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

2/10/2023

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Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

۸	. General DSH Year Information		DSH Version	6.02	2/10/2
^	1. DSH Year:	Begin         End           07/01/2021         06/30/2022			
	2. Select Your Facility from the Drop-Down Menu Provided:	CANDLER HOSPITAL			
	Identification of cost reports needed to cover the DSH Year:	Cost Report Cost Report Begin Date(s) End Date(s)			

06/30/2022

3. Cost Report Year 1

n. 30

4. Cost Report Year 2 (if applicable) 5. Cost Report Year 3 (if applicable)

5. Cost Report Year 3 (II applicable)

6. Medicaid Provider Number:

9. Medicare Provider Number:

Data
 000000327A
0
 0
 110024

07/01/2021

## B. DSH 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:

Medicaid Subprovider Number 1 (Psychiatric or Rehab):
 Medicaid Subprovider Number 2 (Psychiatric or Rehab):

- Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to
  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 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 nonemergency 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?

3b. What date did the hospital open?

10932		es	2005BC000
	Year (0 06/3	7/01/2 <sup>.</sup> 0/22)	•
	SH Exa		123311249306

No	
No	

Yes						
 7/26/1934						

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

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C. Disclos	sure of Other	Medicaid Pa	yments R	eceived:
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1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2021 - 06/30/2022 (Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

2. Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2021 - 06/30/2022

(Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (FMP), supplementals, quality payments, bonus 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 paid on a SFY basis.

3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services07/01/2021 - 06/30/2022

\$	1,685,064
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Answer

Yes

1.685.064

### Certification:

 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:

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 best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the 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 CEO or CFO Signature

CFO

Allen Butcher Hospital CEO or CFO Printed Name 912-819-6162 Hospital CEO or CFO Telephone Number

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

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

<b>Hospital Contact:</b>	
Name	Allen Butcher
Title	CFO
Telephone Number	912-819-6162
E-Mail Address	butcheral@sjchs.org
Mailing Street Address	5353 Reynolds St.,
Mailing City, State, Zip	Savannah, GA 31405

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

DSH Version 8.11

2/10/2023

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey. 1. Select Your Facility from the Drop-Down Menu Provided: CANDLER HOSPITAL 7/1/2021 through 6/30/2022 2. Select Cost Report Year Covered by this Survey (enter "X"): Х 3. Status of Cost Report Used for this Survey (Should be audited if available): 5 - Amended 3a. Date CMS processed the HCRIS file into the HCRIS database: 6/30/2023 Data Correct? If Incorrect, Proper Information 4. Hospital Name: CANDLER HOSPITAL Yes 5. Medicaid Provider Number: 000000327A Yes 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): Yes 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab): Yes 8. Medicare Provider Number: 110024 Yes Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): Private Yes Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year: State Name Provider No. 9. State Name & Number 10. State Name & Number 11. State Name & Number 12 State Name & Number 13. State Name & Number 14. State Name & Number 15. State Name & Number (List additional states on a separate attachment) E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2021 - 06/30/2022) 1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1) 2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 4. Total Section 1011 Payments Related to Hospital Services (See Note 1) \$-5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1) 6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1) 8. Out-of-State DSH Payments (See Note 2) Inpatient Outpatient Total 1,021,379 1,037,532 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) \$ \$2,058,911 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) 2.855.969 \$ 13.938.795 \$16,794,764 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) \$3,877,348 \$14,976,327 \$18,853,675 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments: 26.34% 6.93% 10.92% 13. Did your hospital receive any Medicaid managed care payments not paid at the claim level? No Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments. 14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services 15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services 16. Total Medicaid managed care non-claims payments (see question 13 above) received \$-

6/30/2022

7/1/2021

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

D. General Cost Report Year Information

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

F. MIUR / LIUR Qualifying Data from the Cost Report (07/01/20	21 - 06/30/2022)	
	(1111)	
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, F	t. Ι, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6)	68,553 (See Note in Section F-3, below)
F-2. Cash Subsidies for Patient Services Received from State or Loc	al Governments and Charity Care Charges (Used in Low-Income Utilization	Ratio (LIUR) Calculation):
2. Inpatient Hospital Subsidies		
3. Outpatient Hospital Subsidies		
4. Unspecified I/P and O/P Hospital Subsidies		
5. Non-Hospital Subsidies		
6. Total Hospital Subsidies		\$ -
7. Inpatient Hospital Charity Care Charges		24,836,072
8. Outpatient Hospital Charity Care Charges		51,245,653
9. Non-Hospital Charity Care Charges		
10. Total Charity Care Charges		\$ 76,081,725
F-3. Calculation of Net Hospital Revenue from Patient Services (Use	d 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,	Total Patient Revenues (Charges)	Contractual Adjustments (formulas below can be overwritten if amounts are known)
the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.		

11. Hospital       \$114,322,058.00       \$       \$       -       \$       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       >	pital Revenue
12. Subprovider I (Psych or Rehab)       \$0.00       \$	
13. Subprovider II (Psych or Rehab)       \$0.00       \$ <td>25,959,267</td>	25,959,267
14. Swing Bed - SNF       \$0.00       \$0.00       \$       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -	-
15. Swing Bed - NF       \$0.00 </td <td>-</td>	-
16. Skilled Nursing Facility       \$ <td< td=""><td></td></td<>	
17. Nursing Facility       \$0.00       \$0.00       \$0.00       \$       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       \$       -       \$       \$       -       \$       \$       -       \$       \$       -       \$       \$       -       \$       \$       -       \$       \$       -       \$       \$       \$       >       \$       \$       \$       >       \$       \$       \$       >       \$       \$       \$       >       \$       \$       \$       \$       >       \$       \$       \$       >       \$       \$       \$       >       \$       \$       \$       >       \$	
18. Other Long-Term Care       \$0.00         19. Ancillary Services       \$343,413,062.00         20. Outpatient Services       \$1,231,095,901.00	
19. Ancillary Services       \$343,413,062.00       \$1,231,095,901.00       \$265,433,785       \$951,549,259       \$       \$         20. Outpatient Services       \$125,572,511.00       \$125,572,511.00       \$97,058,588       \$       \$       \$	
20. Outpatient Services \$125,572,511.00 \$97,058,588 \$- \$	
	357,525,919
	28,513,923
21. Home Health Agency \$0.00 \$0.00	
22. Ambulance	-
23. Outpatient Rehab Providers       \$0.00       \$       -       \$       >	-
	-
25. Hospice         \$0.00	
26. Other	-
27. Total \$ 457,735,120 \$ 1,356,668,412 \$ 8,855,908 \$ 353,796,576 \$ 1,048,607,847 \$ 6,844,985 \$	411,999,109
28. Total Hospital and Non Hospital Total from Above \$ 1,823,259,440 Total from Above \$ 1,409,249,408	
29. Total Per Cost Report         Total Patient Revenues (G-3 Line 1)         1,823,259,440         Total Contractual Adj. (G-3 Line 2)         1,407,922,122	
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)	
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in	
net patient revenue)	
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a	
decrease in net patient revenue) + 1,327,286	
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLUDED on worksheet G- 3, Line 2 (impact is a decrease in net patient revenue) +	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)	
35. Adjusted Contractual Adjustments 1.409,249,408	
36. Unreconciled Difference (Should be \$0) \$ - Unreconciled Difference (Should be \$0) \$ -	

# G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2021-06/30/2022)

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 Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
hospi con hospi data sh	ital. If d npleted tal has iould be	data in this section must be verified by the lata is already present in this section, it was using CMS HCRIS cost report data. If the a more recent version of the cost report, the e updated to the hospital's version of the cost las can be overwritten as needed with actual data.	Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem
	Routi	ne Cost Centers (list below):									
1	03000	ADULTS & PEDIATRICS	\$ 46,369,590	\$-	\$-	\$0.00	\$ 46,369,590	58,464	\$75,409,190.00		\$ 793.13
2		INTENSIVE CARE UNIT	\$ 9,709,969		\$-		\$ 9,709,969	6,278	\$25,042,257.00		\$ 1,546.67
3		CORONARY CARE UNIT	\$ -	\$ -			\$ -	-	\$0.00		\$ -
4			<u>\$</u> -	\$-			\$ -	-	\$0.00		\$ -
5		SURGICAL INTENSIVE CARE UNIT	\$ -	\$-			\$-	-	\$0.00		\$-
6 7		OTHER SPECIAL CARE UNIT SUBPROVIDER I	<u>\$</u> - \$-	\$			\$ \$	-	\$0.00 \$0.00		\$ - \$ -
8		SUBPROVIDER I	5 - S -	ծ - Տ -			\$ - \$ -	-	\$0.00		ъ - \$ -
9		OTHER SUBPROVIDER	<del>ş -</del> \$ -	φ - \$ -	T		\$ -		\$0.00		\$ -
10		NURSERY		\$-			\$ 3,758,066	8,101	\$12,811,624.00		\$ 463.90
11			\$ -	\$-			\$ -	-	\$0.00		\$ -
12			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
13			\$-	\$-	\$ -		\$-	-	\$0.00		\$-
14			\$-		\$ -		\$-	-	\$0.00		\$-
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16			\$ -	\$ -			\$ -	-	\$0.00		\$ -
17				\$ -			\$ -	-	\$0.00		\$-
18			\$ 59,837,625	\$-	\$-	\$-	\$ 59,837,625	72,843	\$ 113,263,071		
19		Weighted Average									\$ 821.46
	Obser	vation Data (Non-Distinct)		Hospital Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
20	09200	Observation (Non-Distinct)		4,290		_	\$ 3,402,528	\$75,527.00	\$3,345,880.00	\$ 3,421,407	0.994482
20	09200			4,290			φ 3,402,320	\$13,521.00	\$3,343,000.00	φ 3,421,407	0.994402
	Anaill		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4		Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
21		ary Cost Centers (from W/S C excluding Obser OPERATING ROOM		¢ I	¢		¢ 20.244.042	\$55,000,000,000	¢209.440.062.00	¢ 262 520 024	0.110960
21 22	5000		\$29,214,943.00 \$3,331,936.00	\$			\$ 29,214,943 \$ 3,331,936	\$55,088,069.00 \$11,669,468.00	\$208,440,962.00 \$28,690,420.00	\$ 263,529,031 \$ 40,359,888	0.110860
22	5200	DELIVERY ROOM & LABOR ROOM	\$3,331,936.00				\$ 3,331,936 \$ 10,009,596	\$11,669,468.00 \$18,731,763.00	\$28,690,420.00 \$2,538,257.00		0.082556
23 24	5300	ANESTHESIOLOGY	\$1,272,826.00		<del>5 -</del> \$ -		\$ 1,272,826	\$14,645,068.00	\$40,004,941.00		0.023290
24	5400	RADIOLOGY-DIAGNOSTIC	\$16.122.707.00				\$ 16,124,866	\$19.613.868.00	\$91,776,073.00		0.144761
26	5500	RADIOLOGY-THERAPEUTIC	\$31,634,076.00		\$ 23,597		\$ 31,657,673	\$7,418,691.00	\$156,656,117.00		0.192947
27		CT SCAN	\$2,490,651.00		\$ -		\$ 2,490,651	\$22,452,033.00	\$73,966,261.00		0.025832
28	5800		\$1,382,018.00				\$ 1,382,018	\$4,511,307.00	\$22,300,068.00		0.051546
29	6000	LABORATORY	\$14,439,768.00	\$ -	\$ 20,177		\$ 14,459,945	\$51,522,845.00	\$77,442,367.00	\$ 128,965,212	0.112123
30	6500	RESPIRATORY THERAPY	\$4,943,286.00	\$-	\$ -		\$ 4,943,286	\$19,911,058.00	\$996,925.00	\$ 20,907,983	0.236431

# G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2021-06/30/2022) CANDLER HOSPITAL

ine		Total Allowable	Costs Removed on	RCE and Therapy Add-Back (If		I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem /
#	Cost Center Description	Cost	Cost Report *	Applicable	Total Cost		Ancillary Charges	Total Charges	Cost or Other Ratios
10096	PHYSICAL THERAPY	\$4,050,465.00		\$ -	\$ 4,050,465	\$13,269,257.00		\$ 24,176,047	0.167540
	OCCUPATIONAL THERAPY		\$ -		\$ 1,340,756	\$8,986,832.00		\$ 11,011,273	0.121762
	SPEECH PATHOLOGY		\$		\$ 383,608	\$2,573,688.00		\$ 3,409,794	0.112502
	ELECTROCARDIOLOGY	\$3,319,113.00			\$ 3,324,525	\$5,630,423.00	\$13,017,210.00		0.178281
	ELECTROENCEPHALOGRAPHY	\$245,660.00			\$ 245.660	\$318,950.00	\$268,813.00		0.417958
	MEDICAL SUPPLIES CHARGED TO PATIENT		\$-		\$ 21,451,722	\$10,705,032.00		\$ 34,172,967	0.627740
	MPL. DEV. CHARGED TO PATIENTS	\$8,113,357,00			\$ 8,113,357	\$4,189,117.00		\$ 33,099,992	0.245117
	DRUGS CHARGED TO PATIENTS	\$118,572,116.00	\$ -	\$ 11,080	\$ 118,583,196	\$70,905,510.00		\$ 562,598,064	0.210778
7400	RENAL DIALYSIS	\$1,443,751.00	\$ -	\$ -	\$ 1,443,751	\$5,882,419.00		\$ 6,827,273	0.211468
9100 I	EMERGENCY	\$13,446,696.00	\$ -	\$-	\$ 13,446,696	\$13,016,481.00	\$48,225,069.00	\$ 61,241,550	0.219568
300	WOUND CARE	\$5,265,226.00	\$-	\$ 4,784	\$ 5,270,010	\$833,384.00	\$12,736,753.00	\$ 13,570,137	0.388353
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			\$- \$-		 <u> </u>	\$0.00		<u> </u>	-
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			<del>5 -</del> \$ -		<del>5</del> -	\$0.00		<u> </u>	
		φυ.υυ	ψ -	<del>-</del> \$-	<del>5 -</del> \$ -	\$0.00	\$0.00	1	-

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

Cost Report Year (07/01/2021-06/30/2022)

CANDLER HOSPITAL

Line			Intern & Resident	RCE and Therapy Add-Back (If			I/P Davis and I/P	I/P Routine Charges and O/P		Madiaaid Bar Dia
Line #	Cost Center Description	Cost	Costs Removed on Cost Report *	Add-Back (If Applicable			I/P Days and I/P Incillary Charges	•	Total Charges	Medicaid Per Dier Cost or Other Rat
	•	\$0.00	\$ - 3		\$	-	\$0.00	\$0.00	\$-	
		\$0.00	\$ -	\$-	\$	-	\$0.00	\$0.00	\$-	
		\$0.00	\$ - :	\$-	\$	-	\$0.00	\$0.00	\$-	
		\$0.00	\$ -	\$-	\$	-	\$0.00	\$0.00	\$-	
		\$0.00			\$	-	\$0.00		\$-	
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00		\$ -	
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$		\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00		\$ -	
		\$0.00			\$	-	\$0.00		\$ -	
		\$0.00			\$	-	\$0.00 \$0.00	\$0.00 \$0.00		
		\$0.00			\$	-	\$0.00	\$0.00	·	
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00		<del>ş -</del> \$ -	
		\$0.00			\$		\$0.00	\$0.00		
		\$0.00			\$		\$0.00		<del>ş -</del> \$ -	
		\$0.00	-		\$		\$0.00	\$0.00		
		\$0.00			\$		\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00		\$-	
		\$0.00			\$	-	\$0.00		\$-	
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00			\$	-	\$0.00	\$0.00		
		\$0.00	\$ - 3	s -	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00	\$ - 3	\$-	\$	-	\$0.00	\$0.00	\$ -	
	Total Ancillary	\$ 292,474,277	\$ -	\$ 67,209	\$	292,541,486 \$	361,950,790	\$ 1,339,189,671	\$ 1,701,140,461	
	Weighted Average									0.173
	Sub Totals	\$ 352,311,902			\$	352,379,111 \$	475,213,861	\$ 1,339,189,671	\$ 1,814,403,532	
	NF, SNF, and Swing Bed Cost for Medicaid ( Norksheet D, Part V, Title 19, Column 5-7, L		eport Worksheet D-3,	l itle 19, Column 3,	ne 200 and	\$0.00				
	NF, SNF, and Swing Bed Cost for Medicare ( <i>Norksheet D, Part V, Title 18, Column 5-7, L</i>		Report Worksheet D-3,	Title 18, Column 3,	ne 200 and	\$480,783.00				
N	NF, SNF, and Swing Bed Cost for Other Pay	ers (Hospital must calcula	te. Submit support for	calculation of cost.)						
C	Other Cost Adjustments (support must be sul	bmitted)								
	Grand Total	,			\$	351,898,328				
					ψ	001,000,020				

\* 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 (07/01/2021-06/30/2022) CANDLER HOSPITAL

