# State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2020

2/17/2021

DSH Version 6.00

A. General DSH Year Information

1. DSH Year:

Begin End 06/30/2020 07/01/2019

CANDLER HOSPITAL

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

## Identification of cost reports needed to cover the DSH Year:

000000327A

0

0

110024

Cost Report Year 2 (if applicable)
 Cost Report Year 3 (if applicable)

3. Cost Report Year 1

Cost Report Begin Date(s)	Cost Report End Date(s)	
07/01/2019	06/30/2020	Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES
	THE REPORT OF A DESCRIPTION OF A DESCRIP	
Data	and the second second second	

6. Medicaid Provider Number:

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

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

9. Medicare Provider Number:

B. DSH OB Qualifying Information

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 Examin Year (07/01 06/30/20
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?

	Year (07/01/19 - 06/30/20)	
League	Yes	

No	
No	



6.00

### State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2020

C. Disclosure of Other Medicaid Payments Received:	
1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2019 - 06/30/2020 (Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be inclu	\$ 1,082,887
2. Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2019 - 06/30/2020 (Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (FMP), supple payments, capitation payments received by the hospital (not by the MCO), or other incentive payments. NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Section E, Question 14 should be reported here if pa	
3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services07/01/2019 - 06/30/2020	\$ 1,082,887
Certification: 1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments. Explanation for "No" answers:	Answer Yes
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 and L of the DSH Survey files are true and accurate to the b	pest of our ability, and supported by the financial and other

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the Dset of our ability, and supported by the innancial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.

Hospital EO or CFO Signature

CFO Title ulala) Date

Greg Schaack Hospital CEO or CFO Printed Name 912-819-6162 Hospital CEO or CFO Telephone Number

Contact Information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:

noophar oomaon	
Name	Greg Schaack
Title	CFO
Telephone Number	912-819-6162
	schaackg@sjchs.org
Mailing Street Address	5353 Reynolds St.,
Mailing City, State, Zip	Savannah, GA 31405

Outside Preparer:	Bert Bennett	
	Partner	
	Draffin & Tucker, LLP	
Telephone Number	229-883-7878	
E-Mail Address	bbennett@draffin-tucker.com	

schaackg@sjchs.org Hospital CEO or CFO E-Mail

1/28/2021

DSH Version 8.00 7/1/2019 6/30/2020 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. CANDLER HOSPITAL 1. Select Your Facility from the Drop-Down Menu Provided: 7/1/2019 through 6/30/2020

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

D. General Cost Report Year Information

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):

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

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

	<b>a</b> 10	
Data	Correct?	If Incorrect, Proper Information
CANDLER HOSPITAL	Yes	
00000327A	Yes	
0	Yes	
0	Yes	
110024	Yes	

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

	State Name	Provider No.
9. State Name & Number		
10. State Name & Number		
11. State Name & Number		
12. State Name & Number		
13. State Name & Number		
14. State Name & Number		
15. State Name & Number		
(List additional states on a consume attachment)		

х 1 - As Submitted

12/3/2020

(List additional states on a separate attachment)

### E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2019 - 06/30/2020)

<ol> <li>Section 1011 Payment Related to Hospital Services Included in Exhibits B &amp; B-1 (See Note 1)</li> <li>Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B &amp; B-1 (See Note 1)</li> <li>Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B &amp; B-1 (See Note 1)</li> <li>Total Section 1011 Payments Related to Hospital Services (See Note 1)</li> <li>Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B &amp; B-1 (See Note 1)</li> <li>Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B &amp; B-1 (See Note 1)</li> <li>Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B &amp; B-1 (See Note 1)</li> <li>Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)</li> </ol>	\$- \$-		
8. Out-of-State DSH Payments (See Note 2)			
	Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	\$ 156,854	\$ 846,122	\$1,002,976
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$ 2,672,660	\$ 12,027,829	\$14,700,489
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)	\$2,829,514	\$12,873,951	\$15,703,465
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	5.54%	6.57%	6.39%
13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?	No		

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the MCO), or other incentive payments.

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

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

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

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.

\$-

86,418,162

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. I	MIUR / LIUR Qualifying Data from the Cost Report (07/01/2019 - 06/30/2020)	
	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)	62,251 (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	o (LIUR) Calculation):
:	2. Inpatient Hospital Subsidies	
	3. Outpatient Hospital Subsidies	
4	4. Unspecified I/P and O/P Hospital Subsidies	
;	5. Non-Hospital Subsidies	
(	6. Total Hospital Subsidies	\$ -
	7. Inpatient Hospital Charity Care Charges	28,617,752
	8. Outpatient Hospital Charity Care Charges	57.800.410

- Outpatient Hospital Charity Care Charge
   Non-Hospital Charity Care Charges
   Total Charity Care Charges

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

F-3. Calculation of Net Hospital Revenue from Patient Services (US	ed 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. Formulas can be overwritten as needed with actual data.	Total Patient Revenues (Charges)		Contractual Adjustments (formulas below can be overwritten if amounts are known)				
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
	працентноѕрна		Non-Hospital			Non-nospital	Net Hospital Revenue
11. Hospital	\$93,371,464.00			\$ 72,885,746	\$ .	\$	\$ 20,485,718
12. Subprovider I (Psych or Rehab)	\$0.00			\$	\$ -	\$ .	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00			Ψ - <b>¢</b> -	ф – С	φ - ¢ -	φ - \$ -
14. Swing Bed - SNF	\$0.00		\$0.00	<del>ф</del> -	<b>9</b> -	φ - e	- -
15. Swing Bed - NF			\$0.00			φ - ¢	
			\$0.00			\$	
16. Skilled Nursing Facility						\$ 7,210,082	
17. Nursing Facility 18. Other Long-Term Care			\$0.00 \$0.00			<u>&gt;</u> -	
	0000 004 000 00	00000 5000 4000 000	\$0.00			ֆ - Տ -	
19. Ancillary Services	\$286,234,333.00	\$983,586,432.00		\$ 223,434,463	\$ 767,787,372	\$- \$-	\$ 278,598,930
20. Outpatient Services		\$114,301,156.00			\$ 89,223,459	\$ -	\$ 25,077,697
21. Home Health Agency			\$0.00			\$ -	
22. Ambulance			\$-			\$-	
23. Outpatient Rehab Providers			\$0.00	\$	\$ -	\$ -	\$ -
24. ASC	\$0.00	\$0.00		\$ -	\$ -	\$-	\$-
25. Hospice			\$0.00			\$-	
26. Other	\$0.00	\$0.00	\$0.00	\$-	\$-	\$-	\$-
27. Total	\$ 379,605,797	\$ 1,097,887,588	\$ 9,244,278	\$ 296,320,209	\$ 857,010,831	\$ 7,216,082	\$ 324,162,345
28. Total Hospital and Non Hospital		Total from Above	\$ 1,486,737,663		Total from Above	\$ 1,160,547,122	
<ol> <li>Total Per Cost Report</li> <li>Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on works revenue)</li> </ol>		nt Revenues (G-3 Line 1) decrease in net patient	1,486,737,663	Total Cor	ntractual Adj. (G-3 Line 2) +	1,163,828,487	
<ol> <li>Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUE net patient revenue)</li> </ol>	DED on worksheet G-3, Line 2	2 (impact is a decrease in			+		
<ol> <li>Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Rever decrease in net patient revenue)</li> </ol>	nue INCLUDED on worksheet	G-3, Line 2 (impact is a			+		
<ol> <li>Increase worksheet G-3, Line 2 to reverse offset of State and Local Patie 3, Line 2 (impact is a decrease in net patient revenue)</li> </ol>	ent Care Cash Subsidies INCI	UDED on worksheet G-			+		
<ol> <li>Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INC increase in net patient revenue)</li> </ol>	CLUDED on worksheet G-3, L	ine 2 (impact is an			-	3,281,365	
35. Adjusted Contractual Adjustments					-	1,160,547,122	
36. Unreconciled Difference	Unreconciled	Difference (Should be \$0)	\$ -	Unreconciled I	Difference (Should be \$0)	\$ -	
			-	0		-	

