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

DSH Version 6.00 2/21/2020 A. General DSH Year Information Begin End 1. DSH Year: 07/01/2018 06/30/2019 2. Select Your Facility from the Drop-Down Menu Provided: SOUTH GEORGIA MEDICAL CENTER Identification of cost reports needed to cover the DSH Year: Cost Report Cost Report End Date(s) Begin Date(s) 3. Cost Report Year 1 10/01/2018 09/30/2019 Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES 4. Cost Report Year 2 (if applicable) 5. Cost Report Year 3 (if applicable) Data 6. Medicaid Provider Number: 000001724A 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 000001724G 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab): 9. Medicare Provider Number: 110122 B. DSH OB Qualifying Information Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act. **DSH Examination** Year (07/01/18 -**During the DSH Examination Year:** 06/30/19) 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to Yes provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.) 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's No inpatients are predominantly under 18 years of age? 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-No emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987? 3a. Was the hospital open as of December 22, 1987? Yes 3b. What date did the hospital open? 7/1/1955

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

Disclosure of Other Medicaid Payments Received:		
1. Medicaid Supplemental Payments for Hospital Services DSH Yea	25 07/04/2049 05/20/2040	
		S 3,441,102
(Should include UPL and non-claim specific payments paid based on	i the state fiscal year. However, DSH payments should NOT be inc	cluded.)
2. Medicaid Managed Care Supplemental Payments for hospital se	rvices for DSH Year 07/01/2018 - 06/30/2019	
(Should include all non-claim specific payments for hospital services	such as lump sum payments for full Medicaid pricing (EMP) supp	lamentals quality neumonts beaus
payments, capitation payments received by the hospital (not by the M	MCO), or other incentive payments.	ienieniais, quality payments, bonus
NOTE: Hospital portion of supplemental payments reported on DSH		and on a SEV book
	carrey . are in, couldn't, question 14 another be reported here in p	dalu uli a SFT pasis.
3. Total Medicaid and Medicaid Managed Care Non-Claims Paymer	ata fan Hannital Camilia - 07/04/0040 - 00/00/0040	The second of th
5. Total inculous and inculcate managed care Non-Claims Paymer	its for nospital Services07/01/2018 - 06/30/2019	\$ 3,441,102
tification:		
		Answer
1. Was your hospital allowed to retain 100% of the DSH payment it	received for this DSH year?	
Matching the federal share with an IGT/CPE is not a basis for an	swering this guestion "no". If your	Yes
hospital was not allowed to retain 100% of its DSH payments, ple	ease 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 C	250 050:	
The following certification is to be completed by the hospital's c	LEG of GPG:	
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 Disp	reportionate Share Hospital (DSH) clinibility and payments
provisions. Detailed support exists for all amounts reported in the sur	vey. 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.		
h The		1.1.
Hospital CEO or CFO Signature	CFO	11/2/2020
Hospital GEO of GPO Signature	Title	Date
Grant Byers	229-259-4162	
Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Nu	grant.byers@sgmc.org  Hospital CEO or CFO E-Mail
	riospital oco di oi o releptione Na	nospital CEO of CFO E-Mail
Contact Information for individuals authorized to respond to inq	uiries related to this survey:	
Hospital Contact	, <u>.</u>	
Hospital Contact:	Grant Byers	Outside Preparer:
Name		No. 1944 City I
Title		Name Wes Sternenberg
	CFO	Title Partner
Telephone Number	CFO 229-259-4162	Title Partner Firm Name Draffin & Tucker, LLP
Telephone Number E-Mail Address	CFO	Title Partner

3/31/2020

## State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part II 9/30/2019

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9/30/2019	)

DSH Version 8.00

D. General Cost Report Year Information	10/1/2018	- 9/30/2019			0/0 1/2020
The following information is provided based on the information we received from					
the information. If you disagree with one of these items, please provide the corr	ect information along with	supporting documentation	when you submit your surve	y.	
1. Calcat Vary Casility from the Dran Day Many Dravided	SOUTH GEORGIA MED	NCAL CENTER		1	
Select Your Facility from the Drop-Down Menu Provided:	SOUTH GEORGIA MED	JICAL CENTER			
	10/1/2018				
	through				
2. Select Cost Report Year Covered by this Survey (enter "X"):	9/30/2019 X				
		╡┗━━		J	
3. Status of Cost Report Used for this Survey (Should be audited if available):	1 - As Submitted	_			
3a. Date CMS processed the HCRIS file into the HCRIS database:	3/10/2020				
	1	Data	Correct?	If Incorrect, Proper Information	
4. Hospital Name:	SOUTH GEORGIA MED	ICAL CENTER			
5. Medicaid Provider Number:	000001724A				
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	000001724G				
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0				
8. Medicare Provider Number:	110122				
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Non-State Govt.				
DSH Pool Classification (Small Rural, Non-Small Rural, Urban):	Urban				
Dorri ou diassincation (ornali retrai, non-ornali retrai, orbair).	Olbali				
Out-of-State Medicaid Provider Number. List all states where you have	ad a Medicaid provider a	greement during the cost	•		
	Stat	te Name	Provider No.		
State Name & Number     State Name & Number			_		
11. State Name & Number					
12. State Name & Number					
14. State Name & Number 15. State Name & Number			_		
(List additional states on a separate attachment				J	
E. Disclosure of Medicaid / Uninsured Payments Received: (1	<u>0/01/2018 - 09/30/201</u>	9)			
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 Include	led in Exhibits B & B-1 (Se				
Section 1011 Payment Related to Outpatient Hospital Services NOT Incl.     Table 2 of the 4044 Payment Related to Outpatient Hospital Services (Oct.)		See Note 1)			
<ol> <li>Total Section 1011 Payments Related to Hospital Services (See Not</li> <li>Section 1011 Payment Related to Non-Hospital Services Included in Exh</li> </ol>		)		\$- -	
6. Section 1011 Payment Related to Non-Hospital Services NOT Included in	n Exhibits B & B-1 (See N				
7. Total Section 1011 Payments Related to Non-Hospital Services (Sec	Note 1)			<b>\$-</b>	
8. Out-of-State DSH Payments (See Note 2)					
• • •					
0.7110.10.10.10.10.10.10.10.10.10.10.10.10.				Inpatient Outpatient Total	
Total Cash Basis Patient Payments from Uninsured (On Exhibit B)     Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	١			\$ 180,416 \$ 924,372 \$1,104,788 \$ 2,124,111 \$ 8,931,853 \$11,055,964	
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column	,	and non-hospital portion of paym	ents)	\$2,304,527 \$9,856,225 \$12,160,752	
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash		rana non noophal portion of payin	511.0)	7.83% 9.38% 9.08%	
·	,				
Should include all non-claim-specific payments such as lump sum payments for t	iull Medicaid pricing, supplem	entals, quality payments, bond	us payments, capitation paymen	nts received by the hospital (not by the MCO), or other incentive payments.	
14. Total Medicaid managed care non-claims payments (see question 13 about	,	•			
15. Total Medicaid managed care non-claims payments (see question 13 about	,	non-hospital services			
16. Total Medicaid managed care non-claims payments (see question 13 about	ove) received			<b>\$-</b>	

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

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

#### F. MIUR / LIUR Qualifying Data from the Cost Report (10/01/2018 - 09/30/2019) F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR) 72.066 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6) (See Note in Section F-3, below) F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Chargegused 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 25,427,896 8. Outpatient Hospital Charity Care Charges 19 240 667 9. Non-Hospital Charity Care Charges 10. Total Charity Care Charges 44,668,563 F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR)(W/S G-2 and G-3 of Cost Report) NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost Contractual Adjustments (formulas below can be overwritten if amounts are report data. If the hospital has a more recent version of the cost report, the Total Patient Revenues (Charges) known) data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data 11. Hospital \$80,088,625.00 56,655,210 23,433,415 12. Subprovider I (Psych or Rehab) \$0.00 \$ 13. Subprovider II (Psych or Rehab) \$0.00 \$ 14 Swing Bed - SNF \$0.00 15. Swing Bed - NF \$0.00 \$0.00 16. Skilled Nursing Facility 17. Nursing Facility \$0.00 18. Other Long-Term Care \$0.00 19. Ancillary Services \$481,052,789.00 \$403.115.499.0 285,166,506 340,299,848 258,701,934 18,354,315 20. Outpatient Services \$62,729,734,00 44.375.419 21. Home Health Agency \$0.00 22. Ambulance 14.508.449 10.263.370 23. Outpatient Rehab Providers \$0.00 24. ASC \$0.00 \$0.00 25. Hospice \$5,208,437,00 3.684.482 26. Other \$0.00 \$68,430,194,00 48.407.961 27. Total 488,230,002 543,782,523 88,147,080 345,377,055 384,675,267 \$ 62,355,813 301,960,203 Total Contractual Adj. (G-3 Line 2) 29. Total Per Cost Report Total Patient Revenues (G-3 Line 1) 1,120,159,605 786,478,815 30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient 31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue) 32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue) 5,929,320 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. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3. Line 2 (impact is an increase in net patient revenue)" 792,408,135 35. Adjusted Contractual Adjustments