	Medicaid Per	Medicaid Cost to	In-State Medica	id FFS Primary	In-State Medicaid M	anaged Care Primary	In-State Medicare FI Medicaid S	FS Cross-Overs (with Secondary)	In-State Other Me Included E	dicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-St	ate Medicaid	%
Line # Cost Center Description	Medicald 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			
Routine Cost Centers (from Section G):			Days		Days		Days		Days		Days		Days		
03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	\$ 793.13 \$ 1,546.67		<u>3,469</u> 845		<u>3,540</u> 112		4,328		4,170		3,425		15,507 2,036		35.12 37.43
03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	\$ - \$ -														
400 SURGICAL INTENSIVE CARE UNIT	\$ -												-		
500 OTHER SPECIAL CARE UNIT 000 SUBPROVIDER I	\$ - \$ -														
4100 SUBPROVIDER II 4200 OTHER SUBPROVIDER	\$ - ¢												-		
ISOO NURSERY	\$ 463.90		359		3,520		-		462		219		4,341		56.
	\$ - \$ -												-		
	\$ -												-		
	\$ - \$ -														
	s - s -														
	φ -	Total Days	4,673		7,172		4,924		5,115		3,947		21,884		35.
otal Days per PS&R or Exhibit Detail			4,673		7,172		4,924		5,115		3,947				
Unreconciled Days	(Explain Variance)										-				
			Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
							\$ 8,356,423		\$ 8 361 538		\$ 6,162,121		\$ 35,181,524		
Routine Charges			\$ 7,889,723 \$ 1,688,36		\$ 10,573,840 \$ 1,474,32										36.6
Calculated Routine Charge Per Diem			\$ 1,688.36	Anoillany Charges	\$ 1,474.32	Anaillany Charges	\$ 1,697.08	Appillant Charges	\$ 1,634.71	Appillant Charges	\$ 1,561.22	Ancillany Charges	\$ 1,607.64	Ancillan: Charman	36.6
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Section 09200 Observation (Non-Distinct)	on G):	0.994482	\$ 1,688.36 Ancillary Charges 66,498	Ancillary Charges	\$ 1,474.32 Ancillary Charges 7,450	Ancillary Charges	\$ 1,697.08 Ancillary Charges 1,161	Ancillary Charges 377,998	\$ 1,634.71 Ancillary Charges 549	Ancillary Charges	\$ 1,561.22 Ancillary Charges	Ancillary Charges	\$ 1,607.64 Ancillary Charges \$ 75,658	Ancillary Charges \$ 1,092,693	<b>s</b> 3 41.6
Calculated Routine Charge Per Diem Incillary Cost Centers (from W/S C) (from Section 9200 Observation (Non-Distinct) 5000 OPERATING ROOM	on G):	0.110860	\$ 1,688.36 Ancillary Charges 66,498 3,837,558	176,321 4,643,014	\$ 1,474.32 Ancillary Charges 7,450 1,961,667	252,591 21,069,204	\$ 1,697.08 Ancillary Charges 1,161 4,316,779	377,998 9,211,681	\$ 1,634.71 Ancillary Charges 549 3,100,368	285,782 4,567,368	\$ 1,561.22 Ancillary Charges	236,669 9,763,577	\$ 1,607.64 Ancillary Charges \$ 75,658 \$ 13,216,372	\$ 1,092,693 \$ 39,491,267	<b>s</b> 3 41. 7 25.
Calculated Routine Charge Per Diem nciliary Cost Centers (from WS C) (from Section 200 Observation (Non-Distinct) 5000 OPERATING ROOM 5100 (RECOVERY ROOM 5200 (DELIVERY ROOM & LABOR ROOM	on G):	0.110860 0.082556 0.470596	\$ 1,688.36 Ancillary Charges 66,498 3,837,558 404,416 320,795	176,321 4,643,014 737,982 4,972	\$ 1,474.32 Ancillary Charges 7,450 1,961,667 2,398,219 6,861,225	252,591 21,069,204 4,555,010 217,052	\$ 1.697.08 Ancillary Charges 1,161 4,316,779 374,546 19,888	377,998 9,211,681 979,220 1,936	\$ 1,634.71 Ancillary Charges 549 3,100,368 1,015,832 2,017,987	285,782 4,567,368 695,542 46,288	\$ 1.561.22 Ancillary Charges 3,430,047 482,061 419,309	236,669 9,763,577 1,059,676 17,424	\$ 1,607.64 Ancillary Charges \$ 75,658 \$ 13,216,372 \$ 4,193,013 \$ 9,219,895	\$ 1,092,693 \$ 39,491,267 \$ 6,967,754 \$ 270,248	s 3 41 7 25 4 31 8 46
Calculated Routine Charge Per Diem nciliary Cost Centers (from W/S C) (from Section 2000 [Observation (Non-Distinct) 5000 [OPERATING ROOM 5100 [RECOVERY ROOM]	on G):	0.110860 0.082556	\$ 1,688.36 Ancillary Charges 66,498 3,837,558 404,416	176,321 4,643,014 737,982	\$ 1,474.32 Ancillary Charges 7,450 1,961,667 2,398,219	252,591 21,069,204 4,555,010	\$ 1,697.08 Ancillary Charges 1,161 4,316,779 374,546	377,998 9,211,681 979,220	\$ 1,634.71 Ancillary Charges 549 3,100,368 1,015,832	285,782 4,567,368 695,542	\$ 1,561.22 Ancillary Charges 3,430,047 482,061	236,669 9,763,577 1,059,676	\$ 1,607.64 Ancillary Charges \$ 75,658 \$ 13,216,372 \$ 4,193,013	\$ 1,092,693 \$ 39,491,267 \$ 6,967,754	s 3 41. 7 25. 4 31. 8 46. 4 27.
Calculated Routine Charge Per Diem hotilary Cost Centers (from W/S C) (from Sectin 200 Observation (Non-Distinct) 5000 (OPERATING ROOM 5000 DELIVERY ROOM 5000 DELIVERY ROOM 5000 ALSOERY ROOM 5000 RADIOLOGY-IDHARAPEUTIC	on G):	0.110860 0.082556 0.470596 0.023290 0.144761 0.192947	\$ 1,688.36 Ancillary Charges 66,498 3,837,558 404,416 320,795 617,855 1,235,912 71,214	176,321 4,643,014 737,982 4,972 911,739 1,376,558 3,185,040	\$ 1,474.32 Ancillary Charges 7,450 1,961,667 2,398,219 6,861,225 2,288,263 658,244 340,112	252,591 21,069,204 4,555,010 217,052 4,999,369 3,774,081 5,810,545	\$ 1,697.08 Ancillary Charges 1,161 4,316,779 374,546 19,888 608,934 1,763,504 778,340	377,998 9,211,681 979,220 1,936 1,393,948 4,645,365 11,113,660	\$ 1.634.71 Ancillary Charges 549 3,100,388 1.015,832 2,017,987 1,097,736 1,451,760 479,124	285,782 4,567,368 695,542 46,288 877,798 2,188,102 3,783,530	\$ 1.561.22 Ancillary Charges 	236,669 9,763,577 1,059,676 17,424 1,556,277 7,397,247 7,636,574	\$ 1.607.64 Ancillary Charges \$ 75,658 \$ 13,216,372 \$ 4,193,013 \$ 9,219,895 \$ 4,612,787 \$ 5,109,419 \$ 1,608,790 \$ 1,608,790	\$ 1,092,693 \$ 39,491,267 \$ 6,967,754 \$ 270,248 \$ 8,182,854 \$ 11,984,106 \$ 23,892,775	s 3 41 7 25 4 31 8 46 4 27 6 23 5 20
Calculated Routine Charge Per Diem Anciliary Cost Centers (from Wis C) (from Secting 2000) Observation (Non-Distint) 5000) (DPERATINIS ROOM 5100) RECOVERY ROOM 5200) DELIVERY ROOM & LABOR ROOM 5300 (ANESTHE SIOL COGY 5400 (RADIOL COGY-DIAGNOSTIC 5500 (RADIOL COGY-THERAPEUTIC 5700) (CT SCAN 5800) [MR]	n G):	0.110860 0.082556 0.470596 0.023290 0.144761	\$ 1,688.36 Ancillary Charges 66,498 3,837,558 404,416 320,795 617,855 1,235,912	176,321 4,643,014 737,982 4,972 911,739 1,376,558	\$ 1,474.32 Ancillary Charges 7,450 1,961,667 2,398,219 6,861,225 2,288,263 658,244	252,591 21,069,204 4,555,010 217,052 4,999,369 3,774,081	\$ 1,697.08 Ancillary Charges 1,161 4,316,779 374,546 19,888 608,934 1,763,504 778,340 1,783,9744 352,382	377,998 9,211,881 979,220 1,393,948 4,645,365 11,113,660 5,120,740 1,135,378	\$ 1.634.71 Ancillary Charges 549 3,100,368 1.015,832 2,017,987 1.097,736 1.451,760	285,782 4,567,368 695,542 46,288 877,798 2,188,102	\$ 1,561.22 Ancillary Charges - - - - - - - - - - - - -	236,669 9,763,577 1,059,676 17,424 1,556,277 7,397,247	\$ 1.607.64 Ancillary Charges \$ 75.658 \$ 13.216.372 \$ 4.193.013 \$ 9.219.895 \$ 4.612.787 \$ 5.109.419	\$ 1,092,693 \$ 39,491,267 \$ 6,967,754 \$ 270,248 \$ 8,182,854 \$ 11,984,106	s 3 41. 7 25. 4 31. 3 46. 4 27. 6 23. 5 20. 7 30.
Calculated Routine Charae Per Diem Anciliary Cost Centers (from WiS C) (from Section 2000 (Diservation (Non-Distint)) 5000) (DPERATING ROOM 5000 (DPERATING ROOM 5000 DELIVERY ROOM 5000 BLIVERY ROOM & LABOR ROOM 5000 BLIVERY ROOM & LABOR ROOM 5000 RADIOLOGY-DIAGNOSTIC 5000 (IN RADIOLOGY-DIAGNOSTIC 5000 IRMI 6000 ILABORATORY	on G):	0.110860 0.082556 0.470596 0.023290 0.144761 0.192947 0.025832 0.051546 0.112123	\$ 1,688.36 Ancillary Charges 66,498 3,837,558 404,416 320,795 617,855 1,235,912 71,214 1,615,901 320,785 3,809,422	176.321 4,643,014 737.982 4,972 911,739 1,376.558 3,185,040 1,678,114 408,271 2,197,132	\$ 1.474.32 Ancillary Charges 7.450 1.964.667 2.398.219 6.861.225 2.288.263 658.244 340.112 679.615 82.038 3.790.336	252,591 21,069,204 4,555,010 217,052 4,999,369 3,774,081 5,810,545 3,438,654 675,031 4,248,866	\$ 1.697.08 Ancillary Charges 1.161 4.316.779 374.546 19.888 600.934 1.763.504 7718.340 1.839.744 365.3834	377,998 9,211,681 979,220 1,936 1,393,948 4,645,365 11,113,660 5,120,740 1,135,378 3,786,555	\$ 1.634.71 Ancillary Charges 549 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721	285,782 4,567,368 695,542 46,288 877,798 2,188,102 3,783,530 1,724,689 430,904 2,875,264	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201	236,669 9,763,577 1,059,676 17,424 1,556,277 7,397,247 7,636,574 9,048,102 950,760 12,330,328	\$ 1.607.64 Ancillary Charges \$ 75.658 \$ 13.216.372 \$ 4.193.013 \$ 9.219.895 \$ 4.612.787 \$ 5.109.419 \$ 1.608.790 \$ 5.562.585 \$ 962.882 \$ 15.888.313 \$	\$ 1,092,693 \$ 39,491,267 \$ 6,967,754 \$ 270,248 \$ 8,182,854 \$ 11,984,106 \$ 23,892,775 \$ 11,962,197 \$ 2,649,584 \$ 13,107,817	s 3 41. 7 25. 4 31. 8 46. 4 27. 6 23. 5 20. 7 30. 4 19. 7 35.
Calculated Routine Charace Per Diem ncillary Cost Centers (from Wis C) (from Secti 200 Observation (Non-Distinct) 5000 (OPERATING ROOM 5000 DELWERY ROOM 5000 DELWERY ROOM & LABOR ROOM 5000 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 RADIOLOGY-DIAGNOSTIC 5600 IRSPIRATORY THERAPY 6500 [RESPIRATORY THERAPY 5600 PHYSICAL THERAPY	on G):	0.110860 0.082556 0.023290 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.167540	\$ 1.688.36 Ancillary Charges 66,498 3.837,558 4044.16 320,705 1.235,912 71,214 1.615,901 3.20,785 3.899,422 1.884,422 3.89,783	176.321 4.643.014 737.982 911.739 1.376.558 3.165.040 1.678.114 408.271 2.197.132 376.462 69.657	\$ 1.474.32 Accillary Charges 7.450 1.961.667 2.398.219 6.561.225 2.288.263 658.244 340.112 679.615 82.038 3.790.386 3.890.322 42.560	262,591 21,069,204 4,555,010 217,052 4,999,369 3,774,081 5,810,545 3,438,654 675,031 4,248,866 100,461 389,998	\$ 1.697.08 Ancillary Charges 1.161 4.316.770 374.546 19.888 608.934 1.765.504 718.340 1.339.744 3552.382 4.353.834 2.041.503	377,998 9,211,681 979,220 1,936 1,393,948 4,645,365 11,113,660 5,120,740 1,135,378 3,786,555 134,963 640,516	\$ 1.834.71 Ancillary Charges 549 3.100.388 1.015.832 2.017.997 1.097.736 1.451.760 4.791.124 1.452.759 2.27.677 3.844.721 1.593.207 3.41.374	285,782 4,567,368 695,542 46,288 877,798 2,188,102 3,783,530 1,724,689 430,904 2,875,264 73,923 996,754	\$ 1.561.22 Ancillary Charges - - - - - - - - - - - - -	236,669 9,763,577 1,059,676 1,7,424 1,556,277 7,397,247 9,048,102 950,760 12,330,328 220,659 337,406	\$ 1.607.64 Ancillary Charges \$ 75,658 \$ 13,216,372 \$ 4.193.013 \$ 9.219.895 \$ 4.612,787 \$ 5.109,419 \$ 1.608,790 \$ 5.562,585 \$ 9.62,882 \$ 15,888,313 \$ 5.908,254 \$ 12,91,357 \$ 5.908,254 \$ 12,93,357 \$ 5.908,254 \$ 12,93,357 \$ 5.908,254 \$ 12,93,357 \$ 5.908,254 \$ 12,93,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5.293,357 \$ 5.908,254 \$ 5	\$ 1,022,633 \$ 39,491,267 \$ 6,967,754 \$ 270,248 \$ 210,248 \$ 11,984,106 \$ 23,892,775 \$ 11,962,197 \$ 2,649,584 \$ 13,107,817 \$ 685,809 \$ 2,096,925	s 3 41. 7 25. 4 31. 8 46. 4 27. 6 23. 5 20. 7 30. 4 19. 7 35. 9 36. 5 16.
Calculated Routine Charae Per Diem ancillary Cost Centers (from WIS C) (from Secti 200 Observation (Non-Distinct) 5000 (OPERATING ROOM 5100 (RECOVERY ROOM 5200 [DELIVERY ROOM & LABOR ROOM 5200 (RADIOLOGY-DHAGNOSTIC 5300 (RADIOLOGY-THERAPEUTIC 5700 (CCSUCOGY-THERAPEUTIC 5700 (CCSUCOGY-THERAPY 6600 [PHYSICAL THERAPY 6600 [PHYSICAL THERAPY 6600 [PHYSICAL THERAPY 6600 [PHYSICAL THERAPY	on G):	0.110860 0.082556 0.470596 0.144761 0.192947 0.025832 0.051546 0.112123 0.25843 0.167540 0.127540	\$ 1,688.36 Ancillary Charges 66,499 3,837,559 404,416 320,795 1,235,912 71,214 1,815,901 320,785 3,899,422 1,844,422 399,783 128,743	176,321 4,643,014 737,962 911,739 1,376,558 3,185,040 1,678,114 408,271 2,197,132 376,462 69,657 4,017	\$ 1.474.32 Ancillary Charges 7,450 1,961.667 2,398.219 6,861.225 2,288.263 658.244 340.112 679.615 8,038 3,790.336 389.122	252.591 21,069,204 4.555.010 217,052 4.999,369 3.774.081 5.810.545 3.438,654 675.031 4.248.866 100,461 389,998 69,502	1.697.08           Ancillary Charges           1,161           4,316,779           374,546           19,888           6008,934           1,763,504           718,360           1,838,744           352,382           4,353,634           2,041,504           204,548	377,988 9,211,881 979,220 1,936 1,939,448 4,645,365 11,113,660 5,120,740 1,135,378 3,786,555 134,963 6,60,516 206,338	\$ 1.634.71 Ancillary Charges 549 3,100,368 1,015,832 2,017,987 1,097,736 1,451,760 479,124 1,427,325 227,577 3,844,721 1,593,207 341,374 124,471	285,782 4,567,368 695,542 46,288 877,798 2,188,102 3,783,530 1,724,689 430,904 2,875,264 73,923	\$ 1,561.22 Ancillary Charges 3,430,047 482.061 419,309 673,044 1,419,871 785,833 2,063,102 540,209 3,818,201 854,678 241.277 70,587	236.669 9.763.577 1.059.676 17.424 1.556.277 7.397.247 9.048,102 950.760 12.33.328 220.659 397.406 73.435	\$ 1.607.64 Ancillary Charges 5 75.658 5 13,216,372 5 4.193,013 9 .109,419 5 .6109,419 5 1.608,790 5 5 9 982,882 5 982,882 5 16,888,313 5 5,908,254 5 1,229,357 5 4.72,393	\$ 1.092.693 \$ 39.491.267 \$ 6.967.754 \$ 270.248 \$ 8.182.854 \$ 11.984.106 \$ 23.892.775 \$ 11.962.197 \$ 2.649.584 \$ 13.107.817 \$ 805.809 \$ 2.096.925 \$ 473.798	s 3 41. 7 25. 4 31. 8 46. 4 27. 6 23. 5 20. 7 30. 4 19. 7 35. 9 36. 5 16. 8 9.
Calculated Routine Charge Per Diem           hclllary Cost Centers (from W/S C) (from Section 200           Observation (Non-Distinct)           5000         DDELWERY ROOM           5000         ADESTHING ROOM           5200         DELWERY ROOM           5300         ANESTHESIOLOGY           5400         RADIOLOGY-DHARAPEUTIC           5700         CCT SCAN           5800         MRI           6800         MESTATORY THERAPY           6600         RESPIRATORY THERAPY           6600         PHYSICAL THERAPY           6800         SPEECH PATHOLOGY           6800         REST ATIONAL THERAPY           6800         SPEECH PATHOLOGY           6800         SPEECH PATHOLOGY	on G):	0.110860 0.082556 0.470396 0.023290 0.144761 0.025832 0.051546 0.112123 0.226431 0.226431 0.121762 0.121762 0.121762	\$ 1,688.36 Ancillary Charges 6,499 3,837,558 404,416 320,795 1,235,912 71,214 1,615,901 320,785 3,899,422 1,84,422 369,783 122,743 123,942 123,942 123,942 123,942 123,942 123,942 123,942 123,942 123,942 123,942 123,942 123,942 123,942 124,945 123,942 124,945 12	176.321 4,643.014 737.982 4,972 911.739 1.376.588 3.185.040 1.678,114 408.271 2.197.132 376.462 60.657 4,017 3.340 150,625	\$ 1.474.32 Ancillary Charges 1.460 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 1.4631 94.414 100.378	252.591 21,069,204 4,555.010 217,052 4,999,369 3,774.081 5,810.545 3,438,654 675,031 4,248,866 100,461 389,998 69,502 10,019 322,531	\$ 1.897.08 Ancillary Charges 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 170.194 617.0194	377,988 9.211,681 979,220 1,936 4,645,365 11,113,660 5,120,740 1,135,378 3,786,555 134,963 640,516 206,338 43,869 877,817	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.227.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053	285,782 4,657,388 695,542 49,288 877,798 2,189,102 3,782,530 1,724,689 4,30,904 73,923 996,754 193,941 44,623 374,161	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.635.574 9.048.102 950.760 12.330.329 220.659 397.406 73.438 68.405 9.92.629	\$         1.607.64           Ancillary Charges         75.658           \$         75.658           \$         13.216.372           \$         9.219.895           \$         4.612.787           \$         5.008.419           \$         16.008.790           \$         5.62.885           \$         9.224.321           \$         15.888.313           \$         9.02.254           \$         1.201.357           \$         7.233           \$         521.977           \$         223.066	\$ 1.092.693 \$ 39.491.267 \$ 6.967.754 \$ 270.248 \$ 8.182.854 \$ 11.984.106 \$ 23.892.775 \$ 11.962.197 \$ 2.649.584 \$ 13.107.817 \$ 865.809 \$ 2.096.925 \$ 473.788 \$ 101.785 \$ 101.7817 \$ 1.727.134	s 3 41 7 25 4 31 3 46 4 27 6 23 5 20 7 30 4 19 7 35 9 36 5 16 8 9 1 22 4 24
Calculated Routine Charace Per Diem ancillary Cost Centers (from WiS C) (from Sectif 200 Observation (Non-Disinci) 5000 OPERATING ROOM 5000 DELWERY ROOM 5000 DELWERY ROOM & LABOR ROOM 5000 RADIOLOGY-DHAGNOSTIC 5000 RADIOLOGY-THERAPEUTIC 5700 CT SCAN 56000 ILABORATORY 66000 PHSIGAL THERAPY 66000 PHSICAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY 6700 OCCUPATIONAL THERAPY		0.110860 0.082556 0.470596 0.142761 0.142761 0.192947 0.025632 0.051546 0.112123 0.236431 0.167540 0.12762 0.112502	\$ 1.688.36 Accillary Charges 66.498 3.837.558 404.416 320.795 617.855 1.235.912 71.214 1.615.901 3.20.785 3.899.422 1.884.422 3.66.783 122.736 122.743 121.443	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.678.114 400.271 2.197.132 376.462 69.657 4.017 3.340	\$ 1.474.32 Ancillary Charges 7.450 1.961.667 2.398.219 6.661.225 2.269.263 6.652.241 340.112 679.615 82.033 3.99.336 3.399.336 3.399.336 3.425.60 14.631 9.4.414	252.591 21,069,204 4,555,010 217,052 4,999,369 3,774,081 5,810,545 3,438,654 675,031 4,248,866 100,461 3,89,999 69,502 10,019	\$ 1.697.08 Ancillary Charges 1.161 1.4316.779 374.546 19.888 606.934 1.765.504 718.340 1.539.744 3552.382 4.353.834 2.041.503 8.37.640 204.563 170.194	377,988 9,211,681 9,979,220 1,936 1,393,948 4,645,365 11,113,660 5,120,740 1,135,378 3,786,555 1,34,963 6,40,516 206,338 43,869	\$ 1.834.71 Ancillary Charges 549 3.100.388 1.015.832 2.017.987 1.007.736 1.451.760 4.791.124 1.427.325 2.27.677 3.844.721 1.593.207 3.41.374 1.24.471 1.35.928	285,782 4,567,368 695,542 46,268 877,798 2,188,102 3,783,530 1,724,689 430,904 2,875,264 73,923 996,754 193,941 44,623	\$ 1.561.22 Ancillary Charges	236.669 9.763.577 1.059.676 17,424 1.556,277 7.397.247 9.048.102 950.760 12.330.328 220.659 397.406 73.435 68.405	\$ 1.607.64 Ancillary Charges 5 75658 5 152658 5 4193.013 5 4219.895 5 4612.787 5 5.109.419 5 1.608.790 5 5.622.585 5 962.682 5 15.688.313 5 5.908.254 5 12.937 5 472.933 5 521.977 5 1.293.066 1.293.066 5 1.303.924	\$ 1.092.693 \$ 39.491.267 \$ 6.967.754 \$ 270.248 \$ 8.182.854 \$ 11.984.106 \$ 23.892.775 \$ 11.962.197 \$ 2.649.584 \$ 13.107.817 \$ 685.809 \$ 2.096.925 \$ 473.798 \$ 101.851	s 3 41. 7 25. 4 31. 8 46. 4 27. 6 23. 5 20. 7 30. 4 19. 7 35. 9 36. 5 16. 5 9. 1 22. 4 24. 3 50.
