# State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2019

		DSH Version	6.00	2/21/2020
A. General DSH Year Information	Begin			
1. DSH Year:	Begin End 07/01/2018 06/30/2019			
2. Select Your Facility from the Drop-Down Menu Provided:	ST. JOSEPH HOSPITAL SAVANNAH			
Identification of cost reports needed to cover the DSH Year:	Cost Report Cost Report			
	Begin Date(s) End Date(s)			
<ol> <li>Cost Report Year 1</li> <li>Cost Report Year 2 (if applicable)</li> </ol>	07/01/2018 06/30/2019 Must	it also complete a separate survey file for each cos	t report period listed - SEE D	SH SURVEY PART II FILES
5. Cost Report Year 3 (if applicable)				

Data
 000001801A
 0
0
110043

# B. DSH OB Qualifying Information

7. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

6. Medicaid Provider Number:

9. Medicare Provider Number:

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

	During the DSH Examination Year:	DSH Examination Year (07/01/18 - 08/30/19)
1.	Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to	Yes
	provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital	
	located in a rural area, the term "obstetrician" includes any physician with staff privileges at the	
	hospital to perform nonemergency obstetric procedures.)	
2	. Was the hospital exempt from the requirement listed under #1 above because the hospital's	No
	inpatients are predominantly under 18 years of age?	
3.	. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-	No
	emergency obstetric services to the general population when federal Medicaid DSH regulations	
	were enacted on December 22, 1987?	
3a	. Was the hospital open as of December 22, 1987?	Yes
3b	. What date did the hospital open?	8/30/1946

#### State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2019

C. Disclosure of Other Medicaid Payments Received:		
1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/0 (Should include UPL and non-claim specific payments paid based on the sta		\$ 473,872 L)
2. Medicaid Managed Care Supplemental Payments for hospital services	for DSH Year 07/01/2018 - 06/30/2019	
(Should include all non-claim specific payments for hospital services such as payments, capitation payments received by the hospital (not by the MCO), o		tals, quality payments, bonus
NOTE: Hospital portion of supplemental payments reported on DSH Survey	Part II, Section E, Question 14 should be reported here if paid or	n a SFY basis.
3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for	Hospital Services07/01/2018 - 06/30/2019	\$ 473,872
Certification:		Answer
<ol> <li>Was your hospital allowed to retain 100% of the DSH payment it receiv Matching the federal share with an IGT/CPE is not a basis for answerin hospital was not allowed to retain 100% of its DSH payments, please ex present that prevented the hospital from retaining its payments.</li> </ol>	g this question "no". If your	Yes
Explanation for "No" answers:		
The following certification is to be completed by the hospital's CEO or	CFO:	
I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K records of the hospital. All Medicaid eligible patients, including those who ha payment on the claim. I understand that this information will be used to deter provisions. Detailed support exists for all amounts reported in the survey. Th available for inspection when requested.	we private insurance coverage, have been reported on the DSH rmine the Medicaid program's compliance with federal Disproport	survey regardless of whether the hospital received ionate Share Hospital (DSH) eligibility and payments
Hospital CEO or CFO Signature	CFO Tille	11 [2-] 20 Date
Greg Schaack Hospital CEO or CFO Printed Name	912-819-6162 Hospital CEO or CFO Telephone Number	schaackg@sjchs.org Hospital CEO or CFO E-Mail
Contact Information for individuals authorized to respond to inquiries	related to this survey:	
Hospital Contact: Name Greg S Title OFO Telephone Number 912-81 E-Mail Address Schaac Mailing Street Address <u>11705</u>	19-6162 ckg@sjchs.org Mercy Blvd	Outside Preparer: Name Bert Bennett Title Partner Firm Name Draffin & Tucker, LLP Telephone Number [229-883-7878 E-Mail Address bbennelt@draffin-lucker.com
Mailing City, State, Zip Savan	nah, GA 31419	

1. Select Your Facility from the Drop-Down Menu Provided:

ST. JOSEPH HOSPITAL SA	VANNAH	
7/1/2018		
through		
6/30/2019		
Х		
1 - As Submitted		
5/13/2020		

2. Select Cost Report Year Covered by this Survey (enter "X"):

6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

4. Hospital Name: 5. Medicaid Provider Number:

8. Medicare Provider Number:

3. Status of Cost Report Used for this Survey (Should be audited if available):

Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): DSH Pool Classification (Small Rural, Non-Small Rural, Urban):

3a. Date CMS processed the HCRIS file into the HCRIS database:

Data	Correct?	If Incorrect, Proper Information
ST. JOSEPH HOSPITAL SAVANNAH	Yes	
000001801A	Yes	
0	Yes	
0	Yes	
110043	Yes	
Private	Yes	
Urban	Yes	

### Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year

State Name	Provider No.
	State Name

(List additional states on a separate attachment

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# E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2018 - 06/30/2019)

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)					
	Ing	patient	O	utpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	\$	148,869	\$	381,949	\$530,818
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$	2,028,592	\$	7,457,764	\$9,486,356
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments)		\$2,177,461		\$7,839,713	\$10,017,174
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:		6.84%		4.87%	5.30%
Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payment	nts received bv	the hospital (n	ot by the N	ICO), or other incentive	e payments.

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services

15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services

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

	¢

3/31/2020

DSH Version 8.00

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 thes funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

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

F. M	IUR / LIUR Qualifying Data from the Cost Report (07/01/2018 - 06/30/2019)		
	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)	60,278	(See Note in Section F-3, below)
	F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges(Used in Low-Income Utilization Ratio (	LIUR) Calculation):	
2.	Inpatient Hospital Subsidies		
3.	Outpatient Hospital Subsidies		
	Unspecified I/P and O/P Hospital Subsidies		
5.	Non-Hospital Subsidies		
6.	Total Hospital Subsidies	\$-	
-	here the set is a close of the set of the se	40.070.705	
	Inpatient Hospital Charity Care Charges	40,972,795	
	Outpatient Hospital Charity Care Charges	28,569,210	
	Non-Hospital Charty Care Charges	<b>A</b> 00 540 005	
10.	Total Charity Care Charges	\$ 69,542,005	

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

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost				Contractual Adjustment	s (formulas below can be o	overwritten if amounts are	
report data. If the hospital has a more recent version of the cost report, the	a Tota	Patient Revenues (Charge	es)	- ,	、 known)		
lata should be updated to the hospital's version of the cost report.			/		,		
Formulas can be overwritten as needed with actual data 11. Hospital	\$107,385,963.00			\$ 84,661,546	\$-	\$-	\$ 22,724,417
12. Subprovider I (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF			\$0.00			\$ -	
15. Swing Bed - NF			\$0.00			\$ -	
16. Skilled Nursing Facility			\$8,968,233.00			\$ 7,070,426	
17. Nursing Facility			\$0.00			\$ -	
18. Other Long-Term Care			\$0.00			\$ -	
19. Ancillary Services	\$527,641,232.00	\$432,238,352.00	÷0.00	\$ 415,984,746	\$ 340,770,490	\$	\$ 203,124,347
20. Outpatient Services	4021,041,202.00	\$75,452,459.00		410,004,140	\$ 59,485,632	\$	\$ 15,966,827
21. Home Health Agency		\$10,102,100.00	\$0.00		00,400,002	\$	¢ 10,000,021
22. Ambulance			\$			φ -	
23. Outpatient Rehab Providers			\$0.00	2	¢	φ ¢	¢
24. ASC	\$0.00	\$0.00	\$0.00	φ <u>-</u>	φ -	φ - ¢	ф -
25. Hospice	\$0.00	\$0.00	\$0.00	φ -	÷ -	φ - ¢	φ -
26. Other	\$0.00	\$0.00	\$2,062,517.00	¢	¢	\$ 1,626,059	¢.
26. Other	\$0.00	\$0.00	\$2,062,517.00	ф -	- Ф	<b>\$</b> 1,020,059	ф -
27. Total	\$ 635,027,195	\$ 507,690,811	\$ 11,030,750	\$ 500,646,293	\$ 400,256,122	\$ 8,696,484	\$ 241,815,591
29. Total Per Cost Report	Total Patier	nt Revenues (G-3 Line 1)	1,153,748,756	Total Con	tractual Adj. (G-3 Line 2)	908,656,957	
<ol> <li>Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksl revenue)</li> </ol>	heet G-3, Line 2 (impact is a	decrease in net patient				+	
<ol> <li>Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUD net patient revenue)</li> </ol>	ED on worksheet G-3, Line 2	(impact is a decrease in				+	
<ol> <li>Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revent decrease in net patient revenue)</li> </ol>	ue INCLUDED on worksheet	G-3, Line 2 (impact is a				+ 941,942	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCl increase in net patient revenue)	LUDED on worksheet G-3, Li	ine 2 (impact is an				-	
<ol> <li>Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"</li> </ol>	/ Care Charges related to ins	sured patients INCLUDED				_	
35. Adjusted Contractual Adjustments 36. Unreconciled Difference	Unreconciled [	Difference (Should be \$0)	\$-	Unreconciled D	Difference (Should be \$0)	909,598,899 \$-	