Unreconciled Difference (Should be \$0)

Unreconciled Difference (Should be \$0)

36. Unreconciled Difference

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

Cost Report Year (10/01/2018-09/30/2019) SOUTH GEORGIA MEDICAL CENTER

	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
hosp comple has a n be u	ital. If of ted using nore red updated	data in this section must be verified by the data is already present in this section, it was ng CMS HCRIS cost report data. If the hospital cent version of the cost report, the data should I to the hospital's version of the cost report. In 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
	Routii	ne Cost Centers (list below):						•			
1		ADULTS & PEDIATRICS	\$ 35,151,494	\$ -	\$ 65.151	\$0.00	\$ 35,216,645	45.493	\$44,964,197.00		\$ 774.11
2		INTENSIVE CARE UNIT	\$ 26.838.312	•	\$ -	φυ.σσ	\$ 26,838,312	21,224	\$35,124,428.00		\$ 1,264.53
3	03200	CORONARY CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
4	03300		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
5	03400		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
6	03500		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
7	04000		\$ -	•	\$ -		\$ -	-	\$0.00		\$ -
8		SUBPROVIDER II	\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
9		OTHER SUBPROVIDER	\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
10 11	04300	NURSERY	\$ 4,161,006 \$ -	\$ - \$ -	\$ - \$ -		\$ 4,161,006 \$ -	5,349	\$5,025,878.00 \$0.00		\$ 777.90 \$ -
12			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
13			\$ -	T	\$ -		\$ -		\$0.00		\$ -
14			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
15			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
16			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
17			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
18		Total Routine	\$ 66,150,812	\$ -	\$ 65,151	\$ -	\$ 66,215,963	72,066	\$ 85,114,503		
19		Weighted Average									\$ 918.82
	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		Observation (Non-Distinct)					\$ -	\$0.00	\$0.00	\$ -	
20	09200	Observation (Non-Distinct)		-	-	-	\$ -	\$0.00	\$0.00	\$ -	-
			Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col.2 and Col. 4		Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
		ary Cost Centers (from W/S C excluding Observ									
21		OPERATING ROOM	\$30,289,599.00		\$0.00		\$ 30,289,599	\$40,032,166.00	\$56,575,259.00		0.313533
22		DELIVERY ROOM & LABOR ROOM	\$5,046,079.00		\$0.00		\$ 5,046,079	\$2,013,382.00	\$2,136,612.00	\$ 4,149,994	1.215924
23	5300		\$1,539,029.00		\$0.00		\$ 1,539,029	\$6,305,890.00	\$12,491,416.00	\$ 18,797,306	0.081875
24 25	5400	RADIOLOGY-DIAGNOSTIC CT SCAN	\$34,984,743.00 \$4,702.013.00		\$0.00 \$0.00		\$ 34,984,743 \$ 4.702.013	\$34,056,945.00 \$25,546,631.00	1 / /	\$ 114,454,911 \$ 101,511,397	0.305664 0.046320
25 26	5800		\$4,702,013.00		\$0.00 \$0.00		\$ 4,702,013 \$ 1,627,724	\$25,546,631.00 \$4,666,157.00	\$75,964,766.00 \$13,596,147.00	\$ 101,511,397 \$ 18,262,304	0.046320
26 27		LABORATORY	\$1,627,724.00		\$0.00		\$ 1,627,724	\$4,666,157.00		\$ 103.073.151	0.198759
28		BLOOD STORING PROCESSING & TRANS.	\$2,769,966.00	\$ -	\$0.00		\$ 2,769,966	\$8,299,586.00	\$3,008,996.00	\$ 11,308,582	0.244944
29		RESPIRATORY THERAPY	\$5,381,964.00	\$ -	\$0.00		\$ 5,381,964	\$21,865,845.00	\$4,728,077.00	\$ 26,593,922	0.202376
	•										

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

Cost Report Year (10/01/2018-09/30/2019)

SOUTH GEORGIA MEDICAL CENTER

			Intern & Resident				I/P Routine		
Line #	Cost Center Description	Total Allowable Cost	Costs Removed on Cost Report *	Add-Back (If Applicable)	Total Cost	I/P Days and I/P	Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
	PHYSICAL THERAPY	\$3.622.337.00		\$0.00	\$ 3.622.337	\$4.051.326.00		\$ 5.340.136	0.678323
	OCCUPATIONAL THERAPY	\$1,619,512.00	\$ -	\$0.00	\$ 1,619,512	\$2,835,950.00	1 /	\$ 2.889.509	0.560480
	SPEECH PATHOLOGY	\$1,207,045.00		\$0.00	\$ 1,207,045	\$2,190,851.00	\$42,484.00		0.540468
	ELECTROCARDIOLOGY	\$3,290,705.00		\$0.00	\$ 3,290,705	\$10,140,554.00	\$11,236,533.00		0.153936
	MEDICAL SUPPLIES CHARGED TO PATIENT	\$9,593,815.00		\$0.00	\$ 9,593,815	\$21,545,314.00	\$15,893,734.00		0.256252
	IMPL. DEV. CHARGED TO PATIENTS	\$23,174,036.00	\$ -	\$0.00	\$ 23,174,036	\$33,392,871.00		\$ 72,767,491	0.318467
	DRUGS CHARGED TO PATIENTS	\$40,302,208.00	\$ -	\$0.00	\$ 40,302,208	\$123,383,750.00		\$ 238,848,531	0.168735
	RENAL DIALYSIS IV THERAPY	\$1,611,817.00 \$648,033.00	\$ -	\$0.00 \$0.00	\$ 1,611,817 648,033	\$3,335,059.00 \$4,514,379.00	\$306,956.00 \$357,765.00	\$ 3,642,015 \$ 4,872,144	0.442562 0.133008
	CLINIC	\$2,003,178.00	\$ -	\$0.00	\$ 2,003,178	\$536,236.00		\$ 2,943,944	0.680440
	WOUND CARE	\$1,613,780.00	Ÿ	\$0.00	\$ 1,613,780	\$723,846.00		\$ 2,288,511	0.705166
	EMERGENCY	\$25,403,324.00		\$2,005,254.00	\$ 27,408,578	\$7,165,785.00		\$ 43,290,527	0.633131
	OBSERVATION	\$8,611,771.00		\$0.00	\$ 8,611,771	\$5,021,161.00		\$ 14,206,752	0.606175
		\$0.00	\$ -	\$0.00	\$ -	\$0.00		\$ -	
		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
			\$ -	\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00		\$0.00	\$ -	\$0.00	\$0.00		-
		\$0.00	•	\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00	•	\$0.00	\$ -	\$0.00	\$0.00		-
		\$0.00 \$0.00	\$ - \$ -	\$0.00 \$0.00	\$ -	\$0.00 \$0.00		\$ - \$ -	-
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		\$0.00	Ÿ	\$0.00	\$ -	\$0.00	·	\$ -	-
		\$0.00		\$0.00	\$ -	\$0.00	\$0.00	7	-
		\$0.00		\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$0.00	\$ -	\$0.00		\$ -	
			\$ -	\$0.00	\$ -	\$0.00		\$ -	
		\$0.00		\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00		\$0.00	\$ -	\$0.00	\$0.00		-
		\$0.00 \$0.00		\$0.00 \$0.00	\$ -	\$0.00 \$0.00	·	\$ - \$ -	-
		\$0.00	•	\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00		\$0.00	\$ -	\$0.00	·	\$ -	-
		\$0.00	•	\$0.00	\$ -	\$0.00	\$0.00		-
		\$0.00	•	\$0.00	\$ -	\$0.00	·	\$ -	-
		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	
			\$ -	\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00	•	\$0.00	\$ -	\$0.00		\$ -	-
			\$ -	\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00		\$0.00	\$ -	\$0.00	\$0.00		-
		\$0.00 \$0.00	\$ -	\$0.00 \$0.00	\$ -	\$0.00 \$0.00		\$ - \$ -	-
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			\$ -	\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
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			\$ -	\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00	•	\$0.00	\$ -	\$0.00		\$ -	-
		\$0.00		\$0.00	\$ -	\$0.00	\$0.00		-
		\$0.00	\$ -	\$0.00	\$ -	\$0.00		<u> </u>	-
		\$0.00	•	\$0.00	\$ -	\$0.00 \$0.00	·	\$ -	-
<u> </u>		\$0.00 \$0.00		\$0.00 \$0.00	\$ -	\$0.00	·	\$ - \$ -	-
		\$0.00	•	\$0.00	\$ -	\$0.00		\$ -	-
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#### G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2018-09/30/2019)