Calculated Routine Charace Per Diem ancillary Cost Centers (from W/s C) (from Secti 200 Observation (Non-Distint) 5000 ODERVENTROOM 5000 DELIVERY ROOM 5000 ADELIVERY ROOM & LABOR ROOM 5000 RADIOLOGY-DHAGNOSTIC 5000 RADIOLOGY-DHAGNOSTIC 5000 RADIOLOGY-THERAPEUTIC 5700 (CT SCAN 5800 MRT 6800 RESPIRATORY THERAPY 6800 RESPIRATORY THERAPY 6800 SPECE/HATHOLOGY 6800 SPECH PATHOLOGY 6800 SPECH PATHOLOGY 6800 SELECTROCARDIOLOGY 6800 SELECTROCARDIOLOGY 6800 SPECH PATHOLOGY 6800 SPECH PATHOLOG		0 110880 0 082556 0 072590 0 023290 0 144761 0 0152647 0 025632 0 025632 0 025632 0 025632 0 025632 0 025632 0 025632 0 015740 0 0.121762 0 0.12162 0 0.178281 0 4.77558 0 6.27740 0 0.245117	\$ 1,688.36 Ancillary Charges 6,498 3,837,558 404,416 320,795 1235,912 7,214 7,214 7,214 1,615,901 1,615,901 3,809,422 1,884,422 3,369,783 122,443 122,639 30,242 3,362,783 122,443 125,639 3,122,433 122,737 125,639 3,649 327,737 32,737 32,737 33,742 34,743 34,744 35,780 34,944 35,780 34,944 35,780 35,494 35,59 35,494 35,59 35,494 35,59 35,494 35,59 35,494 35,59 35,494 35,59 35,494 35,59 35,494 35,59 35,494 35,59 35,49 35,494 35,59 35,49 35,	176.321 4.643.014 737.982 4.972 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 69.657 4.017 3.340 150.625 1.236 4.29.570	\$ 1.474.32 Ancillary Charges 1.474.32 1.961.667 2.398.219 6.861.225 2.288.263 6.659.244 6.659.244 6.659.244 6.659.244 6.659.244 6.659.244 6.659.244 6.659.244 6.659.244 6.659.244 6.659.24 6.78.615 6.2.03 6.79.33 3.89.122 4.2.660 1.4.631 9.4.414 1.80.376 3.146 3.06.703 2.03.222	252,591 21,062,204 4,555,010 217,052 4,999,369 3,774,081 5,810,545 6,75,031 4,248,866 100,461 389,998 669,502 10,019 322,531 61,731 1,082,945 512,004	\$ 1.697.08 Ancillary Charges 1.161 1.4.316.779 374.546 10.88 606.934 1.763.504 7.16.340 7.16.340 7.16.340 2.041.504 352.624 4.355.634 2.041.504 637.640 204.548 170.194 617.945 64.405 801.624 317.221	377,998 9,211,681 979,220 1,393,948 4,645,365 11,113,680 5,120,740 1,135,378 3,786,555 134,963 6,40,516 206,338 43,869 878,817 13,947 972,646 911,419	\$ 1.834.71 Ancillary Charges 549 3.100.368 1.015.832 2.017.987 1.007.736 1.451.760 4.451.760 4.451.760 4.451.780 3.454.721 3.844.721 1.593.207 3.41.374 124.471 135.926 3.60.953 2.28.879 4.449.603 123.821	286,782 4,657,368 695,542 462,288 877,798 2,188,102 3,783,530 1,724,689 430,904 2,875,264 739,223 996,754 193,941 44,623 374,161 30,679 497,643 304,601	\$ 1.561.22 Ancillary Charges - - - - - - - - - - - - -	236.669 9.763.577 1.059.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 950.760 12.330.328 220.659 397.406 73.435 66.405 926.029 43.173 917.184	\$ 1.607.64 Ancillary Charges [5 75.658] \$ 1.32.16.372 \$ 4.193.013 \$ 6.219.895 \$ 4.612.787 \$ 5.109.419 \$ 1.600.790 \$ 5.902.584 \$ 5.902.584 \$ 5.902.584 \$ 1.213.57 \$ 4.72.393 \$ 5.21.977 \$ 1.233.066 \$ 1.30.924 \$ 2.155.700 \$ 91.700 \$ 91.7000 \$ 91.70000 \$ 91.70000 \$ 91.70000 \$ 91.70000 \$ 91.70000 \$ 91.700000 \$ 91.700000000 \$ 91.7000000000000000000000000000000000000	\$ 1.092,603           \$ 39,441,267           \$ 6.067,754           \$ 770,248           \$ 11,984,106           \$ 23,962,775           \$ 11,984,106           \$ 23,982,775           \$ 11,982,107           \$ 24,945,584           \$ 13,107,817           \$ 686,809           \$ 10,985,102           \$ 107,851           \$ 107,593           \$ 2,989,582           \$ 1,727,134           \$ 1,998,582	s         3         41.           7         25.         4           4         31.         3           4         34.         23.           5         20.         7           6         23.         5           7         30.         4           4         19.         7           7         36.         5           9         36.         5           9         36.         5           16.         8         9.           11.         22.         44.           24.         3         50.           4         19.         7
Calculated Routine Charge Per Diem nctillary Cost Centers (from Wis C) (from Sectif 200 Observation (Non-Distinct) 5000 ODE NET STATING ROOM 5000 DELIVERY ROOM 5000 RADIOLOGY:DHAGNOSTIC 5000 RADIOLOGY:DHAGNOSTIC 5000 RADIOLOGY:THERAPEUTIC 5700 CT SCAN 5800 IRT 6800		0 110880 0 082556 0 072390 0 1447656 0 142761 0 15247 0 025832 0 027400 0 027450 0 02245117 0 21778 0 21468	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.961.667 2.398.219 6.861.225 2.288.863 6.661.225 6.288.863 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.24 6.	252.591 21,062,204 4,555.010 217.052 4,999.369 3,774.081 5,810.545 6,75.031 4,248.866 100.461 380.998 60,502 10,019 322,531 61,731 1,082,945 512,004 6,922,180 495	\$ 1.897.08 Ancillary Charges 1.161 1.4.316.779 374.546 10.805.934 1763.504 718.340 718	377,998 9.211,681 979,220 1,393,948 4,645,365 11,113,680 5,120,740 1,135,378 3,786,555 134,963 6,40,516 206,338 43,869 878,817 13,947 972,646 914,419 31,471,445 209,388	\$ 1.834.71 Ancillary Charges 549 3.100.368 1.016.832 2.017.987 1.097.736 1.451.760 4.451.760 4.427.325 2.27.677 3.844.721 1.599.307 341.374 124.471 135.926 360.963 2.28.879 4.449.603 123.821 5.193.205 5.33.420	285,782 4,567,368 695,542 462,288 877,798 2,188,102 3,783,530 1,724,689 430,904 2,675,264 739,233 996,754 193,941 44,623 374,161 30,679 497,643 304,601 12,936,148 70,816	\$ 1.561.22 Ancillary Charges - - - - - - - - - - - - -	236.669 9.763.577 1.059.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 950.760 12.330.328 220.659 397.406 73.435 66.405 926.029 43.173 917.184 553.684 4.781.948 221.56	\$ 1.607.64 Ancillary Charges [5 75.658 [5 12.1637] 4.193.013 [5 4.219.392 5 4.612.787 [5 5.109.419 5 1.09.419 5 6.902.787 5 5.902.584 5 9.202.882 15.868.313 5 5.902.584 5 1.213.57 5 4.72.393 5 21.977 5 1.233.066 1.233.0924 5 1.233.0924 5 1.939.245 5 1.93.924 5	\$         1.022.030           \$         39.491.267           \$         0.607.754           \$         2.70.248           \$         1.19.84.100           \$         2.39.277.57           \$         1.19.84.100           \$         2.39.277.57           \$         1.19.62.197           \$         2.649.554           \$         1.19.62.197           \$         2.049.625           \$         1.07.813           \$         2.049.924           \$         1.07.135           \$         2.049.924           \$         1.07.933           \$         2.982.804           \$         1.09.99.582           \$         5.962.109           \$         3.82.149	s         s           3         41           7         25           4         31           8         46           4         27           5         20           7         35           3         66           6         5           9         36           5         16           5         16           5         12           24         24           24         24           4         19           2         11           2         15           9         36
Calculated Routine Charge Per Diem Ancillary Cost Centers (from W/S C) (from Secti 9200 Observation (Non-Distint) 9000 DieEnvervation (Non-Distint) 9000 DieLWERY ROOM & LAGOR ROOM 9200 DIELWERY ROOM & LAGOR ROOM 9300 ANESTHESIOLOGY 9400 [RADIOLOGY-DHAGNOSTIC 9500 [RADIOLOGY-DHAGNOSTIC 9500] CT SCAN 9500 [RADIOLOGY-THERAPY 9500] [LABORATORY 9600 [PHYSICAL THERAPY 9600 [PHYSICAL THERAPY 9600 [ELECTROCARDIOLOGY 9000 [ELECTROCARDIOLOGY 9000 [ELECTROCARDIOLOGY 1000 MEDICAL SUPPLIES CHARGED TO PATIENTS 7300 [DRUGS CHARGED TO PATIENTS 7400 [RENAL DIALYSIS 9100 [ENLECTROCARDIOLOGY		0 110860 0.08256 0.470596 0.023290 0.144761 0.192947 0.025832 0.051546 0.112123 0.26431 0.167540 0.121762 0.112802 0.112	\$ 1.688.36 Ancillary Charges 66,499 3.837,558 404.416 320,795 1.235,912 71.214 1.615,901 320,785 3.899,422 1.84,422 369,783 122,743 122,743 122,743 122,743 122,743 122,743 122,743 122,743 122,743 122,743 122,690 35,696 57,860 57,7850 57,7800 57,797 57,7	176.321 4.643.014 737.982 4.972 9.11.739 1.376.558 3.185.040 1.677.114 4.08.271 2.197.132 3.376.462 4.017 3.340 1.50.625 1.236 4.29.570 2.67.558	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,839,999 66,502 10,019 3,22,531 6,7,331 1,062,945 5,12,004 8,922,180 4,935,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,646,365 5,120,740,740 5,120,7405,120,	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.821 5.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.55.684 5.37.184 5.37	\$         1.607.64           Anciliary Charges 5           5         75.658           \$         1.32.16.372           \$         4.113.013           \$         9.219.895           \$         4.612.787           \$         5.109.419           \$         9.608.700           \$         5.602.545           \$         9.82.882           \$         1.508.313           \$         5.008.254           \$         1.221.337           \$         5.21.977           \$         1.233.066           \$         197.001           \$         1.943.0182           \$         1.943.0182           \$         1.943.0182           \$         1.943.0182           \$         1.943.0182           \$         1.943.0182           \$         3.407.559	\$         1.092.093           39.491.267         \$           \$         2.697.754           \$         2.702.248           \$         1.1984.106           \$         2.3.982.775           \$         1.1984.106           \$         1.1984.106           \$         1.1984.106           \$         1.2.496.548           \$         1.07.817           \$         0.863.809           \$         1.07.817           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         2.802.804           \$         1.906.582           \$         5.906.92.188           \$         3.82.149           \$         1.30.06.558	s           3         41.1           7         25.5           4         31.3           8         46.6           5         20.0           7         30.0           7         30.0           7         30.0           7         30.0           9         36.5           16.8         9.9           9         36.5           14         19.1           20         11.1           30         35.0           30         36.8           4         46.0
Calculated Routine Charace Per Diem ancillary Cost Centers (from W/s C) (from Secti 200 Observation (Non-Distinci) 5000 ODEENVERY ROOM 5000 DELIVERY ROOM & LABOR ROOM 5000 RADIOLOGY-DHAGNOSTIC 5000 RADIOLOGY-DHAGNOSTIC 5000 RADIOLOGY-THERAPEUTIC 5700 (CT SCAN 5800 IRATI 6800 IRABORATORY 6800 IRABORATORY 6		0 110880 0 082556 0 470596 0 023290 0 144761 0 025832 0 0051546 0 112123 0 236431 0 051546 0 112123 0 236431 0 167540 0 121762 0 112502 0 1178281 0 417958 0 427177 0 2245117 0 2245177 0 2210788 0 2210788 00	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.961.667 2.398.219 6.861.225 2.288.863 6.658.241 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.244 6.658.24 6.	252.591 21,062,204 4,555.010 217.052 4,999.369 3,774.081 5,810.545 6,75.031 4,248.866 100.461 380.998 60,502 10,019 322,531 61,731 1,082,945 512,004 6,922,180 495	\$ 1.897.08 Ancillary Charges 1.161 1.4.316.779 374.546 10.805.934 1763.504 718.340 718	377,998 9.211,681 979,220 1,393,948 4,645,365 11,113,680 5,120,740 1,135,378 3,786,555 134,963 6,40,516 206,338 43,869 878,817 13,947 972,646 914,419 31,471,445 209,388	\$ 1.834.71 Ancillary Charges 549 3.100.368 1.016.832 2.017.987 1.097.736 1.451.760 4.451.760 4.427.325 2.27.677 3.844.721 1.599.307 341.374 124.471 135.926 360.963 2.28.879 4.449.603 123.821 5.193.205 5.33.420	285,782 4,567,368 695,542 462,288 877,798 2,188,102 3,783,530 1,724,689 430,904 2,675,264 739,233 996,754 193,941 44,623 374,161 30,679 497,643 304,601 12,936,148 70,816	\$ 1.561.22 Ancillary Charges - - - - - - - - - - - - -	236.669 9.763.577 1.059.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 950.760 12.330.328 220.659 397.406 73.435 66.405 926.029 43.173 917.184 553.684 4.781.948 221.56	\$ 1.607.64 Ancillary Charges [5 75.658 [5 12.1637] 4.193.013 [5 4.219.392 5 4.612.787 [5 5.109.419 5 1.09.419 5 6.902.787 5 5.902.584 5 9.202.882 15.868.313 5 5.902.584 5 1.213.57 5 4.72.393 5 21.977 5 1.233.066 1.233.0924 5 1.233.0924 5 1.939.245 5 1.93.924 5	\$         1.022.030           \$         39.491.267           \$         0.607.754           \$         2.70.248           \$         1.19.84.100           \$         2.39.277.57           \$         1.19.84.100           \$         2.39.277.57           \$         1.19.62.197           \$         2.649.554           \$         1.19.62.197           \$         2.049.625           \$         1.07.813           \$         2.049.924           \$         1.07.135           \$         2.049.924           \$         1.07.933           \$         2.982.804           \$         1.09.99.582           \$         5.962.109           \$         3.82.149	s           3         41.1           7         25.5           4         31.3           8         46.6           5         20.0           7         30.0           7         30.0           7         30.0           7         30.0           9         36.5           16.8         9.9           9         36.5           14         19.1           20         11.1           30         35.0           30         36.8           4         46.0
Calculated Routine Charae Per Diem ancillary Cost Centers (from Wis C) (from Secti 200 Observation (Non-Distinct) 5000 ODERVENTROOM 5000 DELIVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM 5200 DELIVERY ROOM & LABOR ROOM 5200 RADIOLOGY-DHAGNOSTIC 5300 (RADIOLOGY-THERAPEUTIC 5700 OCCUPCOSTIC 5700 OCCUPCTORY 6600 PHYSICAL THERAPY 6600 ELECTROENCEPHALOGRAPHY 7000 ELECTROENCEPHALOGRAPHY 7000 ELECTROENCEPHALOGRAPHY 7100 MEDICAC SUPPLIES CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DALYSIS 9100 ENELORENCY		0 110860 0.08256 0.470596 0.023290 0.144761 0.192947 0.025832 0.051546 0.112123 0.26431 0.167540 0.121762 0.112802 0.112	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,839,999 66,502 10,019 3,22,531 6,7,331 1,062,945 5,12,004 8,922,180 4,935,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,646,365 5,120,740,740 5,120,7405,120,	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.821 5.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.55.684 5.37.184 5.37	\$         1.607.64           Anciliary Charges 5           5         75.658           \$         1.32.16.372           \$         4.113.013           \$         9.219.895           \$         4.612.787           \$         5.109.419           \$         9.608.700           \$         5.602.545           \$         9.82.882           \$         1.508.313           \$         5.008.254           \$         1.221.337           \$         5.21.977           \$         1.233.066           \$         197.001           \$         1.943.0182           \$         1.943.0182           \$         1.943.0182           \$         1.943.0182           \$         1.943.0182           \$         1.943.0182           \$         3.407.559	\$         1.092.093           39.491.267         \$           \$         2.697.754           \$         2.702.248           \$         1.1984.106           \$         2.3.982.775           \$         1.1984.106           \$         1.1984.106           \$         1.1984.106           \$         1.2.496.548           \$         1.07.817           \$         0.863.809           \$         1.07.817           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         2.802.804           \$         1.906.582           \$         5.906.92.188           \$         3.82.149           \$         1.30.06.558	s           3         41.1           7         25.5           4         31.3           8         46.6           5         20.0           7         30.0           7         30.0           7         30.0           7         30.0           9         36.5           16.8         9.9           9         36.5           14         19.1           20         11.1           30         35.0           30         36.8           4         46.0
Calculated Routine Charge Per Diem ancillary Cost Centers (from Wis C) (from Secti 200 Observation (Non-Distinct) 5000 [OPERATING ROOM 5200 [DELWERY ROOM & LAGOR ROOM 5200 [DELWERY ROOM & LAGOR ROOM 5200 [RADIOLOGY-DHAGNOSTIC 5000 [RADIOLOGY-THERAPEUTIC 5700 [CC COLOGY-THERAPEUTIC 5700 [CC SCAN 5000 [RADIOLOGY-THERAPY 6000 [PHYSICAL THERAPY 6000 [ELECTROCARDIOLOGY 6000 [ELECTROCARDIOLOGY 6000 [ELECTROCARDIOLOGY 7000 [RENAL SUPPLIES CHARGED TO PATIENTS 7400 [RENAL DALYSIS		0 110860 0 082556 0 470596 0 023290 0 023290 0 02532 0 025332 0 025332 0 025332 0 025332 0 0263431 0 117223 0 026431 0 117262 0 117262 0 117262 0 117262 0 117262 0 477558 0 627740 0 0 245117 0 210778 0 211468 0 219668 0 388553 	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,889,999 66,502 10,019 3,22,531 6,73,31 1,062,945 5,12,004 8,922,180 4,925,633,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,646,365 5,120,740,740 5,120,7405,120,	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.821 5.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.55.684 5.37.184 5.37	\$ 1,607.64 Ancillary Charges 5 75,658 § 13,216,372 4 ,1139.013 § 0,219,805 4 ,612,787 \$ ,610,8419 1 ,600,790 \$ ,700,790 \$ ,700,700 \$ ,100,900 \$ ,100,9	\$         1.092.093           39.491.267         \$           \$         2.697.754           \$         2.702.248           \$         1.1984.106           \$         2.3.982.775           \$         1.1984.106           \$         1.1984.106           \$         1.1984.106           \$         1.2.496.548           \$         1.07.817           \$         0.863.809           \$         1.07.817           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         2.802.804           \$         1.906.582           \$         5.906.92.188           \$         3.82.149           \$         1.30.06.558	s           3         41.           7         25.           4         31.           8         46.           4         27.           5         20.           7         30.           9         36.           5         16.           9         36.           9         35.           12         14.           24.         19.           4         19.           2         14.           2         11.           3         50.           4         19.           2         11.           3         50.           4         4.           3         50.           4         4.           3         50.           4         4.           3         50.           4         4.           5.         5.           5.         5.           5.         5.           5.         5.           5.         5.           5.         5.           5.         5.  <
Calculated Routine Charae Per Diem Ancillary Cost Centers (from WiS C) (from Secti 9200 Observation (Non-Distint) 5000 ODEWTROOM & LABOR ROOM 5000 DELIVERY ROOM & LABOR ROOM 5000 ALEVERY ROOM & LABOR ROOM 5000 RADIOLOGY-DIAGNOSTIC 5000 RADIOLOGY-DIAGNOSTIC 5000 RADIOLOGY-DIAGNOSTIC 5000 CT SCAN 5000 MESIPARTORY THERAPY 6000 DLABORATORY 6000 DELSTRATORY THERAPY 6000 D		0 110860 0 082556 0 470596 0 023290 0 144761 0 12247 0 02532 0 02532 0 02542 0 11223 0 11225 0 11225 0 11225 0 1125762 0 1175261 0 477560 0 4275760 0 2216760 0 2216760 0 2216760 0 2216760 0 221660 0 388553 	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,889,999 66,502 10,019 3,22,531 6,73,31 1,062,945 5,12,004 8,922,180 4,925,633,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,646,365 5,120,740,740 5,120,7405,120,	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.821 5.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.37	\$ 1,607.64 Ancillary Charges 5 75.658 5 13.216,372 4,1133.013 5 9,219,895 4,612,787 5 5,109,419 1,6108,790 5 5,962,585 9,962,882 5 13.09,244 5 1,291,357 5 1,293,066 5 13.09,24 5 13.09,24 5 13.09,24 5 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 13.09,25 1 1 14.00,18 1 14.00,18 1 15 1 14.00,18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$         1.092.093           39.491.267         \$           \$         2.697.754           \$         2.702.248           \$         1.1984.106           \$         2.3.982.775           \$         1.1984.106           \$         1.1984.106           \$         1.1984.106           \$         1.2.496.548           \$         1.07.817           \$         0.863.809           \$         1.07.817           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         2.802.804           \$         1.906.582           \$         5.906.92.188           \$         3.82.149           \$         1.30.06.558	<b>s</b> 3 41.6 7 25.0 4 31.9 8 46.8 4 4 27.5 6 23.4 5 20.8 7 30.0 4 19.2 9 36.8 5 16.3 8 9.9 1 22.2 4 24.3 3 50.9 1 22.2 4 19.4 2 11.0 8 16.8 8 46.8 4 19.4 1 9.6 8 5 0.8 1 22.5 1 1.5 8 9 6.8 8 46.8 1 1.5 1 1.5