# G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

	Line # Cost Center Description NOTE: All data in this section must be verified by th hospital. If data is already present in this section, it w		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
hosp comple has a n be u	ospital. If data is already present in this section, it was spleted using CMS HCRIS cost report data. If the hospit a more recent version of the cost report, the data shou be updated to the hospital's version of the cost report. ormulas 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
						-		•			
1		ADULTS & PEDIATRICS	\$ 36,204,188	\$-	\$-	\$0.00	\$ 36,204,188	52,609	\$64,439,641.00		\$ 688.17
2	03100	INTENSIVE CARE UNIT	\$ 9,537,467	\$-	\$-		\$ 9,537,467	6,592	\$25,157,759.00		\$ 1,446.82
3	03200	CORONARY CARE UNIT	\$ 8,104,723	\$-	\$-		\$ 8,104,723	4,640	\$17,788,563.00		\$ 1,746.71
4			\$ -	\$-	\$-		\$-	-	\$0.00		\$-
5	03400	SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -		\$-	-	\$0.00		\$-
6 7	03500		\$ -		\$ -		\$-	-			\$-
8	04000	SUBPROVIDER I SUBPROVIDER II	<del>\$ -</del> \$ -	\$- \$-	\$- \$-		\$ - \$ -	-	\$0.00 \$0.00		\$ \$
o 9		OTHER SUBPROVIDER	<del>\$ -</del> \$ -	- T			s -	-	\$0.00		\$ <u>-</u> \$-
3 10		NURSERY	\$ -	\$ - \$ -	\$ -		\$ -		\$0.00		\$-
10	04300		\$ -	\$ - \$ -	\$ -		\$ -		\$0.00		\$-
12			\$ -	Ŷ	\$ -		\$-	-	\$0.00		\$-
13			\$-	\$-	\$ -		\$ -	-	\$0.00		\$-
14			\$ -	\$-	\$ -		\$ -	-	\$0.00		\$ -
15			\$ -	\$-	\$ -		\$ -	-	\$0.00		\$ -
16			\$-	\$-	\$-		\$-	-	\$0.00		\$-
17			\$-	\$-	\$-		\$-	-	\$0.00		\$-
18		Total Routine	\$ 53,846,378	\$-	\$-	\$-	\$ 53,846,378	63,841	\$ 107,385,963		
19		Weighted Average									\$ 843.44
		5 5									
	Obser	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	00200	Observation (Non-Distinct)		3,563		_	\$ 2,451,950	\$116,167.00	\$3,092,857.00	\$ 3,209,024	0.764080
20	03200			0,000			φ 2,401,000	φ110,107.00	φ0,032,007.00	ψ 3,203,024	0.704000
			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 Observ									
21		OPERATING ROOM	\$24,128,983.00	\$-	\$0.00		\$ 24,128,983	\$99,220,418.00	\$71,418,516.00		0.141404
22		RECOVERY ROOM	\$3,887,234.00	<del>5</del> -	\$0.00		\$ 3,887,234	\$10,253,197.00	\$8,490,682.00	\$ 18,743,879	0.207387
23	5300		\$1,570,595.00	\$ -	\$0.00		\$ 1,570,595 \$ 062,450	\$20,789,905.00	\$18,269,367.00	\$ 39,059,272	0.040211
24 25		RADIOLOGY-DIAGNOSTIC CT SCAN	\$8,956,274.00	\$ -	\$6,176.00 \$0.00		\$ 8,962,450 \$ 1,853,020	\$24,390,636.00	\$63,164,853.00 \$49,829,688.00	\$ 87,555,489 \$ 73,951,346	0.102363 0.025057
25 26	5700		\$1,853,020.00 \$685,698.00	φ - ¢	\$0.00			\$24,121,658.00 \$6,974,980.00	\$49,829,688.00	\$ 73,951,346 \$ 16,010,204	0.025057
26 27	6000			ч - с	\$5,913.00		\$ 685,698 \$ 8,641,688		\$9,035,224.00	\$ 16,010,204 \$ 75,830,155	0.042829
28		RESPIRATORY THERAPY	\$8,635,775.00 \$	- T	\$435.00		\$ 4,216,472	688 \$51,143,537.00		\$ 23,039,566	0.183010
29		PHYSICAL THERAPY	\$4,004,778.00		\$0.00		\$ 4,004,778		\$11,207,967.00		0.166635
	0000	Contraction of the Contraction o	\$ 1,00 1,1 0.00		<b>\$0.00</b>		+ 1,001,110	<i><i><i>q</i>.2,020,201.00</i></i>	\$11,201,001.00	- 21,000,200	000000

#### 9/30/2019

# G. Cost Report - Cost / Days / Charges

# Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

			Intern & Resident	RCE and Therapy			I/P Routine		
Line #	Cost Center Description	Total Allowable Cost	Costs Removed on Cost Report *	Add-Back (If Applicable)		I/P Days and I/P	Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
	•		•	,		\$6,818,929.00		\$ 8,468,873	
6800	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	\$1,260,242.00 \$338,860.00	<u>-</u> \$-	\$0.00 \$0.00	\$ <u>1,260,242</u> \$ <u>338,860</u>	\$2,370,255.00	\$1,649,944.00		0.148809 0.135841
	ELECTROCARDIOLOGY	\$4,328,178.00	φ - \$ -	\$676.00	\$ 4,328,854	\$33,535,850.00	\$58,707,829.00		0.046928
	ELECTROENCEPHALOGRAPHY	\$1.050.854.00	φ - \$ -	\$0.00	\$ 1.050.854	\$1.907.791.00	\$4.649.166.00		0.160266
	MEDICAL SUPPLIES CHARGED TO PATIENT	\$25,516,137.00	\$ -	\$0.00	\$ 25,516,137	\$27,320,895.00	\$19,011,428.00		0.550720
	IMPL. DEV. CHARGED TO PATIENTS	\$43,607,731.00	\$ -	\$0.00	\$ 43,607,731	\$103,831,400.00		\$ 160,757,624	0.271264
	DRUGS CHARGED TO PATIENTS	\$19,547,359.00	\$ -	\$0.00	\$ 19,547,359	\$78,451,874.00		\$ 102,996,826	0.189786
	RENAL DIALYSIS	\$1,832,329.00	\$ -	\$0.00	\$ 1,832,329	\$6,419,351.00		\$ 7,770,388	0.235809
9100	EMERGENCY	\$11,381,706.00	\$ -	\$0.00	\$ 11,381,706	\$20,678,928.00	\$54,773,531.00		0.150846
9300	WOUND CARE	\$962,072.00	\$ -	\$7,537.00	\$ 969,609	\$477,363.00	\$7,122,570.00	\$ 7,599,933	0.127581
		\$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		<del>\$</del>	-
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		\$0.00 \$0.00	<u></u> - \$ -	\$0.00 \$0.00	\$	\$0.00 \$0.00		<u>+</u> + +	-
		\$0.00		\$0.00	<del>\$</del> -	\$0.00		<u> </u>	-
		\$0.00		\$0.00	\$ - \$ -	\$0.00		<u> </u>	-
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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	\$ -	-
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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		\$ -	-
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<u> </u>		\$0.00 \$0.00	<u></u> - s -	\$0.00 \$0.00	\$ \$	\$0.00 \$0.00		\$	-
		\$0.00	\$- \$-	\$0.00 \$0.00	\$ -	\$0.00		<u></u> - <u>-</u>	-
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		\$0.00	Ŷ	\$0.00	\$ -	\$0.00		<del>\$</del> -	-
		\$0.00	φ - \$ -	\$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	φ0.00	\$ -	-
		\$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		\$-	-
1 -		\$0.00	\$-	\$0.00	\$ -	\$0.00	\$0.00	\$-	-

# G. Cost Report - Cost / Days / Charges

#### Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

Line			Costs Removed on	RCE and Therapy Add-Back (If			I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem
#	Cost Center Description	Cost	Cost Report *	Applicable)		Total Cost	Ancillary Charges		Total Charges	Cost or Other Ratio
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00		-
		\$0.00		\$0.00	\$	-	\$0.00		\$ -	-
		\$0.00		\$0.00	\$	-	\$0.00		\$ -	-
		\$0.00 \$0.00		\$0.00 \$0.00	\$	-	\$0.00 \$0.00		\$ \$	-
		\$0.00		\$0.00	<del>ې</del> \$	-	\$0.00	\$0.00		-
		\$0.00		\$0.00	\$	-	\$0.00		<del>-</del> 	-
		\$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	ŝ	-	\$0.00		\$ -	-
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	1	-
		\$0.00		\$0.00	\$	-	\$0.00		\$ -	-
		\$0.00		\$0.00	\$	-	\$0.00		\$ -	-
		\$0.00	\$ -	\$0.00	\$	-	\$0.00		\$ -	-
		\$0.00		\$0.00	\$	-	\$0.00		\$ -	-
		\$0.00	\$ -	\$0.00	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$-	\$0.00	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$-	\$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	\$	-	\$0.00		\$ -	-
		\$0.00		\$0.00	\$	-	\$0.00		\$-	-
	Total Ancillary	\$ 167,763,862	\$ -	\$ 20,737	\$	167,784,599	\$ 553,713,153	\$ 489,031,562	\$ 1,042,744,715	
	Weighted Average									0.1632
			•	• • • • • • •	•	004 000 077			• • • • • • • • • • • • • • • • • • •	
N	Sub Totals NF, SNF, and Swing Bed Cost for Medicaid (Si	\$ 221,610,240			\$ 0 and Worksheet	221,630,977 \$ \$0.00	\$ 661,099,116	\$ 489,031,562	\$ 1,150,130,678	
D	D, Part V, Title 19, Column 5-7, Line 200)					•••••				
	NF, SNF, and Swing Bed Cost for Medicare (S Norksheet D, Part V, Title 18, Column 5-7, Lin		eport vvorksneet D-3, 11	ue 16, Column 3, Liñe 20	iu and	\$303,375.00				
N	IF, SNF, and Swing Bed Cost for Other Payer	s (Hospital must calculate	e. Submit support for ca	alculation of cost.)						
	Other Cost Adjustments (support must be subr									
0	Grand Total	,			\$	221,327,602				

\* 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 (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