SOUTH GEORGIA MEDICAL CENTER

Line #	Cost Center Description	Total Allowable	04- D							
#	Cost Center Description		Costs Removed on	Add-Back (If			I/P Days and I/P	Charges and O/P		Medicaid Per Dier
		Cost	Cost Report *	Applicable)		Total Cost	Ancillary Charges	Ancillary Charges	Total Charges	Cost or Other Rat
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00	•	\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
$\vdash$		\$0.00	•	\$0.00	\$	-	\$0.00	\$0.00	\$ -	
$\vdash$		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
$\perp$		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
-		\$0.00	•	\$0.00 \$0.00	\$	-	\$0.00	\$0.00	\$ -	
-		\$0.00 \$0.00		\$0.00	\$	-	\$0.00 \$0.00	\$0.00 \$0.00	\$ -	
$\vdash$		\$0.00	•	\$0.00	\$		\$0.00	\$0.00	\$ -	
$\vdash$		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
$\vdash$		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
$\vdash$		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00	•	\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
$\vdash$		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
$\vdash$		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
$\vdash$		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
$\vdash$		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	_	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$		\$0.00	\$0.00	\$ -	
		\$0.00	•	\$0.00	\$	_	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	_	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00	•	\$0.00	\$	_	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	_	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
		\$0.00		\$0.00	\$	-	\$0.00	\$0.00	\$ -	
	Total Ancillary	\$ 229.529.443	\$ -	\$ 2.005.254	\$	231,534,697	\$ 416,562,527	\$ 530,335,495	\$ 946.898.022	
	Weighted Average	Ψ 220,020,110	•	2,000,20	Ť	201,001,001	¢ 1.0,002,02.	<b>4</b> 000,000,100	ψ 0.0,000,0 <u>2</u> 2	0.244
	Sub Totals	\$ 295,680,255	\$ -	\$ 2,070,405	\$	297,750,660	\$ 501,677,030	\$ 530,335,495	\$ 1,032,012,525	
	NF, SNF, and Swing Bed Cost for Medicaid (Sun D, Part V, Title 19, Column 5-7, Line 200)					\$0.00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	NF, SNF, and Swing Bed Cost for Medicare (Sun Worksheet D, Part V, Title 18, Column 5-7, Line 2		eport Worksheet D-3, 7	itle 18, Column 3, Lii	200 and	\$0.00				
N	NF, SNF, and Swing Bed Cost for Other Payers	Hospital must calculat	e. Submit support for c	alculation of cost.)						
	Other Cost Adjustments (support must be submit	•	• •	,						
O	Grand Total				\$	297,750,660	J			
_					\$					
T-	Total Intern/Resident Cost as a Percent of Other	Allowable Cost				0.00%				

<sup>\*</sup> 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 Vear (10/01/2018-09/30/2019)	SOUTH GEORGIA MEDICAL CENTER