Calculated Routine Charge Per Diem Anciliary Cost Centers (from W/S C) (from Secti 9200 Observation (Non-Distint) 9000 DEENVERY ROOM 5200 DELWERY ROOM & LABOR ROOM 5200 DELWERY ROOM & LABOR ROOM 5200 RADIOLOGY-DHAGNOSTIC 5300 (ANE) COGY-THERAPEUTIC 5700 CC SCAN 5800 IRT 6800 IRT 6800 IRT 6800 IRT 6800 IRT 6800 IRT 6800 IRT 6800 ELECTROENCEPHALOGRAPHY 7000 ELECTROENCEPHALOGRAPHY 7000 IELECTROENCEPHALOGRAPHY 7000 IELECTROENCEPHALOGRAPHY 7000 IELECTROENCEPHALOGRAPHY 7000 IELECTROENCEPHALOGRAPHY 7000 IELECTROENCEPHALOGRAPHY 7000 IELECTROENCEPHALOGRAPHY 7000 IELECTROENCEPHALOGRAPHY 7000 IELECTROENCEPHALOGRAPHY 7000 IELECTROENCEPHALOGRAPHY 7000 RENAL SUPPLIES CHARGED TO PATIENTS 7400 RENAL DIALYSIS		0 110860 0.08256 0.470596 0.023290 0.144761 0.12247 0.025832 0.051546 0.112123 0.26431 0.167540 0.121762 0.11262 0.178281 0.417958 0.627740 0.24517 0.21168 0.21168 0.21168 0.21168 0.21558 0.388553 0.3885553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.388555555 0.38855555555555555555555555555555555555	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762 409.762 409.762 409.762 409.762 409.762 409.762 400.76	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,889,999 66,502 10,019 3,22,531 6,73,31 1,062,945 5,12,004 8,922,180 4,925,633,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,646,365 5,120,740,740 5,120,7405,120,	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.8.871 4124.871 15.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.37	\$ 1,607.64 Ancillary Charges 5 75,658 § 13,216,372 4 ,1139.013 § 0,219,805 4 ,612,787 \$ ,610,8419 1 ,600,790 \$ ,700,790 \$ ,700,700 \$ ,100,900 \$ ,100,9	\$         1.092.093           39.491.267         \$           \$         2.697.754           \$         2.702.248           \$         1.1984.106           \$         2.3.982.775           \$         1.1984.106           \$         1.1984.106           \$         1.1984.106           \$         1.2.496.548           \$         1.07.817           \$         0.863.809           \$         1.07.817           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         2.802.804           \$         1.906.582           \$         5.906.92.188           \$         3.82.149           \$         1.30.06.558	<b>s</b> 3 41.6 7 25.0 4 31.9 8 46.8 4 4 27.5 6 23.4 5 20.8 7 30.0 4 19.2 9 36.8 5 16.3 8 9.9 1 22.2 4 24.3 3 50.9 1 22.2 4 19.4 2 11.0 8 16.8 8 46.8 4 19.4 1 9.6 8 5 0.8 1 22.5 1 1.5 8 9 6.8 8 46.8 1 1.5 1 1.5
Calculated Routine Charace Per Diem Ancillary Cost Centers (from WiS C) (from Secti 9200 Observation (Non-Distint) 9000 DELWERV ROOM 9000 DELWERV ROOM 9000 ALBOR ANDIOLOGY-DIAGNOSTIC 9000 ANDIOLOGY-DIAGNOSTIC 9000 ANDIOLOGY-DIAGNOSTIC 9000 ADDIOLOGY-DIAGNOSTIC 9000 LABORATORY 9000 LABORATORY 9000 LABORATORY 9000 ELECTROENCEPHALOGRAPHY 9000 ELECTROENCEPHALOGRAPHY 9000 ELECTROEACEPHALOGRAPHY 9000 ELECTROEA		0 110860 0.08256 0.470596 0.023290 0.144761 0.12247 0.025832 0.051546 0.112123 0.26431 0.167540 0.121762 0.11262 0.178281 0.417958 0.24517 0.21168 0.21168 0.21168 0.21168 0.21168 0.21558 0.388553 0.3885553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855553 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.38855555 0.388555555 0.388555555 0.38855555 0.388555555 0.388555555 0.38855555555555555555555555555555555555	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762 409.762 409.762 409.762 409.762 409.762 409.762 400.76	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,889,999 66,502 10,019 3,22,531 6,73,31 1,062,945 5,12,004 8,922,180 4,925,633,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,646,365 5,120,740,740 5,120,7405,120,	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.8.871 4124.871 15.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.37	\$         1,607.64           Anciliary Charges 5           5         75.658           \$         13.216.372           \$         9.219.895           \$         4.139.013           \$         9.219.895           \$         4.612.787           \$         5.109.419           \$         9.608.780           \$         9.62.882           \$         15.808.313           \$         5.902.544           \$         12.213.30.666           \$         130.924           \$         1472.393           \$         5.109.419           \$         1.233.066           \$         147.301           \$         147.301           \$         3.407.559           \$         2.81.302           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -	\$         1.092.093           39.491.267         \$           \$         2.697.754           \$         2.702.248           \$         1.1984.106           \$         2.3.982.775           \$         1.1984.106           \$         1.1984.106           \$         1.1984.106           \$         1.2.496.548           \$         1.07.817           \$         0.863.809           \$         1.07.817           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         2.802.804           \$         1.906.582           \$         5.906.92.188           \$         3.82.149           \$         1.30.06.558	s           3         41.1           7         25.3           4         31.3           8         46.3           4         27.7           5         20.0           5         20.3           5         20.3           7         35.3           9         36.5           5         16.2           9         36.3           5         11.2           22.1         11.2           2         11.1           3         50.3           4         19.9           2         11.1           3         56.3           9         36.1           2         11.1           3         50.3           4         19.9           3         56.3           9         36.1           3         50.3           4         19.3           3         56.3           3         56.3           46.6         36.3
Calculated Routine Charace Per Diem Ancillary Cost Centers (from WiS C) (from Secti 9200 Observation (Non-Distint) 9000 DELWERV ROOM 9000 DELWERV ROOM 9000 ALBOR ANDIOLOGY-DIAGNOSTIC 9000 ANDIOLOGY-DIAGNOSTIC 9000 ANDIOLOGY-DIAGNOSTIC 9000 ADDIOLOGY-DIAGNOSTIC 9000 LABORATORY 9000 LABORATORY 9000 LABORATORY 9000 ELECTROENCEPHALOGRAPHY 9000 ELECTROENCEPHALOGRAPHY 9000 ELECTROEACEPHALOGRAPHY 9000 ELECTROEA		0 110860 0 082556 0 470596 0 023290 0 023290 0 02532 0 0051546 0 112223 0 112232 0 112232 0 112232 0 112522 0 1	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762 409.762 409.762 409.762 409.762 409.762 409.762 400.76	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,889,999 66,502 10,019 3,22,531 6,73,31 1,062,945 5,12,004 8,922,180 4,925,633,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,646,365 5,120,740,740 5,120,7405,120,	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.8.871 4124.871 15.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.37	\$         1,607.64           Anciliary Charges 5           5         75.658           \$         13.216.372           \$         9.219.895           \$         4.139.013           \$         9.219.895           \$         4.612.787           \$         5.109.419           \$         9.608.780           \$         9.62.882           \$         15.808.313           \$         5.902.544           \$         12.213.30.666           \$         130.924           \$         1472.393           \$         5.109.419           \$         1.233.066           \$         147.301           \$         147.301           \$         3.407.559           \$         2.81.302           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -	\$         1.092.093           39.491.267         \$           \$         2.697.754           \$         2.702.248           \$         1.1984.106           \$         2.3.982.775           \$         1.1984.106           \$         1.1984.106           \$         1.1984.106           \$         1.2.496.548           \$         1.07.817           \$         0.863.809           \$         1.07.817           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         2.802.804           \$         1.906.582           \$         5.906.92.188           \$         3.82.149           \$         1.30.06.558	s           3         41.1           7         25.3           4         31.3           8         46.3           4         27.7           5         20.0           5         20.3           5         20.3           7         35.3           9         36.5           5         16.2           9         36.3           5         11.2           22.1         11.2           2         11.1           3         50.3           4         19.9           2         11.1           3         56.3           9         36.1           2         11.1           3         50.3           4         19.9           3         56.3           9         36.1           3         50.3           4         19.3           3         56.3           3         56.3           46.6         36.3
Calculated Routine Charace Per Diem Ancillary Cost Centers (from WiS C) (from Secti 9200 Observation (Non-Distint) 9000 DELWERV ROOM 9000 DELWERV ROOM 9000 ALBOR ANDIOLOGY-DIAGNOSTIC 9000 ANDIOLOGY-DIAGNOSTIC 9000 ANDIOLOGY-DIAGNOSTIC 9000 ADDIOLOGY-DIAGNOSTIC 9000 LABORATORY 9000 LABORATORY 9000 LABORATORY 9000 ELECTROENCEPHALOGRAPHY 9000 ELECTROENCEPHALOGRAPHY 9000 ELECTROEACEPHALOGRAPHY 9000 ELECTROEA		0 110860 0 082556 0 470596 0 023290 0 144761 0 12247 0 02532 0 02532 0 02532 0 02532 0 11223 0 11223 0 117202 0 117202 0 117202 0 117202 0 117202 0 117202 0 117202 0 21752 0 217526 0 221752 0 217526 0 217556 0 2175567 0 2175567 0 2175567 0 2175567 0 2175567 0 21755676767676767676767676767676767676767	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762 409.762 409.762 409.762 409.762 409.762 409.762 400.76	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,839,999 66,502 10,019 3,22,531 6,7,331 1,062,945 5,12,004 8,922,180 4,935 5,12,004 8,922,180 6,838,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,646,365 5,120,740,740 5,120,7405,120,	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.8.871 4124.871 15.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.37	\$         1,607.64           Anciliary Charges 5           5         75.658           \$         13.216.372           \$         9.219.895           \$         4.139.013           \$         9.219.895           \$         4.612.787           \$         5.109.419           \$         9.608.780           \$         9.62.882           \$         15.808.313           \$         5.902.544           \$         12.213.30.666           \$         130.924           \$         1472.393           \$         5.109.419           \$         1.233.066           \$         147.301           \$         147.301           \$         3.407.559           \$         2.81.302           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -	\$         1.092.093           39.491.267         \$           \$         2.697.754           \$         2.702.248           \$         1.1984.106           \$         2.3.982.775           \$         1.1984.106           \$         1.1984.106           \$         1.1984.106           \$         1.2.496.548           \$         1.07.817           \$         0.863.809           \$         1.07.817           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         1.07.813           \$         2.802.804           \$         1.906.582           \$         5.906.92.188           \$         3.82.149           \$         1.30.06.558	s           3         41.1           7         25.3           4         31.3           8         46.3           4         27.7           5         20.0           5         20.3           5         20.3           7         35.3           9         36.5           5         16.2           9         36.3           5         11.2           22.1         11.2           2         11.1           3         50.3           4         19.9           2         11.1           3         56.3           9         36.1           2         11.1           3         50.3           4         19.9           3         56.3           9         36.1           3         50.3           4         19.3           3         56.3           3         56.3           46.6         36.3
Calculated Routine Charace Per Diem Ancillary Cost Centers (from WiS C) (from Secti 9200 Observation (Non-Distint) 9000 DELWERV ROOM 9000 DELWERV ROOM 9000 ALBOR ANDIOLOGY-DIAGNOSTIC 9000 ANDIOLOGY-DIAGNOSTIC 9000 ANDIOLOGY-DIAGNOSTIC 9000 ADDIOLOGY-DIAGNOSTIC 9000 LABORATORY 9000 LABORATORY 9000 LABORATORY 9000 ELECTROENCEPHALOGRAPHY 9000 ELECTROENCEPHALOGRAPHY 9000 ELECTROEACEPHALOGRAPHY 9000 ELECTROEA		0 110860 0 082556 0 470596 0 023290 0 0144761 0 102947 0 02532 0 0051546 0 011223 0 0151546 0 117252 0 117252 0 117252 0 117252 0 117252 0 117252 0 117252 0 117252 0 245117 0	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762 409.762 409.762 409.762 409.762 409.762 409.762 400.76	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,839,999 66,502 10,019 3,22,531 6,7,331 1,062,945 5,12,004 8,922,180 4,935 5,12,004 8,922,180 6,838,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,645,365 11,113,680 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,745 5,120,838 6,43,869 6,748,817 9,12,646 9,14,419 9,14,419 9,14,419 9,14,419 9,13,269	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.949 3.100.368 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.8.871 4124.871 15.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.55.684 5.37.184 5.37	\$ 1,607.64 Ancillary Charges 5 75.658 5 13.216,372 4 ,1139.013 5 0,219,805 4 ,612,787 5 5 962,882 5 16,803,70 5 5 962,882 5 12,91,357 5 12,91,35 5 962,882 5 12,91,357 5 12,91,35 5 12,91,37 5 12,93,966 5 12,91,37 1 19,430,182 5 139,244 5 2,155,700 5 1472,393 6 5 139,24 2 155,770 5 1472,393 6 5 139,24 5 139,24 5 139,24 5 139,24 5 139,24 5 139,24 5 139,24 5 139,24 5 139,24 5 139,24 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$         1.022,603           39,494,267         \$           \$         3.9494,267           \$         2.70,248           \$         1.1384,100           \$         2.70,248           \$         1.1384,100           \$         2.382,775           \$         1.102,107           \$         2.649,554           \$         1.1384,100           \$         2.049,954           \$         1.07,813           \$         2.049,954           \$         1.07,593           \$         2.982,204           \$         1.300,555           \$         1.302,520           \$         1.302,520           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -	s           3         41.1           7         25.3           4         31.3           8         46.3           4         27.7           5         20.0           5         20.3           5         20.3           7         35.3           9         36.5           5         16.2           9         36.3           5         11.2           22.1         11.2           2         11.1           3         50.3           4         19.9           2         11.1           3         56.3           9         36.1           2         11.1           3         50.3           4         19.9           3         56.3           9         36.1           3         50.3           4         19.3           3         56.3           3         56.3           46.6         36.3
Calculated Routine Charae Per Diem Anciliary Cost Centers (from WIS C) (from Secti 900 Observation (Non-Distinct) 5000 DELIVERY ROOM 5000 DELIVERY ROOM 5000 ALSOLERY ROOM 5000 ALSOLERY ROOM 5000 ALSOLERY ROOM 5000 ALSOLERY ROOM 5000 ALSOLERY ROOM 5000 CAST CONTRACTORY 5000 CLASCRATCRY 5000 CLASCRATCRY 5000 CLASCRATCRY 5000 CLASCRATCRY 5000 CLASCRATCRY 5000 CLASCRATCRY 5000 CLECTROENCEPHALOGRAPHY 7000 CELOCACHIAL SUPPLIES CHARGED TO PATIENTS 7000 DCUCAS CHARGED TO PATIENTS 7000 DELVERS CHARGED TO PATIENTS 7000 DCUCAS CHARGED TO PATIENTS 7000 DELVERS CHARGEN TO PATIENTS 7000 DELVES CHARGEN TO PATIENTS 7000 DELVES CHARGEN TO PATIENTS 7000 DENDES CHARGEN TO PATIEN		0 110860 0.02256 0.470596 0.023290 0.144761 0.12247 0.025832 0.051546 0.112123 0.26431 0.167540 0.121762 0.112562 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.11262 0.112762 0.112663 0.24517 0.2451767676 0.24517676 0.24517676767676767676767676767676767676767	\$ 1,688.36 Accillary Charges 6,498 3,837,558 404,416 320,795 1233,912 7,214 7,114 7,615,901 1,615,901 1,615,901 1,884,422 1,884,422 3,369,783 122,743 122,639 30,785 3,899,422 1,884,422 3,369,783 122,743 125,690 36,494 567,860 272,737 5,688,695 438,142	176.321 4.643.014 737.982 911.739 1.376.558 3.185.040 1.677.114 408.271 2.197.132 376.462 68.657 4.017 3.340 150.625 1.236 4.29.570 267.558 6.362.425	\$ 1.474.32 Ancillary Charges 1.474.32 1.474.32 1.961.667 2.398.219 6.661.225 2.288.663 658.244 340.112 679.615 82.038 3.790.336 3.90.326 3.80.122 42.560 0.14.631 94.414 180.378 3.146 306.703 203.222 2.294.013 19.923 409.762 409.762 409.762 409.762 409.762 409.762 409.762 400.76	252.591 21,069,204 4,555.010 217.052 4,999,369 3,774.081 5,510,545 4,248,866 100,461 3,839,999 66,502 10,019 3,22,531 6,7,331 1,062,945 5,12,004 8,922,180 4,935 5,12,004 8,922,180 6,838,333	\$ 1.897.08 Ancillary Charges 1.161 1.161 4.316.779 374.546 19.888 600.934 1.763.504 718.340 718.340 1.339.744 352.382 4.353.834 2.041.504 537.640 204.548 177.194 61.70.194 61.7	377,998 9.211.681 978,220 1,393,948 4,645,365 11,113,680 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,740 5,120,745 5,120,838 6,43,869 6,748,817 9,12,646 9,14,419 9,14,419 9,14,419 9,14,419 9,13,269	\$ 1.834.71 Ancillary Charges 1.834.71 Ancillary Charges 1.0348 1.015.832 2.017.987 1.097.736 1.451.760 479.124 1.427.325 2.27.677 3.844.721 1.593.207 341.374 124.471 135.926 360.053 2.8.679 444.603 122.8.871 4124.871 15.193.205 533.420 866.113	285,782 4,657,388 695,542 46,288 877,798 2,188,102 3,789,530 1,724,689 2,875,264 73,923 996,754 193,941 44,623 3,74,161 3,06,79 497,643 3,04,601 12,936,148 7,08,148 1,644,663	\$ 1.561.22 Ancillary Charges 3.430.047 482.061 419.309 673.044 1.419.871 785.833 2.063.102 540.209 3.818.201 854.678 241.277 70.587 70.587 65.033 514.963 15.506 569.986 4.83.858 4.457.541 2.11.827 1.21.827	236.669 9.763.577 1.056.676 17.424 1.556.277 7.397.247 7.636.574 9.048.102 9.60.760 12.330.328 220.659 3.37.403 73.435 68.405 9.920.029 43.173 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 4.373 9.17.184 5.55.684 5.37.184 5.55.684 5.37.184 5.37	\$         1.607.64           Anciliary Charges           \$         7.5658           \$         1.3216.372           \$         9.219.895           \$         4.133.013           \$         9.219.895           \$         4.612.787           \$         5.109.419           \$         9.608.790           \$         9.608.282           \$         1.808.313           \$         5.902.284           \$         1.233.066           \$         9.133.066           \$         1.233.066           \$         1.30.244           \$         1.133.013           \$         2.81.032           \$         1.233.066           \$         1.30.244           \$         2.155.790           \$         9.70.011           \$         3.407.559           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$	\$         1.022,603           39,494,267         \$           \$         3.9494,267           \$         2.70,248           \$         1.1384,100           \$         2.70,248           \$         1.1384,100           \$         2.382,775           \$         1.102,107           \$         2.649,554           \$         1.1384,100           \$         2.049,954           \$         1.07,813           \$         2.049,954           \$         1.07,593           \$         2.982,204           \$         1.300,555           \$         1.302,520           \$         1.302,520           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -           \$         -	s           3         41.1           7         25.3           4         31.3           8         46.3           4         27.7           5         20.0           5         20.3           5         20.3           7         35.3           9         36.5           5         16.2           9         36.3           5         11.2           22.1         11.2           2         11.1           3         50.3           4         19.9           2         11.1           3         56.3           9         36.1           2         11.1           3         50.3           4         19.9           3         56.3           9         36.1           3         50.3           4         19.3           3         56.3           3         56.3           46.6         36.3