				In-State Medic	aid FFS Primary	In-State Medicaid M	anaged Care Primary	In-State Medicare F Medicaid	FS Cross-Overs (with Secondary)	In-State Other Mer Included E	dicaid Eligibles (Not Elsewhere)	Unin	isured	Total In-S	tate Medicaid	%
Line # Cost (	Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	Surv to C Rep Tota
		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			
Routine Cost Centers (fi				Days		Days		Days		Days		Days		Days		
03000 ADULTS & PED 03100 INTENSIVE CA 03200 CORONARY CA	RE UNIT	\$ 688.17 \$ 1,446.82 \$ 1,746.71		1,575 2,070		320 34 57		3,463 625		3,490 386		2,796 479 340		8,848 3,115 646		2 5
3300 BURN INTENSI 3400 SURGICAL INT	IVE CARE UNIT	\$ 1,740.71 \$ - \$ -		227		57				362				-		
500 OTHER SPECIA	AL CARE UNIT	\$ - \$ -														
4100 SUBPROVIDER	RII	\$ -												-		
4200 OTHER SUBPR 4300 NURSERY	OVIDER	\$ - \$ -												-		
		\$ - \$ -												-		
		\$ - \$ -												-		
		\$ - \$ -												-		
		\$ -	Total Days	3,872		411		4,088		4,238		3,615		- 12,609		
Total Days per PS&R or E	Exhibit Detail			3,872		411		4,088		4,238		3,615				
	Unreconciled Days (E)	xplain Variance)														
Routine Charge	e	7		Routine Charges \$ 7,224,911		Routine Charges \$ 759.522		Routine Charges \$ 6,552,178		Routine Charges \$ 7,344,512		Routine Charges		Routine Charges \$ 21,881,123		
Calculated Rout	tine Charge Per Diem			\$ 1,865.94		\$ 1,847.99		\$ 1,602.78		\$ 1,733.01		\$ 1,880.32		\$ 1,735.36		
Calculated Rout ncillary Cost Centers ( 9200 Observation (No	tine Charge Per Diem (from W/S C) (from Section on-Distinct)	G):	0.764080	\$ 1,865.94 Ancillary Charges 61,356	Ancillary Charges 115,302	\$ 1,847.99 Ancillary Charges	Ancillary Charges	\$ 1,602.78 Ancillary Charges 4,825	Ancillary Charges 101,244	\$ 1,733.01 Ancillary Charges 3,785	Ancillary Charges	\$ 1,880.32 Ancillary Charges 865	Ancillary Charges	\$ 1,735.36 Ancillary Charges \$ 69,966	Ancillary Charges	9
Calculated Rout calculated Rout Cost Centers ( 9200 Observation (No 5000 OPERATING R 5100 RECOVERY RO	tine Charge Per Diem (from W/S C) (from Section on-Distinct) OOM DOM	G):	0.141404 0.207387	\$ 1,865.94 Ancillary Charges 61,356 3,912,155 342,226	115,302 1,835,847 168,184	\$ 1,847.99 Ancillary Charges 	100,697 1,330,711 200,231	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 314,321	101,244 3,151,519 369,575	\$ 1,733.01 Ancillary Charges 3,785 4,801,903 488,155	296,196 2,964,664 312,226	\$ 1,880.32 Ancillary Charges 865 4,041,136 307,486	202,408 2,313,809 299,158	\$ 1,735.36 Ancillary Charges \$ 69,966 \$ 12,762,912 \$ 1,199,955	Ancillary Charges \$ 613,439 \$ 9,282,741 \$ 1,050,216	9 1 6
Calculated Rout Ancillary Cost Centers ( 09200 Observation (No 5000 OPERATING R 5100 RECOVERY RC 5300 ANESTHESIOL 5400 RADIOLOGY-D	tine Charge Per Diem (from W/S C) (from Section on-Distinct) OOM OOM OGY	<b>G</b> ):	0.141404 0.207387 0.040211 0.102363	\$ 1,865.94 Ancillary Charges 61,356 3,912,155 342,226 652,301 1,153,885	115,302 1,835,847 168,184 355,233 957,124	\$ 1,847.99 Ancillary Charges 573,984 55,253 95,610 141,380	100,697 1,330,711 200,231 371,944 1,588,661	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 314,321 558,285 1,661,271	101,244 3,151,519 369,575 488,588 5,029,355	\$ 1,733.01 Ancillary Charges 3,785 4,801,903 488,155 977,589 1,646,633	296,196 2,964,664 312,226 679,424 2,707,161	\$ 1,880.32 Ancillary Charges 865 4,041,136 307,486 708,794 1,556,555	202,408 2,313,809 299,158 674,098 3,638,873	\$ 1,735.36 Ancillary Charges \$ 69,966 \$ 12,762,912 \$ 1,199,955 \$ 2,283,785 \$ 4,603,169	Ancillary Charges \$ 613,439 \$ 9,282,741 \$ 1,050,216 \$ 1,895,189 \$ 10,282,301	9 1 6 9
Calculated Rout ncillary Cost Centers ( 2000 Observation (No 5000 OPERATING R 5100 RECOVERY RG 5300 ANESTHESIOL 5400 RADIOLOGY-D 5700 CT SCAN 5800 MRI	tine Charge Per Diem (from W/S C) (from Section on-Distinct) OOM OOM OOM OGY IAGNOSTIC	□ G): - - - - - - - - - - - - -	0.141404 0.207387 0.040211 0.102363 0.025057 0.042829	\$ 1,865.94 Ancillary Charges 61,356 3,912,155 342,226 652,301 1,153,885 1,204,689 402,345	115,302 1,835,847 168,184 355,233 957,124 1,241,312 259,660	\$ 1,847.99 Ancillary Charges 573,984 55,253 95,610 141,380 136,366 54,827	100,697 1,330,711 200,231 371,944 1,588,661 1,588,661 1,668,353 287,508	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 314,321 558,285 1,661,271 1,506,173 218,797	101,244 3,151,519 369,575 488,588 5,029,355 2,431,705 480,940	\$ 1,733.01 Ancillary Charges 3,785 4,801,903 488,155 977,589 1,646,633 1,519,079 423,484	296,196 2,964,664 312,226 679,424 2,707,161 1,955,996 319,609	\$ 1,880.32 Ancillary Charges 865 4,041,136 307,486 708,794 1,556,555 2,195,040 537,147	202,408 2,313,809 299,158 674,098 3,638,873 6,454,238 394,377	\$ 1,735.36 Ancillary Charges \$ 69,966 \$ 12,762,912 \$ 1,199,955 \$ 2,283,785 \$ 4,603,169 \$ 4,366,307 \$ 1,099,453	Ancillary Charges \$ 613,439 \$ 9,282,741 \$ 1,050,216 \$ 1,895,189 \$ 10,282,301 \$ 7,297,366 \$ 1,347,717	9 1 6 9 1 6 7
Calculated Rout ncillary Cost Centers ( 9200 Observation (No 5000 OPERATING Rd 5100 RECOVERY RC 5300 ANESTHESIOL 5400 RADIOLOGY-D 5700 CT SCAN	tine Charge Per Diem (from W/S C) (from Section on-Distinct) OOM OOM OGY IAGNOSTIC	G):	0.141404 0.207387 0.040211 0.102363 0.025057	\$ 1,865.94 Ancillary Charges 61,356 3,912,155 342,226 652,201 1,153,885 1,204,689	115,302 1,835,847 168,184 355,233 957,124 1,241,312	\$ 1,847.99 Ancillary Charges 	100,697 1,330,711 200,231 371,944 1,588,661 1,668,353	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 314,321 558,285 1,661,271 1,506,173	101,244 3,151,519 369,575 488,588 5,029,355 2,431,705	\$ 1,733.01 Ancillary Charges 3,785 4,801,903 488,155 977,589 1,646,633 1,519,079	296,196 2,964,664 312,226 679,424 2,707,161 1,955,996	\$ 1,880.32 Ancillary Charges 865 4,041,136 307,486 708,794 1,556,555 2,195,040	202,408 2,313,809 299,158 674,098 3,638,873 6,454,238	\$ 1,735.36 Ancillary Charges \$ 69,966 \$ 12,762,912 \$ 1,199,955 \$ 2,283,785 \$ 4,603,169 \$ 4,366,307	Ancillary Charges \$ 613,439 \$ 9,282,741 \$ 1,050,216 \$ 1,895,189 \$ 10,282,301 \$ 7,297,366	9 1 6 9 1 6 7 2
Calculated Rout Incillary Cost Centers ( 9200 Observation (Nc 5000 OPERATING R: 5000 ANESTHESIOL 5400 RADIOLOGY-D 5700 CT SCAN 5800 MRI 6000 LABORATORY 6500 RESPIRATORY 6500 RESPIRATORY	tine Charge Per Diem (from WIS C) (from Section an-Distinct) OOM OGY IAGNOSTIC / THERAPY / THERAPY	G):	0.141404 0.207387 0.040211 0.102363 0.025057 0.042829 0.113961 0.113961 0.183010 0.166635	\$ 1,865.94 Anciliary Charges 61,356 3,912,155 3,42,226 652,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 387,439	115.302 1,835,847 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 51,912	\$ 1,847.99 Ancillary Charges 	100.697 1,330,711 200,231 371,944 1,588,661 1,668,353 287,506 1,211,629 53,304 255,736	\$ 1,602.78 Anciliary Charges 4,825 3,474,870 314,321 558,285 1,661,271 1,506,173 218,797 3,586,087 1,607,303 348,100	101,244 3,151,519 389,575 488,588 5,029,355 2,431,705 480,940 2,489,588 67,917 145,940	\$ 1,733.01 Ancillary Charges 3,785 4,801,903 488,155 977,589 1,646,633 1,519,079 423,484 3,446,983 1,805,931 1,602,865	296,196 2,964,664 312,226 679,424 2,707,161 1,955,996 319,609 927,659 77,943 372,402	\$ 1,880.32 Ancillary Charges 865 4,041,136 708,794 1,556,555 2,195,040 537,147 3,574,072 1,280,333 302,616	202,408 2,313,809 299,158 674,098 3,638,873 6,454,238 394,377 3,187,985 117,881 314,487	\$ 1,735.36 Ancillary Charges \$ 69,966 \$ 12,762,912 \$ 1,199,955 \$ 2,283,785 \$ 4,603,169 \$ 4,603,169 \$ 4,603,169 \$ 4,603,169 \$ 5,389,488 \$ 10,940,833 \$ 5,389,288 \$ 1,373,314	Ancillary Charges \$ 613,439 \$ 9,282,741 \$ 1.050,216 \$ 10,282,301 \$ 7,297,366 \$ 1.347,717 \$ 5,551,382 \$ 265,586 \$ 825,590	s 9 1 6 9 1 6 7 2 6 0
Calculated Rout ncillary Cost Centers ( 200 Observation (No 5000 OPERATING RU 5100 RECOVERY RG 5300 ANESTHESIOL 5400 RADIOLOGY-D 5700 CT SCAN 5800 MRI 68000 [LABORATORY 6500 RESPIRATORY 6500 RESPIRATORY 6800 PHYSICAL THE 6700 OCCUPATION/ 6800 SPECEN PATH	tine Charge Per Diem (from W/S C) (from Section >n-Distinct) OOM OOM OGY IAGNOSTIC 'THERAPY :RAPY L, THERAPY OLOGY	G):	0.141404 0.207387 0.040211 0.102363 0.025057 0.042829 0.113961 0.183010 0.166635 0.148809 0.135841	\$ 1,865.94 Ancillary Charges 61,356 3,912,155 3,42,226 652,301 1,153,885 1,204,689 4,02,345 3,396,972 1,774,160 3,876,739 122,340 122,435	115,302 1,835,847 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 51,912 2,1924 1,022	\$ 1,847.99 Ancillary Charges 	100.697 1,330,711 200,231 371,944 1,588,661 1,668,553 287,508 1,211,629 53,304 255,736 76,607 1,022	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,474,870 3,474,870 1,666,173 2,18,977 3,566,087 1,607,930 348,100 86,096 94,525	101,244 3,151,519 369,575 448,588 5,029,355 2,431,705 480,940 2,489,598 67,917 145,940 36,422 7,376	\$ 1,733.01 Ancillary Charges 4,801.903 488.155 977.589 1,646.633 1,519.079 423.444 3,444.983 1,805.931 602.865 250.099 1447.392	296,196 2,964,664 312,226 679,424 2,707,161 1,955,996 319,609 927,659 77,943 372,402 70,767	\$ 1,880.32 Anciliary Charges 865 4.041.136 307.486 708.794 1.556.556 2.195.040 5.37,147 3.574.072 1.280.333 3.02.616 132.480 100.822	202,408 2,313,809 299,158 674,098 3,638,873 6,454,238 394,377 3,187,985 117,881 314,487 51,968 3,976	\$ 1,735.36 Ancillary Charges \$ 69,966 \$ 12,762,912 \$ 1,199,955 \$ 2,283,785 \$ 4,603,169 \$ 4,366,307 \$ 1,099,453 \$ 10,940,833 \$ 5,389,288 \$ 1,373,314 \$ 466,935 \$ 377,798	Ancillary Charges \$ 613,439 \$ 9,282,741 \$ 1,050,216 \$ 1,895,189 \$ 10,282,301 \$ 7,297,366 \$ 1,347,717 \$ 5,531,382 \$ 226,586 \$ 2,25,581 \$ 226,586 \$ 825,990 \$ 205,720 \$ 23,366	9 1 6 9 1 6 7 2 6 0 0 6
