172,833 \$ 23,614 \$ 23,614	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155 \$ 3,845 \$ 11,839 \$ 11,839 \$ 15,753 \$ 3,517 \$ 24,292 \$ 24,292 \$ 20,819 \$ 20,819 \$ 20,819 \$ 20,819
Calculary Co	uilated Routine Charge Per Diem ost Centers (from W/S C) (list below) ervation (Non-Distinct) (RATING ROOM DOWN ROO		0.165742 0.206993 0.087145 0.254147 0.045486 0.110140 0.205254 0.219709 0.056937 0.102276 0.188218 0.166414 0.636174 0.313283 0.176266 0.240433 0.012614 0.291074 0.071952 0.283775 0.119732	\$ 2,621,257 \$ 3,386,64 Ancillary Charges - 986,327 40,482 138,988 100,967 15,420 - 15,420 222,076 143,488 10,535 1,376,286 26,034 45,170 39,921 346,421 242,922 101,897 19,320 25,032 13,632 10,635	56,145 3,730 7,830 39,270 10,022 14,539 6,302 127,357 38,621 46,195 141,557 1,155 2,289 11,126 11,12	\$ -	Ancillary Charges	\$ 503,167 \$ 3,518.65 Ancillary Charges - 147,524 11,544 24,882 38,624 4,613 260 57,184 31,751 8,687 146,873 9,010 928 8,493 15,152 28,663 20,858 3,009 8,731 27,080 7,518	104 - 104 - 986 - 121 - 121 - 15,412 - 30 - 13,302 - 15,473 - 1,514 	\$ 79.229 \$ 3,047.27 Ancillary Charges - 72.272 6,032 3,096 238 8,007 8,752 4,308 4,308 1,2546 1,2546 1,333 531 1,687 9,123	2,554 2,554 3,582 1,549 2,265 42 42 	\$ 3,203,653 \$ 3,397,307 \$ 1,206,123 \$ 52,026 \$ 169,902 \$ 142,687 \$ 20,033 \$ - \$ 6,882 \$ 44,322 \$ 287,267 \$ 183,991 \$ 19,222 \$ 1,605,125 \$ 35,046 \$ 48,414 \$ 384,955 \$ 284,131 \$ 124,088 \$ 22,860 \$ 35,453 \$ 28,4131 \$ 35,453 \$ 22,860 \$ 35,453 \$ 23,614	\$ 56,249 \$ 3,730 \$ 7,830 \$ 42,810 \$ 10,022 \$ 14,660 \$ 6,302 \$ 146,351 \$ 40,200 \$ 59,497 \$ 159,295 \$ 1,155 \$ 3,845 \$ 11,839 \$ 11,839 \$ 11,839 \$ 11,553 \$ 24,292 \$ 24,292 \$ 24,292 \$ 22,819

I. Out-of-State Medicaid Data:

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

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I. Out-of-State Medicaid Data:

	Cost Report Year (09/01/2021-08/31/2022) EMORY UNIVERSITY HOSPITAL										
		Out-of-State Medic	caid FFS Primary		licaid Managed Care imary		are FFS Cross-Overs aid Secondary)		Medicaid Eligibles (Not Elsewhere)		State Medicaid
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120	-									\$ -	\$ -
121	-									\$ -	\$ -
122 123	-									\$ - \$ -	\$ - \$ -
123									. ———	\$ -	\$ -
125									. —	\$ -	\$ -
126											\$ -
127										\$ -	\$ -
		\$ 5,671,596	\$ 961,059	s -	s -	\$ 864.843	\$ 84,010	\$ 309,324	\$ 22,276		
	Totals / Payments										
128	Total Charges (includes organ acquisition from Section K)	\$ 8,292,853	\$ 961,059	\$ -	\$ -	\$ 1,368,010	\$ 84,010	\$ 388,553	\$ 22,276	\$ 10,049,416	\$ 1,067,345
129	Total Charges per PS&R or Exhibit Detail	\$ 8,292,853	\$ 961,059	\$ -	\$ -	\$ 1,368,010	\$ 84,010	\$ 388,553	\$ 22,276		
130	Unreconciled Charges (Explain Variance)					-	-				
404	T. () () () () () () () () () (â 0.054.000				\$ 486,766	\$ 19.525	\$ 148,676	\$ 5,392	0.500.075	040.007
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 2,954,633	\$ 224,390	\$ -	\$ -	\$ 486,766	\$ 19,525	\$ 148,676	\$ 5,392	\$ 3,590,075	\$ 249,307
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 228,778	\$ 11,795							\$ 228,778	\$ 11,795
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)							\$ 290,427	\$ 8,339	\$ 290,427	\$ 8,339
135	Self-Pay (including Co-Pay and Spend-Down)	\$ 21,866	\$ 3,445				\$ 21	\$ -	\$ -	\$ 21,866	\$ 3,466
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 250,644	\$ 15,240	\$ -	\$ -						
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)					\$ 97,692	\$ 5,483			\$ 97,692	\$ 5,483
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 208,641	\$ 15,669		\$ 107	\$ 208,641	\$ 15,776
141	Medicare Cross-Over Bad Debt Payments									\$ -	\$ -
142	Other Medicare Cross-Over Payments (See Note D)								,	\$ -	\$ -
					1 .						
143 144	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$ 2,703,989 8%	\$ 209,150	\$ -	\$ -	\$ 180,433 63%	\$ (1,648) 108%	\$ (141,751) 195%	\$ (3,054) 157%	\$ 2,742,671 24%	\$ 204,448 18%
144	Calculated Payments as a Percentage of Cost	8%	7%	0%	0%	63%	108%	195%	15/%	24%	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 UNIVERSITY HOSPITAL