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

Cost Report Year (07/01/2021-06/30/2022) CANDLER HOSPITAL

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

Cost Report Year (07/01/2021-06/30/2022) 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 %
	Totals / Payments						-
128	Total Charges (includes organ acquisition from Section J)	\$ 30,937,675 \$ 25,094,326	\$ 34,391,016 \$ 67,733,038	\$ 35,119,880 \$ 77,241,016	\$ 32,889,904 \$ 35,193,515	\$ 28,279,839 (Agrees to Exhibit A) (Agrees to Exhibit A)	\$ 133,338,475 \$ 205,261,894 24.14%
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 30,937,675 \$ 25,094,326	\$ 34,391,016 \$ 67,733,038	\$ 35,119,880 \$ 77,241,016	\$ 32,889,904 \$ 35,193,515	\$ 28,279,839 \$ 68,147,421	
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 8,129,834 \$ 4,167,696	\$ 10,074,927 \$ 9,966,823	\$ 8,810,570 \$ 13,779,842	\$ 8,747,896 \$ 6,322,256	\$ 6,820,574 \$ 10,003,695	\$ 35,763,227 \$ 34,236,617 24.84%
132 133 134 135 136 137 138 139 140 141 142 143 144	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including privary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (Al Payments) Medicaia Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Yare (See Note C) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Debt Payments Other Medicare Cross-Over Payments (See Note D) Payment from Hospital Uninsured During Cost Report Yar (Cash Basis) Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from See	\$ 6,183,636 \$ 127,656 \$ 13,547 \$ 6,311,292 \$ 4,649,276 \$ (160,895) \$ (160,895) \$ cton E	\$         421           \$         8,982,044         \$         9,365,697           \$         8,711         \$         29,785           \$         8,790,755         \$         27,734           \$         8,990,755         \$         9,423,137	\$ 205,363 \$ 1,277,037 \$ 7,456,280 \$ 10,064,197 \$ 121,256 \$ 70,115 \$ 647,622 \$ (7,436)	\$         186,217         \$         226,668           \$         281,902         \$         201,411           \$         3,530,002         \$         2.985,402           \$         8,081         \$         24,149           \$         1,866,009         \$         976,718           \$         2,163,794         \$         2,107,741           \$         120,926         \$         (246)	(Agrees to Exhibit 8 and B-1)	\$         6.574.216         \$         6.139.845           \$         9.263.946         \$         9.567.108           \$         3.666.399         \$         3.038.734           \$         8.081         \$         3.038.734           \$         8.081         \$         \$           \$         .         \$         (160.895)           \$         .         \$         .           \$         9.322.209         \$         11.040.915           \$         2.163.794         \$         2.107.741           \$         121.256         \$         70.115           \$         768.548         \$         (7.681)
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$ 1,818,542 78% (320,685) 108%	\$ 1,084,172 89% \$ 543,686 95%	\$ 380,049 96% \$ 2,375,928 83%	\$ 591,965 \$ (209,577) 93% 103%	\$ 5,799,195 15% \$ 8,966,163 10%	\$3,874,728 89% 93%
147 148	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, C Percent of cross-over days to total Medicare days from the cost report	ol. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less line	s 5 & 6)	<u>31,659</u> 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 (FA summary or PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claim Boeific payments. DSH payments should NOT be included. UPL payments made on a state faces large tasks ishould be reported in Section C of the survey. Note D - Should Include other Medicare corses-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Granduate Medical Education payments). Note E - Medicaid Managed Care payments should hort payments related to the services provided, including, but includes payments.