Calculated Rout ncillary Cost Centers ( 200 Observation (Nr 5000 OPERATING RU 5100 RECOVERY RG 5400 RADIOLOGY-D 5700 CT SCAN 5800 MRI 6800 RESPIRATORY 6800 RESPIRATORY 6800 RESPIRATORY 6800 RESPIRATORY 6800 PHYSICAL THE 6700 OCCUPATION 6800 SPECCH PATH 6900 ELECTROCARI	tine Charge Per Diem (from W/S C) (from Section an-Distinct) OOM OOM OGY IAGNOSTIC ' THERAPY (THERAPY ICLOGY DIOLOGY EPHALLOGRAPHY		0.141404 0.207387 0.040211 0.102363 0.025057 0.042820 0.113961 0.183010 0.166635 0.148809 0.135841 0.046928 0.160266	\$ 1,865.94 Ancillary Charges 0,1,356 0,1,356 0,1,356 0,1,356 0,1,356 0,1,356 0,1,356 0,1,356 0,1,356 0,2,455 0,3,960,972 1,774,169 0,2245 0,3,66,972 1,774,169 0,2245 0,366,972 1,22,450 1,22,435 0,143,770 1,22,4150 1,22,	115.302 1.835.647 168.164 168.164 1.241.312 259.660 902.496 27.422 51.912 21.924 1.022 663.040 166.725	\$ 1,847.99 Ancillary Charges 573.984 55253 95.6253 95.610 141.380 136.366 54.827 510.791 201.258 34.910 8.400 9.446 131.111 17.387	100.697 1,330.711 200.231 371,944 1,588.661 1,668.353 287,508 1,211,629 53,304 255,736 76,607 1,022 566.063 544.268	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,474,870 3,474,870 3,586,285 1,661,271 1,556,275 1,661,271 2,58,285 1,661,271 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,935	101,244 3,151,519 369,575 488,588 5,029,355 2,431,705 480,940 2,489,598 67,917 145,940 38,422 7,376 288,825	\$ 1,733.01 Ancillary Charges 3,785 4,801.903 488.155 977.589 1,646.633 1,646.633 1,640.633 1,805.931 602.855 250.099 147.392 1,897.509 0,73.934	296,196 296,664 312,226 679,424 2,707,161 1,955,996 977,943 372,402 70,767 13,946 2,923,900 174,845	\$ 1,880.32 Anciliary Charges 865 4.041.136 307.486 708.794 1.556.556 2.195.040 5.37.4072 1.280.333 3.02.616 1.32.480 100.822 2.372.569 66.023	202,408 2,313,809 299,158 6,674,089 3,638,873 6,454,238 117,881 314,897 51,968 3,976 3,976 1,960,982 117,085	\$ 1,735.36 Ancillary Charges \$ 69,966 \$ 12,762,912 \$ 1,199,955 \$ 2,283,785 \$ 4,003,169 \$ 4,366,307 \$ 1,099,453 \$ 5,389,288 \$ 1,373,314 \$ 466,935 \$ 377,788 \$ 3,514,001 \$ 242,406	Ancillary Charges \$ 613,439 \$ 9,282,741 \$ 1,050,216 \$ 1,895,189 \$ 10,282,301 \$ 7,297,366 \$ 1,347,717 \$ 5,551,382 \$ 226,586 \$ 226,586 \$ 225,590 \$ 205,720 \$ 23,366 \$ 4,440,818 \$ 885,838	9 1 6 9 1 6 7 2 6 0 0 6 8 8
Calculated Rout ncillary Cost Centers ( 200 Observation (Nc 5000 OPERATING RC 5100 RECOVERY RC 5400 RADIOLOGY-D 5700 CT SCAN 5800 MRI 6800 RESPIRATORY 6800 RESPIRATORY 6800 RESPIRATORY 6800 PHYSICAL THE 6700 OCCUPATION 6800 SPECH PATH 6900 ELECTROCAR 7000 ELECTROCAR 7100 MEDICAL SUPP 7200 IMEDICAL SUPP 7200 IMEDICAL SUPP	tine Charge Per Diem (from W/S C) (from Section: an-Distinct) OOM OOM OGY IAGNOSTIC / THERAPY (THERAPY ICLOGY EPHALOGRAPHY LIES CHARGED TO PATIENTS ARGED TO PATIENTS		0.141404 0.207387 0.040211 0.102383 0.025057 0.042829 0.1138010 0.183010 0.188010 0.188010 0.138841 0.046928 0.160266 0.550720 0.271284	\$ 1,865.94 Ancillary Charges (1,356 (3,3912,155 (342,226 (652,301 1,153,885 (1,204,889 (402,345 (3,396,072 (1,774,169 (387,439 (122,445) (122,435 (1,43,770 (124,435 (1,43,770) (124,450 (124,450) (124,4	115.302 1.835.847 1.88.168.17 1.835.623 957.124 1.241.312 259.660 902.496 27.422 51.912 21.924 1.022 663.040 166.725 353.090 592.281	\$ 1,847.99 Ancillary Charges - 573.984 552.53 95.610 141.387 141.387	100.697 1.330.711 200.231 1.588.661 1.668.353 287.508 1.211.629 53.304 255.736 76.607 1.622 568.053 544.268 247.595 699.558	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,474,870 3,474,870 1,558,285 1,661,271 1,506,173 2,18,707 3,586,087 1,607,930 3,48,100 86,096 94,825 3,41,611 26,935 652,245 3,52,939	101,244 3,151,519 369,575 488,588 5,029,355 2,431,705 480,940 2,489,598 67,917 145,940 38,422 7,376 288,825 	\$ 1,733.01 Ancillary Charges 3,785 4,801.903 488.155 977.580 1,646.633 1,510.079 422,484 3,446.983 1,805.831 1,805.831 1,805.831 1,805.851 250.099 147.392 1,897.509 73.934 1,284.494 4,765.684	296,196 2,964,664 312,226 679,424 2,707,161 1,955,996 977,943 372,402 70,767 13,946 2,923,900 174,845 861,960 2,790,365	\$ 1,880.32 Ancillary Charges 865 4.041.136 307.486 708.794 1.556.555 2.195.040 537.147 3.574.072 1.280.333 302.616 132.480 100.622 2.372.569 6.023 1.106.510 2.248.444	202,408 2,313,809 209,158 3,638,873 6,454,238 3,943,377 3,187,985 117,881 3,144,987 3,962 1,960,982 1,960,982 1,17,085 4,161,116 9,922,660	\$         1,735.36           Ancillary Charges         60,966           \$         12,762,912           \$         1199,955           \$         4003,169           \$         4963,307           \$         10,940,833           \$         15,389,483           \$         10,404,833           \$         3,377,788           \$         3,514,001           \$         242,406           \$         7,102,146	Ancillary Charges           \$ 613,439           \$ 9,282,741           \$ 1,050,216           \$ 1,995,190           \$ 0,282,741           \$ 1,995,190           \$ 0,282,300           \$ 0,282,300           \$ 0,282,300           \$ 0,287,300           \$ 0	9 1 6 9 1 6 9 1 6 7 2 6 0 0 6 8 8 1 5
Calculated Rout calculated Rout calculated Rout Calculated Rout Calculation (Not Store Research Calculation) Calculation (Calculation) Calculation (C	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY CARPY IAGNOSTIC (THERAPY CRAPY CARP		0.141404 0.207387 0.040211 0.102383 0.025057 0.042829 0.113961 0.113961 0.183010 0.183010 0.183841 0.046928 0.046928 0.0550720 0.271264 0.189786 0.235809	\$ 1,865.94 Ancillary Charges (1,356 (3,3912,155 (342,226 (652,301 1,153,885 (1,204,689 (402,345 (3,396,672 1,774,169 (387,439 (122,345 (143,770 (124,435 (143,770 (124,55)	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges - 573.984 552.53 956.810 141.380 136.386 54.427 510.791 201.258 34.910 8.400 9.446 131.111 17.387 259.406 332.571 604.699 11.048	100.697 1,330,711 200,231 1,588,661 1,668,353 287,508 1,211,629 55,304 255,738 76,607 1,022 566,053 544,268 247,595 609,558 715,499 6,745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,474,870 3,588,285 1,661,271 1,506,173 2,18,797 3,586,087 1,607,930 3,48,100 8,096 94,525 3,41,611 28,935 6,652,245 3,52,539 6,2208,275 8,033,319	101,244 3,151,519 366,575 488,588 5,029,355 2,431,705 480,940 2,480,598 67,917 145,940 38,422 7,376 288,825 356,496 387,691 9,995,527 140,176	\$ 1,733.01 Ancillary Charges 3,785 4,601.903 480.155 977.580 1,646.633 1,519.079 422.484 3,446.983 1,605.931 602.865 250.099 147.392 1,897.509 73.934 1,284.494 4,765.684 5,009.405 509.532	206,196 2,064,664 312,226 679,424 2,707,161 1,955,998 319,609 927,659 77,943 372,402 70,767 13,946 2,923,900 174,845 891,960 2,799,355 1,143,222 121,075	\$ 1,880.32 Ancillary Charges 865 4.041,136 307.486 708.794 1.556.555 2.195.040 537.147 3.574.072 1.280.333 302.616 132.480 100.822 2.372.569 66.023 1,106.510 2.244.444 5,102.816 142.258	202,408 2,313,609 299,158 674,098 3,638,873 3,645,238 3,94,377 3,187,985 117,881 3,14,487 51,986 3,976 1,980,982 117,085 416,116 992,680 1,501,434 13,490	\$         1,735.36           Ancillary Charges         60,966           \$         12,762,912           \$         1,199,955           \$         4,003,169           \$         4,963,307           \$         1,094,653           \$         5,399,248           \$         1,040,833           \$         3,549,001           \$         3,77,798           \$         3,514,001           \$         7,102,146           \$         7,102,146           \$         1,625,265           \$         1,024,835	Ancillary Charges           \$ 613,439           \$ 9,282,714           \$ 1,050,216           \$ 1,985,109           \$ 10,282,301           \$ 7,297,366           \$ 10,282,301           \$ 7,297,366           \$ 226,586           \$ 233,666           \$ 4,440,815           \$ 885,633           \$ 1,851,141           \$ 4,460,855           \$ 1,3266,056           \$ 267,996	9 1 6 9 1 6 9 1 6 7 2 6 0 0 6 8 8 1 5 8 6
Calculated Rout ncillary Cost Centres ( 200 Observation (No 5000 OPERATING RC 5000 ANESTHESIOL 5400 RADIOLOGY-D 5700 CT SCAN 5800 MRI 6000 LABORATORY 6600 PHYSICAL THE 6500 RESPIRATORY 6600 PHYSICAL THE 6700 OCCUPATION/ 6800 SPECH PATH 9000 ELECTROEARI 7000 CELCACAL SUPP 7200 IMPL. DEV. CH.	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY CARPY IAGNOSTIC (THERAPY CRAPY CARP		0.141404 0.207387 0.040211 0.040211 0.025057 0.042829 0.113961 0.183010 0.168635 0.148806 0.135841 0.046828 0.046928 0.046928 0.050720 0.271264 0.189786	\$ 1,865.94 Ancliary Charges (1,356 3,912,155 3,42,228 6,52,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 122,340 122,340 122,340 122,340 122,340 122,340 124,635 1,43,770 124,150 9,360,645 1,322,636 8,13,064 -	115.302 1.835.847 1.88.168.17 1.835.623 957.124 1.241.312 259.660 902.496 27.422 51.912 21.924 1.022 663.040 166.725 353.090 592.281	\$ 1,847.99 Ancillary Charges 573,984 552,53 96,610 141,380 136,386 54,827 510,791 2012,58 34,910 8,400 9,446 131,111 17,387 259,406 352,571 604,698	100.697 1.330.711 200.231 1.371.944 1.588.661 1.669.353 1.211.629 5.3.04 255.736 76.607 1.022 566.053 544.268 247.595 669.558 715.499	\$ 1,602.78 Ancellary Charges 4,825 3,474,870 3,14,321 558,285 1,666,271 1,506,173 2,18,797 3,556,087 1,607,930 348,100 86,096 94,525 341,611 26,935 652,245 352,399 5,208,276	101.244 3.151.519 366.575 4.845.588 5.029.355 2.431.705 4.80.940 2.489.598 6.7.917 145.940 36.422 7.376 2.868.825 	\$ 1,733.01  Ancillary Charges A,801.903 4,801.903 4,801.903 4,881.155 977.589 1,644.633 1,519.079 423.484 3,446.983 1,805.931 602.865 250.099 147.392 1,897.509 73.934 1,284.494 4,769.684 5,009.405	206,190 2,964,684 312,226 679,424 2,707,161 1,955,996 310,600 310,600 372,402 70,767 1,3,946 2,023,900 174,845 891,960 2,790,365 1,1143,222	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,556,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816	202,408 2,313,809 299,158 674,098 3,638,873 3,454,238 3,457,985 117,881 3,187,985 1,986 3,976 1,986,982 117,085 416,116 992,660 1,501,434	\$         1,735.36           Ancillary Charges         60.966           \$         60.966           \$         1.199.955           \$         2.83.765           \$         4.603.160           \$         1.099.453           \$         1.099.453           \$         5.809.288           \$         3.71.748           \$         3.71.748           \$         3.71.214           \$         3.71.214           \$         3.71.214           \$         3.71.214           \$         3.71.22.188           \$         3.71.214           \$         3.71.214	Ancillary Charges           \$ 613,439           \$ 9,282,714           \$ 1,050,216           \$ 1,385,189           \$ 10,282,301           \$ 7,297,366           \$ 1,347,171           \$ 5,531,382           \$ 223,566           \$ 4,440,818           \$ 1,485,1141           \$ 4,468,815           \$ 3,256,658           \$ 1,227,086           \$ 2,269,866           \$ 4,469,815           \$ 2,269,666           \$ 2,207,202           \$ 2,208,666           \$ 2,207,202           \$ 2,208,666           \$ 2,207,202           \$ 2,208,666           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909      \$ 2,207,909	9 1 6 9 1 6 9 1 6 7 2 6 0 0 6 8 8 1 5 8 6 0