			In-State Medic	aid FFS Primary	In-State Medicaid M	Managed Care Primary		FS Cross-Overs (with Secondary)		dicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-Sta	te Medicaid %
Line # Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Surv to Co Repo Outpatient Tota
	From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis		
coutine Cost Centers (from Section G):			Days		Days		Days		Days		Days		Days	
3000 ADULTS & PEDIATRICS	\$ 774.11		3,801		3,934		4,912		4,073		3,709		16,720	46.
3100 INTENSIVE CARE UNIT	\$ 1,264.53		1,948		285		2,980		1,805		1,807		7,018	42.
200 CORONARY CARE UNIT 300 BURN INTENSIVE CARE UNIT	\$ - \$ -													
00 SURGICAL INTENSIVE CARE UNIT	\$ -													
00 OTHER SPECIAL CARE UNIT	\$ -												-	
0 SUBPROVIDER I	\$ -												-	
SUBPROVIDER II	\$ -												-	
OTHER SUBPROVIDER NURSERY	\$ - \$ 777.90		220		2,691				057		556		2.400	
NURSERY	\$ 777.90		220		2,091		-		257		550		3,168	70.
	\$ -												-	
	\$ -													
	\$ -													
	\$ - \$ -												-	
	\$ -													
	ų.	Total Days	5,969		6,910		7,892		6,135		6,072		26,906	47.
ys per PS&R or Exhibit Detail			5,969		6,910		7,892		6,135		6,072			
Unreconciled Days	(Explain Variance)													
			Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
Routine Charges			\$ 6.866.643		\$ 6.898.511		\$ 9,689,203		\$ 7.139.633		\$ 7 130 143		\$ 30.593.990	45.
Calculated Routine Charge Per Diem			\$ 1,150.38		\$ 998.34		\$ 1,227.72		\$ 1,163.75		\$ 1,174.27		\$ 1,137.07	
cillary Cost Centers (from W/S C) (from Secti	on G).		Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges
0 Observation (Non-Distinct)	J	-	Anomary onargos	Anomaly onarges	Anomary onargeo	Amomaly onargos	Anomary onargos	Anomary onargos	Anomary onargeo	Anomaly onargeo	Anomary onargos	Anomary onargoo	\$ -	S -
000 OPERATING ROOM		0.313533	1,674,209	2,227,487	2,124,106	4,208,036	2,552,477	2,990,081	2,390,037	2,750,895	2,621,924	2,935,996	\$ 8,740,829	\$ 12,176,499 27.
200 DELIVERY ROOM & LABOR ROOM		1.215924	107,713	-	2,249,991	2,353	12,861	-	503,838	1,697	134,866	-	\$ 2,874,403	\$ 4,050 73.
00 ANESTHESIOLOGY		0.081875 0.305664	408,107	560,858 2,200,646	591,234	1,398,098 2,697,342	525,621	720,638	516,206	650,717	611,641	690,208	\$ 2,041,168	\$ 3,330,311 36.
00 RADIOLOGY-DIAGNOSTIC 00 CT SCAN			1,021,410								0.000.000			
					755,225		3,116,735	4,775,011	2,557,132	4,350,951	3,603,082	4,841,220	\$ 7,450,502	\$ 14,023,950 26.
00 MRI		0.046320	2,057,790	2,387,668	539,051	3,187,458	2,606,760	4,030,859	1,988,880	3,794,967	2,930,405	9,423,757	\$ 7,192,481	\$ 13,400,952 33.
00 MRI 00 LABORATORY														
00 LABORATORY 00 BLOOD STORING PROCESSING & TRA	NS.	0.046320 0.089130 0.198759 0.244944	2,057,790 361,869 4,926,016 250,087	2,387,668 280,136 2,173,020 34,910	539,051 102,671 3,525,440 81,942	3,187,458 284,137 3,655,564 107,726	2,606,760 526,547 6,867,975 595,894	4,030,859 631,362 3,099,642 278,386	1,988,880 369,994 5,084,888 439,172	3,794,967 809,397 2,791,965 94,017	2,930,405 565,812 5,262,324 256,143	9,423,757 597,219 4,580,511 66,669	\$ 7,192,481 \$ 1,361,081 \$ 20,404,319 \$ 1,367,095	\$ 13,400,952 33. \$ 2,005,032 25. \$ 11,720,191 41. \$ 515,039 20.
00 LABORATORY 00 BLOOD STORING PROCESSING & TRA 00 RESPIRATORY THERAPY	NS.	0.046320 0.089130 0.198759 0.244944 0.202376	2,057,790 361,869 4,926,016 250,087 2,068,199	2,387,668 280,136 2,173,020 34,910 142,417	539,051 102,671 3,525,440 81,942 672,943	3,187,458 284,137 3,655,564 107,726 266,739	2,606,760 526,547 6,867,975 595,894 3,098,359	4,030,859 631,362 3,099,642 278,386 390,210	1,988,880 369,994 5,084,888 439,172 2,051,483	3,794,967 809,397 2,791,965 94,017 266,209	2,930,405 565,812 5,262,324 256,143 1,455,650	9,423,757 597,219 4,580,511 66,669 356,811	\$ 7,192,481 \$ 1,361,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984	\$ 13,400,952 33. \$ 2,005,032 25. \$ 11,720,191 41. \$ 515,039 20. \$ 1,065,575 41.
00 LABORATORY 00 BLOOD STORING PROCESSING & TRA 00 RESPIRATORY THERAPY 00 PHYSICAL THERAPY	NS.	0.046320 0.089130 0.198759 0.244944 0.202376 0.678323	2,057,790 361,869 4,926,016 250,087 2,068,199 184,998	2,387,668 280,136 2,173,020 34,910 142,417	539,051 102,671 3,525,440 81,942 672,943 17,868	3,187,458 284,137 3,655,564 107,726 266,739 5,115	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604	4,030,859 631,362 3,099,642 278,386 390,210 56,313	1,988,880 369,994 5,084,888 439,172 2,051,483 294,729	3,794,967 809,397 2,791,965 94,017 266,209 54,009	2,930,405 565,812 5,262,324 256,143 1,455,650 194,267	9,423,757 597,219 4,580,511 66,669 356,811 31,020	\$ 7,192,481 \$ 1,361,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984 \$ 869,199	\$ 13,400,952 33. \$ 2,005,032 25. \$ 11,720,191 41. \$ 515,039 20. \$ 1,065,575 41. \$ 115,437 23.
10 LABORATORY 10 BLOOD STORING PROCESSING & TRA 10 RESPIRATORY THERAPY 10 PHYSICAL THERAPY 10 OCCUPATIONAL THERAPY	NS.	0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480	2,057,790 361,869 4,926,016 250,087 2,068,199 184,998 54,092	2,387,668 280,136 2,173,020 34,910 142,417 - 249	539,051 102,671 3,525,440 81,942 672,943 17,868 7,925	3,187,458 284,137 3,655,564 107,726 266,739 5,115 22,592	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,054	4,030,859 631,362 3,099,642 278,386 390,210 56,313 19,746	1,988,880 369,994 5,084,888 439,172 2,051,483 294,729 106,263	3,794,967 809,397 2,791,965 94,017 266,209 54,009 22,407	2,930,405 565,812 5,262,324 256,143 1,455,650 194,267 76,021	9,423,757 597,219 4,580,511 66,669 356,811 31,020 38,307	\$ 7,192,481 \$ 1,361,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984 \$ 869,199 \$ 273,334	\$ 13,400,952 \$ 2,005,032 \$ 11,720,191 \$ 515,039 \$ 1,065,575 \$ 115,437 \$ 64,994 16.
10 LABORATORY 10 BLOOD STORING PROCESSING & TRA 10 RESPIRATORY THERAPY 10 PHYSICAL THERAPY 10 OCCUPATIONAL THERAPY 10 SPEECH PATHOLOGY	NS.	0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480	2,057,790 361,869 4,926,016 250,087 2,068,199 184,998 54,092 82,763	2,387,668 280,136 2,173,020 34,910 142,417	539,051 102,671 3,525,440 81,942 672,943 17,868 7,925 365,231	3,187,458 284,137 3,655,564 107,726 266,739 5,115 22,592 12,510	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,054 120,693	4,030,859 631,362 3,099,642 278,386 390,210 56,313 19,746 28,959	1,988,880 369,994 5,084,888 439,172 2,051,483 294,729 106,263 101,768	3,794,967 809,397 2,791,965 94,017 266,209 54,009 22,407 30,830	2,930,405 565,812 5,262,324 256,143 1,455,650 194,267 76,021 166,257	9,423,757 597,219 4,580,511 66,669 356,811 31,020 38,307 31,410	\$ 7,192,481 \$ 1,361,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984 \$ 869,199 \$ 273,334 \$ 670,455	\$ 13,400,952 \$ 2,005,032 \$ 11,720,191 \$ 515,039 \$ 1,065,575 \$ 115,437 \$ 64,994 \$ 74,357
O LABORATORY  O BLOOD STORING PROCESSING & TRA O RESPIRATORY THERAPY O PHYSICAL THERAPY O DOCCUPATIONAL THERAPY O SPEECH PATHOLOGY O ELECTROCARDIOLOGY		0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480	2,057,790 361,869 4,926,016 250,087 2,068,199 184,998 54,092	2,387,668 280,136 2,173,020 34,910 142,417 - 249 2,058	539,051 102,671 3,525,440 81,942 672,943 17,868 7,925	3,187,458 284,137 3,655,564 107,726 266,739 5,115 22,592	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,054	4,030,859 631,362 3,099,642 278,386 390,210 56,313 19,746	1,988,880 369,994 5,084,888 439,172 2,051,483 294,729 106,263	3,794,967 809,397 2,791,965 94,017 266,209 54,009 22,407	2,930,405 565,812 5,262,324 256,143 1,455,650 194,267 76,021	9,423,757 597,219 4,580,511 66,669 356,811 31,020 38,307	\$ 7,192,481 \$ 1,361,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984 \$ 869,199 \$ 273,334	\$ 13,400,952 \$ 2,005,032 \$ 11,720,191 \$ 515,039 \$ 1,065,575 \$ 115,437 \$ 64,994 16.