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

Cost Report Year (07/01/2021-06/30/2022) 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	
Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)			
	st Centers (list below):			Days		Days		Days		Days		Days		
	ILTS & PEDIATRICS	\$ 793.13		31		61						92		
	ENSIVE CARE UNIT	\$ 1,546.67		7		4						11		
	RONARY CARE UNIT	\$-										-		
	IN INTENSIVE CARE UNIT	\$-										-		
	GICAL INTENSIVE CARE UNIT	\$-										-		
	IER SPECIAL CARE UNIT	\$ -										-		
	PROVIDER I	\$ -										-		
	PROVIDER II	\$ -										-		
	IER SUBPROVIDER	\$-										-		
4300 NUR	RSERY	\$ 463.90		3								3		
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			Total Days	41		65		-		-		106		
otal Days p	er PS&R or Exhibit Detail Unreconciled Days	(Explain Variance)		41		65 		-		-				
Rout	Unreconciled Days	(Explain Variance)		41 		Routine Charges		Routine Charges		Routine Charges		Routine Charges \$ 176,427		
Rout	Unreconciled Days	(Explain Variance)				- Routine Charges		Routine Charges		Routine Charges				
Rout	Unreconciled Days tine Charges ulated Routine Charge Per Diem			Routine Charges           \$ 73,572           \$ 1,794.44		Routine Charges           \$ 102,855           \$ 1,582.38	Accillant Observe	\$ -	Annillana Okanana	\$ -	Annillana Okanana	\$ 176,427 \$ 1,664.41		
Routi Calco ncillary Co	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below):		0.004492	Routine Charges	Ancillary Charges	Routine Charges	Ancillary Charges	Routine Charges \$ Ancillary Charges	Ancillary Charges	Routine Charges \$ Ancillary Charges	Ancillary Charges	\$ 176,427	Ancillary Charg	
Routi Calco ncillary Co 9200 Obse	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct)		0.994482	Routine Charges \$ 73,572 \$ 1,794.44 Ancillary Charges	14,326	Routine Charges           \$ 102,855           \$ 1,582.38           Ancillary Charges	5,038	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 176,427 \$ 1,664.41 Ancillary Charges \$ -	\$ 19,3	
Routi Calco ncillary Co 3200 Obse 5000 OPE	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) RATING ROOM		0.110860	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203	14,326 119,290	Routine Charges           \$ 102,855           \$ 1,582.38           Ancillary Charges           -           69,843	5,038 15,739	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 176,427 \$ 1,664.41 Ancillary Charges \$ - \$ 86,046	\$ 19,3 \$ 135,0	
Routi Calco D200 Obse 5000 OPE 5100 REC	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) (RATING ROOM UNDERY ROOM		0.110860 0.082556	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           -           16,203           12,416	14,326 119,290 16,552	Routine Charges \$ 102,855 \$ 1,582.38 Ancillary Charges - - - - - - - - - - - - -	5,038 15,739 2,191	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 176,427 \$ 1,664.41 Ancillary Charges \$ - \$ 86,046 \$ 14,461	\$ 19,3 \$ 135,0 \$ 18,7	
Routi Calco 200 Obse 5000 OPE 5100 REC 5200 DELI	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below): evation (Non-Distinct) :RATING ROOM :20VERY ROOM VERY ROOM & LABOR ROOM		0.110860 0.082556 0.470596	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860	14,326 119,290 16,552 1,936	Routine Charges           \$ 102,855           \$ 1,582.38           Ancillary Charges           69,843           2,045           4,972	5,038 15,739 2,191 -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 176,427 \$ 1,664.41 Ancillary Charges \$ 86,046 \$ 14,461 \$ 29,832	\$ 19,3 \$ 135,0 \$ 18,7 \$ 18,7 \$ 1,9	
Routi Calco 2200 Obse 5000 OPE 5100 REC 5200 DELI 5300 ANE	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (IIst below); ervation (Non-Distinct) :RATING ROOM ::OVERY ROOM ::OVERY ROOM :VERY ROOM :VERY ROOM & LABOR ROOM :STHESIOLOGY		0.110860 0.082556 0.470596 0.023290	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971	14,326 119,290 16,552 1,936 24,750	Routine Charges           \$ 102,855           \$ 1,582.38           Ancillary Charges           -           69,843           2,045           4,972           9,045	5,038 15,739 2,191 - 3,146	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 176,427 \$ 1,664.41 Ancillary Charges \$	\$ 19,3 \$ 135,0 \$ 18,7 \$ 18,7 \$ 1,9 \$ 27,8	
Routi Calco 1200 Obse 5000 OPE 5100 REC 5200 DELI 5300 ANE 5400 RAD	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) :RATING ROOM :RATING ROOM :VERY ROOM :VERY ROOM STHESIOLOGY IOLOGY-DIAGNOSTIC		0.110860 0.082556 0.470596 0.023290 0.144761	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354	14,326 119,290 16,552 1,936 24,750 118,654	Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802	5,038 15,739 2,191 - 3,146 42,614	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 176,427 \$ 1,664.41 Ancillary Charges \$ 86,046 \$ 14,461 \$ 29,832 \$ 21,016 \$ 42,156	\$ 19,3 \$ 135,0 \$ 18,7 \$ 1,9 \$ 27,8 \$ 27,8 \$ 161,2	
Routi Calco 200 Obse 5000 OPE 5100 REC 5200 DEL1 5300 ANE 5500 RAD	Unreconciled Days tine Charges ulated Routine Charge Per Diem <b>ost Centers (from W/S C) (list below)</b> ; ervation (Non-Distinct) (RATING ROOM ):OVERY ROOM I/DERY ROOM & LABOR ROOM I/DERY ROOM		0.110860 0.082556 0.470596 0.023290 0.144761 0.192947	Ancuine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714	14,326 119,290 16,552 1,936 24,750 118,654 120,375	Routine Charges           \$ 102,855           \$ 1,582.38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722	5,038 15,739 2,191 - 3,146 42,614 109,483	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$         176,427           \$         1,664.41           Ancillary Charges         \$           \$         86,046           \$         14,461           \$         29,832           \$         21,016           \$         42,156           \$         30,436	\$ 19,3 \$ 135,0 \$ 18,7 \$ 1,5 \$ 27,5 \$ 161,2 \$ 229,6	
Route           Callary Co           200         Obse           000         OPE           100         REC           200         DELI           300         ANE           4400         RAD           500         RAD           700         CT S	Unreconciled Days tine Charges ulated Routine Charge Per Diem <b>DSt Centers (from W/S C) (list below):</b> ervation (Non-Distinct) :RATING ROOM OVERY ROOM JOVERY ROOM JOVERY ROOM STHESIOLOGY INDLOGY-DIAGNOSTIC INDLOGY-THERAPEUTIC SCAN		0.110860 0.082556 0.470596 0.023290 0.144761 0.192947 0.025832	Ancillary Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           -           16,203           12,416           24,860           11,971           10,354           12,714	14,326 119,290 16,552 1,936 24,750 118,654 120,375 173,147	Ancillary Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           2,64,32	5,038 15,739 2,191 - - 3,146 42,614 109,483 68,629	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 176,427 \$ 1,664,41 Ancilary Charges \$ 86,046 \$ 14,461 \$ 29,832 \$ 21,016 \$ 42,156 \$ 30,436 \$ 51,424	\$ 19; \$ 135,0 \$ 18,7 \$ 1,5 \$ 27,6 \$ 229,6 \$ 20,6 \$ 20,6 \$ 20,6 \$ 20,6 \$ 20,6 \$ 20,6 \$ 20,6 \$ 20,6	
Routi Calco collary Co 200 Obse 200 OPE 100 REC 200 DELI 300 ANE 500 RAD 500 RAD 500 RAD 500 RAD	Unreconciled Days tine Charges ulated Routine Charge Per Diem <b>bst Centers (from W/S C) (list below):</b> evalion (Non-Distinct) IRATING ROOM INERY ROOM IVERY ROOM IVERY ROOM STHESIOLOGY IOLOGY-DAGNOSTIC IOLOGY-DAGNOSTIC IOLOGY-THERAPEUTIC SCAN		0.110860 0.082556 0.470596 0.023290 0.144761 0.192947 0.025832 0.051546	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           0.354           12,714           24,992           5,365	14,326 119,290 16,552 1,936 24,750 118,654 120,375 173,147 10,361	Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380	5,038 15,739 2,191 - 3,146 42,614 109,483 68,629 4,633	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176,427           \$         1,664.41           Ancillary Charges         §           \$         86,046           \$         14,461           \$         29,832           \$         21,016           \$         42,156           \$         30,436           \$         51,424           \$         24,745	\$ 19, \$ 135, \$ 18, \$ 18, \$ 27, \$ 27, \$ 20, \$ 229, \$ 241, \$ 14, \$ 241, \$ 14,	
Routi Calco Collary Co 200 Obse 200 ODSE 200 DELI 200 DELI 300 ANE 400 RAD 500 RAD 7700 CT S 800 MRI 000 LAB(	Unreconciled Days tine Charges ulated Routine Charge Per Diem bst Centers (from W/S C) (list below): revation (Non-Distinct) :EXTING ROOM :EXTENS (NOOM :EXTENSION :EXTENSIOLOGY INCLOGY-DIAGNOSTIC :DOLOGY-THERAPEUTIC :SCAN ORATORY		0.110860 0.082556 0.470596 0.023290 0.144761 0.192947 0.025832 0.051546 0.112123	Acutine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772	14,326 119,290 16,552 1,936 24,750 118,654 120,375 173,147 10,361 138,922	Routine Charges           \$ 102,856           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           107,722           26,432           19,380           75,586	5,038 15,739 2,191 - - 3,146 42,614 109,483 68,629 4,633 52,321	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 176,427 \$ 1,664,41 Ancillary Charges \$ - \$ 86,046 \$ 14,461 \$ 29,832 \$ 21,016 \$ 42,156 \$ 30,436 \$ 51,424 \$ 51,424 \$ 51,424 \$ 24,745 \$ 33,578	\$ 19, \$ 135, \$ 135, \$ 14, \$ 229, \$ 241, \$ 14, \$ 191,	
Routi Calco 200 Obse 200 Obse 200 DEL 200 DEL 200 DEL 300 AND 500 RAD 500 RAD 500 RAD 500 RAD 500 RAS	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below): ervation (Non-Distinct) ICATING ROOM OVERY ROOM & LABOR ROOM IVERY ROOM & LABOR ROOM OVERY ROOM A LABOR ROOM OVER ROOM A LABOR ROOM OV		0.110860 0.082556 0.470596 0.023290 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431	Routine Charges \$ 73,572 \$ 1,794.44 Ancillary Charges 	14,326 119,290 16,552 1,936 24,750 118,654 120,375 173,147 10,361 138,922 2,424	Acutine Charges           \$ 102,655           \$ 1,582,38           Ancillary Charges           -           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           75,986           1,318	5,038 15,739 2,191 - 3,146 42,614 109,483 68,629 4,633 52,321 10,605	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$         176.427           \$         1,664.41           Ancillary Charges         \$           \$         86.046           \$         41.461           \$         29,832           \$         21,016           \$         42,156           \$         30.436           \$         51.424           \$         24,745           \$         135.768           \$         22,331	\$         19,           \$         135,0           \$         14,           \$         17,1           \$         27,1           \$         27,1           \$         161,-           \$         229,9           \$         241,-           \$         144,-           \$         191,-           \$         13,0	
Routi Calco 200 Obse 3000 OPE 1100 REC 5200 DELI 3300 ANE 5400 RAD 5500 RAD 5500 RAD 5500 RES 5500 RES	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below): revation (Non-Distinct) :RATING ROOM :OVERY ROOM IVERY ROOM A IVERY ROOM A IVERY ROOM A IVERY ROOM A IVERY ROOM S IVENT ROOM		0.110860 0.082556 0.470556 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.167540	Acutine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           22,4992           5365           59,772           21,013           1,846	14,326 119,290 10,552 1,936 24,750 118,654 120,375 173,147 10,361 138,922 2,424	Accillary Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           107,722           26,432           19,380           75,986           1,318           7,889	5,038 15,739 2,191 - 3,146 42,614 109,483 68,629 4,633 52,321 10,605 2,332	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176,427           \$         1,664.41           Ancillary Charges         §           \$         86,046           \$         14,461           \$         29,832           \$         21,016           \$         42,156           \$         51,424           \$         24,745           \$         135,758           \$         22,331           \$         9,735	\$ 19,3 \$ 135,0 \$ 18,7 \$ 18,7 \$ 27,8 \$ 27,8 \$ 241,7 \$ 241,7 \$ 14,5 \$ 191,2 \$ 191,2 \$ 13,0 \$ 2,5 \$ 3,5 \$ 2,5 \$ 2,5 \$ 2,5 \$ 3,5 \$ 3,5	
Routi Calca 200 Obse 200 OPE 200 DEL 200 DE 200 D	Unreconciled Days tine Charges ulated Routine Charge Per Diem Det Centers (from W/S C) (list below); ervation (Non-Distinct) EXATING ROOM EXATING ROOM VERY ROOM & LABOR ROOM VERY ROOM UDLOGY-DIAGNOSTIC VIDLOGY-DIAGNOSTIC VIDLOGY-THERAPEUTIC VIDLOGY VERY ROOM VERY ROM		0.110860 0.082556 0.470596 0.023290 0.144761 0.025832 0.051546 0.112123 0.236431 0.167540 0.167540	Ancuine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           886	14,326 119,290 16,552 1,936 24,750 118,654 120,375 173,147 10,361 138,922 2,424	Ancillary Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170	5.038 16,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$         176.427           \$         1,664.41           Ancillary Charges         \$           \$         86.046           \$         41.461           \$         29,832           \$         21,016           \$         42,156           \$         30.436           \$         51.424           \$         24,745           \$         135.768           \$         22,331	\$         19;           \$         135,0           \$         18,7           \$         15,1           \$         27,8           \$         161,2           \$         229,8           \$         241,1           \$         149,2           \$         191,2           \$         191,2           \$         130,0	
Routi           Calca           Calca           Collary Co           200         Obse           000         OPE           200         DELI           300         ANE           4400         RAD           500         RAD           500         RAD           500         RES           600         PHY           700         OCC           800         SPE	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below); ervation (Non-Distinct) rRATING ROOM OVERY ROOM VERY ROOM & LABOR ROOM VIERY ROOM & LABOR ROOM VIERY ROOM & LABOR ROOM OIOLOGY-DIAGNOSTIC OIOLOGY-DIAGNOSTIC ORATORY PIRATORY THERAPY SUPATIONAL THERAPY ECH PATHOLOGY		0.110860 0.082556 0.470596 0.144761 0.192947 0.025832 0.051546 0.112123 0.256831 0.12762 0.167540 0.12762 0.112502	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           0,354           12,714           24,982           5,365           59,772           21,013           1,846           886	14,326 119,290 16,552 1,936 24,750 118,654 120,375 173,147 10,361 138,922 2,424 -	Acutine Charges           \$ 102,655           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           75,986           1,318           7,889           3,170	5.038 15,739 2,191 - - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,502 -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176.427           \$         1,664.41           Ancillary Charges         §           \$         86.046           \$         14.061           \$         29.832           \$         21.016           \$         42.156           \$         30.436           \$         51.424           \$         24.745           \$         135.758           \$         9.735           \$         4.056           \$         4.056	\$         19,           \$         135,           \$         18,           \$         1,           \$         27,           \$         161,           \$         229,           \$         14,           \$         191,           \$         13,           \$         2,           \$         13,           \$         2,           \$         1,	
Routi           Calca           Calca           200         Obsec           200         ODE           100         REC           200         DELI           300         ANE:           400         RAD           500         RAD           500         RAD           500         RAD           500         RAD           500         RDS           600         PHY:           700         OCC           800         SPE:           800         SPE:	Unreconciled Days tine Charges ulated Routine Charge Per Diem bst Centers (from W/S C) (list below): ervation (Non-Distinct) :EXTING ROOM :DVERY ROOM :DVERY ROOM & LABOR ROOM :STHESIOLOGY IOLOGY-DIAGNOSTIC :DOLOGY-DIAGNOSTIC :DOLOGY-THERAPEUTIC :SCAN ORATORY :UPIRATORY THERAPY :UPATIONAL THERAPY :UPATIONAL THERAPY :UPATIONAL THERAPY :ECH PATHOLOGY CTROCARDIOLOGY		0.110860 0.082556 0.470596 0.032920 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.167540 0.121762 0.112502 0.178281	Acutine Charges           \$ 73,572           \$ 1,794,44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714,44           24,992           5,365           59,772           21,013           1,846           3866           -           1,350	14.326 119.290 16.552 1.936 24.750 118.654 120.375 173.147 10.361 133.922 2.424 - -	Accillary Charges           \$ 102,855           \$ 1,582.38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           19,380           75,586           1,318           7,589           3,170           11,640	5.038 16,739 2,191 - 3,146 42,614 109,483 68,629 4,633 52,321 10,605 2,332 1,504 - - - - - - - - - - - - -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176,427           \$         1,664.41           Ancillary Charges         §           \$         86,046           \$         14,461           \$         29,832           \$         21,016           \$         42,156           \$         51,424           \$         24,745           \$         135,758           \$         22,331           \$         9,735	\$         19;           \$         135;           \$         16;           \$         16;           \$         27,           \$         161;           \$         229,           \$         14;           \$         191;           \$         13,           \$         2;           \$         13,           \$         2;           \$         14;	
Routi           Calco           Calco           Collary Co           200         Obse           000         OPE           100         REC           200         Dben           300         ANE           400         RAD           500         RES           600         PHY           700         OCC           800         SPE           900         ELEC           900         ELEC	Unreconciled Days tine Charges ulated Routine Charge Per Diem set Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM OVERY ROOM & LABOR ROOM STHESIOLOGY NOLOGY-DIAGNOSTIC NOLOGY-THERAPEUTIC SCAN ORATORY PIRATORY THERAPY UPATIONAL THERAPY ECH PATHOLOGY CTROCARDIOLOGY CTROEACEPHALOGRAPHY		0.110860 0.082566 0.470596 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.167540 0.112502 0.112502 0.112502 0.178281 0.417958	Ancillary Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           -           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           886           -           1,350	14.326 119.290 16.562 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - - - 16.178	Acutine Charges           \$ 102,655           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           2,045           4,972           9,045           31,802           17,722           2,64,32           19,380           75,986           1,318           7,889           3,170           -           11,640	5.038 15,739 2.191 - 3.146 42,614 109,483 66,629 4.633 52,321 10,605 2.332 1,504 - - 10,605 - - - - - - - - - - - - -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$         176.427           \$         1,664.41           Ancillary Charges         \$           \$         86.046           \$         44.14           \$         29.832           \$         21.016           \$         42.156           \$         30.436           \$         24.745           \$         24.745           \$         9.735           \$         9.735           \$         4.056           \$         12.990           \$         -           \$         12.990	\$         19,           \$         135,           \$         18,           \$         11,           \$         27,           \$         161,           \$         229,           \$         241,           \$         191,           \$         2,           \$         2,           \$         13,           \$         2,           \$         13,           \$         26,           \$         26,	
Route           collary Co           collary	Unreconciled Days tine Charges ulated Routine Charge Per Diem ost Centers (from W/S C) (list below); ervation (Non-Distinct) :RATING ROOM :OVERY ROOM IVERY ROOM A LABOR ROOM IVERY ROOM & LABOR ROOM IVERY ROOM & LABOR ROOM IVELY AND A LABOR ROOM IVELY AND A LABOR ROOM IVELY ROOM & LABOR ROOM ORATORY UDLOGY-DIAGNOSTIC IVELY THERAPY UDATIONAL THERAPY ECH PATHOLOGY CITROCARDIOLOGY CI		0.110860 0.082556 0.470596 0.142761 0.192947 0.025832 0.051546 0.112123 0.236431 0.167540 0.121762 0.112502 0.112502 0.178281 0.417958 0.627740	Ancuine Charges           \$ 73,572           \$ 1,794,44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           - <tr< td=""><td>14.326 119.290 16.552 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - - - - 16.178 - 7.171</td><td>Routine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           75,886           1,318           7,889           3,1700           111,640           5,967</td><td>5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - 334</td><td>\$ -</td><td>Ancillary Charges</td><td>\$ -</td><td>Ancillary Charges</td><td>§         176,427           \$         1,664,41           Ancillary Charges         §           \$         86,046           \$         14,461           \$         29,832           \$         21,016           \$         42,156           \$         30,436           \$         51,424           \$         24,745           \$         135,758           \$         2,931           \$         9,735           \$         4,056           \$         12,990           \$         -           \$         6,739</td><td>\$         19:3           \$         136.6           \$         16.1           \$         16.1           \$         27.6           \$         161.1           \$         241.1           \$         191.1           \$         13.6           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         22.9           \$         1.1           \$         2.2           \$         2.2           \$         1.1           \$         2.2           \$         2.2           \$         2.2           \$         2.2           \$         2.2           \$         2.2           \$         2.2           \$         2.2</td></tr<>	14.326 119.290 16.552 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - - - - 16.178 - 7.171	Routine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           75,886           1,318           7,889           3,1700           111,640           5,967	5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - 334	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176,427           \$         1,664,41           Ancillary Charges         §           \$         86,046           \$         14,461           \$         29,832           \$         21,016           \$         42,156           \$         30,436           \$         51,424           \$         24,745           \$         135,758           \$         2,931           \$         9,735           \$         4,056           \$         12,990           \$         -           \$         6,739	\$         19:3           \$         136.6           \$         16.1           \$         16.1           \$         27.6           \$         161.1           \$         241.1           \$         191.1           \$         13.6           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         191.1           \$         22.9           \$         1.1           \$         2.2           \$         2.2           \$         1.1           \$         2.2           \$         2.2           \$         2.2           \$         2.2           \$         2.2           \$         2.2           \$         2.2           \$         2.2	
Routi Calca 200 Obse 200 Obse 200 DEL 300 RAD 500 RAD 500 RAD 500 RAD 500 RAD 500 RES 600 PHY 7700 OCC 800 SPE 900 ELE 7000 ELE 7000 ELE 700 MED 200 MED	Unreconciled Days tine Charges ulated Routine Charge Per Diem Set Centers (from W/S C) (list below); ervation (Non-Distinct) EXETING ROOM OVERY ROOM & LABOR ROOM VERY ROOM OVERY ROOM UNECTOR STITESIOLOGY OVERY ROOM ORATORY UPIRATORY THERAPY SICAL THERAPY SICAL THERAPY ECH PATHOLOGY CTROCARDIOLOGY CTROCARDIOLOGY CTROCARDIOLOGY CTROCARDIOLOGY CTROENCEPHALOGRAPHY ICAL SUPPLIES CHARGED TO PATIENTS		0.110860 0.082556 0.470596 0.144761 0.192947 0.025832 0.051546 0.112132 0.236431 0.127640 0.121762 0.112502 0.178281 0.417956 0.627740 0.627740	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,350           -           -	14,326 119,290 16,552 1,936 24,750 118,854 120,375 173,147 10,361 138,922 2,424 - - 16,178 - 7,171 703	Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           -           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           11,640           -           5,967           1,178	5.038 15.739 2.191 - 3.146 42.614 109.483 66.629 4.633 52.321 10.605 2.332 1.504 - 10.602 - 3.34	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$         176.427           \$         1,664.41           Ancillary Charges         -           \$         86,046           \$         14,461           \$         29,832           \$         21,016           \$         30,436           \$         51,424           \$         24,745           \$         9,735           \$         4,056           \$         9,735           \$         4,056           \$         -12,990           \$         -12,990           \$         -17,89	\$         19.3           \$         135.0           \$         16.1           \$         16.1           \$         16.1           \$         161.1           \$         229.0           \$         191.1           \$         191.1           \$         194.1           \$         194.1           \$         194.1           \$         126.1           \$         26.1           \$         26.1           \$         26.1           \$         26.1           \$         26.1           \$         26.1	