Calculated Rout Inciliary Cost Centres ( 200 Observation (No 5000 OPERATING R 5000 ROUVERY R 5000 ANESTHESIOL 5000 CT SCAN 5000 CT SCAN 5000 CT SCAN 5000 CT SCAN 5000 RESIRATORY 6000 D-HYSICAL THE 5000 RESIRATORY 6000 PHYSICAL THE 5000 CELECTROENCI 7000 CELECTROENCI 7000 DELECTROENCI 7000 DELECTROEN	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY CARPY IAGNOSTIC (THERAPY CRAPY CARP		0.141404 0.207387 0.040211 0.102363 0.025057 0.042829 0.113961 0.113961 0.166355 0.1689786 0.1689786 0.259720 0.277264 0.189786 0.25509 0.150846 0.127581 	\$ 1,865.94 Ancillary Charges (1,356 (3,3912,155 (342,226 (652,301 1,153,885 (1,204,689 (402,345 (3,396,672 1,774,169 (387,439 (122,345 (143,770 (124,435 (143,770 (124,55)	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges 573.984 552.53 96.610 141.380 136.366 54.827 510.791 201.258 34.910 8.400 9.446 131.111 17.387 259.406 352.571 604.698 11.048 198.524	100.697 1.330.711 200.231 1.371.944 1.588.661 1.211.629 5.3,04 255,736 76.607 1.022 566.053 544.268 247.595 669.558 715.499 6.745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,14,321 558,285 1,661.271 1,506,173 2,18,797 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,395 6,522,455 352,399 5,208,275 803,319 1,592,335	101.244 3.151.519 366.575 4.88.588 5.029.355 2.431.705 4.80.940 2.480.588 67.917 1.45.940 3.6422 7.376 2.88.825 - 3.854.96 3.854.96 3.854.96 3.854.96	\$ 1,733.01  Ancillary Charges 3,785 4,801.903 4,881.155 977.589 1,646.633 1,519.079 422,484 3,446.983 1,805.931 602.865 250.099 147.392 1,824.494 4,769.684 5,009.405 509.505 1,421.791	206,190 2,064,664 312,226 679,424 2,707,161 1,955,596 372,462 77,243 372,462 70,767 13,946 2,023,900 174,845 861,960 2,790,365 1,143,222 121,075 2,282,194	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,555,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816 142,258 1,844,990	202,408 2,313,809 299,158 674,098 3,638,873 3,94,377 3,187,985 1,17,985 1,97,985 1,986 3,976 1,980,982 117,085 4,161,161 992,660 1,501,434 1,3,499 10,644,229	\$         1,753.86           Ancillary Charges         60.966           \$         0.60.966           \$         1.199.955           \$         4.603.160           \$         1.099.453           \$         1.094.633           \$         1.094.633           \$         3.603.160           \$         3.6380.288           \$         3.514.001           \$         3.212.188           \$         7.102.144           \$         1.665.255           \$         4.065.255           \$         1.605.535	Ancillary Charges           \$ 613,439           \$ 9,282,714           \$ 1,050,216           \$ 1,385,189           \$ 10,282,301           \$ 7,297,366           \$ 1,347,171           \$ 5,531,382           \$ 223,566           \$ 4,440,818           \$ 1,485,1141           \$ 4,468,815           \$ 3,256,658           \$ 1,227,086           \$ 2,269,866           \$ 4,469,815           \$ 2,269,666           \$ 2,207,202           \$ 2,208,666           \$ 2,207,202           \$ 2,208,666           \$ 2,207,202           \$ 2,208,666           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909      \$ 2,207,909	9 1 6 9 1 6 7 2 6 0 0 6 8 8 1 5 8 6 0 0 6 8 8 1 5 8 6 0
Calculated Rout Ancillary Cost Centers ( 9200 Observation (No 5000 OPERATING RU 5000 ANESTHESIOL 5400 RADIOLOGY-D 5700 CT SCAN 5800 MRI 6000 LABORATORY 6000 PHYSICAL THE 5000 RESPIRATORY 6000 PHYSICAL THE 5000 CESPIRATORY 6000 PHYSICAL THE 6000 PHYSICAL THE 6000 PHYSICAL THE 6000 PHYSICAL THE 6000 ELECTROENCI 7000 DELECTROENCI 7000 DELECTROENCI 7000 DELECTROENCI 7000 DELECS CHARG 7400 RENAL DIALYS	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY CARPY IAGNOSTIC (THERAPY CRAPY CARP		0.141404 0.207387 0.040211 0.102363 0.025057 0.048229 0.113961 0.183010 0.166635 0.148809 0.135841 0.046928 0.160266 0.550720 0.271264 0.189786 0.235809 0.150846	\$ 1,865.94 Ancliary Charges (1,356 3,912,155 3,42,228 6,52,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 122,340 122,340 122,340 122,340 122,340 122,340 124,635 1,43,770 124,150 9,360,645 1,322,636 8,13,064 -	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges 573.984 552.53 96.610 141.380 136.366 54.827 510.791 201.258 34.910 8.400 9.446 131.111 17.387 259.406 352.571 604.698 11.048 198.524	100.697 1.330.711 200.231 1.371.944 1.588.661 1.211.629 5.3,04 255,736 76.607 1.022 566.053 544.268 247.595 669.558 715.499 6.745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,14,321 558,285 1,661.271 1,506,173 2,18,797 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,395 6,522,455 352,399 5,208,275 803,319 1,592,335	101.244 3.151.519 366.575 4.88.588 5.029.355 2.431.705 4.80.940 2.480.588 67.917 1.45.940 3.6422 7.376 2.88.825 - 3.854.96 3.854.96 3.854.96 3.854.96	\$ 1,733.01  Ancillary Charges 3,785 4,801.903 4,881.155 977.589 1,646.633 1,519.079 422,484 3,446.983 1,805.931 602.865 250.099 147.392 1,824.494 4,769.684 5,009.405 509.505 1,421.791	206,190 2,064,664 312,226 679,424 2,707,161 1,955,596 372,462 77,243 372,462 70,767 13,946 2,023,900 174,845 861,960 2,790,365 1,143,222 121,075 2,282,194	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,555,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816 142,258 1,844,990	202,408 2,313,809 299,158 674,098 3,638,873 3,94,377 3,187,985 1,17,985 1,97,985 1,986 3,976 1,980,982 117,085 4,161,161 992,660 1,501,434 1,3,499 10,644,229	\$         1,753.86           Ancillary Charges         60.966           \$         0.60.966           \$         1.199.955           \$         4.603.160           \$         1.099.453           \$         1.094.633           \$         1.094.633           \$         3.603.160           \$         3.6380.288           \$         3.514.001           \$         3.212.188           \$         7.102.144           \$         1.665.255           \$         4.065.255           \$         1.605.535	Ancillary Charges           \$ 613,439           \$ 9,282,714           \$ 1,050,216           \$ 1,385,189           \$ 10,282,301           \$ 7,297,366           \$ 1,347,171           \$ 5,531,382           \$ 223,566           \$ 4,440,818           \$ 1,485,1141           \$ 4,468,815           \$ 3,256,658           \$ 1,227,086           \$ 2,269,866           \$ 4,469,815           \$ 2,269,666           \$ 2,207,202           \$ 2,208,666           \$ 2,207,202           \$ 2,208,666           \$ 2,207,202           \$ 2,208,666           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909           \$ 2,207,909      \$ 2,207,909	9 1 6 9 1 6 9 1 6 7 2 6 0 0 6 8 8 1 5 8 6 0
Calculated Rout Ancillary Cost Centers ( 9200) Observation (No 5000) OPERATING RU 5000 ANESTHESIOL 5000 ANESTHESIOL 5000 CT SCAN 5000 ANESTHESIOL 5000 CT SCAN 5000 CT SCAN 50	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY CARPY IAGNOSTIC (THERAPY CRAPY CARP		0.141404 0.27387 0.040211 0.102363 0.025057 0.042829 0.113961 0.183010 0.166635 0.148809 0.135841 0.046928 0.160266 0.550720 0.271264 0.180786 0.235809 0.120546 0.127581 -	\$ 1,865.94 Ancliary Charges (1,356 3,912,155 3,42,228 6,52,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 122,340 122,340 122,340 122,340 122,340 122,340 124,635 1,43,770 124,150 9,360,645 1,322,636 8,13,064 -	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges 573,984 552,53 96,610 141,380 136,386 54,827 510,791 201,258 34,910 8,400 9,446 131,111 17,387 259,406 352,571 604,698 11,048 198,524	100.697 1.330.711 200.231 1.371.944 1.588.661 1.211.629 5.3,04 255,736 76.607 1.022 566.053 544.268 247.595 669.558 715.499 6.745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,14,321 558,285 1,661.271 1,506,173 2,18,797 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,395 6,522,455 352,399 5,208,275 803,319 1,592,335	101.244 3.151.519 366.575 4.88.588 5.029.355 2.431.705 4.80.940 2.480.588 67.917 1.45.940 3.6422 7.376 2.88.825 - 3.854.96 3.854.96 3.854.96 3.854.96	\$ 1,733.01  Ancillary Charges 3,785 4,801.903 4,881.155 977.589 1,646.633 1,519.079 422,484 3,446.983 1,805.931 602.865 250.099 147.392 1,824.494 4,769.684 5,009.405 509.505 1,421.791	206,190 2,064,664 312,226 679,424 2,707,161 1,955,596 372,462 77,243 372,462 70,767 13,946 2,023,900 174,845 861,960 2,790,365 1,143,222 121,075 2,282,194	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,555,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816 142,258 1,844,990	202,408 2,313,809 299,158 674,098 3,638,873 3,94,377 3,187,985 1,17,985 1,97,985 1,986 3,976 1,980,982 117,085 4,161,161 992,660 1,501,434 1,3,499 10,644,229	\$         1,753.86           Ancillary Charges         60.966           \$         0.60.966           \$         1.199.955           \$         4.603.160           \$         1.099.453           \$         1.094.633           \$         1.094.633           \$         3.603.160           \$         3.6380.288           \$         3.514.001           \$         3.212.188           \$         7.102.144           \$         1.665.255           \$         4.065.255           \$         1.605.535	Ancillary Charges           \$ 613,439           \$ 9,282,714           \$ 1,050,216           \$ 1,385,189           \$ 10,282,301           \$ 7,297,366           \$ 1,347,171           \$ 5,531,382           \$ 223,566           \$ 4,440,818           \$ 1,485,1141           \$ 4,468,815           \$ 3,256,658           \$ 1,227,0566           \$ 2,468,565           \$ 4,469,815           \$ 1,256,658           \$ 1,227,1090           \$ 1,227,1090           \$ 1,227,1090           \$ 1,227,1090	9 1 6 9 1 6 7 2 6 0 0 6 8 8 1 5 8 6 0 0 6 8 8 1 5 8 6 0 0 6 8 8 1 5 8 6 0 0 6 8 8 1 5 8 10 5 8 10 5 10 5 8 10 5 8 10 5 10 5