00 LABORATORY 00 BLOOD STORING PROCESSING & TRA 00 RESPIRATORY THERAPY 00 DOCHPATIONAL THERAPY 00 GOCOLPATIONAL THERAPY 00 GREECH PATHOLOGY 00 LECTROCARDIOLOGY 00 MEDICAL SUPPLIES CHARGED TO PATIENT		0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540468 0.153936 0.256252	2,057,790 361,869 4,926,016 250,087 2,068,199 184,998 54,092 82,763 1,720,741 1,559,688 1,572,365	2,387,668 280,136 2,173,020 34,910 142,417 - 249 2,058 883,692 514,990 930,029	539,051 102,671 3,525,440 81,942 672,943 17,868 7,925 365,231 220,321 1,555,451	3,187,458 284,137 3,655,564 107,726 266,739 5,115 22,592 12,510 546,965 1,588,830 76,260	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,054 120,693 1,008,227 2,648,107 2,721,967	4,030,859 631,362 3,099,642 278,386 390,210 56,313 19,746 28,959 752,480 1,008,263 2,405,807	1,988,880 369,994 5,084,888 439,172 2,051,483 294,729 106,263 101,768 728,506 1,765,780 2,745,198	3,794,967 809,397 2,791,965 94,017 266,209 54,009 22,407 30,830 698,856 809,250 2,268,824	2,930,405 565,812 5,262,324 256,143 1,455,650 194,267 76,021 166,257 837,258 1,517,810	9,423,757 597,219 4,580,511 66,669 356,811 31,020 38,307 31,410 1,314,360 884,359 1,389,391	\$ 7,192,481 \$ 1,361,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984 \$ 869,199 \$ 273,334 \$ 670,455 \$ 3,677,795 \$ 7,539,026 \$ 7,042,080	\$ 13,400,952 33. \$ 2,005,032 25. \$ 11,720,191 41. \$ 515,039 20. \$ 115,437 25. \$ 141,437 25. \$ 64,994 16. \$ 74,357 25. \$ 2,881,993 41. \$ 3,921,333 37. \$ 5,680,919 20.
JOLABORATORY JOBILADORATORY JOBILADOR STORNING PROCESSING & TRA JOBILADOR TO THERAPY JOBILADORATION THERAPY JOBILA		0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540468 0.153936 0.256252 0.318467 0.168735	2,057,790 361,869 4,926,016 250,087 2,008,199 184,998 54,092 82,763 1,720,741 1,599,688 1,572,365 11,459,851	2,387,668 280,136 2,173,020 34,910 142,417 - 249 2,058 883,692 514,990 930,029 3,290,693	539,051 102,671 3,525,440 81,942 672,943 17,868 7,925 365,231 220,321 1,555,451 2,550 6,431,069	3,187,458 284,137 3,655,564 107,726 266,739 5,115 22,592 12,510 546,965 1,588,830 76,260 4,295,153	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,054 120,693 1,008,227 2,488,107 2,721,967 15,108,703	4,030,859 631,362 3,099,642 278,386 390,210 56,313 19,746 28,959 752,480 1,008,263 2,405,807 9,120,290	1,988.880 369,994 5,084.888 439,172 2,051.483 294,729 1106,263 101,768 728,506 1,765,780 2,745,198 10,305,795	3,794,967 809,397 2,791,965 94,017 266,209 54,009 22,407 30,830 698,856 809,250 2,268,824 8,860,829	2,930,405 565,812 5,262,324 256,143 1,455,650 194,267 76,021 166,257 837,258 1,517,810 1,372,425	9,423,757 597,219 4,580,511 66,669 356,811 31,020 38,307 31,410 1,314,360 884,359 1,369,391 8,668,007	\$ 7,192,481 \$ 1,361,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984 \$ 869,199 \$ 273,334 \$ 670,455 \$ 3,677,795 \$ 7,539,026 \$ 7,042,080 \$ 43,305,418	\$ 13,400,952 25. \$ 2,005,032 25. \$ 11,720,191 41. \$ 515,039 20. \$ 1,065,575 42. \$ 115,437 23. \$ 64,994 16. \$ 74,357 42. \$ 2,881,993 41. \$ 3,921,333 37. \$ 5,680,919 21. \$ 25,686,964 38.
00 LABORATORY 00 BLODD STORING PROCESSING & TRA 00 RESPIRATORY THERAPY 00 PRESPIRATORY THERAPY 00 OCCUPATIONAL THERAPY 00 SPEECH PATHICLOGY 00 MEDICAL SUPPLIES CHARGED TO PATIENTS 00 DIMPL DEV CHARGED TO PATIENTS 00 DRUSS CHARGED TO PATIENTS 00 DRUSS CHARGED TO PATIENTS		0.046320 0.089130 0.189759 0.244944 0.202376 0.678323 0.560468 0.153936 0.256252 0.318467 0.108735 0.442562	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,365 11,459,851 280,188	2,387,668 280,136 2,173,020 34,910 142,417 - 249 2,058 883,692 514,990 930,029 3,290,693	539,051 102,671 3,525,440 81,942 672,943 17,868 7,925 365,231 220,321 1,555,451	3,187,458 284,137 3,655,564 107,726 266,739 5,115 22,592 12,510 546,965 1,588,830 76,260	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,054 120,693 1,008,227 2,648,107 2,721,967	4,030,859 631,362 3,099,642 278,386 390,210 56,313 19,746 28,959 752,480 1,008,263 2,405,807 9,120,290	1,988,880 369,994 5,084,688 439,172 2,051,483 294,729 106,263 101,768 728,506 1,765,780 2,745,198 10,305,795 361,638	3,794,967 809,397 2,791,965 94,017 266,209 54,009 22,407 30,830 699,856 809,250 2,268,824 8,860,829 27,150	2,930.405 565,812 5,262,324 256,143 1,455,650 194,267 76,021 166,257 837,258 1,517,810 1,372,425 11,215,136 31,494	9,423,757 597,219 4,580,511 66,669 356,811 31,020 38,307 31,410 1,314,360 884,359 1,389,391	\$ 7,192,481 \$ 1,361,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984 \$ 869,199 \$ 273,334 \$ 670,455 \$ 3,677,795 \$ 7,539,026 \$ 7,042,080	\$ 13,400,952 25. \$ 2,005,032 25. \$ 11,720,191 41. \$ 515,039 20. \$ 1,065,575 41. \$ 115,437 23. \$ 64,994 16. \$ 74,357 25. \$ 2,881,993 41. \$ 3,921,333 37. \$ 5,680,919 5 25,566,964 38. \$ 153,126 54.
00 LABORATORY 00 BLODD STORING PROCESSING & TRA 00 RESPIRATORY THERAPY 00 DCCLIPATIONAL THERAPY 00 DCCLIPATIONAL THERAPY 00 DCCLIPATIONAL THERAPY 00 ELECTROCARDIOLOGY 00 MEDICAL SUPPLIES CHARGED TO PATIENTS 00 MEDICAL SUPPLIES CHARGED TO PATIENTS 00 RENAL DIALYSIS 00 RENAL DIALYSIS		0.046320 0.098130 0.198759 0.244944 0.202376 0.678323 0.590480 0.540468 0.153936 0.256252 0.318467 0.168735 0.442562 0.133008	2,057,790 381,869 4,826,016 250,087 2,068,199 184,998 54,092 82,763 1,720,741 1,569,688 11,672,865 11,459,851 280,188	2,387,668 280,136 2,173,020 34,910 142,417 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672,943 17,888 7,925 365,231 220,321 1,555,451 2,550 6,431,069	3,187,458 284,137 3,655,564 107,726 266,739 5,115 22,592 12,510 546,965 1,588,830 70,260	2,606,760 526,547 6,867,975 595,594 3,093,359 371,604 120,693 1,008,227 2,648,107 2,1721,607 15,108,703 1,067,538	4,030,859 631,362 3,099,642 278,386 390,210 56,313 19,746 28,959 752,480 1,008,263 2,405,807 9,120,290	1,988.880 369,994 5,084.888 439,172 2,051.483 294,729 1106,263 101,768 728,506 1,765,780 2,745,198 10,305,795	3,794,967 809,397 2,791,965 94,017 266,209 54,009 22,407 30,830 698,856 809,250 2,268,824 8,860,829 27,150	2,930,405 585,812 5,262,324 256,143 1,455,650 194,267 76,021 168,257 837,258 1,517,810 1,372,425 11,215,136 31,494	9,423,757 597,219 4,580,511 66,669 356,811 31,020 38,307 31,410 1,314,360 884,359 1,369,391 8,668,007 6,516	\$ 7.192.481 \$ 1.381.081 \$ 20,404.319 \$ 1.367.095 \$ 7.899.984 \$ 869,199 \$ 273.334 \$ 670.455 \$ 3.677.795 \$ 7.539.026 \$ 7.042.080 \$ 43,305.418 \$ 1,715.880	\$ 13,400,952   35   2,005,032   25   5   11,720,191   41, 5   5   10,055,75   41, 5   5   115,437   25   64,944   16, 5   74,357   5   2,881,931   3, 3,921,333   3, 5,5680,919   38   5,5680,919   38   5,5680,919   38   5,5568,964   38   5,5668,964   38   5,5688,964   38   5,5668,964   38   5,5688,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,964   38   5,5668,96