# G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2019-06/30/2020) CANDLER HOSPITAL

MOTE:         All data in this section, was to worked by the complexit and yorks in this section, was complexit and yorks in this section, was part of an XMM sectin, was part of an XMM section, was part of an XMM section, was pa		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
1         0000 ADUTS # SPECIAL CASE         8         0001 # 35.777.338         0.1307         1304 Adv4.400.00         8         6         6         6         6         6         6         6         7         8         6         6         6         7         8         6         6         7         8         6         6         7         8         6         6         7         8         6         6         7         8         6         6         7         8         6         6         7         8         6         6         7         8         6         6         7         8         6         1         6         1         6         1 <th1< th=""> <th1< th="">         1         1</th1<></th1<>	hosp comple has a n be u	oital. If da ted using nore rece updated t	ata is already present in this section, it was g CMS HCRIS cost report data. If the hospital ent version of the cost report, the data should to the hospital's version of the cost report.	Worksheet B,	Worksheet B, Part I, Col. 25 (Intern & Resident	Worksheet C, Part I, Col.2 and	Out - Cost Report Worksheet D-1,	Calculated	W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for	Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges		Calculated Per Diem
2       Disto NTENENC CARE UNT       5       8.249.906 [\$        5		Routine	e Cost Centers (list below):									
10200 Component CARE UNIT       5       6       5       5       6       5       5       6       5       6       5       6       5       6       5       6<	1			1 11 12 12 12	\$-		\$0.00					
4       5300 BURN INTENSIVE CARE UNIT       5       5       -       5000       5       -       5       -       5000       5       -									5,769			
5       63405       SURGICAL INTENSIVE CARE UNIT       \$				Ψ					-			
6       GSOD OTHER SPECIAL CARE UNT       \$				Ψ								<b>T</b>
04000       SUBPROVIDER       s									-			
8       04:00 SUBPROVDER II       \$       -       \$       -       -       50:00       \$       -       50:00       \$       -       50:00       \$       -       50:00       \$       -       50:00       \$       -       50:00       \$       \$       -       50:00       \$       \$       -       50:00       \$       \$       -       50:00       \$       \$       5       -       \$       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       -       5       -       5       -       -       5       -       -       5       -       -       5       -       -       5       -       -       5       -       -       5       -       -       5       -       -       5       -       5       -       5       -       5       -       5       -       5       -       5       -       5				Ψ	- <b>T</b>	T			-			
9       04200 OTHER SUBPROVIDER       \$ <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>	•								-			
0       04300 NURSERY       \$       3.287.485       \$       \$       \$       3.487       8.542       \$8.107.39.00       \$       3.488       \$       3.488       \$       3.488       \$       3.488       \$       3.488       \$       3.488       \$       3.488       \$       \$       3.488       \$       \$       3.488       \$       \$       \$       \$       3.488       \$ <t< td=""><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td>Ŧ</td></t<>				1					-			Ŧ
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12       13       15       15       16       16       17       18       1       10000       100000       100000 <td></td> <td>04300</td> <td></td> <td></td> <td><b>T</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>		04300			<b>T</b>							1
13       13 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Ŧ</td></th<>												Ŧ
14       15       5       5       5       5       7       90.00       \$ </td <td></td> <td></td> <td></td> <td></td> <td>- <b>T</b></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>					- <b>T</b>				-			
15       1       2       5       5       5       5       5       5       5       5       5       1						T			-			
16         S												
17         18         13         14         14         14         14         14         14         14         14         14         14         14         14         14         14         15         14         15         16         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         16         17         17         17         16         17         16         17         16         17         16         17         16         16         17         16         16         17         16         16         17         16         17         16         17         16         16         17         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16<												
18         Total Routine         \$ 47,349,759         \$ - \$ 2,078         \$ - \$ 47,351,837         65,679         \$ 87,101,756           19         Weighted Average         Subprovider I         Observation Days - Cost Report W/S S- 0, 7 L, Line 28, OL         Subprovider I         Observation Days - Cost Report W/S S- Cost Report W/S S- 0, 7 L, Line 28, OL         Observation Days - Cost Report W/S S- Cost Report W/S S- Cost Report W/S S- Cost Report W/S S- Cost Report W/S S- 0, 8 P, I , Line 28, OL         Outpatient Charges - Cost Report W/S S- Cost Report W/S S- S S S S S S S S S S S S S S S S S S					<b>T</b>				-			
19         Weighted Average         § 720.96           Image: Problem in the state of the stat									-			\$ -
Construction         Hospital Deservation Data (Non-Distinct)         Subprovider I Deservation Days - Cost Report WS S- Cost Report Worksheet C, PL I, Cost Report WS S- Cost Report WS S- Cost Report Ws S- Cost Report Worksheet C, PL I, Cost Report Ws S- Cost Report Worksheet C, PL I, Cost Repor				\$ 47,349,759	\$-	\$ 2,078	\$-	\$ 47,351,837	65,679	\$ 87,101,756		
Observation Days         Observation Days         Cost Report WS S- Cost Report WS S- S, Pt. I, Line 28, OI, 8         Observation Days         Cost Report WS S- Cost Report WS S- Cost Report WS S- Cost Report WS S- S, Pt. I, Line 28, OI, 8         Internet Strategy S- Cost Report WS S- S, Pt. I, Line 28, OI, 8         Internet Strategy S- Cost Report WS S- S, Pt. I, Line 28, OI, 8         Internet Strategy S- Cost Report WS S- Cost Report WS S- Cost Report WS S- S, Pt. I, Line 28, OI, S, Pt. I, Col. 26         Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 8         Medicaid Calculated Cost Report Worksheet C, Pt. I, OII enter & Resident Offset ONLY)*         Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 8         Total Charges - Cost Report Worksheet C, Pt. I, Col. 8         Medicaid Calculated Cost report Worksheet C, Pt. I, Col. 8         Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 8         Medicaid Calculated Cost report Worksheet C, Pt. I, Col. 8         Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 8         Total Charges - Cost Report Worksheet C, Pt. I, Col. 8         Total Charges - Cost Report Worksheet C, Pt. I, Col. 8         Total Charges - Cost Report Worksheet C, Pt. I, Col. 8         T	19		Weighted Average									\$ 720.96
20         09200         Observation (Non-Distinct)         3,428         -         \$ 2,387,602         \$71,348.00         \$2,510,592.00         \$ 2,581,940         0.924732           Cost Report Worksheet B, Part I, Col. 26         Cost Report Worksheet B, Part I, Col. 26         Cost Report Worksheet C, Part I, Col. 26         Cost Report Worksheet C, Part I, Col. 26         Cost Report Worksheet C, Part I, Col. 26         Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6         Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6         Nedicaid Calculated Cost-Report Worksheet C, Pt. I, Col. 7         Medicaid Calculated Cost-Report Worksheet C, Pt. I, Col. 8           1         5000         \$ 25,072,621         \$45,716,818.00         \$149,762,079.00         \$ 195,478.897         0.128263           21         5000         \$ 25,072,621         \$45,716,818.00         \$149,762,079.00         \$ 195,478.897         0.128263           22         5000         \$ 25,072,621         \$45,716,818.00         \$149,762,079.00         \$ 195,478.897         0.128263           23         5200         DELIVERY ROOM         \$22,616,074         \$ 0.00         \$ 2,616,074         \$10,913,488.00         \$24,920,677         0.076291           24         5300         DELIVERY ROOM & LABOR ROOM         \$9,054,663.00         \$ -         \$0.00         \$ 1,669,121         \$ 4,6774,653 <td></td> <td>Observa</td> <td>ation Data (Non-Distinct)</td> <td></td> <td>Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col.</td> <td>Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01,</td> <td>Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,</td> <td>Diems Above</td> <td>Cost Report Worksheet C, Pt. I,</td> <td>Cost Report Worksheet C, Pt. I,</td> <td>Cost Report Worksheet C, Pt. I,</td> <td></td>		Observa	ation Data (Non-Distinct)		Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col.	Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01,	Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	Diems Above	Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	
Cost Report Worksheet B, Part I, Col. 26         Cost Report Worksheet B, Part I, Col. 25         Cost Report Part I, Col. 26         Cost Report Worksheet C, Pt. I, Col. 4         Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6         Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6         Medicaid Calculated Cost Report Worksheet C, Pt. I, Col. 6         Medicaid Calculated Cost Report Worksheet C, Pt. I, Col. 7         Medicaid Calculated Cost Report Worksheet C, Pt. I, Col. 7         Medicaid Calculated Cost Report Worksheet C, Pt. I, Col. 8           21         5000 [OPERATING ROOM         \$25,072,621         \$ -         \$ 0.00         \$ 25,072,621         \$ 45,716,818.00         \$ 149,762,079.00         \$ 195,478,897         0.128263           21         5000 [OPERATING ROOM         \$ 25,072,621         \$ 45,716,818.00         \$ 149,762,079.00         \$ 195,478,897         0.128263           21         5000 [OPERATING ROOM         \$ 25,072,621         \$ 45,716,818.00         \$ 149,762,079.00         \$ 34,290,677         0.076291           23         5200 [DELIVERY ROOM & LABOR ROOM         \$ 9,054,663         \$ 1,068,1210         \$ 2,0492,120         0.441861           24         5300 [ANESTHESIOLOGY         \$ 1,069,121.00         \$ -         \$ 0.00         \$ 1,068,121         \$ 13,010.80         \$ 32,473,635.00         \$ 46,774,653         0.022857           25         5400 [RADIOLOGY-THERAPEUTIC	20		( ,		2,400			¢ 0.007.600	¢71.249.00	¢2 510 502 00	¢ 0.591.040	0.024722
Cost Report Worksheet B, Part I, Col. 26         Worksheet B, Part I, Col. 25         Worksheet B, Part I, Col. 26         Worksheet B, Part I, Col. 26         Cost Report Worksheet C, Pt. I, Col. 4         Understand         Cost Report Worksheet C, Pt. I, Col. 6         Nedicaid Calculated Cost Report Worksheet C, Pt. I, Col. 6         Medicaid Calculated Cost Charges - Cost Report         Medicaid Calculated Cost Charge Ratio           21         5000 [OPERATING ROOM         \$25,072,621.00         \$ -         \$0.00         \$ 25,072,621         \$45,716,818.00         \$149,762,079.00         \$ 195,478,897         0.128263           22         5100 RECOVERY ROOM         \$26,16,074.00         \$ -         \$0.00         \$ 26,016,074         \$10,913,488.00         \$23,377,189.00         \$ 34,290,677         0.076291           23         5200 ALEVERY ROOM         \$20,012,100         \$ -         \$0.00         \$ 1,069,121         \$14,301,018.00         \$22,473,655.00         \$ 20,492,120         0.441861           24         5300 ALEVERY ROOM & LABOR ROOM         \$9,054,663.30         \$ 1,069,121         \$14,301,018.00         \$22,473,655.00         \$ 20,492,120         0.441861           25         5400 RADIOLOGY-DIAGNOSTIC         \$13,616,994.00         \$ -         \$ 1,562.00         \$ 13,618,556         \$17,148,057.00         \$ 86,913,472.00         \$ 104,061,529         0.130870	20	09200	วมระเงสแบท (ทบท-มารแทนไ)		3,428	-	-	φ 2,387,602	¢71,348.00	¢∠,510,592.00	φ 2,581,940	0.924732
21       5000 OPERATING ROOM       \$25,072,621.00 \$       \$45,716,818.00 \$149,762,079.00 \$       195,478,897       0.128263         22       5100 RECOVERY ROOM       \$2,616,074.00 \$       -       \$0.00       \$2,616,074 \$10,913,488.00 \$23,377,189.00 \$       34,290,677       0.076291         23       5200 DELIVERY ROOM & LABOR ROOM       \$9,054,663.00 \$       -       \$0.00       \$9,054,663 \$18,403,441.00 \$2,088,679.00 \$       \$20,492,120 \$0.441861         24       5300 ANESTHESIOLOGY       \$1,069,121.00 \$       -       \$0.00       \$1,618,556 \$17,148,017.00 \$       \$82,473,653.00 \$       40,774,653 \$0.022867         25       5400 RADIOLOGY-DIAGNOSTIC       \$13,616,994.00 \$       -       \$1,562.00       \$13,618,556 \$17,148,057.00 \$\$6,913,472.00 \$       404,746,53 \$0.022867         26       5500 RADIOLOGY-THERAPEUTIC       \$28,520,184.00 \$       \$       -       \$1,650.00 \$       \$149,962,363.00 \$       \$149,				Worksheet B, Part I, Col. 26	Worksheet B, Part I, Col. 25 (Intern & Resident	Worksheet C, Part I, Col.2 and		Calculated	Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	
22         5100         RECOVERY ROOM         \$2,616,074.00         \$         -         \$0.00         \$2,616,074         \$10,913,488.00         \$23,377,189.00         \$34,290,677         0.076291           23         5200         DELIVERY ROOM & LABOR ROOM         \$9,054,663.00         \$         -         \$0.00         \$9,054,663         \$18,403,441.00         \$2,088,679.00         \$20,492,120         0.441861           24         5300         ANESTHESIOLOGY         \$1,069,121         \$14,301,018.00         \$32,473,635.00         \$46,774,653         0.022857           25         5400         RADIOLOGY-DIAGNOSTIC         \$13,616,994.00         \$         -         \$1,662.00         \$13,615.56         \$14,401,952,363.00         \$46,774,653         0.022857           26         5500         RADIOLOGY-DIAGNOSTIC         \$13,616,994.00         \$         -         \$1,662.00         \$13,615.56         \$149,401,529,400         \$140,401,529         0.130870         \$140,401,529         0.130870           26         5500         RADIOLOGY-THERAPEUTIC         \$28,520,790         \$8,228,619.00         \$140,952,363.00         \$104,9061,529         0.130870           27         5700         CT SCAN         \$2,294,736.00         \$2,294,736         \$19,680,204.00         \$72,359,485.00 </td <td></td>												
23       5200       DELIVERY ROOM & LABOR ROOM       \$9,054,663.00       \$ -       \$0.00       \$ 9,054,663       \$18,403,441.00       \$2,088,679.00       \$ 20,492,120       0.441861         24       5300       ANESTHESIOLOGY       \$1,069,121.00       \$ -       \$0.00       \$ 1,069,121       \$14,301,018.00       \$\$22,473,635.00       \$ 46,774,653       0.022857         25       5400       RADIOLOGY-DIAGNOSTIC       \$13,616,994.00       \$ -       \$1,562.00       \$ 13,618,556       \$17,148,057.00       \$86,913,472.00       \$ 104,061,529       0.130870         26       5500       RADIOLOGY-THERAPEUTIC       \$28,520,184.00       \$ -       \$7,615.00       \$ 22,94,736       \$19,680,204.00       \$ 149,180,926,303.00       \$ 149,180,926,303.00       \$ 149,180,926,303.00       \$ 149,180,926,303.00       \$ 149,180,926,303.00       \$ 149,180,926,900,920,900,9920,900,9920,990,990,990,9				1 11 11 11 11				1 .1. 1.				
24       5300       ANESTHESIOLOGY       \$1,069,121.00       \$ -       \$0.00       \$1,069,121       \$14,301,018.00       \$32,473,635.00       \$ 46,774,653       0.022857         25       5400       RADIOLOGY-DIAGNOSTIC       \$13,616,994.00       \$ -       \$1,562.00       \$ 13,618,556       \$17,148,057.00       \$86,913,472.00       \$ 104,061,529       0.130870         26       5500       RADIOLOGY-THERAPEUTIC       \$28,520,184.00       \$ -       \$7,615.00       \$ 28,527,799       \$8,228,619.00       \$14,952,363.00       \$ 104,961,529       0.130870         27       5700       CT SCAN       \$ 2,294,736.00       \$ 2,294,736       \$ 14,962,043.00       \$ 12,599,485.00       \$ 92,039,689       0.024932         28       5800       MRI       \$ 1,174,736.00       \$ -       \$ 0.00       \$ 1,174,736       \$ 3,975,536.00       \$ 19,604,371       0.059922				1 12 212 22				1	1 1/2 1/2 1/2 1/2	1 1/2 1 12 12	1 . 1 / .	
25         5400         RADIOLOGY-DIAGNOSTIC         \$13,616,994.00         \$         -         \$13,618,556         \$17,148,057.00         \$86,913,472.00         \$104,061,529         0.130870           26         5500         RADIOLOGY-THERAPEUTIC         \$28,520,184.00         \$         -         \$7,015.00         \$28,527,799         \$8,228,619.00         \$140,952,363.00         \$149,180,982         0.191229           27         5700         CT SCAN         \$2,294,736.00         \$12,294,736         \$19,680,204.00         \$72,359,485.00         \$92,039,689         0.024932           28         5800         MRI         \$1,174,736.00         \$         -         \$0.00         \$14,174,736         \$3,975,536.00         \$15,628,835.00         \$19,604,371         0.059922												
26         5500         RADIOLOGY-THERAPEUTIC         \$28,520,184.00         \$         -         \$7,615.00         \$ 28,527,799         \$8,228,619.00         \$149,180,982         0.191229           27         5700         CT SCAN         \$2,294,736.00         \$         -         \$0.00         \$ 2,294,736         \$19,680,204.00         \$72,359,485.00         \$ 92,039,689         0.024932           28         5800         MRI         \$1,174,736.00         \$         -         \$0.00         \$ 1,174,736         \$3,975,536.00         \$ 15,628,835.00         \$ 19,604,371         0.059922												
27         5700         CT SCAN         \$2,294,736.00         \$ 0.00         \$ 2,294,736         \$19,680,204.00         \$72,359,485.00         \$ 92,039,689         0.024932           28         5800         MRI         \$1,174,736.00         \$ -         \$0.00         \$ 1,174,736         \$3,975,536.00         \$15,628,835.00         \$ 19,604,371         0.059922												
28         5800 MRI         \$1,174,736.00         \$         -         \$0.00         \$1,174,736         \$3,975,536.00         \$15,628,835.00         \$19,604,371         0.059922												
29 6000[LABORATORY \$16,069,584.00 \$ - \$15,133.00 \$ 16,084,717 \$43,006,842.00 \$80,703,857.00 \$ 123,710,699 0.130019												
	29	6000 L	ABORATORY	\$16,069,584.00	\$-	\$15,133.00		\$ 16,084,717	\$43,006,842.00	\$80,703,857.00	\$ 123,710,699	0.130019