		Total			Revenue for	Total	In-State Me	dicaid FFS Primary	In-State Medicaid N	Managed Care Primary		FS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	sured
		Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	422 T-4-1 C4	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							
Or	gan Acquisition Cost Centers (list below):															
	Lung Acquisition	\$3,254,919.00	\$ 95,829	\$ 3,350,748		23	\$ 1,952,230	2								
	Kidney Acquisition	\$24,459,224.00	\$ 720,107	\$ 25,179,331		391	\$ 1,943,296	11			\$ 7,595,235	33	\$ 4,146,913	23		
	Liver Acquisition	\$10,077,605.00	\$ 296,696	\$ 10,374,301		115	\$ 1,476,307	2	\$ 364,273	1			\$ 1,212,757	2		
	Heart Acquisition	\$5,747,002.00	\$ 169,198	\$ 5,916,200		52	\$ 3,725,207	3	\$ 1,387,975	1	\$ 3,962,125	3	\$ 4,488,947	1		
	Pancreas Acquisition	\$675,240.00	\$ 19,880	\$ 695,120		8	\$ 293,265	1								
	Intestinal Acquisition	\$0.00	\$ -	\$ -		0										
	Islet Acquisition	\$0.00		\$ -		0										
		\$0.00	s -	\$ -		0										
,	Totals	\$ 44,213,990	\$ 1,301,710	\$ 45,515,700	\$ -	589	\$ 9,390,305	19	\$ 1,752,248	2	\$ 11,557,360	36	\$ 9,848,617	26	\$ -	-
	Total Cost These amounts must agree to your inpatien]						1,608,371		203,984		2,466,429		1,775,333		-

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 UNIVERSITY HOSPITAL

		Total				Revenue for Medicaid/ Cross-	Total	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primar		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	
		Organ Acquisition Cost	Intern/Posident	Total Adjusted Organ Acquisition Cost	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 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)						
Or	an Acquisition Cost Centers (list below):														
1	Lung Acquisition	\$ 3,254,919	\$ 95,829	\$ 3,350,748	\$ -	23									
2	Kidney Acquisition	\$ 24,459,224	\$ 720,107	\$ 25,179,331	\$ -	391									
3	Liver Acquisition	\$ 10,077,605	\$ 296,696	\$ 10,374,301	\$ -	115									
4	Heart Acquisition	\$ 5,747,002	\$ 169,198	\$ 5,916,200	\$ -	52									
5	Pancreas Acquisition	\$ 675,240	\$ 19,880	\$ 695,120	\$ -	8									
6	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0									
7	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0									
8		\$ -	\$ -	\$ -	\$ -	0									
		1	T						1						
9	Totals	\$ 44,213,990	\$ 1,301,710	\$ 45,515,700	\$ -	589	\$ -	-	\$ -	-	\$ -	-	\$ -	-	
		-n							1						
)	Total Cost							-		-					

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

EMORY LINIVERSITY HOSPITAL

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

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

Vorksheet A F	Provider Tax Assessment Reconciliation:		
		Dollar Amount	W/S A Cost Center Line
1 Hosp	pital Gross Provider Tax Assessment (from general ledger)*	\$ 15,541,017	
1a Work	king Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Contractual Adjustment	389000-40997 (WTB Account #)
2 Hosp	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	rence (Explain Here>)	\$ 15,541,017	
Prov	rider 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))
12 13 14 15	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment I UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost repor Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment I Net Provider Tax Assessment Expense Included in the Cost Report vider Tax Assessment Adjustment:	s -	(Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from))
17 Gros	ss Allowable Assessment Not Included in the Cost Report	\$ 15,541,017	
Ann	ortionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured:		
18	Medicaid Hospital Charges Sec. G	675,564,699	
19	Uninsured Hospital Charges Sec. G	150,680,193	
20	Total Hospital Charges Sec. G	3,903,666,463	
21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC	17.31%	
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	3.86%	
23	Medicaid Provider Tax Assessment Adjustment to DSH UCC	\$ 2,689,513	
24	Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ 599,878	
	ider Tax Assessment Adjustment to DSH UCC	\$ 3.289.391	

^{*} 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.