OLABORATORY  OBLODO STORING PROCESSING & TRA  OBESPIRATORY THERAPY  OD CEUDATIONAL THERAPY  OD CEUDATIONAL THERAPY  OBECH PATHOLOGY  OBECH PATHOLOGY  OMEDICAL SUPPLIES CHARGED TO PATIENTS  OD RUGS CHARGED TO PATIENTS  OD RUGS CHARGED TO PATIENTS  IN THERAPY  OLENIA OBLOBATION  OLENIA DIALYSIS		0.046320 0.098130 0.198759 0.244944 0.202376 0.678323 0.590480 0.153936 0.153936 0.168735 0.442562 0.133008 0.680440 0.705166	2,057,790 361,869 4,926,016 250,887 2,008,199 184,996 54,092 82,763 1,720,741 1,559,688 1,572,365 11,459,851 280,188	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 1,555.451 2,550 6,431.069 6,516 - 25,158	3,187,458 284,137 3,655,564 107,726 266,739 5,115 22,592 12,510 546,965 1,588,830 76,230 4,295,153 1,967,905	2,606,760 526,547 6,867,975 595,595 30,98,359 371,604 105,054 120,693 1,008,227 2,484,107 2,721,967 15,108,703 1,067,538	4,030,859 631,362 3,099,642 278,386 399,210 56,313 19,746 28,959 752,480 1,002,283 2,405,807 9,120,290 125,976	1,988,880 369,994 5,084,888 439,172 2,051,483 294,729 106,263 101,768 728,506 1,765,780 2,745,198 10,305,795 361,638	3.794.967 809.397 2,791.965 94.017 266.209 54.009 22,407 30,830 698.856 809.250 2,268.824 8,860.829 27,150 41,681 44,681	2,930,405 565,812 5,262,324 256,143 1,455,650 194,267 76,021 166,257 837,258 1,517,810 1,372,425 11,215,136 31,494 70,906	9,423,757 597,219 4,580,511 66,669 356,811 31,020 38,307 31,410 1,314,360 884,359 1,369,391 8,668,007	\$ 7,192,481 \$ 1,381,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984 \$ 869,199 \$ 273,334 \$ 670,455 \$ 3,677,795 \$ 7,539,026 \$ 7,542,080 \$ 43,305,418 \$ 1,715,880 \$ - 2,303,145 \$ 303,145 \$ 1,651	\$ 13,400,952   35   2,005,032   55   11,720,191   41,
JOLABORATORY JOBILADORATORY JOBILADOR STORNING PROCESSING & TRA JOBILADOR STRIPATORY THERAPY JOBILADORATIONAL THERAPY JOB		0.046320 0.089130 0.198759 0.244944 0.202376 0.576323 0.560480 0.550480 0.155396 0.256252 0.318467 0.168735 0.442562 0.133008 0.680440 0.705166	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192,481 \$ 1,381,081 \$ 20,404,319 \$ 13,67,095 \$ 1,367,095 \$ 7,899,984 \$ 869,190 \$ 273,334 \$ 670,455 \$ 3,677,795 \$ 7,599,026 \$ 7,042,080 \$ 43,305,418 \$ 1,715,880 \$ 1,715,880 \$ 1,651 \$ 1,651 \$ 3,499,523	\$ 13,400,952   35   2,005,032   25   5   11,720,191   5   5   5   5   5   5   5   5   5
00 LABORATORY  00 BLODS TORNING PROCESSING & TRA  00 RESPIRATORY THERAPY  00 RESPIRATORY THERAPY  00 OCCUPATIONAL THERAPY  00 OCCUPATIONAL THERAPY  00 ELECTROCARDIOLOCY  00 ELECTROCARDIOLOCY  00 MEDICAL SUPPLIES CHARGED TO PATIENTS  00 IMPL DEV. CHARGED TO PATIENTS  00 RENAL DIALYSIS  1 IV THERAPY  01 CLINIC  10 WOUND CARE  00 EMERGENCY		0.046320 0.089130 0.199759 0.244944 0.202376 0.678323 0.560480 0.153936 0.256252 0.318467 0.168735 0.442562 0.133008 0.680440 0.705166	2,057,790 361,869 4,926,016 250,887 2,008,199 184,996 54,092 82,763 1,720,741 1,559,688 1,572,365 11,459,851 280,188	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 1,555.451 2,550 6,431.069 6,516 - 25,158	3,187,458 284,137 3,655,564 107,726 266,739 5,115 22,592 12,510 546,965 1,588,830 76,230 4,295,153 1,967,905	2,606,760 526,547 6,867,975 595,595 30,98,359 371,604 105,054 120,693 1,008,227 2,484,107 2,721,967 15,108,703 1,067,538	4,030,859 631,362 3,099,642 278,386 399,210 56,313 19,746 28,959 752,480 1,002,283 2,405,807 9,120,290 125,976	1,988,880 369,994 5,084,888 439,172 2,051,483 294,729 100,263 101,768 728,506 17,765,780 2,745,198 10,305,795 361,638 74,890 1,651	3.794.967 809.397 2,791.965 94.017 266.209 54.009 22,407 30,830 698.856 809.250 2,268.824 8,860.829 27,150 41,681 44,681	2,930,405 565,812 5,262,324 256,143 1,455,650 194,267 76,021 166,257 837,258 1,517,810 1,372,425 11,215,136 31,494 70,906	9,423,757 597,219 4,580,511 66,669 356,811 31,020 38,307 31,410 1,314,360 884,359 1,369,391 6,668,007 6,516 23,746	\$ 7,192,481 \$ 1,381,081 \$ 20,404,319 \$ 1,367,095 \$ 7,890,984 \$ 869,199 \$ 273,334 \$ 670,455 \$ 3,677,795 \$ 7,539,026 \$ 7,542,080 \$ 43,305,418 \$ 1,715,880 \$ - 2,303,145 \$ 303,145 \$ 1,651	\$ 13,400,952   35   2,005,032   25   \$ 11,720,191   \$ 1,055,755   \$ 11,055,757   \$ 64,994   \$ 74,357   \$ 2,281,993   \$ 1,055,757   \$ 5 2,818,993   \$ 1,055,757   \$ 5 2,818,993   \$ 1,055,757   \$ 5 2,556,964   \$ 5 153,126   \$ 5 2,044,324   \$ 5 152,044,324   \$ 5 152,044,324   \$ 5 11,7200   \$ 5 2,044,324   \$ 5 11,7200   \$ 5 2,044,324   \$ 5 11,7200   \$ 5 2,044,324   \$ 5 11,7200   \$ 5 2,044,324   \$ 5 11,7200   \$ 5 2,044,324   \$ 5 11,7200   \$ 5 2,044,324   \$ 5 11,7200   \$ 5 2,044,324   \$ 5 11,7200   \$ 5 11,7200   \$ 5 11,7200   \$ 5 11,7200   \$ 11,72
100 LABORATORY 100 LABORATORY 100 BLOOD STORING PROCESSING & TRA 100 RESPIRATORY THERAPY 100 DCCSUPATIONAL THERAPY 100 DCCSUPATIONAL THERAPY 100 DCCSUPATIONAL THERAPY 100 ELECTROCARDIOLOGY 100 MEDICAL SUPPLIES CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 INT. DEV CHARGED TO PATIENTS 101 IN THERAPY 101 IN THERAPY 101 WOUND CARE 101 WOUND CARE		0.046320 0.089130 0.189759 0.244944 0.202376 0.678323 0.560440 0.153936 0.25622 0.318467 0.16873 0.442562 0.133008 0.690440 0.705166 0.633131 0.606175	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192,481 \$ 1,381,043,19 \$ 20,404,319 \$ 1,367,065 \$ 7,890,984 \$ 869,199 \$ 273,334 \$ 670,45 \$ 7,530,06 \$ 7,530,06 \$ 7,530,06 \$ 7,542,060 \$ 1,715,880 \$ 1,715,880 \$ 1,715,880 \$ 1,715,880 \$ 1,715,880 \$ 1,740,060 \$ 1,740,060	\$\begin{array}{cccccccccccccccccccccccccccccccccccc
100 LABORATORY 100 LABORATORY 100 BLOOD STORING PROCESSING & TRA 100 RESPIRATORY THERAPY 100 DCCSUPATIONAL THERAPY 100 DCCSUPATIONAL THERAPY 100 DCCSUPATIONAL THERAPY 100 ELECTROCARDIOLOGY 100 MEDICAL SUPPLIES CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 INT. DEV CHARGED TO PATIENTS 101 IN THERAPY 101 IN THERAPY 101 WOUND CARE 101 WOUND CARE		0.046320 0.089130 0.199759 0.244944 0.202376 0.678323 0.560480 0.153936 0.256252 0.318467 0.168735 0.442562 0.133008 0.680440 0.705166	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192,481 \$ 1,381,043,19 \$ 20,404,319 \$ 1,367,065 \$ 7,890,984 \$ 869,199 \$ 273,334 \$ 670,45 \$ 7,530,06 \$ 7,530,06 \$ 7,530,06 \$ 7,542,060 \$ 1,715,880 \$ 1,715,880 \$ 1,715,880 \$ 1,715,880 \$ 1,715,880 \$ 1,740,060 \$ 1,740,060	\$ 13,400,952   35   2,005,032   25   5   11,720,191   5   5   5   5   5   5   5   5   5
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000 LABORATORY 000 LABORATORY 000 BLOOD STORING PROCESSING & TRA 000 RESPIRATORY THERAPY 000 PHYSICAL HERAPY 700 IOCCUPATIONAL THERAPY 700 IOCCUPATIONAL THERAPY 100 GENERAL PATHOLOGY 100 MEDICAL SUPPLIES CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 101 IVTHERAPY 101 INFORMATION CONTROL TO PATIENTS 101 IVTHERAPY 101 WOUND CARE 101 IUTHERAPY 102 IUTHERAPY 103 IUTHERAPY 103 IUTHERAPY 104 IUTHERAPY 105 IUTHERAPY 105 IUTHERAPY 106 IUTHERAPY 107 IUTHERAPY 107 IUTHERAPY 107 IUTHERAPY 107 IUTHERAPY 108 IUTHERAPY 108 IUTHERAPY 108 IUTHERAPY 108 IUTHERAPY 109 IUTHERAPY 109 IUTHERAPY 100 IUTHERAPY 1		0.046320 0.089130 0.189759 0.244944 0.202376 0.678323 0.560480 0.155936 0.256252 0.3166775 0.168735 0.442562 0.133006 0.680440 0.705166 0.633131 0.606175	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192,481 \$ 1,381,043,19 \$ 20,404,319 \$ 1,387,089,084 \$ 869,199 \$ 87,3345 \$ 670,455 \$ 7,530,65 \$ 7,7345 \$ 670,455 \$ 3,677,796 \$ 7,742,080 \$ 7,742,080 \$ 1,715,580 \$ 1,715,580 \$ 3,409,523 \$ 3,409,523 \$ 3,409,523 \$ 3,409,523 \$ 3,577,796 \$ 3,577,79	\$\begin{array}{cccccccccccccccccccccccccccccccccccc