## G. Cost Report - Cost / Days / Charges

## Cost Report Year (07/01/2019-06/30/2020)

CANDLER HOSPITAL

Line		Total Allowable	Intern & Resident Costs Removed on				I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem /
#	Cost Center Description	Cost	Cost Report *	Applicable)		Total Cost	Ancillary Charges	Ancillary Charges	Total Charges	Cost or Other Ratios
6500	RESPIRATORY THERAPY	\$3,603,165.00	\$-	\$0.00	\$	3,603,165	\$13,503,716.00	\$1,312,764.00	14,816,480	0.243186
	PHYSICAL THERAPY	\$2,922,394.00		\$0.00	\$	2,922,394	\$9,366,958.00	\$7,824,994.00 \$		0.169986
	OCCUPATIONAL THERAPY	\$1,073,090.00		\$0.00	\$	1,073,090	\$6,003,949.00	\$1,679,982.00 \$		0.139654
	SPEECH PATHOLOGY	\$371,431.00		\$0.00	\$	371,431	\$1,656,049.00	\$621,351.00 \$		0.163094
	ELECTROCARDIOLOGY	\$2,837,251.00		\$5,895.00	\$	2,843,146	\$3,808,743.00	\$9,402,720.00 \$		0.215203
		\$238,924.00		\$0.00	\$	238,924	\$207,763.00	\$281,347.00 \$		0.488487
	MEDICAL SUPPLIES CHARGED TO PATIENT	\$17,905,383.00		\$0.00	\$	17,905,383	\$8,694,581.00	\$18,551,001.00 \$20,158,366.00 \$		0.657185
	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	\$7,338,838.00 \$83,388,076.00		\$0.00 \$2,793.00	\$	7,338,838 83,390,869	\$4,189,846.00 \$62,504,022.00	\$20,158,366.00 \$341,330,628.00 \$		0.301412 0.206498
	RENAL DIALYSIS	\$1,242,845.00		\$0.00	\$	1,242,845	\$5,043,193.00	\$526,236.00 \$		0.223155
	EMERGENCY	\$11,505,651.00		\$0.00	\$	11,505,651	\$10,991,546.00	\$46,030,495.00 \$		0.223133
	WOUND CARE	\$5,066,849.00		\$4,338.00	\$	5,071,187	\$959,089.00	\$25,475,056.00 \$		0.191842
0000		\$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		-
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		\$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 \$		-
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		\$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		-
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## G. Cost Report - Cost / Days / Charges

# Cost Report Year (07/01/2019-06/30/2020)

CANDLER HOSPITAL	

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)		Total Cost	I/P Days and I/P	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem Cost or Other Ratic
#	Cost Center Description	\$0.00		\$0.00	¢	Total Cost	\$0.00	\$0.00	rotal Charges	1
		\$0.00		\$0.00	\$	-	\$0.00		<u>\$</u> - \$-	
		\$0.00		\$0.00	\$	-	\$0.00		<del>s -</del>	
		\$0.00		\$0.00	\$	-	\$0.00		<u> </u>	
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		\$0.00		\$0.00	\$	-	\$0.00		<del>y -</del> \$ -	
		\$0.00		\$0.00	\$	-	\$0.00		<del>s -</del>	
		\$0.00		\$0.00	\$	-	\$0.00		<del>y -</del> \$ -	
		\$0.00		\$0.00	\$	-	\$0.00		<del>y -</del> \$ -	
		\$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		\$ -	
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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	\$ -	
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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	\$ -	
	Total Ancillary	\$ 236,982,610	\$-	\$ 37,336	\$	237,019,946	\$ 308,374,826	\$ 1,079,965,126	\$ 1,388,339,952	
	Weighted Average									0.1724
	Sub Totals	\$ 284,332,369	\$ -	\$ 39,414	\$	284,371,783	\$ 395,476,582	\$ 1,079,965,126	\$ 1,475,441,708	
	, SNF, and Swing Bed Cost for Medicaid ( Part V, Title 19, Column 5-7, Line 200)	Sum of applicable Cost Re	eport Worksheet D-3, 7	itle 19, Column 3, Line 20	00 and Worksheet	\$0.00				
	F, SNF, and Swing Bed Cost for Medicare ( orksheet D, Part V, Title 18, Column 5-7, L		eport Worksheet D-3, 1	itle 18, Column 3, Line 2	00 and	\$311,177.00				
NF	, SNF, and Swing Bed Cost for Other Paye	ers (Hospital must calcula	te Submit support for c	alculation of cost )						
Otr	her Cost Adjustments (support must be sul	printed)								
	Grand Total				\$	284,060,606				
<b>–</b> –	tal Intern/Resident Cost as a Percent of Ot	than Allowable Cost				0.00%				