Calculated Rout Ancillary Cost Context 99200 Observation (No 5000 OPERATING RU 5000 ROVERY RC 5000 ANIESTHESIOL 5000 ANIESTHESIOL 5000 CT SCAN 5000	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY CARPY IAGNOSTIC (THERAPY CRAPY CARP		0.141404 0.207387 0.040211 0.102363 0.025057 0.048289 0.113961 0.113961 0.189300 0.189305 0.148000 0.155641 0.155641 0.155640 0.271284 0.180786 0.255809 0.150846 0.127581 	\$ 1,865.94 Ancliary Charges (1,356 3,912,155 3,42,228 6,52,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 122,340 122,340 122,340 122,340 122,340 122,340 124,635 1,43,770 124,150 9,360,287 1,22,586 8,13,064 -	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges 573,984 552,53 96,610 141,380 136,386 54,827 510,791 201,258 34,910 8,400 9,446 131,111 17,387 259,406 352,571 604,698 11,048 198,524	100.697 1.330.711 200.231 1.371.944 1.588.661 1.211.629 5.3,04 255,736 76.607 1.022 566.053 544.268 247.595 669.558 715.499 6.745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,14,321 558,285 1,661.271 1,506,173 2,18,797 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,395 6,522,455 352,399 5,208,275 803,319 1,592,335	101.244 3.151.519 366.575 4.88.588 5.029.355 2.431.705 4.80.940 2.480.588 67.917 1.45.940 3.6422 7.376 2.88.825 - 3.854.96 3.854.96 3.854.96 3.854.96	\$ 1,733.01  Ancillary Charges 3,785 4,801.903 4,881.155 977.589 1,646.633 1,519.079 422,484 3,446.983 1,805.931 602.865 250.099 147.392 1,824.494 4,769.684 5,009.405 509.505 1,421.791	206,190 2,064,664 312,226 679,424 2,707,161 1,955,596 372,462 77,243 372,462 70,767 13,946 2,023,900 174,845 861,960 2,790,365 1,143,222 121,075 2,282,194	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,555,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816 142,258 1,844,990	202,408 2,313,809 299,158 674,098 3,638,873 3,94,377 3,187,985 1,17,985 1,97,985 1,986 3,976 1,980,982 117,085 4,161,161 992,660 1,501,434 1,3,499 10,644,229	\$         1,753.86           Ancillary Charges         60.966           \$         0.60.966           \$         1.199.955           \$         4.603.160           \$         1.099.453           \$         1.094.633           \$         1.094.633           \$         3.603.160           \$         3.6380.288           \$         3.514.001           \$         3.212.188           \$         7.102.144           \$         1.665.255           \$         4.065.255           \$         1.605.535	Ancillary Charges           \$ 613,439           \$ 9,282,714           \$ 1,050,216           \$ 1,385,189           \$ 10,282,301           \$ 7,297,366           \$ 1,347,171           \$ 5,531,382           \$ 223,566           \$ 4,440,818           \$ 1,485,1141           \$ 4,468,815           \$ 3,256,658           \$ 1,227,0566           \$ 2,468,565           \$ 4,469,815           \$ 1,256,658           \$ 1,227,1090           \$ 1,227,1090           \$ 1,227,1090           \$ 1,227,1090	<b>s</b> 916991667266000668815586600
Calculated Rout Inciliary Cost Centres ( 200 Observation (No 5000 OPERATING R 5000 ROUVERY R 5000 ANESTHESIOL 5000 CT SCAN 5000 CT SCAN 5000 CT SCAN 5000 CT SCAN 5000 RESIRATORY 6000 D-HYSICAL THE 5000 RESIRATORY 6000 PHYSICAL THE 5000 CELECTROENCI 7000 CELECTROENCI 7000 DELECTROENCI 7000 DELECTROEN	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY CARPY IAGNOSTIC (THERAPY CRAPY CARP		0.141404 0.27387 0.040211 0.102363 0.025057 0.042829 0.113961 0.183010 0.166635 0.148809 0.135841 0.046928 0.160266 0.550720 0.271264 0.180786 0.235809 0.120546 0.127581 	\$ 1,865.94 Ancliary Charges (1,356 3,912,155 3,42,228 6,52,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 122,340 122,340 122,340 122,340 122,340 122,340 124,635 1,43,770 124,150 9,360,287 1,22,586 8,13,064 -	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges 573,984 552,53 96,610 141,380 136,386 54,827 510,791 201,258 34,910 8,400 9,446 131,111 17,387 259,406 352,571 604,698 11,048 198,524	100.697 1.330.711 200.231 1.371.944 1.588.661 1.211.629 5.3,04 255,736 76.607 1.022 566.053 544.268 247.595 669.558 715.499 6.745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,14,321 558,285 1,661.271 1,506,173 2,18,797 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,395 6,522,455 352,399 5,208,275 803,319 1,592,335	101.244 3.151.519 366.575 4.88.588 5.029.355 2.431.705 4.80.940 2.480.588 67.917 1.45.940 3.6422 7.376 2.88.825 - 3.854.96 3.854.96 3.854.96 3.854.96	\$ 1,733.01  Ancillary Charges 3,785 4,801.903 4,881.155 977.589 1,646.633 1,519.079 422,484 3,446.983 1,805.931 602.865 250.099 147.392 1,824.494 4,769.684 5,009.405 509.505 1,421.791	206,190 2,064,664 312,226 679,424 2,707,161 1,955,596 372,462 77,243 372,462 70,767 13,946 2,023,900 174,845 861,960 2,790,365 1,143,222 121,075 2,282,194	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,555,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816 142,258 1,844,990	202,408 2,313,809 299,158 674,098 3,638,873 3,94,377 3,187,985 1,17,985 1,97,985 1,986 3,975 1,980,982 117,085 4,161,161 992,660 1,501,434 1,3,499 10,644,229	\$         1,753.86           Ancillary Charges         60.966           \$         0.60.966           \$         1.199.955           \$         4.603.160           \$         1.099.453           \$         1.094.633           \$         1.094.633           \$         3.603.160           \$         3.6380.288           \$         3.514.001           \$         3.212.188           \$         7.102.144           \$         1.665.255           \$         4.065.255           \$         1.605.535	Ancillary Charges           \$ 613,439           \$ 9,282,714           \$ 1,050,216           \$ 1,385,189           \$ 10,282,301           \$ 7,297,366           \$ 1,347,171           \$ 5,531,382           \$ 223,566           \$ 4,440,818           \$ 1,485,1141           \$ 4,468,815           \$ 3,256,658           \$ 1,227,0566           \$ 2,468,565           \$ 4,469,815           \$ 1,256,658           \$ 1,227,1090           \$ 1,227,1090           \$ 1,227,1090           \$ 1,227,1090	<b>s</b> 916991667266000668815586600
Calculated Rout Ancillary Cost Centers ( 9200) Observation (No 5000) OPERATING RU 5000 ANESTHESIOL 5000 ANESTHESIOL 5000 CT SCAN 5000 ANESTHESIOL 5000 CT SCAN 5000 CT SCAN 50	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY CARPY IAGNOSTIC (THERAPY CRAPY CARP		0.141404 0.27387 0.040211 0.102363 0.025057 0.048229 0.113061 0.166635 0.148009 0.135841 0.046028 0.160266 0.550720 0.271264 0.180786 0.235809 0.127581 	\$ 1,865.94 Ancliary Charges (1,356 3,912,155 3,42,228 6,52,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 122,340 122,340 122,340 122,340 122,340 122,340 124,635 1,43,770 124,150 9,360,287 1,22,586 8,13,064 -	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges 573,984 552,53 96,610 141,380 136,386 54,827 510,791 201,258 34,910 8,400 9,446 131,111 17,387 259,406 352,571 604,698 11,048 198,524	100.697 1.330.711 200.231 1.371.944 1.588.661 1.211.629 5.3,04 255,736 76.607 1.022 566.053 544.268 247.595 669.558 715.499 6.745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,14,321 558,285 1,661.271 1,506,173 2,18,797 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,395 6,522,455 352,399 5,208,275 803,319 1,592,335	101.244 3.151.519 366.575 4.88.588 5.029.355 2.431.705 4.80.940 2.480.588 67.917 1.45.940 3.6422 7.376 2.88.825 - 3.854.96 3.854.96 3.854.96 3.854.96	\$ 1,733.01  Ancillary Charges 3,785 4,801.903 4,881.155 977.589 1,646.633 1,519.079 422,484 3,446.983 1,805.931 602.865 250.099 147.392 1,824.494 4,769.684 5,009.405 509.505 1,421.791	206,190 2,064,664 312,226 679,424 2,707,161 1,955,596 372,462 77,243 372,462 70,767 13,946 2,023,900 174,845 861,960 2,790,365 1,143,222 121,075 2,282,194	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,555,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816 142,258 1,844,990	202,408 2,313,809 299,158 674,098 3,638,873 3,94,377 3,187,985 1,17,985 1,97,985 1,986 3,975 1,980,982 117,085 4,161,161 992,660 1,501,434 1,3,499 10,644,229	\$         1,753.86           Ancillary Charges         60.966           \$         0.60.966           \$         1.199.955           \$         4.603.160           \$         1.099.453           \$         1.094.633           \$         1.094.633           \$         3.603.160           \$         3.6380.288           \$         3.514.001           \$         3.212.188           \$         7.102.144           \$         1.665.255           \$         4.065.255           \$         1.605.535	Ancillary Charges           613,433           \$ 9,282,714           \$ 1,050,216           \$ 1,085,109           \$ 10,282,301           \$ 7,297,366           \$ 1,285,109           \$ 2,282,717           \$ 5,531,382           \$ 225,968           \$ 4,408,818           \$ 226,868           \$ 4,408,818           \$ 1,851,141           \$ 4,468,855           \$ 1,266,058           \$ 1,260,0183           \$ 1,600,183           \$ 1,600	<b>s</b> 916991667266000668815586600