100 LABORATORY 100 LABORATORY 100 BLOOD STORING PROCESSING & TRA 100 RESPIRATORY THERAPY 100 DCCSUPATIONAL THERAPY 100 DCCSUPATIONAL THERAPY 100 DCCSUPATIONAL THERAPY 100 ELECTROCARDIOLOGY 100 MEDICAL SUPPLIES CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 INT. DEV CHARGED TO PATIENTS 101 IN THERAPY 101 IN THERAPY 101 WOUND CARE 101 WOUND CARE		0.046320 0.089130 0.199759 0.244944 0.202376 0.678323 0.560480 0.540468 0.153936 0.256252 0.318467 0.168735 0.442562 0.133008 0.680440 0.705166 0.633131 0.606175	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192.481 \$ 1,381.043 \$ 20,404.319 \$ 20,404.319 \$ 1,367.095 \$ 7,890.984 \$ 869.199 \$ 273.334 \$ 670.455 \$ 7,539.085 \$ 7,759.06 \$ 7,742.080 \$ 1,715.880 \$ 1,715.880 \$ 1,851 \$ 3,409.623 \$ 4,303.455 \$ 3,409.623 \$ 4,303.675 \$ 5 4,031.970 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$ 13,400,952   33
100 LABORATORY 100 LABORATORY 100 BLOOD STORING PROCESSING & TRA 100 RESPIRATORY THERAPY 100 DCCSUPATIONAL THERAPY 100 DCCSUPATIONAL THERAPY 100 DCCSUPATIONAL THERAPY 100 ELECTROCARDIOLOGY 100 MEDICAL SUPPLIES CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 DRUGS CHARGED TO PATIENTS 100 INT. DEV CHARGED TO PATIENTS 101 IN THERAPY 101 IN THERAPY 101 WOUND CARE 101 WOUND CARE		0.046320 0.089130 0.189759 0.244944 0.202376 0.678323 0.560480 0.155936 0.256252 0.3166775 0.168735 0.442562 0.133006 0.680440 0.705166 0.633131 0.606175	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192.481 \$ 1,381.043 \$ 20,404.319 \$ 20,404.319 \$ 1,367.095 \$ 7,890.984 \$ 869.199 \$ 273.334 \$ 670.455 \$ 7,539.085 \$ 7,759.06 \$ 7,742.080 \$ 1,715.880 \$ 1,715.880 \$ 1,851 \$ 3,409.623 \$ 4,303.455 \$ 3,409.623 \$ 4,303.675 \$ 5 4,031.970 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$\begin{array}{cccccccccccccccccccccccccccccccccccc
000 LABORATORY 000 LABORATORY 000 BLOOD STORNIN PROCESSING & TRA 050 RESPIRATORY THERAPY 050 RESPIRATORY THERAPY 700 OCCUPATIONAL THERAPY 060 COCUPATIONAL THERAPY 060 SEECH PATHOLOGY 060 SEECH PATHOLOGY 060 SEECH PATHOLOGY 060 MIPL DEV CHARGED TO PATIENTS 060 IMPL DEV CHARGED TO PATIENTS 060 IRVIN DEV CHARGED TO PATIENTS 060 IRVIN DEV CHARGED TO PATIENTS 060 IRVIN DEV CHARGED TO PATIENTS 061 IN THERAPY 061 IN OUND CARE 061 IN OUND CARE 061 IN OUND CARE 061 IN OUND CARE		0.046320 0.089130 0.189759 0.244944 0.202376 0.678323 0.560480 0.5504468 0.153936 0.256252 0.318467 0.183936 0.265252 0.318467 0.183936 0.265252 0.33846 0.358546 0.3	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192.481 \$ 1,381.043 \$ 20,404.319 \$ 20,404.319 \$ 1,367.098 \$ 7,890.984 \$ 869.199 \$ 273.334 \$ 670.455 \$ 7,539.065 \$ 7,759.06 \$ 7,742.080 \$ 1,715.880 \$ 1,715.880 \$ 303.145 \$ 3,409.623 \$ 4,303.415 \$ 1,627.795 \$	\$ 13,400,952   33
000 LABORATORY 000 LABORATORY 000 BLOOD STORNIN PROCESSING & TRA 050 RESPIRATORY THERAPY 050 RESPIRATORY THERAPY 700 OCCUPATIONAL THERAPY 060 COCUPATIONAL THERAPY 060 SEECH PATHOLOGY 060 SEECH PATHOLOGY 060 SEECH PATHOLOGY 060 MIPL DEV CHARGED TO PATIENTS 060 IMPL DEV CHARGED TO PATIENTS 060 IRVIN DEV CHARGED TO PATIENTS 060 IRVIN DEV CHARGED TO PATIENTS 060 IRVIN DEV CHARGED TO PATIENTS 061 IN THERAPY 061 IN OUND CARE 061 IN OUND CARE 061 IN OUND CARE 061 IN OUND CARE		0.046320 0.089130 0.189759 0.244944 0.202376 0.678323 0.560480 0.5504468 0.153936 0.256252 0.318467 0.183936 0.265252 0.318467 0.183936 0.265252 0.33846 0.358546 0.3	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192,481 \$ 1,381,043,19 \$ 20,404,319 \$ 1,387,098,4 \$ 869,199 \$ 773,334 \$ 670,195 \$ 670,45 \$ 670,45	\$ 13,400,952   33
000 LABORATORY 300 BLOOD STORING PROCESSING & TRA 500 RESPIRATORY THERAPY 500 RESPIRATORY THERAPY 700 OCCUPATIONAL THERAPY 800 SPEECH PATHOLOGY 900 ELECTROCARDIOLOGY 100 MEDICAL SUPPLIES CHARGED TO PATIENTS 300 DRUGS CHARGED TO PATIENTS 300 DRUGS CHARGED TO PATIENTS 501 IN THERAPY 9000 CLINIC 9001 WOUND CARE 9001 CHUND CREATER 9001 WOUND CARE 9001 WOUND CARE 9001 WOUND CARE 9001 WOUND CARE		0.046320 0.089130 0.189759 0.244944 0.202376 0.678323 0.560480 0.5504468 0.153936 0.256252 0.318467 0.183936 0.265252 0.318467 0.183936 0.265252 0.33846 0.358546 0.3	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192,481 \$ 1,381,043,19 \$ 20,404,319 \$ 1,387,098,4 \$ 869,199 \$ 773,334 \$ 670,195 \$ 670,45 \$ 670,45	\$\begin{array}{cccccccccccccccccccccccccccccccccccc
8000 LABORATORY 8300 BLOOD STORING PROCESSING & TRA 8500 RESPIRATORY THERAPY 8500 RESPIRATORY THERAPY 8500 PHYSICAL THERAPY 8500 PHYSICAL THERAPY 8500 OCCUPATIONAL THERAPY 8500 SPEECH PATHOLOGY 8500 ELECTROCARDIOLOGY 1100 MEDICAL SUPPLIES CHARGED TO PATIENTS 1300 IDRUGS CHARGED TO PATIENTS 1300 IDRUGS CHARGED TO PATIENTS 1300 IRVINAL DIALYSIS 1501 IV THERAPY 1900 CLINIC 1900 ILVING CARE 19100 EMALGIOLOGE 1910 EMALGIOLOGE 1910 INDURING CARE 1910 EMALGIOLOGE 1910		0.046320 0.089130 0.199759 0.244944 0.202376 0.678323 0.560480 0.256252 0.318467 0.168735 0.442562 0.133008 0.680440 0.705166 0.683131 0.606175	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192.481 \$ 1,361.043 \$ 20,404.319 \$ 20,404.319 \$ 1,367.095 \$ 7,890.984 \$ 869.199 \$ 273.334 \$ 670.455 \$ 7,589.085 \$ 7,759.065 \$ 7,742.080 \$ 1,715,880 \$ 1,715,880 \$ 303,145 \$ 3,409,623 \$ 4,303,145 \$ 1,551 \$ 1,651 \$ 3,409,623 \$ 4,303,165 \$ 3,409,623 \$ 5 4,031,970 \$ 5 5 6,035 \$ 7,590,623 \$ 5 7,590,623 \$ 5 7,590,623 \$ 5 7,590,623 \$ 5 7,590,623 \$ 5 7,590,623 \$ 7,590,	\$ 13,400,952   35   2,005,032   25   5   11,720,191   5   1516,39   20   5   1,065,575   5   164,994   5   74,357   42   5   2,881,993   5   5,680,919   2   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   5   25,569,694   38   39,994,694
5800 MRI 5800 LABORATORY 5300 BLOOD STORING PROCESSING & TRA 5300 RESPIRATORY THERAPY 6800 PHYSICAL THERAPY 6800 PHYSICAL THERAPY 6800 SPEECH PATHOLOGY 6800 SELECTROCARDIOLOGY 7100 MEDICAL SUPPLIES CHARGED TO PATIETY 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 IMPL. DEV. CHARGED TO PATIENTS 7300 TO PATIENTS 7301 THE STORY 7300 CHARGED TO PATIENTS 7301 IN THERAPY 9000 CLINIC 9001 WOUND CARE 9100 EMERGENCY 9200 OBSERVATION		0.046320 0.089130 0.199759 0.244944 0.202376 0.678323 0.560480 0.540468 0.153936 0.256252 0.318467 0.168735 0.442562 0.133008 0.680440 0.705166 0.633131 0.606175	2,057,790 361,869 4,926,016 250,087 2,088,199 184,998 54,092 82,763 1,720,741 1,569,688 1,572,865 11,459,851 280,188 80,119	2,387,668 280,136 2,173,020 34,910 142,417 249 2,058 883,692 514,990 930,029 3,290,693	539.051 102.671 3,525.440 81,942 672.943 17,868 7,925 365.231 220.321 1,555.451 2,550 6,431.069 6,516	3,187,458 284,137 3,555,564 107,726 266,739 5,115 22,592 12,510 540,965 1,588,830 76,260 4,295,153 1,967,905 15,537 3,847,456	2,606,760 526,547 6,867,975 595,894 3,098,359 371,604 105,064 120,693 1,008,227 2,248,107 2,272,967 15,108,703 1,067,538	4,030,859 631,362 279,386 3,099,642 279,386 390,210 56,313 19,748 28,959 752,480 1,008,263 2,405,807 9,120,290 125,976	1,988,880 369,994 5,094,888 439,172 2,051,483 294,729 106,263 101,765,780 2,745,198 10,305,795 361,638 74,890 1,651 1,651	3.794.967 809.397 2.791.965 94.017 2265.209 54.009 22.407 30.830 696.856 809.250 2.268.824 8.860.829 27.150 41.681	2,930.405 665.812 5,262.324 266,143 1,455.650 194.267 76,021 166,257 837,256 1,517,810 1,372,425 11,215,736 31,494	9,423,757 597,219 4,580,511 66,669 358,811 31,020 38,307 31,410 ,314,360 884,359 1,369,391 8,668,007 6,516 - 23,746 77,335 7,710,409	\$ 7,192.481 \$ 1,361.043 \$ 20,404.319 \$ 20,404.319 \$ 1,367.095 \$ 7,890.984 \$ 869.199 \$ 273.334 \$ 670.455 \$ 7,589.085 \$ 7,759.065 \$ 7,742.080 \$ 1,715,880 \$ 1,715,880 \$ 303,145 \$ 3,409,623 \$ 4,303,145 \$ 1,551 \$ 1,651 \$ 3,409,623 \$ 4,303,165 \$ 3,409,623 \$ 5 4,031,970 \$ 5 5 6,035 \$ 7,590,623 \$ 5 7,590,623 \$ 5 7,590,623 \$ 5 7,590,623 \$ 5 7,590,623 \$ 5 7,590,623 \$ 7,590,	\$\begin{array}{cccccccccccccccccccccccccccccccccccc