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

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

Cost Report Year (07/01/2019-06/30/2020) CANDLER HOSPITAL

				In-State Medic	aid FFS Primary	In-State Medicaid M	anaged Care Primary		FS Cross-Overs (with Secondary)	In-State Other Me Included E	dicaid Eligibles (Not Elsewhere)	Unir	nsured	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	Survey to Cos Repor 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			
03000 AD	st Centers (from Section G): ULTS & PEDIATRICS	\$ 696.50		Days 3,500		Days 3,604		Days 3,804		Days 3,217		Days 3,081		Days 14,125		36.06
3200 CO	TENSIVE CARE UNIT PRONARY CARE UNIT RN INTENSIVE CARE UNIT	\$ 1,436.47 \$ - \$ -		739		78		617		395		279		1,829		37.79
3400 SU 3500 OT	RGICAL INTENSIVE CARE UNIT HER SPECIAL CARE UNIT BPROVIDER I	s - s -												-		
4100 SU 4200 OT	BPROVIDER II HER SUBPROVIDER	\$ - \$ -												-		
14300 NU	RSERY	\$ 384.82 \$ - \$ -		411		4,222		-		271		175		4,904		59.51
		\$- \$- \$-												-		
		\$ - \$ -	Total Days	4.650		7,904		4,421		3,883		3,535		20.858		37.38
otal Days p	er PS&R or Exhibit Detail		Total Days	4,650		7,904		4,421		3,883		3,535		20,858	Į	37.38
	Unreconciled Days (E)	(plain Variance)		- Routine Charges		- Routine Charges		- Routine Charges		- Routine Charges		- Routine Charges		Routine Charges		
Cal	utine Charges Iculated Routine Charge Per Diem	]		\$ 6,818,719 \$ 1,466.39		\$ 9,368,705 \$ 1,185.31		\$ 7,280,111 \$ 1,646.71		\$ 5,848,083 \$ 1,506.07		\$ 5,138,838 \$ 1,453.70		\$ 29,315,618 \$ 1,405.49		40.01
09200 Ob:	ost Centers (from W/S C) (from Section servation (Non-Distinct) PERATING ROOM	G):	0.924732	Ancillary Charges 103,311 3,216,096	Ancillary Charges 338,727 3,813,287	Ancillary Charges 8,235 1,277,721	Ancillary Charges 425,433 15,466,212	Ancillary Charges 809 3,817,911	Ancillary Charges 369,328 5,716,514	Ancillary Charges	Ancillary Charges 154,369 2,717,418	Ancillary Charges 1,725 2,941,465	Ancillary Charges 303,197 9,159,899	Ancillary Charges \$ 112,355 \$ 10,399,466		66.70
5200 DE	COVERY ROOM LIVERY ROOM & LABOR ROOM		0.076291 0.441861	367,640 265,006	536,435 4,972	2,347,276 7,561,089	3,493,360 151,301	360,480 9,944	681,855	932,204 1,990,125	463,285 24,225	546,567 434,498	1,157,012 4,845	\$ 4,007,600 \$ 9,826,164		18 51.11
5400 RA	ESTHESIOLOGY DIOLOGY-DIAGNOSTIC	-	0.022857	562,088 1,036,272	710,580 1,679,873	2,239,926 590,543	3,763,126 3,838,045	683,893 1,547,221	998,262 4,166,908	1,005,183 975,699	580,314 1,518,865	740,167 1,145,108	1,700,367 8,133,752	\$ 4,491,090 \$ 4,149,735	\$ 11,203,691	23.94
5700 CT			0.191229 0.024932	139,613 1,476,889	3,817,795 2,214,589	290,389 456,269	4,733,762 2,907,425	698,920 1,851,142	9,330,423 4,840,353	478,247 925,321	2,293,288 1,359,231	863,031 1,944,583	7,909,575 10,278,402	\$ 1,607,169 \$ 4,709,621	\$ 11,321,598	18 31.0
5800 MR 6000 LAB	BORATORY		0.059922 0.130019	351,826 3,675,573	402,154 2,244,076	98,842 3,935,007	526,262 5,413,507	281,498 3,472,424	928,401 2,983,349	191,303 2,784,804	237,550 3,068,195	349,374 3,181,183	859,243 14,363,753	\$ 923,469 \$ 13,867,809	\$ 13,709,127	36.7
6600 PH	SPIRATORY THERAPY YSICAL THERAPY		0.243186	817,308 295,549	172,421 63,048	200,891 42,150	153,787 389,221	1,540,186 505,384	340,857 370,591	1,009,409 240,029	54,795 668,131	679,592 176,802	292,042 238,199	\$ 3,567,794 \$ 1,083,112	\$ 1,490,991	17.41
	CUPATIONAL THERAPY EECH PATHOLOGY		0.139654 0.163094	83,527 61,135	17,416 10,381	12,282 68,268	43,109 6,680	163,045 159,316	105,678 29,434	71,535 74,852	169,129 37,980	36,803 39,864	67,863 80,169	\$ 330,389 \$ 363,571		
	ECTROCARDIOLOGY ECTROENCEPHALOGRAPHY		0.215203	285,798 14,643	151,609 12,460	140,624 7,221	230,541 39,821	<u>395,516</u> 9,569	608,427 2,268	205,399 34,692	227,165 4,572	434,006 22,877	718,836 37,948	\$ 1,027,337 \$ 66,125		
7100 ME	DICAL SUPPLIES CHARGED TO PATIENT PL. DEV. CHARGED TO PATIENTS		0.657185	500,025 216,789	295,154 159,417	207,390 198,827	924,117 533.917	762,072 453,648	715,164 976,800	430,508 197,035	275,547 258,290	587,197 219,940	1,198,269 673,696	\$ 1,899,995 \$ 1,066,299	\$ 2,209,982	21.7
7300 DR	UGS CHARGED TO PATIENTS		0.206498	5,135,155	5,471,983	2,791,418	6,963,127	4,338,109	17,918,202 132,060	3,254,281	5,422,290	3,260,994	4,256,008	\$ 15,518,963	\$ 35,775,602	14.7
9100 EM	NAL DIALYSIS IERGENCY		0.223155	133,763 995,302	2,520,447	242,166	6,158,690	1,092,358	3,263,264	602,534	1,161,324	1,151,791	2,478 9,954,635	\$ 1,389,276 \$ 2,932,360	\$ 13,103,725	15 48.2
9300 WC	DUND CARE		0.191842	-	-	177,797	785,211	540,005	1,915,739	458,255	1,188,328	361,089	932,527	\$ 1,176,057 \$ -	\$ 3,889,278 \$	8 24.2
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### H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2019-06/30/2020) CANDLER 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
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### H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2019-06/30/2020) CANDLER HOSPITAL

	Totals / Payments		In-State Medie	caid FF	S Primary	In-	State Medicaid	Manage	d Care Primary	In-	-State Medicare F Medicaid S			I	In-State Other Mec Included E				Unir	nsured		Total In-Sta	te Medicaid	1	%
	Totala / Faymenta																								
128	Total Charges (includes organ acquisition from Section J)	\$	26,552,027	\$	24,636,823	\$	32,354,309	\$	56,947,067	\$	30,604,983	\$	56,393,878	\$	24,320,054	\$	21,921,244	\$ 2	4,306,186	\$ 72,322,715	\$	113,831,373	\$ 159	,899,012	25.34%
																		(Agrees t	Exhibit A)	(Agrees to Exhibit A)					
								1						-							т				
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$	26,552,027	\$	24,636,823	\$	32,354,309	\$	56,947,067	\$	30,604,983	\$	56,393,878	\$	24,320,054	\$	21,921,244	\$ 2	4,306,186	\$ 72,322,715	1				
150	ChildConciled Charges (Explain Variance)			_	-																				
131	Total Calculated Cost (includes organ acquisition from Section J)	\$	7,045,927	\$	4,158,728	\$	9,630,047	\$	8,791,190	\$	7,523,916	\$	9,860,771	\$	6,479,416	\$	3,691,976	\$	5,791,101	\$ 10,701,597	\$	30,679,306	\$ 26	,502,665	26.18%
400	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)		5.734.993		3,640,169	-			241		196,318		777,514		129,501		86.254				¢	6,060,812	e 4	,504,178	
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)	\$	5,734,993	\$	3,040,109		9.256.426	3	7.943.748	\$	190,310	\$	111,514	\$	329,912	\$	118,944				\$	9,586,338		,504,178	
133	Private Insurance (including primary and third party liability)		91,889		17.248	\$	9,200,420	\$	17.071	•	1.424	\$	5.000	\$	2,784,146	э с	1.503.138				\$	2.877.459		,062,692	
134	Self-Pay (including Co-Pay and Spend-Down)	3	91,009	3	9,267		70	3	13.615	\$	1,424	\$	8,450	\$	3,522	\$	12.391				\$	2,677,459	э I.	43.723	
135	Total Allowed Amount from Medicaid PS&R or RA Detail (All Pavments)	3	5.826.957	3	3.666.684	3	9.256.504	3	7.974.675	¢	12	¢	6,400	¢	3,522	¢	12,391				Þ	3,067	ð	43,723	
136	Medicaid Cost Settlement Payments (See Note B)	э	5,620,957	\$	3,000,004	\$	9,200,004	Þ	7,974,075														¢.	440.044	
137				\$	110,914				1 399												\$	-	\$	110,914	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)							\$	1,399		0.500.070		7.000.045		0.000.000		1 000 050				\$	-	\$		
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									\$	6,532,876	\$	7,093,815	\$	2,203,829	\$	1,006,956				\$	8,736,705		,100,771	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									-			100.051	\$	1,331,999	\$	925,355				\$	1,331,999		925,355	
141	Medicare Cross-Over Bad Debt Payments									\$	147,499	\$	163,854	-	100.000		0.777		Exhibit B and	(Agrees to Exhibit B and	\$	147,499	\$	163,854	
142	Other Medicare Cross-Over Payments (See Note D)									\$	528,844	\$	63,025	\$	138,000	\$	3,777	E	-1)	B-1)	\$	666,844	\$	66,802	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)																	\$	156,854	\$ 846,122	-				
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from	Section E	=)															\$	-	\$-	1				
145	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	¢	1.218.970	s	381,130	¢	373,543	¢	815.116	¢	116.943	¢	1.749.113	¢	(441,493)	¢	35,161	¢	5.634.247	\$ 9.855.475	¢	1.267.963	¢ 7	.980,520	
145	Calculated Payments as a Percentage of Cost	Ψ	83%	Ŷ	91%	Ψ	96%	. <u>.</u>	91%	Ψ	98%	. <del>v</del>	82%	Ų	107%	÷	99%	L ¥	3%	8%	, <u>17</u>	96%	<u>, y 2</u> ,	89%	
147	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I,	Col. 6, S	um of Lns. 2,	3, 4, 14	, 16, 17, 18 less	lines 5	& 6)				28,228														
148	Percent of cross-over days to total Medicare days from the cost report										16%														