Calculated Rout Inciliary Cost Centres ( 200 Observation (No 5000 OPERATING R 5000 ROUVERY R 5000 ANESTHESIOL 5000 CT SCAN 5000 CT SCAN 5000 CT SCAN 5000 CT SCAN 5000 RESPIRATORY 6000 PHYSICAL THE 5000 RESPIRATORY 6000 PHYSICAL THE 5000 CELECTROENCI 7000 CELCTROENCI 7000 DELECTROENCI 7000 DELECTROEN	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY CARPY IAGNOSTIC (THERAPY CRAPY CARP		0.141404 0.27387 0.040211 0.102363 0.025057 0.042829 0.113961 0.1883010 0.186835 0.148809 0.135841 0.046928 0.1559720 0.257020 0.150846 0.157881 - - - - - - - - - - - - -	\$ 1,865.94 Ancliary Charges (1,356 3,912,155 3,42,228 6,52,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 122,340 122,340 122,340 122,340 122,340 122,340 124,635 1,43,770 124,150 9,360,287 1,22,586 8,13,064 -	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges 573,984 552,53 96,610 141,380 136,386 54,827 510,791 201,258 34,910 8,400 9,446 131,111 17,387 259,406 352,571 604,698 11,048 198,524	100.697 1.330.711 200.231 1.371.944 1.588.661 1.211.629 5.3,04 255,736 76.607 1.022 566.053 544.268 247.595 669.558 715.499 6.745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,14,321 558,285 1,661.271 1,506,173 2,18,797 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,395 6,522,455 352,399 5,208,275 803,319 1,592,335	101.244 3.151.519 366.575 4.88.588 5.029.355 2.431.705 4.80.940 2.480.588 67.917 1.45.940 3.6422 7.376 2.88.825 - 3.854.96 3.854.96 3.854.96 3.854.96	\$ 1,733.01  Ancillary Charges 3,785 4,801.903 4,881.155 977.589 1,646.633 1,519.079 422,484 3,446.983 1,805.931 602.865 250.099 147.392 1,824.494 4,769.684 5,009.405 509.505 1,421.791	206,190 2,064,664 312,226 679,424 2,707,161 1,955,596 372,462 77,243 372,462 70,767 1,3,946 2,023,900 174,845 861,960 2,790,365 1,143,222 121,075 2,282,194	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,555,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816 142,258 1,844,990	202,408 2,313,809 299,158 674,098 3,638,873 3,94,377 3,187,985 1,17,985 1,97,985 1,986 3,975 1,980,982 117,085 4,161,161 992,660 1,501,434 1,3,499 10,644,229	\$         1,753.86           Ancillary Charges         60.966           \$         0.60.966           \$         1.199.955           \$         4.603.160           \$         1.099.453           \$         1.094.633           \$         1.094.633           \$         3.603.160           \$         3.6380.288           \$         3.514.001           \$         3.212.188           \$         7.102.144           \$         1.665.255           \$         4.065.255           \$         1.605.535	Ancillary Charges           613,433           \$ 9,282,714           \$ 1,050,216           \$ 1,085,109           \$ 10,282,301           \$ 7,297,366           \$ 1,285,109           \$ 2,282,717           \$ 5,531,382           \$ 225,968           \$ 4,408,818           \$ 226,868           \$ 4,408,818           \$ 1,851,141           \$ 4,468,855           \$ 1,266,058           \$ 1,260,0183           \$ 1,600,183           \$ 1,600	s 916916691 167260006881558600
Calculated Rout Ancillary Cost Centers ( 9200) Observation (No 5000) OPERATING RU 5000 ANESTHESIOL 5000 ANESTHESIOL 5000 CT SCAN 5000 ANESTHESIOL 5000 CT SCAN 5000 CT SCAN 50	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY IAGNOSTIC (THERAPY ERAPY IAGNOSTIC ERAPY IAL THERAPY IOLOGY DIOLOGY DIOLOGY DIOLOGY DIOLOGY EPHALOGRAPHY LIES CHARGE TO PATIENTS SED TO PATIENTS		0.141404 0.27387 0.040211 0.102363 0.025057 0.04829 0.113061 0.166635 0.148009 0.135841 0.046028 0.160266 0.550720 0.271264 0.180786 0.235809 0.150846 0.127581 	\$ 1,865.94 Ancliary Charges (1,356 3,912,155 3,42,228 6,52,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 122,340 122,340 122,340 122,340 122,340 122,340 124,635 1,43,770 124,150 9,360,287 1,22,586 8,13,064 -	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges 573,984 552,53 96,610 141,380 136,386 54,827 510,791 201,258 34,910 8,400 9,446 131,111 17,387 259,406 352,571 604,698 11,048 198,524	100.697 1.330.711 200.231 1.371.944 1.588.661 1.211.629 5.3,04 255,736 76.607 1.022 566.053 544.268 247.595 669.558 715.499 6.745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,14,321 558,285 1,661.271 1,506,173 2,18,797 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,395 6,522,455 352,399 5,208,275 803,319 1,592,335	101.244 3.151.519 366.575 4.88.588 5.029.355 2.431.705 4.80.940 2.480.588 67.917 1.45.940 3.6422 7.376 2.88.825 - 3.854.96 3.854.96 3.854.96 3.854.96	\$ 1,733.01  Ancillary Charges 3,785 4,801.903 4,881.155 977.589 1,646.633 1,519.079 422,484 3,446.983 1,805.931 602.865 250.099 147.392 1,824.594 4,769.684 5,009.405 509.505 1,421.791	206,190 2,064,664 312,226 679,424 2,707,161 1,955,596 372,462 77,243 372,462 70,767 1,3,946 2,023,900 174,845 861,960 2,790,365 1,143,222 121,075 2,282,194	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,555,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816 142,258 1,844,990	202,408 2,313,809 299,158 674,098 3,638,873 3,94,377 3,187,985 1,17,985 1,97,985 1,986 3,975 1,980,982 117,085 4,161,161 992,660 1,501,434 1,3,499 10,644,229	\$         1,753.86           Ancillary Charges         60.966           \$         0.60.966           \$         1.199.955           \$         4.603.160           \$         1.099.453           \$         1.094.633           \$         1.094.633           \$         3.603.160           \$         3.6380.288           \$         3.514.001           \$         3.212.188           \$         7.102.144           \$         1.665.255           \$         4.065.255           \$         1.605.535	Anciliary Charges           §         613,439           §         9,282,714           §         1,050,216           §         1,085,189           §         10,282,301           §         7,297,366           §         1,225,566           §         223,666           §         223,666           §         4,469,895           §         1,226,1090           §         1,226,1090           §         1,226,1090           §         1,202,1090           §         2,356,653           §         2,356,653           §         2,356,653           §         3,256,658           §         1,202,1090           §         1,202,1090           §         2,356           §         3           §         3           §         3           §         3           §         3           §         3           §         3           §         3           §         3           §         3           §         3	s 916916691 167260006881558600
Calculated Rout Ancillary Cost Centers ( 9200 Observation (No 5000 OPERATING RU 5000 ANESTHESIOL 5400 RADIOLOGY-D 5700 CT SCAN 5800 MRI 6000 LABORATORY 6000 PHYSICAL THE 5000 RESPIRATORY 6000 PHYSICAL THE 6000 PHYSICAL THE 6000 PHYSICAL THE 6000 PHYSICAL THE 6000 ELECTROEARI 7000 ELECTROEARI 7000 DELECTROEARI 7000 DELECTROEARI 7000 DELECS CHARR 7400 RENAL DIALYS 9400 ENERGENCY	tine Charge Per Diem (from W/S C) (from Section : >on-Distinct) OOM OOM OGY IAGNOSTIC (THERAPY ERAPY IAGNOSTIC ERAPY IAL THERAPY IOLOGY DIOLOGY DIOLOGY DIOLOGY DIOLOGY EPHALOGRAPHY LIES CHARGE TO PATIENTS SED TO PATIENTS		0.141404 0.27387 0.040211 0.102363 0.025057 0.048289 0.113961 0.188910 0.188910 0.188910 0.188920 0.135841 0.046928 0.1558420 0.271284 0.271284 0.18786 0.2271284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2771284 0.2	\$ 1,865.94 Ancliary Charges (1,356 3,912,155 3,42,228 6,52,301 1,153,885 1,204,689 402,345 3,396,972 1,774,169 122,340 122,340 122,340 122,340 122,340 122,340 124,635 1,43,770 124,150 9,360,287 1,22,586 8,13,064 	115,302 1,838,647 168,184 355,233 957,124 1,241,312 259,660 902,496 27,422 663,040 166,725 353,090 592,281 1,411,810	\$ 1,847.99 Ancillary Charges 573.984 552.53 96.610 141.380 136.366 54.827 510.791 201.258 34.910 8.400 9.446 131.111 17.387 259.406 352.571 604.698 11.048 198.524	100.697 1.330.711 200.231 1.371.944 1.588.661 1.211.629 5.3,04 255,736 76.607 1.022 566.053 544.268 247.595 669.558 715.499 6.745	\$ 1,602.78 Ancillary Charges 4,825 3,474,870 3,14,321 558,285 1,661.271 1,506,173 2,18,797 3,586,087 1,607,930 348,100 86,096 94,525 341,611 26,395 6,522,455 352,399 5,208,275 803,319 1,592,335	101.244 3.151.519 366.575 4.88.588 5.029.355 2.431.705 4.80.940 2.480.588 67.917 1.45.940 3.6422 7.376 2.88.825 - 3.854.96 3.854.96 3.854.96 3.854.96	\$ 1,733.01  Ancillary Charges 3,785 4,801.903 4,881.155 977.589 1,646.633 1,519.079 422,484 3,446.983 1,805.931 602.865 250.099 147.392 1,824.594 4,769.684 5,009.405 509.505 1,421.791	206,190 2,064,664 312,226 679,424 2,707,161 1,955,596 372,462 77,243 372,462 70,767 1,3,946 2,023,900 174,845 861,960 2,790,365 1,143,222 121,075 2,282,194	\$ 1,880.32 Anciliary Charges 865 4,041,136 307,486 708,794 1,555,555 2,195,040 537,147 3,574,072 1,280,333 302,616 132,480 100,822 2,372,569 66,023 1,106,510 2,246,444 5,102,816 142,258 1,844,990	202,408 2,313,809 299,158 674,098 3,638,873 3,94,377 3,187,985 1,17,985 1,97,985 1,986 3,975 1,980,982 117,085 4,161,161 992,660 1,501,434 1,3,499 10,644,229	\$         1,753.86           Ancillary Charges         60.966           \$         0.60.966           \$         1.199.955           \$         4.603.160           \$         1.099.453           \$         1.094.633           \$         1.094.633           \$         3.603.160           \$         3.6380.288           \$         3.514.001           \$         3.212.188           \$         7.102.144           \$         1.665.255           \$         4.065.255           \$         1.605.535	Anciliary Charges           §         613,439           §         9,282,714           §         1,050,216           §         1,085,189           §         10,282,301           §         7,297,366           §         1,225,566           §         223,666           §         223,666           §         4,469,895           §         1,226,1090           §         1,226,1090           §         1,226,1090           §         1,202,1090           §         2,356,653           §         2,356,653           §         2,356,653           §         3,256,658           §         1,202,1090           §         1,202,1090           §         2,356           §         3           §         3           §         3           §         3           §         3           §         3           §         3           §         3           §         3           §         3           §         3	<b>s</b> 916991667266000668815586600