Routi Calca 200 Obse 200 OPE 200 DEL 200 DEL 200 DEL 200 DEL 200 DEL 200 RAD 2000 EL 200 RES 2000 EL 200 RES 2000 EL 200 EL 200 MPL 200 MPL 200 MPL	Unreconciled Days tine Charges ulated Routine Charge Per Diem bat Centers (from W/S C) (list below); ervation (Non-Distinct) :RATING ROOM :DVERY ROOM WERY ROOM & LABOR ROOM :STHESIOLOGY UICLOGY-DIAGNOSTIC :DOLOGY-THEAPEUTIC :SCAN ORATORY :PIRATORY THERAPY :SCAL SUPPLIES CHARGED TO PATIENTS :D SC HARGED TO PATIENTS :D SC HARGED TO PATIENTS		0.110860 0.082556 0.470596 0.144761 0.192947 0.025832 0.051546 0.112123 0.256831 0.121762 0.12762 0.12762 0.12762 0.12762 0.1286431 0.417958 0.627740 0.627740 0.245117 0.210778	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           -           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           886           -           772           -           -           -           -           -           -           -           -           -	14.326 119.290 16.552 1.936 24.750 118.654 120.375 173.147 10.361 136.922 2.424 - - 16.178 - 7.171 703 271,563	Routine Charges           \$ 102,855           \$ 1,582.38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           75,986           1,318           7,689           3,170           -           5,967           1,174           49,601	5.038 15,739 2,191 - 3,146 42,614 109,483 68,629 4,633 52,321 10,605 2,332 1,504 - - 10,602 - 334 - 482,492	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176.427           \$         1,664.41           Ancillary Charges         §           \$         86.046           \$         14,661           \$         29.832           \$         21,016           \$         42,156           \$         30.436           \$         14,461           \$         42,156           \$         30.436           \$         14,451           \$         24,745           \$         135,758           \$         4,056           \$         -           \$         12,990           \$         1,178           \$         8,547	\$         19,0           \$         136,1           \$         14,1           \$         14,1           \$         229,0           \$         14,1           \$         124,1           \$         14,1           \$         124,1           \$         13,1           \$         22,1           \$         14,1           \$         12,1           \$         12,1           \$         13,1           \$         22,0           \$         22,1           \$         13,1           \$         22,0           \$         22,0           \$         22,0           \$         22,0           \$         20,0           \$         20,0           \$         7,7,4           \$         754,0	
Routi           Calco           Collary Co           200         Obse           200         Obse           200         Obse           200         Obse           200         Obse           200         OPE           100         REC           200         DELI           300         ANE           400         RAD           500         RES           500         RES           500         RES           900         ELEC           900         ELEC           900         MPL           200         IMPL	Unreconciled Days tine Charges ulated Routine Charge Per Diem bst Centers (from W/S C) (list below): ervation (Non-Distinct) :EXATING ROOM :OVERY ROOM :OVERY ROOM :OVERY ROOM :ICENY ROOM		0.110860 0.082556 0.470556 0.147651 0.192947 0.025832 0.051546 0.112123 0.236431 0.12762 0.112502 0.112502 0.112502 0.112502 0.417958 0.627740 0.245117 0.245117 0.211468	Acutine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971.4           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,380           -           772           38,946	14.326 119.290 10.552 1.936 24.750 118.654 120.375 173.147 10.361 133.922 2.424 - - - 16.178 - 7.171 7.137 7.137 271.563 3.439	Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           5,967           1,178           49,601           10,285	5.038 16,739 2,191 - 3,146 42,614 100,483 68,629 4,633 52,321 10,602 2,332 1,504 - 10,602 - 334 - 482,492 -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176.427           \$         1,664.41           Ancillary Charges         -           \$         86.046           \$         14,461           \$         29.832           \$         21016           \$         30.436           \$         24,456           \$         30.436           \$         24,745           \$         24,745           \$         30.5758           \$         22,331           \$         9,735           \$         4.056           \$         -           \$         12,990           \$         -           \$         88,647           \$         11,78           \$         88,647           \$         10,285	\$         19,           \$         135,           \$         18,           \$         18,           \$         18,           \$         18,           \$         18,           \$         14,           \$         229,           \$         241,           \$         191,           \$         12,           \$         14,           \$         191,           \$         22,           \$         1,           \$         2,           \$         1,           \$         26,           \$         7,           \$         7,           \$         74,           \$         754,           \$         3,	
Routi           Calca           Coll Obsection           200 Obsection           200 DELI           300 ANE:           400 RAD           500 RAD           700 CT S           800 MRI           800 RS           600 PHY           700 OCC           800 SPE           900 ELEC           100 ELEC           200 IMPL           200 IMPL           300 DRU           400 RAD	Unreconciled Days tine Charges ulated Routine Charge Per Diem St Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM OVERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM VIERY		0.110860 0.082566 0.470596 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.167540 0.121762 0.112502 0.178281 0.417958 0.627740 0.245117 0.210778 0.211468	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,350           -           -           38,946           -           20,581	14.326 119.290 16.562 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - -	Routine Charges           \$ 102,855           \$ 1,582.38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           75,986           1,318           7,689           3,170           -           5,967           1,174           49,601	5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - - - 482,492 - - 10,603	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176.427           \$         1,664.41           Ancillary Charges         §           \$         86.046           \$         14,661           \$         29.832           \$         21,016           \$         42,156           \$         30.436           \$         14,461           \$         42,156           \$         30.436           \$         14,451           \$         24,745           \$         135,758           \$         4,056           \$         -           \$         12,990           \$         1,178           \$         8,547	\$         19,           \$         135,           \$         16,           \$         16,           \$         16,           \$         16,           \$         20,           \$         241,           \$         13,           \$         24,           \$         14,           \$         13,           \$         26,           \$         26,           \$         26,           \$         26,           \$         7,           \$         26,           \$         7,           \$         7,           \$         7,           \$         7,           \$         7,           \$         7,           \$         7,           \$         3,           \$         3,           \$         3,           \$         3,	
Routi           Calca           Coll Obsection           200 Obsection           200 DELI           300 ANE:           400 RAD           500 RAD           700 CT S           800 MRI           800 RS           600 PHY           700 OCC           800 SPE           900 ELEC           100 ELEC           200 IMPL           200 IMPL           300 DRU           400 RAD	Unreconciled Days tine Charges ulated Routine Charge Per Diem bst Centers (from W/S C) (list below): ervation (Non-Distinct) :EXATING ROOM :OVERY ROOM :OVERY ROOM :OVERY ROOM :ICENY ROOM		0.110860 0.082566 0.470596 0.032290 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.167540 0.12762 0.17620 0.178281 0.417958 0.627740 0.245117 0.210778 0.211468 0.219568 0.388353	Acutine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971.4           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,380           -           772           38,946	14.326 119.290 10.552 1.936 24.750 118.654 120.375 173.147 10.361 133.922 2.424 - - - 16.178 - 7.171 7.137 7.137 271.563 3.439	Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           5,967           1,178           49,601           10,285	5.038 16,739 2,191 - 3,146 42,614 100,483 68,629 4,633 52,321 10,602 2,332 1,504 - 10,602 - 334 - 482,492 -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176.427           \$         1,664.41           Ancillary Charges         -           \$         86.046           \$         14,461           \$         29.832           \$         21016           \$         30.436           \$         24,456           \$         30.436           \$         24,745           \$         24,745           \$         30.5758           \$         22,331           \$         9,735           \$         4.056           \$         -           \$         12,990           \$         -           \$         88,647           \$         11,78           \$         88,647           \$         10,285	\$         19,           \$         135,5           \$         18,           \$         18,           \$         18,           \$         18,           \$         17,           \$         27,           \$         161,           \$         229,           \$         241,           \$         191,           \$         13,           \$         12,           \$         13,           \$         12,           \$         13,           \$         22,           \$         13,           \$         22,           \$         13,           \$         22,           \$         7,           \$         26,           \$         754,           \$         370,           \$         2,	
Routi           Calca           Calca           Color           Color </td <td>Unreconciled Days tine Charges ulated Routine Charge Per Diem St Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM OVERY ROOM &amp; LABOR ROOM VERY ROOM &amp; LABOR ROOM VIERY ROOM VIERY</td> <td></td> <td>0.110860 0.082556 0.470556 0.147651 0.192947 0.025832 0.051546 0.112123 0.236431 0.12762 0.112502 0.112502 0.112502 0.112502 0.112502 0.245117 0.245117 0.211468 0.211468 0.38853 0.38853</td> <td>Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,350           -           -           38,946           -           20,581</td> <td>14.326 119.290 16.562 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - -</td> <td>Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           5,967           1,178           49,601           10,285</td> <td>5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - - - 482,492 - - 10,603</td> <td>\$ -</td> <td>Ancillary Charges</td> <td>\$ -</td> <td>Ancillary Charges</td> <td>§         176.427           \$         1,664.41           Ancillary Charges         -           \$         86.046           \$         14,461           \$         29.832           \$         21016           \$         30.436           \$         24,456           \$         30.436           \$         24,745           \$         24,745           \$         30.5758           \$         22,331           \$         9,735           \$         4.056           \$         -           \$         12,990           \$         -           \$         88,647           \$         11,78           \$         88,647           \$         10,285</td> <td>\$         19,           \$         135,           \$         16,           \$         17,           \$         17,           \$         229,           \$         141,           \$         129,           \$         141,           \$         131,           \$         22,           \$         14,           \$         191,           \$         26,           \$         7,           \$         5           \$         7,           \$         7,           \$         3,           \$         373,           \$         2,           \$         373,           \$         2,</td>	Unreconciled Days tine Charges ulated Routine Charge Per Diem St Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM OVERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM VIERY		0.110860 0.082556 0.470556 0.147651 0.192947 0.025832 0.051546 0.112123 0.236431 0.12762 0.112502 0.112502 0.112502 0.112502 0.112502 0.245117 0.245117 0.211468 0.211468 0.38853 0.38853	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,350           -           -           38,946           -           20,581	14.326 119.290 16.562 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - -	Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           5,967           1,178           49,601           10,285	5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - - - 482,492 - - 10,603	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176.427           \$         1,664.41           Ancillary Charges         -           \$         86.046           \$         14,461           \$         29.832           \$         21016           \$         30.436           \$         24,456           \$         30.436           \$         24,745           \$         24,745           \$         30.5758           \$         22,331           \$         9,735           \$         4.056           \$         -           \$         12,990           \$         -           \$         88,647           \$         11,78           \$         88,647           \$         10,285	\$         19,           \$         135,           \$         16,           \$         17,           \$         17,           \$         229,           \$         141,           \$         129,           \$         141,           \$         131,           \$         22,           \$         14,           \$         191,           \$         26,           \$         7,           \$         5           \$         7,           \$         7,           \$         3,           \$         373,           \$         2,           \$         373,           \$         2,	
Routi           Calca           Calca           Color           Color </td <td>Unreconciled Days tine Charges ulated Routine Charge Per Diem St Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM OVERY ROOM &amp; LABOR ROOM VERY ROOM &amp; LABOR ROOM VIERY ROOM VIERY</td> <td></td> <td>0.110860 0.082556 0.470596 0.032290 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.121762 0.112502 0.112502 0.112502 0.121762 0.121762 0.121762 0.121762 0.121762 0.245117 0.245117 0.211478 0.219568 0.388353 -</td> <td>Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,350           -           -           38,946           -           20,581</td> <td>14.326 119.290 16.562 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - -</td> <td>Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           5,967           1,178           49,601           10,285</td> <td>5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - - - 482,492 - - 10,603</td> <td>\$ -</td> <td>Ancillary Charges</td> <td>\$ -</td> <td>Ancillary Charges</td> <td>§         176.427           \$         1,664.41           Ancillary Charges         -           \$         86.046           \$         14,461           \$         29.832           \$         21016           \$         30.436           \$         24,456           \$         30.436           \$         24,745           \$         24,745           \$         30.5758           \$         22,331           \$         9,735           \$         4.056           \$         -           \$         12,990           \$         -           \$         88,647           \$         11,78           \$         88,647           \$         10,285</td> <td>\$         19;           \$         136,0           \$         148,0           \$         141,0           \$         161,1           \$         2241,1           \$         191,1           \$         2241,1           \$         191,1           \$         226,0           \$         22,1           \$         13,4           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         7,1           \$         373,2           \$         373,3           \$         2,1           \$         3           \$         3           \$         3           \$         3           \$         3           \$         3</td>	Unreconciled Days tine Charges ulated Routine Charge Per Diem St Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM OVERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM VIERY		0.110860 0.082556 0.470596 0.032290 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.121762 0.112502 0.112502 0.112502 0.121762 0.121762 0.121762 0.121762 0.121762 0.245117 0.245117 0.211478 0.219568 0.388353 -	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,350           -           -           38,946           -           20,581	14.326 119.290 16.562 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - -	Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           5,967           1,178           49,601           10,285	5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - - - 482,492 - - 10,603	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176.427           \$         1,664.41           Ancillary Charges         -           \$         86.046           \$         14,461           \$         29.832           \$         21016           \$         30.436           \$         24,456           \$         30.436           \$         24,745           \$         24,745           \$         30.5758           \$         22,331           \$         9,735           \$         4.056           \$         -           \$         12,990           \$         -           \$         88,647           \$         11,78           \$         88,647           \$         10,285	\$         19;           \$         136,0           \$         148,0           \$         141,0           \$         161,1           \$         2241,1           \$         191,1           \$         2241,1           \$         191,1           \$         226,0           \$         22,1           \$         13,4           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         22,1           \$         7,1           \$         373,2           \$         373,3           \$         2,1           \$         3           \$         3           \$         3           \$         3           \$         3           \$         3	
Routi           Calco           Collary Co           200         Obse           200         Obse           200         DELI           300         ANE           400         RAD           700         CT S           800         MRI           000         LAE           900         ELEG           900         SPE           900         ELEG           900         ELG           900         ELG           900         ELG           900         ELG           900         ELG  <	Unreconciled Days tine Charges ulated Routine Charge Per Diem St Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM OVERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM VIERY		0.110860 0.082556 0.470596 0.13290 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.167540 0.121762 0.178281 0.417958 0.627740 0.240177 0.210778 0.211468 0.2195683 0.38835 - -	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,350           -           -           38,946           -           20,581	14.326 119.290 16.562 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - -	Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           5,967           1,178           49,601           10,285	5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - - - 482,492 - - 10,603	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176.427           \$         1,664.41           Ancillary Charges         -           \$         86.046           \$         14,461           \$         29.832           \$         21016           \$         30.436           \$         24,456           \$         30.436           \$         24,745           \$         24,745           \$         30.5758           \$         22,331           \$         9,735           \$         4.056           \$         -           \$         12,990           \$         -           \$         88,647           \$         11,78           \$         88,647           \$         10,285	\$         19:0           \$         136.1           \$         14:1           \$         14:1           \$         220:1           \$         161.1           \$         220:1           \$         161.1           \$         220:1           \$         161.1           \$         120:1           \$         144.1           \$         191.1           \$         123.1           \$         124.1           \$         134.1           \$         124.1           \$         124.1           \$         124.1           \$         124.1           \$         124.1           \$         124.1           \$         124.1           \$         226.1           \$         77.4           \$         373.3           \$         2.1           \$         \$           \$         \$           \$         \$	
Routi           Calca           Color           Color </td <td>Unreconciled Days tine Charges ulated Routine Charge Per Diem St Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM OVERY ROOM &amp; LABOR ROOM VERY ROOM &amp; LABOR ROOM VIERY ROOM VIERY</td> <td></td> <td>0.110860 0.082556 0.470596 0.032290 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.121762 0.112502 0.112502 0.112502 0.121762 0.121762 0.121762 0.121762 0.121762 0.245117 0.245117 0.211478 0.219568 0.388353 -</td> <td>Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,350           -           -           38,946           -           20,581</td> <td>14.326 119.290 16.562 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - -</td> <td>Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           5,967           1,178           49,601           10,285</td> <td>5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - - - 482,492 - - 10,603</td> <td>\$ -</td> <td>Ancillary Charges</td> <td>\$ -</td> <td>Ancillary Charges</td> <td>§         176.427           \$         1,664.41           Ancillary Charges         -           \$         86.046           \$         14,461           \$         29.832           \$         21016           \$         30.436           \$         24,456           \$         30.436           \$         24,745           \$         24,745           \$         30.5758           \$         22,331           \$         9,735           \$         4.056           \$         -           \$         12,990           \$         -           \$         88,647           \$         11,78           \$         88,647           \$         10,285</td> <td>\$         19           \$         135           \$         18           \$         1           \$         227           \$         161           \$         229           \$         241           \$         13           \$         241           \$         13           \$         25           \$         75           \$         754           \$         373           \$         373           \$         25           \$         25</td>	Unreconciled Days tine Charges ulated Routine Charge Per Diem St Centers (from W/S C) (list below): ervation (Non-Distinct) ERATING ROOM OVERY ROOM & LABOR ROOM VERY ROOM & LABOR ROOM VIERY		0.110860 0.082556 0.470596 0.032290 0.144761 0.192947 0.025832 0.051546 0.112123 0.236431 0.121762 0.112502 0.112502 0.112502 0.121762 0.121762 0.121762 0.121762 0.121762 0.245117 0.245117 0.211478 0.219568 0.388353 -	Routine Charges           \$ 73,572           \$ 1,794.44           Ancillary Charges           16,203           12,416           24,860           11,971           10,354           12,714           24,992           5,365           59,772           21,013           1,846           -           1,350           -           -           38,946           -           20,581	14.326 119.290 16.562 1.936 24.750 118.654 120.375 173.147 10.361 138.922 2.424 - -	Acutine Charges           \$ 102,855           \$ 1,582,38           Ancillary Charges           69,843           2,045           4,972           9,045           31,802           17,722           26,432           19,380           7,5986           1,318           7,889           3,170           -           5,967           1,178           49,601           10,285	5.038 15,739 2,191 - 3,146 42,614 109,483 66,629 4,633 52,321 10,605 2,332 1,504 - 10,602 - - - 482,492 - - 10,603	\$ -	Ancillary Charges	\$ -	Ancillary Charges	§         176.427           \$         1,664.41           Ancillary Charges         -           \$         86.046           \$         14,461           \$         29.832           \$         21016           \$         30.436           \$         24,456           \$         30.436           \$         24,745           \$         24,745           \$         30.5758           \$         22,331           \$         9,735           \$         4.056           \$         -           \$         12,990           \$         -           \$         88,647           \$         11,78           \$         88,647           \$         10,285	\$         19           \$         135           \$         18           \$         1           \$         227           \$         161           \$         229           \$         241           \$         13           \$         241           \$         13           \$         25           \$         75           \$         754           \$         373           \$         373           \$         25           \$         25	