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 Medicaicar corss-over payments not included alimis that are ported above. This includes a payments paid based on the Medicare cors report settlement (e.g., Medicare Carduate Medical Education payments). Note E - Medicaid Managed Care payments should include alime that are ported above. This includes, payments paid based on the Medicare cors-over payments not actuate Medicare Cors-over payments not include and the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

I. Out-of-S													
	State Medicaid Data:												
Cost Report Y	Year (07/01/2019-06/30/2020)	CANDLER HOSPITA	AL.										
				Out-of-State Me	dicaid FFS Primary		icaid Managed Care mary		are FFS Cross-Overs id Secondary)		Medicaid Eligibles (Not Elsewhere)	Total Out-Of-	State Medicaid
		Medicaid Per Diem Cost for	Medicaid Cost to Charge Ratio for										
		Routine Cost	Ancillary Cost										
Line #	Cost Center Description	Centers	Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		From Section G	From Section G	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R		
		Them becault of	riom occaon o	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)		
Routine Cost	st Centers (list below):			Days		Days		Days		Days		Days	
03000 ADUL	LTS & PEDIATRICS	\$ 696.50								81		81	
	NSIVE CARE UNIT	\$ 1,436.47								72		72	
	ONARY CARE UNIT N INTENSIVE CARE UNIT	ş -										-	
	GICAL INTENSIVE CARE UNIT	\$ - \$ -										-	
	ER SPECIAL CARE UNIT	\$ -											
	PROVIDER I	\$ -											
	PROVIDER II	\$-										-	
	ER SUBPROVIDER	\$ -										-	
04300 NURS	SERY	\$ 384.82								5		5	
		s -										-	
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		\$ - \$ -										-	
		\$ -											
		\$ -										-	
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			Total Days	-		-		-		158		158	
Total Days pe	er PS&R or Exhibit Detail												
						-		-		158			
	Unreconciled Days (E	xplain Variance)				-		-		158			
	Unreconciled Days (E	xplain Variance)		- - Routine Charges		- Routine Charges		- - Routine Charges		158 - Routine Charges		Routine Charges	
	ine Charges	xplain Variance)		- - Routine Charges		- - Routine Charges		- - Routine Charges		Routine Charges \$ 391,762		\$ 391,762	
		xplain Variance)		- Routine Charges \$-		- Routine Charges		Routine Charges		- Routine Charges			
Calcul	ine Charges Jlated Routine Charge Per Diem	xplain Variance)		\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Routine Charges           \$ 391,762           \$ 2,479.51	Ancillary Charges	\$ 391,762 \$ 2,479.51	Ancillary Charges
Calcul Ancillary Cos	ine Charges	xplain Variance)	0.924732	Routine Charges \$ Ancillary Charges	Ancillary Charges	Routine Charges \$ Ancillary Charges	Ancillary Charges		Ancillary Charges	Routine Charges \$ 391,762	Ancillary Charges	\$ 391,762	Ancillary Charges
Calcul Ancillary Cos 09200 Obser	ine Charges Jlated Routine Charge Per Diem ost Centers (from W/S C) (list below):	xplain Variance)	0.924732	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Anciliary Charges	Routine Charges           \$ 391,762           \$ 2,479.51	17,070 208,726	\$ 391,762 \$ 2,479.51	
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO	ine Charges Jlated Routine Charge Per Diem ost Centers (from W/S C) (list below): rvation (Non-Distinct) RATING ROOM OVERY ROOM	xplain Variance)	0.128263 0.076291	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Routine Charges \$ 391,762 \$ 2,479.51 Ancillary Charges 	17,070 208,726 38,855	\$ 391,762 \$ 2,479.51 Ancillary Charges \$ - \$ 126,864 \$ 9,685	\$ 17,070 \$ 208,726 \$ 38,855
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO 5200 DELIV	ine Charges Jated Routine Charge Per Diem sst Centers (from W/S C) (list below): rvation (Non-Distinct) RATING ROOM VERY ROOM VERY ROOM VERY ROOM	xplain Variance)	0.128263 0.076291 0.441861	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Routine Charges \$ 391,762 \$ 2,479.51 Ancillary Charges 	17,070 208,726 38,855 4,845	\$ 391,762 \$ 2,479.51 Ancillary Charges \$ \$ 126,864 \$ 9,685 \$ 22,906	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES	ine Charges Jated Routine Charge Per Diem hist Centers (from W/S C) (list below): rivation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM VERY ROOM STHESIOLOGY	xplain Variance)	0.128263 0.076291 0.441861 0.022857	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Routine Charges           \$ 391,762           \$ 2,479.51           Ancillary Charges           -           126,864           9,865           22,906           14,932	17,070 208,726 38,855 4,845 43,120	\$ 391,762 \$ 2,479.51 Ancillary Charges \$ - \$ 126,864 \$ 9,685 \$ 22,906 \$ 14,932	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 43,120
Calcul Ancillary Coss 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES 5400 RADIO	ine Charges Jated Routine Charge Per Diem set Centers (from W/S C) (list below): rivation (Non-Distinct) RATING ROOM OVERY ROOM OVERY ROOM VERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC	xplain Variance)	0.128263 0.076291 0.441861 0.022857 0.130870	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Acuitine Charges           \$ 391,762           \$ 2,479,51           Ancillary Charges           126,864           9,685           22,906           14,932           98,831	17,070 208,726 38,855 4,845 43,120 181,155	\$ 391,762 \$ 2,479.51 Ancillary Charges \$ 126,864 \$ 9,685 \$ 22,906 \$ 14,932 \$ 98,831	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 43,120 \$ 181,155
Calcul Ancillary Coss 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES 5400 RADIO 5500 RADIO	ine Charges Jated Routine Charge Per Diem <b>ist Centers (from W/S C) (list below):</b> rivation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC	xplain Variance)	0.128263 0.076291 0.441861 0.022857 0.130870 0.191229	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Routine Charges           \$ 391,762           \$ 2,479,51           Ancillary Charges           126,864           9,885           22,906           14,932           98,831           21,932	17,070 208,726 38,855 4,845 43,120 181,155 303,563	\$ 391,762 \$ 2,479.51 Ancillary Charges \$ 126,864 \$ 9,685 \$ 22,906 \$ 14,932 \$ 98,831 \$ 21,932	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 43,120 \$ 181,155 \$ 303,563
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES 5400 RADIO 5500 RADIO 5700 CT SC	ine Charges Jated Routine Charge Per Diem <b>ist Centers (from W/S C) (list below):</b> rivation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC	xplain Variance)	0.128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Anotine Charges           \$ 391,762           \$ 2,479,51           Ancillary Charges           126,864           9,685           22,906           14,932           96,831           21,932           44,756	17,070 208,726 38,855 4,845 43,120 181,155 303,563 292,171	\$ 391762 \$ 391762 \$ 2,47951 Anclilary Charges \$ \$ 126,864 \$ 9,685 \$ 22,906 \$ 14,932 \$ 9,8831 \$ 21,932 \$ 4,756 \$ 24,756 \$ 21,932 \$ \$ 4,756 \$ 21,932 \$ \$ 4,756 \$ 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 43,120 \$ 181,155 \$ 303,563 \$ 292,171
Calcul           Ancillary Cos           09200         Obser           5000         OPER           5100         RECO           5200         DELIV           5300         ANES           5400         RADIG           5700         CT SC           5700         CT SC           5800         MRI	ine Charges Jated Routine Charge Per Diem <b>ist Centers (from W/S C) (list below):</b> ryvation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN	xplain Variance)	0.128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.024932	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Ancillary Charges           \$ 391,762           \$ 2,479,51           Ancillary Charges           126,864           9,685           22,906           14,932           98,831           21,932           44,756           7,401	17,070 208,726 38,855 4,845 43,120 181,155 303,563 292,171 10,546	\$         391,762           \$         2,479,51           Ancillary Charges         \$           \$         -           \$         128,864           \$         9,685           \$         22,906           \$         14,932           \$         9,8831           \$         21,932           \$         44,756           \$         7,401	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 4,845 \$ 43,120 \$ 181,155 \$ 303,563 \$ 292,171 \$ 10,546
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES 5400 RADIO 5500 RADIO 5500 CT SC 5800 MRI 6000 LABOI	ine Charges Jated Routine Charge Per Diem <b>ist Centers (from W/S C) (list below):</b> rivation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC	xplain Variance)	0.128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Anotine Charges           \$ 391,762           \$ 2,479,51           Ancillary Charges           126,864           9,685           22,906           14,932           96,831           21,932           44,756	17,070 208,726 38,855 4,845 43,120 181,155 303,563 292,171	\$ 391762 \$ 391762 \$ 2,47951 Anclilary Charges \$ \$ 126,864 \$ 9,685 \$ 22,906 \$ 14,932 \$ 9,8831 \$ 21,932 \$ 4,756 \$ 24,756 \$ 21,932 \$ \$ 4,756 \$ 21,932 \$ \$ 4,756 \$ 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 4,845 \$ 43,120 \$ 181,155 \$ 303,563 \$ 292,171 \$ 10,546
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES 5400 RADIC 5500 RADIC 5500 RADIC 5500 MRI 6000 LABOC 6500 RESP	ine Charges Jated Routine Charge Per Diem <b>bst Centers (from W/S C) (list below):</b> rvation (Non-Distinct) RATING ROOM OVERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY	xplain Variance)	0.128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.029932 0.059922 0.130019	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Anotine Charges           \$ 391,762           \$ 2,479.51           Ancillary Charges           126,864           9,685           22,906           14,932           98,831           21,932           44,756           7,401           188,602	17,070 208,726 38,855 4,845 43,120 181,155 303,563 292,171 10,546 194,108	\$ 3917.622 \$ 3917.622 \$ 2.479.51 Anclilary Charges \$ \$ 2.479.51 \$ 126,864 \$ 9.685 \$ 2.2,906 \$ 14,932 \$ 9.6831 \$ 21,932 \$ 44.756 \$ 7,401 \$ 18,602 \$	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 43,120 \$ 181,155 \$ 303,563 \$ 292,171 \$ 10,546 \$ 194,108
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES 5400 RADIC 5500 RADIC 5500 CTSC 6000 LABO 6500 RESP 6600 PHYS 6700 OCCU	ine Charges Jated Routine Charge Per Diem <b>bst Centers (from W/S C) (list below):</b> rvation (Non-Distinct) RATING ROOM OVERY ROOM & LABOR ROOM STHESIOLOGY VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY SICAL THERAPY UPATIONAL THERAPY	xplain Variance)	0.128263 0.076291 0.441861 0.022857 0.130870 0.130870 0.024932 0.024932 0.059922 0.130019 0.243186 0.169986 0.139654	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Acuitine Charges           \$ 391,762           \$ 2,479.51           Ancillary Charges           -           126,864           9,685           22,906           14,932           96,831           21,932           44,756           7,401           188,602           147,160           4,026           1,492	17,070 208,726 38,855 4,845 43,120 181,155 303,563 292,171 10,546 194,108 11,844 7,168 998	\$         391,762           \$         2,479,51           Ancillary Charges         -           \$         126,864           \$         9,685           \$         22,906           \$         14,932           \$         96,851           \$         21,932           \$         44,756           \$         7,401           \$         188,602           \$         41,7160           \$         4,026           \$         1,492	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 43,120 \$ 181,155 \$ 303,563 \$ 292,171 \$ 10,546 \$ 194,108 \$ 11,844 \$ 7,18 \$ 998