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

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

D         D	Total In-State Medicaid	Uninsured	In-State Other Medicaid Eligibles (Not Included Elsewhere)	In-State Medicare FFS Cross-Overs (with Medicaid Secondary)	In-State Medicaid Managed Care Primary	In-State Medicaid FFS Primary		
0         1	<u>\$ - \$ -</u>							
I         I	\$ - \$ -							
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27 \$ 24,355,834 \$ 10,812,046 \$ 3,412,010 \$ 14,415,434 \$ 22,528,805 \$ 30,756,221 \$ 31,129,227 \$ 21,401,331 \$ 27,648,810 \$ 3	[\$ - [\$ -	\$ 27,648,810 \$ 33,403,154					-	

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

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

	Totals / Payments		In-State Medicaid FFS Primary In-S			In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Not Uninsured			Total In-State Medicaid		Medicaid	%							
	Totals / Payments																								
128	Total Charges (includes organ acquisition from Section J)	\$	31,580,745	\$	10,812,046	\$	4,171,532	\$	14,415,434	\$	29,080,983	\$	30,756,221	\$	38,473,739	\$	21,401,331		34,446,170 o Exhibit A)	\$ (Agree	33,403,154 es to Exhibit A)	\$	103,306,999	77,385,032	21.91%
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$	31,580,745	\$	10,812,046	\$	4,171,532	\$	14,415,434	\$	29,080,983	\$	30,756,221	\$	38,473,739	\$	21,401,331	\$ :	34,446,170	\$	33,403,154				
131	Total Calculated Cost (includes organ acquisition from Section J)	\$	8,492,085	\$	1,592,450	\$	985,739	\$	1,992,912	\$	6,778,683	\$	4,484,098	\$	8,914,443	\$	3,322,980	\$	7,463,022	\$	4,082,283	\$	25,170,950	11,392,440	22.03%
132 133	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)	\$	7,045,333	\$ \$	1,627,051 -	\$	858,079	\$ \$	67 1,851,206	\$	892,200	\$	386,246	\$ \$	457,632 16,352	\$ \$	150,146 24,548					\$ \$	8,395,165 874,431	2,163,510 1,875,754	
134 135	Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down)	\$	98,523	\$ \$	6,472 3,043	s	24	\$ \$	7,087 2,328	\$	25	\$ \$	2,087 13,026	\$ \$	641,955 1,965	\$ \$	409,000 9,674					\$ \$	2,014	6 424,646 6 28,071	-
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	7,143,856	\$	1,636,566	\$	858,103	\$	1,860,688															(100,100)	
137	Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C)			\$	(193,460)																	\$ \$	- 4	6 (193,460)	)
139 140	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$	5,766,078	\$	3,909,964	\$ ¢	800,190 5.060.667	\$ ¢	220,310 2.384.466					\$	6,566,268 \$ 5.060.667 \$	4,130,274 2,384,466	
141	Medicare Cross-Over Bad Debt Payments									\$	15,362	\$	214,402	Ψ	3,000,001	Ψ	2,004,400	(Agrees to	Exhibit B and	(Agree:	s to Exhibit B and	\$	15,362	214,402	
142 143	Other Medicare Cross-Over Payments (See Note D) Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									\$	(197)	\$	629					E S	⊦1) 148.869	s	B-1) 381,949	\$	(197)	629	
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from	Section	E)															\$	-	\$	-				
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$	1,348,229 84%	\$	149,344 91%	\$	127,636 87%	\$	132,224 93%	\$	105,215 98%	\$	(42,256) 101%	\$	1,935,682 78%	\$	124,836 96%	\$	7,314,153 2%	\$	3,700,334 9%	\$	3,516,762 86%	364,148 97%	
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)				<u>39,580</u> 10%														

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-voer payments not include daims data reported above. This includes apyments paid based on the Medicare cors-export settlement (e.g., Medicare Graduate Medical Education payments). Note E - Medicaid Managed Care payments should include dif Managed Care payments related to the services provided, including, but not limited to, incentive payments, contration and sub-capitation payments.

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

I. Out-of-	State Medicaid Data:												
Cost Report	Year (07/01/2018-06/30/2019)	ST. JOSEPH HOSPI	ITAL SAVANNAH										
						Out-of-State Med	icaid Managed Care	Out-of-State Medic	care FFS Cross-Overs	Out-of-State Other	Medicaid Eligibles (Not		
		Medicaid Per	Medicaid Cost to	Out-of-State Mee	licaid FFS Primary	Pri	mary	(with Medica	aid Secondary)	Included	Elsewhere)	Total Out-Of	-State Medicaid
Line #	Cost Center Description	Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)									
	st Centers (list below):			Days		Days		Days	_	Days		Days	_
	ILTS & PEDIATRICS	\$ 688.17		141								141	
	ENSIVE CARE UNIT RONARY CARE UNIT	\$ 1,446.82 \$ 1.746.71		26 48								26	
		\$ 1,746.71 \$ -		48								48	
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			Total Days	215		-		-	_	-		215	
Total Davs p	per PS&R or Exhibit Detail			215		-		-		-			
, ,	Unreconciled Days (Ex	xplain Variance)				-		-					
				Routine Charges		Routine Charges		Routine Charges	•	Routine Charges		Routine Charges	
Rout	tine Charges	1		\$ 459,447		Routine Charges		Routine Charges		Routine charges		\$ 459,447	
	ulated Routine Charge Per Diem			\$ 2,136.96		\$-		\$ -		\$ -		\$ 2,136.96	
	ost Centers (from W/S C) (list below): ervation (Non-Distinct)		0.764080	Ancillary Charges	Ancillary Charges 18,428	Ancillary Charges	Ancillary Charges	Ancillary Charges \$ 18,428					
	RATING ROOM		0.141404	- 221,416	26,509							\$ 221,416	\$ 18,428
	OVERY ROOM		0.207387	9,830	1,966							\$ 9,830	\$ 1,966
5300 ANE	STHESIOLOGY		0.040211	36,518	2,960							\$ 36,518	\$ 2,960
	IOLOGY-DIAGNOSTIC		0.102363	74,636	207,457							\$ 74,636	\$ 207,457
5700 CT S			0.025057	125,783	256,760							\$ 125,783	
5800 MRI			0.042829	18,114	-							\$ 18,114	
6000 LAB	ORATORY PIRATORY THERAPY		0.113961 0.183010	243,897 99,770	168,313 7.685							\$ 243,897 \$ 99,770	\$ 168,313 \$ 7,685
	SICAL THERAPY		0.166635	15.446	544							\$ 99,770	\$ 7,085
	CUPATIONAL THERAPY		0.148809	6,537	-							\$ 6,537	\$ -
6800 SPEI	ECH PATHOLOGY		0.135841	6,680	-							\$ 6,680	\$-
	CTROCARDIOLOGY		0.046928	56,739	85,356							\$ 56,739	\$ 85,356
	CTROENCEPHALOGRAPHY		0.160266	36,684	3,593							\$ 36,684	\$ 3,593
	DICAL SUPPLIES CHARGED TO PATIENT L. DEV. CHARGED TO PATIENTS		0.550720 0.271264	43,739 117,458	8,369							\$ 43,739 \$ 117,458	\$ 8,369 ¢
	I. DEV. CHARGED TO PATIENTS		0.271264	336,919	- 55,552							\$ 117,458 \$ 336,919	\$ -
	IAL DIALYSIS		0.235809	49,368	32,816							\$ 49,368	\$ 32,816
9100 EME			0.150846	109,491	524,829							\$ 109,491	\$ 524,829
9300 WOL			0.127581	-	-							\$ -	\$ -
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### I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

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

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

	Out-of-State Medicaid FFS Primary	Out-of-State Medicaid Managed Care Primary	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	Total Out-Of-State Medicaid
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	\$ 1,609,025 \$ 1,401,137	\$ - \$ -	\$ - \$ -	\$ - \$ -	
Totals / Payments					

128	Total Charges (includes organ acquisition from Section K)	\$ 2,068,472	\$ 1,4	1,137	\$-	\$ -	\$-	\$-	\$-	\$-	\$	2,068,472	\$ 1,401,137
129	Total Charges per PS&R or Exhibit Detail	\$ 2,068,472	\$ 1,4	1,137	\$-	\$ -	\$-	\$-	\$-	\$-	]		
130	Unreconciled Charges (Explain Variance)	 -		-	-	 	-	-		-	-		
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 471,975	\$ 1	3,344	\$-	\$ -	\$-	\$-	\$ -	\$-	\$	471,975	\$ 173,344
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 251,177	\$ 1	6,583							\$	251,177	\$ 136,583
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)		\$	761							\$	-	\$ 761
134	Private Insurance (including primary and third party liability)		\$	744							\$	-	\$ 744
135	Self-Pay (including Co-Pay and Spend-Down)	\$ 24	\$	4,146							\$	24	\$ 4,146
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 251,201	\$ 14	2,234	\$-	\$ - 1							
137	Medicaid Cost Settlement Payments (See Note B)										\$	-	\$-
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)										\$	-	\$-
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)										\$	-	\$-
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)										\$	-	\$-
141	Medicare Cross-Over Bad Debt Payments										\$	-	\$-
142	Other Medicare Cross-Over Payments (See Note D)										\$	-	\$-
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 220,774	\$	1,110	\$-	\$ -	\$ -	\$-	\$ -	\$-	\$	220,774	\$ 31,110
144	Calculated Payments as a Percentage of Cost	53%		82%	0%	0%	0%	0%	0%	0%		53%	82%

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.