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

Cost Report Year (07/01/2021-06/30/2022) 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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7					<del>3 - 3 -</del> S - S -
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### I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2021-06/30/2022) CANDLER HOSPITAL

		Out-of-State Med	licaid FFS Primary		icaid Managed Care ary	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	Total Out-Of-State Medicaid
112								\$ - \$ -
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114	· · ·							\$ - \$ -
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117								<u> </u>
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125	· · ·							<u>s</u> - <u>s</u> -
126	· ·							\$ - \$ -
127	· ·							\$ - \$ -
		\$ 264.041	\$ 1.313.495	\$ 366,946	\$ 914,150	<u>s</u> - <u>s</u> -	s - s -	
	Totals / Payments							
128	Total Charges (includes organ acquisition from Section K)	\$ 337,613	\$ 1,313,495	\$ 469,801	\$ 914,150	\$ - \$ -	S - S -	\$ 807,414 \$ 2,227,645
129								
130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 337,613 -	\$ 1,313,495	\$ 469,801	\$ 914,150 	\$ - \$ -		[ <u></u>
130 131		\$ 337,613 	\$ 1,313,495 		\$ 914,150 	\$         -		[ \$ 190,132 [ \$ 389,567 ]
	Unreconciled Charges (Explain Variance)	-						
131	Unreconciled Charges (Explain Variance) Total Calculated Cost (includes organ acquisition from Section K)	\$ 82,019	\$ 217,657	\$ 108,113	\$ 171,910	\$         -         \$         -           -         -         -         -         -           (\$         -         (\$         -         -		\$ 190,132 \$ 389,567
131 132	Unreconciled Charges (Explain Variance) Total Calculated Cost (Includes organ acquisition from Section K) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 82,019	\$ 217,657 \$ 143,994	\$ 108,113	\$ 171,910 \$ 32,663	\$         -         \$         -           -         -         -         -           \$         -         \$         -		\$ 190,132 \$ 389,567 \$ 156,183 \$ 176,657 \$ 186 \$ 217 \$ 3,225
131 132 133	Unreconciled Charges (Explain Variance) Total Calculated Cost (includes organ acquisition from Section K) 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)	\$ 82,019 \$ 64,825	- \$ 217,657 \$ 143,994 \$ 119	\$ 108,113	\$ 171,910 \$ 32,663 \$ 67 \$ 740 \$ 929			\$ 190,132 \$ 389,567 \$ 156,183 \$ 176,657 \$ 156 183 \$ 186
131 132 133 134	Unreconciled Charges (Explain Variance) Total Calculated Cost (Includes organ acquisition from Section K) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 82,019 \$ 64,825	\$ 217,657 \$ 143,994 \$ 119 \$ 2,485	\$ 108,113	- \$ 171,910 \$ 32,663 \$ 67 \$ 740			\$ 190,132 \$ 389,567 \$ 156,183 \$ 176,657 \$ 186 \$ 217 \$ 3,225
131 132 133 134 135	Unreconciled Charges (Explain Variance) Total Calculated Cost (includes organ acquisition from Section K) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down)	\$ 82,019 \$ 64,825 \$ 217	\$ 217,657 \$ 143,994 \$ 119 \$ 2,485 \$ 726	\$ 108,113 \$ 91,358	\$ 171,910 \$ 32,663 \$ 67 \$ 740 \$ 929			\$ 190,132 \$ 389,567 \$ 156,183 \$ 176,657 \$ 186 \$ 217 \$ 3,225
131 132 133 134 135 136	Unreconciled Charges (Explain Variance) Total Calculated Cost (Includes organ acquisition from Section K) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 82,019 \$ 64,825 \$ 217	\$ 217,657 \$ 143,994 \$ 119 \$ 2,485 \$ 726	\$ 108,113 \$ 91,358	\$ 171,910 \$ 32,663 \$ 67 \$ 740 \$ 929			\$         190,132         \$         389,567           \$         156,183         \$         176,657           \$         -         \$         186           \$         217         \$         3,225           \$         -         \$         1,655
131 132 133 134 135 136 137	Unreconciled Charges (Explain Variance) Total Calculated Cost (Includes organ acquisition from Section K) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C) Medicaer Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)	\$ 82,019 \$ 64,825 \$ 217	\$ 217,657 \$ 143,994 \$ 119 \$ 2,485 \$ 726	\$ 108,113 \$ 91,358	\$ 171,910 \$ 32,663 \$ 67 \$ 740 \$ 929			\$     190,132     \$     389,567       \$     156,183     \$     176,657       \$     -     \$     186       \$     217     \$     3,225       \$     -     \$     1,655       \$     -     \$     1,655       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -
131 132 133 134 135 136 137 138	Unreconciled Charges (Explain Variance) Total Calculated Cost (includes organ acquisition from Section K) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Vear (See Note C)	\$ 82,019 \$ 64,825 \$ 217	\$ 217,657 \$ 143,994 \$ 119 \$ 2,485 \$ 726	\$ 108,113 \$ 91,358	\$ 171,910 \$ 32,663 \$ 67 \$ 740 \$ 929			\$     190,132     \$     389,567       \$     156,183     \$     176,657       \$     -     \$     186       \$     217     \$     3,225       \$     -     \$     1,655       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -
131 132 133 134 135 136 137 138 139	Unreconciled Charges (Explain Variance)  Total Calculated Cost (includes organ acquisition from Section K)  Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) Self-Pay (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cast Settlement Payments (See Note B) Other Medicaire Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Debt Payments	\$ 82,019 \$ 64,825 \$ 217	\$ 217,657 \$ 143,994 \$ 119 \$ 2,485 \$ 726	\$ 108,113 \$ 91,358	\$ 171,910 \$ 32,663 \$ 67 \$ 740 \$ 929			\$     190,132     \$     389,567       \$     156,183     \$     176,657       \$     -     \$     186       \$     217     \$     3,225       \$     -     \$     1,655       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -
131 132 133 134 135 136 137 138 139 140	Unreconciled Charges (Explain Variance)  Total Calculated Cost (Includes organ acquisition from Section K)  Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C) Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare (HMO) Paid Amount (excludes coinsurance/deductibles)	\$ 82,019 \$ 64,825 \$ 217	\$ 217,657 \$ 143,994 \$ 119 \$ 2,485 \$ 726	\$ 108,113 \$ 91,358	\$ 171,910 \$ 32,663 \$ 67 \$ 740 \$ 929			\$     190,132     \$     389,567       \$     156,183     \$     176,657       \$     -     \$     186       \$     217     \$     3.225       \$     -     \$     1.655       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -       \$     -     \$     -
131 132 133 134 135 136 137 138 139 140 141 142	Unreconciled Charges (Explain Variance)  Total Calculated Cost (Includes organ acquisition from Section K)  Total Medicaid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C) Medicare Traditional (Inon-IHMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Debt Payments Other Medicare Cross-Over Payments (See Note D)	\$ 82,019 \$ 64,825 \$ 217 \$ 65,042	\$ 217,657 \$ 113,994 \$ 119 \$ 2,485 \$ 726 \$ 147,324	\$ 91,358	\$ 171,910 \$ 32,663 \$ 67 \$ 740 \$ 929 \$ 34,399			\$     190,132     \$     389,567       \$     156,183     \$     176,657       \$     \$     186       \$     217     \$       \$     \$     1.655       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$       \$     \$     \$
131 132 133 134 135 136 137 138 139 140 141	Unreconciled Charges (Explain Variance)  Total Calculated Cost (includes organ acquisition from Section K)  Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) Self-Pay (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cast Settlement Payments (See Note B) Other Medicaire Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Debt Payments	\$ 82,019 \$ 64,825 \$ 217	\$ 217,657 \$ 143,994 \$ 119 \$ 2,485 \$ 726	\$ 108,113 \$ 91,358	\$ 171,910 \$ 32,663 \$ 67 \$ 740 \$ 929	S         -         S         -           S         -         S         -           S         -         S         -           S         -         S         -           S         -         S         -           S         -         S         -           S         -         S         -           S         -         S         -           S         -         S         -           O%         O%         O%         O%		\$ 190,132       \$ 389,567         \$ 156,183       \$ 176,657         \$ 217       \$ 3,225         \$ 186       \$ 1,655         \$ 1       \$ 1,655

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 needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year	(07/01/2021-06/30/2022)	CANDLER HOSPITAL

W

Worksheet A Prov	vider Tax Assessment Reconciliation:		
1a Working	Gross Provider Tax Assessment (from general ledger)* Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)	Dollar Amount \$ 4,557,716 Contractual Adjustment	W/S A Cost Center Line           015.5515.4000         (WTB Account # ) (Where is the cost included on w/s A?)
3 Differen	ce (Explain Here>)	\$ 4,557,716	
Provide 4 5 6	r Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report) Reclassification Code Reclassification Code		(Reclassified to / (from)) (Reclassified to / (from)) (Reclassified to / (from))
7	Reclassification Code		(Reclassified to / (from))
8 9 10 11 <b>DSH UC</b> 12 13 14 15 16 Total Ne	C ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)         Reason for adjustment         Reason for adjustment	\$ 4,557,716	5.00         (Adjusted to / (from))           (Adjusted to / (from))         (Adjusted to / (from))           (Adjusted to / (from))         (Adjusted to / (from))
Don dee Flovide			
	Illowable Assessment Not Included in the Cost Report	\$ -	
18	onment of Provider Tax Assessment Adjustment to Medicaid & Uninsured: Medicaid Hospital Charges Sec. G	341,635,428	
19	Uninsured Hospital Charges Sec. G	96,427,260	
20	Total Hospital Charges Sec. G	1,814,403,532	
21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC	18.83%	
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	5.31%	
23	Medicaid Provider Tax Assessment Adjustment to DSH UCC	\$ -	
24	Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ -	
	r Tax Assessment Adjustment to DSH UCC	\$ <u>-</u>	

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

\*\* The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and uninsured based on charges sec. g unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.