Calcul           Ancillary Cos           09200         Observer           5000         OPER           5100         RECO           5200         DELIV           5300         ANES           5400         RADIC           5700         CT SC           5800         MRI           6000         LABOI           6500         RESP           6600         PHYS           6700         OCCU           6700         OCCU           6800         SPEE	ine Charges Jated Routine Charge Per Diem Ist Centers (from W/S C) (list below): rivation (Non-Distinct) RATING ROOM VERY ROOM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM OLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY SICAL THERAPY UPATIONAL THERAPY ECH PATHOLOGY	xplain Variance)	0 128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.059922 0.130019 0.243186 0.169986 0.139654 0.13654	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Accillary Charges           \$ 391,62           \$ 2,479.51           Ancillary Charges           126,864           9,885           22,906           14,932           98,831           21,932           44,756           7,401           188,602           147,160           4,026           1,4922           2,751	17,070 208,726 38,855 4,845 43,120 181,155 303,663 292,171 10,546 194,108 11,844 7,18 998 858	\$         391,762           \$         2,479,51           Ancillary Charges         5           \$         128,864           \$         9,685           \$         22,906           \$         14,932           \$         9,8831           \$         21,932           \$         44,756           \$         7,401           \$         188,602           \$         1,47160           \$         4,026           \$         1,492           \$         2,751	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 43,120 \$ 181,155 \$ 303,563 \$ 292,171 \$ 10,546 \$ 194,108 \$ 11,844 \$ 718 \$ 998 \$ 858
Calcul           Ancillary Cos           09200         Observ           5000         OPER           5000         OPER           5300         ANES           5400         RADIC           5500         RADIC           5700         C1 SC           5800         MRI           6000         LABOI           6600         PHYS           6700         OCCL           6800         SPEE           6900         ELEC	ine Charges Jated Routine Charge Per Diem <b>sst Centers (from W/S C) (list below):</b> rvation (Non-Distinct) RATING ROOM VVERY ROOM & LABOR ROOM STHESIOLOGY VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY SICAL THERAPY UPATIONAL THERAPY ECH PATHOLOGY STRCCARDIOLOGY	xplain Variance)	0.128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.059922 0.130019 0.243186 0.139654 0.139654 0.139654 0.139654	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Acuitae Charges           \$ 391,762           \$ 2,479,51           Ancillary Charges           126,864           9,685           22,906           14,932           98,831           21,882           44,756           7,401           188,602           14,760           4,756           7,401           188,602           14,760           4,026           1,492           2,751           9,888	17,070 208,726 38,855 4,845 43,120 181,155 303,663 292,171 10,546 194,108 11,844 718 9988 8588 17,354	\$         391,762           \$         2,479,51           Ancillary Charges         -           \$         126,864           \$         9,685           \$         22,906           \$         14,932           \$         96,851           \$         21,932           \$         44,756           \$         7,401           \$         188,602           \$         41,7160           \$         40,205           \$         1,492	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 43,120 \$ 181,155 \$ 303,563 \$ 292,171 \$ 10,546 \$ 194,108 \$ 11,844 \$ 7,18 \$ 998
Calcul           Ancillary Cos           09200         Obsen           5000         OPER           5100         RECO           5200         DELIV           5300         ANES           5400         RADIO           5500         RADIO           5500         RADIO           5500         RADIO           6500         RESP           6600         PHYS           6700         OCCU           6800         SPEE           6900         ELEC	ine Charges Jated Routine Charge Per Diem Set Centers (from W/S C) (list below): rivation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM VERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY SICAL THERAPY ECH PATHOLOGY CTROEARDIOLOGY TROEARDPLALOGRAPHY		0.128263 0.076291 0.441861 0.022857 0.130870 0.130870 0.024932 0.059922 0.130019 0.243186 0.169986 0.169986 0.169986 0.163094 0.245203 0.488487	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Ancillary Charges           \$ 391,762           \$ 2,479.51           Ancillary Charges           -           126,864           9,885           22,906           14,932           98,831           21,932           44,756           7,401           188,602           147,160           4,026           1,492           2,751           9,888           -	17,070 208,726 38,855 4,445 43,120 181,155 303,663 292,171 10,546 194,108 11,844 7,18 998 858 17,354	\$         391,762           \$         2,479,51           Ancillary Charges         -           \$         126,864           \$         9,685           \$         22,906           \$         14,832           \$         9,685           \$         21,932           \$         44,756           \$         7,401           \$         7,401           \$         4,026           \$         1,492           \$         2,751           \$         9,888	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 43,120 \$ 181,155 \$ 303,563 \$ 292,171 \$ 10,546 \$ 194,108 \$ 11,844 \$ 718 \$ 9788 \$ 8588 \$ 17,354 \$ -
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES 5400 RADIC 5700 CT SC 5600 RADIC 5700 CT SC 5600 MRT 6000 LABO 6600 PHYS 6700 OCLC 6900 ELEC 7000 ELEC 7000 ELEC 7100 MEDIC	ine Charges Jated Routine Charge Per Diem sst Centers (from W/S C) (list below): rvation (Non-Distinct) RATING ROOM VERY ROOM VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-DIAGNOSTIC IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY UPATIONAL THERAPY SICAL THERAPY UPATIONAL THERAPY SCH PATHOLOGY CTROCARDIOLOGY CTROCARDIOLOGY CTROCARDIOLOGY CTROCARDIOLOGY		0.128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.059922 0.130019 0.243186 0.139654 0.139654 0.139654 0.139654 0.139654 0.163094 0.657185	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Acutine Charges           \$ 391,621           \$ 2,479,51           Ancillary Charges           126,864           9,885           22,906           14,932           98,831           21,932           44,756           7,401           188,602           14,760           4,761           9,883           24,756           7,401           188,602           14,7160           4,026           1,492           2,751           9,888           22,233	17,070 208,726 38,855 4,845 43,120 181,155 303,663 282,171 10,546 194,108 11,844 718 996 858 17,354 13,684	\$         3917762           \$         2,479,51           Ancillary Charges         \$           \$         128,864           \$         9,685           \$         22,906           \$         14,932           \$         44,756           \$         7,401           \$         188,602           \$         1,492           \$         1,402           \$         1,402           \$         1,492           \$         1,492           \$         1,492           \$         1,492           \$         1,492           \$         1,492           \$         9,888           \$         9,888           \$         9,888	\$ 17,070  \$ 208,726  \$ 38,855  \$ 4,845  \$ 4,845  \$ 4,845  \$ 4,845  \$ 4,845  \$ 4,845  \$ 4,845  \$ 4,845  \$ 10,546  \$ 194,108  \$ 10,546  \$ 194,108  \$ 10,546  \$ 11,844  \$ 998 \$ \$ 17,354 \$ 998 \$ 17,354 \$ 17,3684 \$ 13,684 \$ 13,684 \$ 13,684 \$ 13,684 \$ 13,684 \$ 13,684 \$ 10,104 \$ 1
Calcul           Ancillary Cos           09200         Observ           5000         OPER           5100         RECO           5200         DELIV           5300         ANES           5400         RADIC           5500         RADIC           5500         RADIC           5600         RADIC           6000         LABOI           6600         PHYS           6700         OCCU           8900         ELEC           7000         ELEC           7000         ELEC           7100         MEDIC           7200         MPL	ine Charges Jated Routine Charge Per Diem st Centers (from W/S C) (list below): rvation (Non-Distinct) RATING ROOM VERY ROOM & LABOR ROOM STHESIOLOGY VERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY UPATIONAL THERAPY ECH PATHOLOGY DTROCARDIOLOGY DTROCARDIOLOGY DTROCARDIOLOGY CAL SUPPLIES CHARGED TO PATIENT.		0.128263 0.076291 0.441861 0.022857 0.130870 0.130870 0.024932 0.024932 0.059922 0.130019 0.243186 0.139654 0.139654 0.139654 0.139654 0.139654 0.139654 0.139654 0.657185 0.301412	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Ancillary Charges           \$ 391,762           \$ 2,479.51           Ancillary Charges           126,864           9,885           22,906           144,932           98,831           21,932           44,756           7,401           188,602           147,160           4,026           1,492           2,751           9,888           28,223           44,125	17,070 208,726 38,855 4,445 43,120 181,155 303,563 292,171 10,546 194,108 11,844 7,188 998 8588 17,354 13,864	\$         391,762           \$         2,479,51           Ancillary Charges         \$           \$         126,864           \$         9,685           \$         22,906           \$         14,932           \$         96,851           \$         21,932           \$         44,756           \$         7,401           \$         188,602           \$         147,160           \$         14,922           \$         9,888           \$         2,751           \$         9,888           \$         2,761           \$         9,888           \$         2,6223           \$         4,125	\$ 17,070 208,726 3,8,855 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 10,546 \$ 10,546 \$ 10,546 \$ 10,546 \$ 11,844 \$ 718 \$ 9988 \$ 11,844 \$ 718 \$ 9988 \$ 11,844 \$ 718 \$ 9988 \$ 11,354 \$ 5 13,864 \$ 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES 5400 RADIC 5700 CT SC 5800 MRI 6000 LABOC 5800 MRI 6000 LABOC 6500 RESP 6700 OCCU 6800 SPEE 6900 ELEC 7100 MEDIC 7200 MEDIC 7300 DRUG 0 PRUG	ine Charges Jated Routine Charge Per Diem St Centers (from W/S C) (list below): ryation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM OLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY SICAL THERAPY UPATIONAL THERAPY SICAL THERAPY UPATIONAL THERAPY ECH PATHOLOGY TTROEARCHALOGRAPHY ICAL SUPPLIES CHARGED TO PATIENTS DS CHARGED TO PATIENTS		0 128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.059922 0.130019 0.243186 0.1659965 0.139654 0.13654 0.13654 0.215203 0.488487 0.657185 0.301412 0.206498	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Ancillary Charges           \$ 391,762           \$ 2,479,51           Ancillary Charges           -           126,864           9,885           22,906           14,932           98,831           21,932           44,756           7,401           188,602           144,766           9,883           -           2,751           9,888           -           28,223           4,125           28,223           4,125           28,0187	17,070 208,726 38,855 4,845 43,120 181,155 303,663 282,171 10,546 194,108 11,844 718 996 858 17,354 13,684	\$         391,762           \$         2,479,51           Ancillary Charges         \$           \$         128,864           \$         9,685           \$         22,906           \$         14,932           \$         9,685           \$         21,932           \$         44,756           \$         7,401           \$         188,602           \$         1,492           \$         1,492           \$         9,888           \$         -7,511           \$         9,888           \$         2,751           \$         28,223           \$         4,125           \$         28,223           \$         4,125           \$         28,0187	\$ 17,070 208,726 3,38,855 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,942 \$ 10,546 \$ 19,4108 \$ 10,546 \$ 19,4108 \$ 11,844 \$ 718 \$ 998 \$ 13,684 \$ 13,684 \$ 13,684 \$ 13,684 \$ 13,684 \$ 13,684 \$ 13,684 \$ 14,68
Calcul Ancillary Cos 09200 Obser 5000 OPER 5100 RECO 5200 DELIV 5300 ANES 5400 RADIC 5500 RADIC 5500 RADIC 5500 RADIC 5500 RESP 6600 PHYS 6700 OCCU 6800 SPEE 6900 ELEC 7100 MEDIC 7200 MEDIC 7300 DRUG 0 RUS 7300 DRUG	ine Charges Jated Routine Charge Per Diem <b>sst Centers (from W/S C) (list below):</b> rvation (Non-Distinct) RATING ROOM VVERY ROOM VVERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY UPATIONAL THERAPY SICAL TH		0.128263 0.076291 0.441861 0.022857 0.130870 0.130870 0.024932 0.024932 0.059922 0.130019 0.243186 0.139654 0.139654 0.139654 0.139654 0.139654 0.139654 0.139654 0.657185 0.301412	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Ancillary Charges           \$ 391,762           \$ 2,479.51           Ancillary Charges           126,864           9,885           22,906           144,932           98,831           21,932           44,756           7,401           188,602           147,160           4,026           1,492           2,751           9,888           28,223           44,125	17,070 208,726 38,855 4,445 43,120 181,155 303,663 292,171 10,546 194,108 11,844 7,18 998 858 17,354 13,868 17,354 13,868	\$         391,762           \$         2,479,51           Ancillary Charges         \$           \$         126,864           \$         9,685           \$         22,906           \$         14,932           \$         96,851           \$         21,932           \$         44,756           \$         7,401           \$         188,602           \$         147,160           \$         14,922           \$         9,888           \$         2,751           \$         9,888           \$         2,761           \$         9,888           \$         2,6223           \$         4,125	\$ 17,070 208,726 3,8,855 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 10,546 \$ 10,546 \$ 10,546 \$ 10,546 \$ 11,844 \$ 718 \$ 9988 \$ 11,844 \$ 718 \$ 9988 \$ 11,844 \$ 718 \$ 11,844
Calcul           Ancillary Cos           09200         Observ           5000         OPER           5100         RECO           5300         ANES           5400         RADIG           5500         RADIG           5500         RADIG           5500         RADIG           5500         RADIG           5600         RADIG           6600         PHYS           6700         OCCU           6800         PHYS           6700         OCCU           6900         ELEC           7000         ELEC           7000         RLEC           7200         IMPL           7300         DRUG           7400         RENA           7400         RENA           7400         RENA	ine Charges Jated Routine Charge Per Diem <b>sst Centers (from W/S C) (list below):</b> rvation (Non-Distinct) RATING ROOM VVERY ROOM VVERY ROOM & LABOR ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY UPATIONAL THERAPY SICAL TH		0.128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.059922 0.130019 0.243186 0.139654 0.139654 0.139654 0.139654 0.139654 0.163094 0.215203 0.48487 0.657185 0.301412 0.20498 0.223155	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Anotice         Anotice           \$         391,762           \$         2,479,51           Ancillary Charges         126,864           9,685         22,906           14,932         98,831           21,932         44,756           7,401         188,602           147,160         4,026           1,492         2,751           9,888         -           28,223         4,125           28,018,77         40,069	17,070 208,726 38,855 4,445 33,120 181,155 303,563 292,171 10,546 194,108 11,844 718 998 8568 17,354 13,684 	\$         391762           \$         2,479,51           Ancillary Charges           \$         -           \$         128,864           \$         9,685           \$         22,906           \$         14,932           \$         9,8831           \$         21,932           \$         44,756           \$         7,401           \$         188,602           \$         1,492           \$         1,492           \$         1,492           \$         1,492           \$         1,898           \$         -1,808           \$         2,868           \$         -2,751           \$         9,888           \$         -3,888           \$         -3,888           \$         -3,888           \$         -2,8223           \$         4,125           \$         280,187           \$         4,0609	\$ 17,070 208,726 3,38,855 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,9408 \$ 10,546 \$ 948 \$ 10,546 \$ 948 \$ 10,546 \$ 948 \$ 10,546 \$ 948 \$ 10,546 \$ 10,5
Calcul           Ancillary Cos           09200         Observ           5000         OPER           5100         RECO           5300         ANES           5400         RADIG           5500         RADIG           5500         RADIG           5500         RADIG           5500         RADIG           5600         RADIG           6600         PHYS           6700         OCCU           6800         PHYS           6700         OCCU           6900         ELEC           7000         ELEC           7000         RLEC           7200         IMPL           7300         DRUG           7400         RENA           7400         RENA           7400         RENA	ine Charges Jated Routine Charge Per Diem Set Centers (from W/S C) (list below): rivation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM VERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY SICAL THERAPY SICAL THERAPY ECH PATHOLOGY TROCCARDIOLOGY TROCCARDIOLOGY TROCCARDIOLOGY TROCCARDIOLOGY TROCCARDIOLOGY SCHARGED TO PATIENTS GS CHARGED TO PATIENTS GS CHARGED TO PATIENTS AL DIALYSIS		0 128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.059922 0.130019 0.243186 0.163094 0.163094 0.163094 0.215203 0.485487 0.657185 0.301412 0.206498 0.223155 0.223155	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Ancillary Charges           \$ 391,762           \$ 2,479.51           Ancillary Charges           -           126,864           9,685           22,906           14,932           98,831           21,932           44,756           7,401           188,602           147,160           4,026           1,492           2,751           9,888           -           2,8,233           4,125           28,023           4,125           28,0187           40,009           33,345	17,070 208,726 38,855 4,445 43,120 181,155 303,563 292,171 10,546 194,108 11,844 7,18 998 858 17,354 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 14,86414,864 14,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,86414,865 14,86414,864 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,86514,865 14,86514,865 14,86514,865 14,86514,865 14,86514,865 14,865	\$         391,762           \$         2,479,51           Ancillary Charges         •           \$         126,864           \$         9,685           \$         22,906           \$         14,932           \$         9,685           \$         21,932           \$         44,756           \$         7,401           \$         7,401           \$         4,026           \$         1,492           \$         9,888           \$         9,888           \$         9,884           \$         9,011           \$         1492           \$         2,751           \$         9,888           \$         -           \$         28,0187           \$         280,187           \$         40,600           \$         3,245	\$ 17,070 208,726 3,8,855 \$ 4,845 \$ 4,845 \$ 4,843,120 \$ 181,155 \$ 303,563 \$ 2922,171 \$ 10,546 \$ 194,108 \$ 11,844 \$ 7,18 \$ 9988 \$ 11,844 \$ \$ 11,844 \$ \$ 998 \$ 11,844 \$ \$ 13,864 \$ \$ 13,864 \$ \$ 3,13,864 \$ \$ 5,11,864 \$ \$ 5,11,864 \$
Calcul           Ancillary Cos           09200         Observ           5000         OPER           5100         RECO           5300         ANES           5400         RADIG           5500         RADIG           5500         RADIG           5500         RADIG           5500         RADIG           5600         RADIG           6600         PHYS           6700         OCCU           6800         PHYS           6700         OCCU           6900         ELEC           7000         ELEC           7000         RLEC           7200         IMPL           7300         DRUG           7400         RENA           7400         RENA           7400         RENA	ine Charges Jated Routine Charge Per Diem Set Centers (from W/S C) (list below): rivation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM VERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY SICAL THERAPY SICAL THERAPY ECH PATHOLOGY TROCCARDIOLOGY TROCCARDIOLOGY TROCCARDIOLOGY TROCCARDIOLOGY TROCCARDIOLOGY SCHARGED TO PATIENTS GS CHARGED TO PATIENTS GS CHARGED TO PATIENTS AL DIALYSIS		0.128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.024932 0.130019 0.243186 0.163986 0.1336654 0.163094 0.215203 0.485487 0.657185 0.301412 0.206498 0.223155 0.201776 0.29176	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Ancillary Charges           \$ 391,762           \$ 2,479.51           Ancillary Charges           -           126,864           9,685           22,906           14,932           98,831           21,932           44,756           7,401           188,602           147,160           4,026           1,492           2,751           9,888           -           2,8,233           4,125           28,023           4,125           28,0187           40,009           33,345	17,070 208,726 38,855 4,445 43,120 181,155 303,563 292,171 10,546 194,108 11,844 7,18 998 858 17,354 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 14,86414,864 14,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,86514,865 14,86514,865 14,86514,865 14,86514,865 14,86514,865 14,865	\$         391,762           \$         2,479,51           Ancillary Charges         •           \$         126,864           \$         9,685           \$         22,906           \$         14,932           \$         9,685           \$         21,932           \$         44,756           \$         7,401           \$         7,401           \$         4,026           \$         1,492           \$         9,888           \$         9,888           \$         9,884           \$         9,011           \$         1492           \$         2,751           \$         9,888           \$         -           \$         28,0187           \$         280,187           \$         40,600           \$         3,245	\$ 17,070 208,726 38,855 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,120 \$ 10,546 \$ 10,546 \$ 10,546 \$ 10,546 \$ 11,844 \$ 11,8
Calcul           Ancillary Cos           (99200)         Observ           5000)         OPER           5100         RECO           5300         ANES           5400         RADIG           5500         RADIG           5500         RADIG           5500         RADIG           5500         RADIG           5600         RADIG           6000         LABOD           6500         RESP           6700         OCCU           6800         PHYS           6700         OCCU           6800         ELEC           7000         ELEC           7000         RULG           7300         DRUG           7400         RENA           7400         RENA           7400         RENA           7400         RENA	ine Charges Jated Routine Charge Per Diem Set Centers (from W/S C) (list below): rivation (Non-Distinct) RATING ROOM OVERY ROOM VERY ROOM VERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC IOLOGY-THERAPEUTIC CAN DRATORY PIRATORY THERAPY SICAL THERAPY SICAL THERAPY ECH PATHOLOGY TROCCARDIOLOGY TROCCARDIOLOGY TROCCARDIOLOGY TROCCARDIOLOGY TROCCARDIOLOGY SCHARGED TO PATIENTS GS CHARGED TO PATIENTS GS CHARGED TO PATIENTS AL DIALYSIS		0.128263 0.076291 0.441861 0.022857 0.130870 0.191229 0.024932 0.059922 0.130019 0.243186 0.139654 0.139654 0.163994 0.215203 0.483487 0.657185 0.301412 0.201776 0.201776	\$-	Ancillary Charges	\$-	Ancillary Charges	\$ -	Ancillary Charges	Ancillary Charges           \$ 391,762           \$ 2,479.51           Ancillary Charges           -           126,864           9,685           22,906           14,932           98,831           21,932           44,756           7,401           188,602           147,160           4,026           1,492           2,751           9,888           -           2,8,233           4,125           28,023           4,125           28,0187           40,009           33,345	17,070 208,726 38,855 4,445 43,120 181,155 303,563 292,171 10,546 194,108 11,844 7,18 998 858 17,354 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 13,864 14,86414,864 14,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,864 14,86414,864 14,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,86414,864 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,865 14,86514,865 14,86514,865 14,86514,865 14,86514,865 14,86514,865 14,86514,865 14,865	\$         391.762           \$         2,479.51           Ancillary Charges           \$         -           \$         128.864           \$         9,685           \$         22.906           \$         14.932           \$         21,932           \$         21,932           \$         14,952           \$         14,756           \$         7.401           \$         188.602           \$         1.492           \$         1.492           \$         1.492           \$         1.492           \$         1.492           \$         1.492           \$         2.82823           \$         4.126           \$         2.80.187           \$         280.187           \$         3.245           \$         22.956           \$         2.2,956	\$ 17,070 \$ 208,726 \$ 38,855 \$ 4,845 \$ 4,845 \$ 4,845 \$ 4,845 \$ 303,563 \$ 292,171 \$ 10,546 \$ 194,108 \$ 11,844 \$ 718 \$ 998 \$ 11,844 \$ 718 \$ 998 \$ 13,684 \$ - \$ 344,676 \$ - \$ 344,676 \$ - \$ 322,302 \$ 21,009 \$ -

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### I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2019-06/30/2020) CANDLER HOSPITAL

	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 (07/01/2019-06/30/2020) CANDLER HOSPITAL

		Out-of-State Medicaid FFS	S Primary		licaid Managed Care		dicare FFS Cross-Overs icaid Secondary)		Medicaid Eligibles (Not Elsewhere)	Tota	I Out-Of-State Me	edicaid
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		s - s	-	\$ -	s -	\$ -	s -	\$ 1,110,571	\$ 2,027,602			
	Totals / Payments											
128	Total Charges (includes organ acquisition from Section K)	\$ - \$	-	\$-	\$-	\$-	\$ -	\$ 1,502,333	\$ 2,027,602	\$ 1,5	602,333 \$	2,027,602
129	Total Charges per PS&R or Exhibit Detail	s - s	-	\$ -	- S	\$	- \$ -	\$ 1,502,333	\$ 2,027,602			
130	Unreconciled Charges (Explain Variance)			-	-	1*		-	-			
				<u>^</u>		<u>^</u>		\$ 369,529	\$ 319,807	\$ 3	69,529 \$	319,807
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ - \$	-	<del>ه</del> -	\$ -	\$ -	\$ -	\$ 369,529	\$ 319,807	\$ 3	\$ \$	319,807
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)							\$ 235,550	\$ 164,048	\$ 2	35,550 \$	164,048
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)								•	ŝ	- \$	-
134	Private Insurance (including primary and third party liability)								\$ (554)	\$	- \$	(554)
135	Self-Pay (including Co-Pay and Spend-Down)							\$ 25	\$ 3,607	\$	25 \$	3,607
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$-\$	-	\$-	\$-							
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)	s - s		\$ -	s -	\$ -	s -	\$ 133,954	\$ 152,706	\$ 1	33,954 \$	152,706
143	Calculated Payment Shortrall / (Longtall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	s - s 0%	- 0%	- 0%		- 0		\$ 133,954		ت تې	53,954 5 64%	52%
1-1-1	Succurated Fayments as a Fercentage of Cost	0 /8	0 /0	078	078	0	/0 0/0	04 /0	52 /0		0470	5270

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

Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.

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

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

### L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital removed part or all 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.

sheet A Pro	ovider Tax Assessment Reconciliation:					
					W/S A Cost Center	
			Dol	llar Amount	Line	
	al Gross Provider Tax Assessment (from general le		\$	3,281,365		-
	g Trial Balance Account Type and Account # that i		Contrac	ctual Adjustment	001.5515.4000	(WTB Account # )
2 Hospita	al Gross Provider Tax Assessment Included in Exp	ense on the Cost Report (W/S A, Col. 2)				(Where is the cost included on w
3 Differer	nce (Explain Here>)		\$	3,281,365		
Browide	er Tax Assessment Reclassifications (from w/s	A 6 of the Medicare cost report				
4	Reclassification Code	A-6 of the Medicare cost report)	<b>_</b>			(Reclassified to / (from))
5	Reclassification Code					(Reclassified to / (from))
6	Reclassification Code					(Reclassified to / (from))
7	Reclassification Code					(Reclassified to / (from))
						(
DSH U	CC ALLOWABLE - Provider Tax Assessment A	djustments (from w/s A-8 of the Medicare cost report)				
8	Reason for adjustment	Addback	\$	3,281,365		(Adjusted to / (from))
9	Reason for adjustment					(Adjusted to / (from))
10	Reason for adjustment					(Adjusted to / (from))
11	Reason for adjustment					(Adjusted to / (from))
12		nt Adjustments (from w/s A-8 of the Medicare cost report)				7
12	Reason for adjustment Reason for adjustment		-			-
13	Reason for adjustment		-			-
14	Reason for adjustment		-			-
10	Reason of adjustment					1
16 Total N	et Provider Tax Assessment Expense Included in	the Cost Report	\$	3,281,365		
			. ·	-,,		
UCC Provid	ler Tax Assessment Adjustment:					
	· · · · · · · · · · · · · · · · · · ·					
17 Gross A	Allowable Assessment Not Included in the Cost Re	port	\$	-		
		r	<u> </u>			
Apport	ionment of Provider Tax Assessment Adjustm	ent to Medicaid & Uninsured:				
18	Medicaid Hospital Charges Sec. G			277,260,320		
19	Uninsured Hospital Charges Sec. G			96,628,901		
20	Total Hospital Charges Sec. G			1,475,441,708		
21	Percentage of Provider Tax Assessment Adju	stment to include in DSH Medicaid UCC		18.79%		
22	Percentage of Provider Tax Assessment Adju			6.55%		
23	Medicaid Provider Tax Assessment Adjustme		\$			

\* Assessment must exclude any non-hospital assessment such as Nursing Facility.

25 Provider Tax Assessment Adjustment to DSH UCC

Uninsured Provider Tax Assessment Adjustment to DSH UCC

\*\* 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.