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

Cost Report Year (10/01/2018-09/30/2019) SOUTH GEORGIA MEDICAL CENTER

	In-State Medicaid FFS Primary	In-State Medicaid Managed Care Primary	In-State Medicare FFS Cross-Overs (with Medicaid Secondary)	In-State Other Medicaid Eligibles (Not Included Elsewhere)	Uninsured	Total In-State Medicaid	%
61 -						\$ - \$ -	
62						\$ - \$ -	
63						S - S -	
64						S - S -	
65						\$ - \$ -	
66 -						S - S -	
67						\$ - \$ -	
68						\$ - \$ -	
69						\$ - \$ -	
70 -						\$ - \$ -	
71 -						\$ - \$ -	
72						s - s -	
73						\$ - \$ -	
74						S - S -	
75 -						\$ - \$ -	
76						s - s -	
77 -						\$ - \$ -	
78						\$ - \$ -	
79						\$ - \$ -	
80						\$ - \$ -	
81						\$ - \$ -	
82						\$ - \$ -	
83						S - S -	
84							
84 85						\$ - \$ -	
86 -						\$ - \$ -	
87 -						\$ - \$ -	
88						\$ - \$ -	
89						\$ - \$ -	
90 -						\$ - \$ -	
91						s - s -	
92						s - s -	
93						s - s -	
94						\$ - \$ -	
95						\$ - \$ -	
96						s - s -	
97						\$ - \$ -	
98						\$ - \$ -	
99						\$ - \$ -	
100						\$ - \$ -	
101						\$ - \$ -	
102						\$ - \$ -	
103						\$ - \$ -	
104						\$ - \$ -	
105						s - s -	
106						\$ - \$ -	
107						\$ - \$ -	
108						S - S -	
109						\$ - \$ -	
110						\$ - \$ -	
111 -						\$ - \$ -	
112						\$ - \$ -	
113						\$ - \$ -	
114						\$ -     \$ -	
115						\$ - \$ -	
116						S - S -	
117						\$ - \$ -	
118						\$ - \$ -	
119						\$ - \$ -	
120						\$ - \$ -	
121						\$ - \$ -	
122						s - s -	
123						\$ - \$ -	
124						\$ - \$ -	
125						\$ - \$ -	
126						s - s -	
127						\$ - \$ -	
	\$ 31,419,365 \$ 18,460,045	\$ 20,499,008 \$ 29,271,725	\$ 46 101 442 \$ 34 812 872	\$ 34,142,523 \$ 31,794,288	\$ 34,775,960 \$ 45,607,457		

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

Cost Report Year (10/01/2018-09/30/2019) SOUTH GEORGIA MEDICAL CENTER

		In-State Medic	aid FFS Primary	In-State Medicaid	Managed Care Prim	ary	In-State Medicare FFS Medicaid Sec			edicaid Eligibles (Not Elsewhere)	Uninsure	ed	Total In-Sta	ate Medicaid	%
	Totals / Payments														
128	Total Charges (includes organ acquisition from Section J)	\$ 38,286,008	\$ 18,460,045	\$ 27,397,519	\$ 29,271,	725	\$ 55,790,645	34,812,872	\$ 41,282,156	\$ 31,794,288	\$ 41,906,103   \$ (Agrees to Exhibit A)	45,607,457 Agrees to Exhibit A)	\$ 162,756,328	\$ 114,338,929	36.29%
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 38,286,008	\$ 18,460,045	\$ 27,397,519	\$ 29,271,	725	\$ 55,790,645	34,812,872	\$ 41,282,156	\$ 31,794,288	\$ 41,906,103 \$	45,607,457			
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 12,599,234	\$ 4,907,637	\$ 12,570,470	\$ 8,948,	545	\$ 18,684,084	8,966,256	\$ 14,272,648	\$ 7,912,023	\$ 13,645,765 \$	12,476,164	\$ 58,126,436	\$ 30,734,461	39.65%
132 133 134 135 136 137 138 139 140 141 142 143	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or FA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Pswments Reported on Cost Report Year (See Note C) Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Dett Payments Other Medicare Cross-Over Payments (See Note D) Payment from Hospital Uninsured During Cost Report Year (Cash Basis) Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Services NOT Included in Exhibits B & B-	\$ 10,130,502 \$ 188,061 \$ 10,318,563	\$ 4,947,351 \$ 5,811 \$ 12,357 \$ 4,965,519 \$ (292,610)	\$ 7,867,939 \$ 188,472 \$ 3,350 \$ 8,059,761	\$ 49, \$ 12,5	118 941	\$ 1,106,236	597,463 19 3,361 14,102 5,764,538 289,994 (676)	\$ 453,106 \$ 252,482 \$ 3,320,778 \$ 2,186 \$ 775,944 \$ 7,188,456	\$ 498,899 \$ 107,125 \$ 2,198,777 \$ 34,071 \$ 429,751 \$ 4,613,879	(Agrees to Exhibit B and (A B-1) S 180.416 S .   S   S   S   S   S   S   S   S   S	agrees to Exhibit B and B+1) 924,372	\$ 11,689,844 \$ 8,120,421 \$ 3,702,085 \$ 5,924 \$ - \$ 13,475,894 \$ 7,188,456 \$ 310,791 \$ 105,857	\$ 4,990,453 \$ 2,257,067 \$ 73,471 \$ (292,610) \$ - \$ 6,194,289 \$ 4,613,879 \$ 289,994	
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$ 2,280,671 82%	\$ 234,728 95%	\$ 4,510,709 649		177 55%	\$ 4,456,088 \$ 76%	2,297,455 74%	\$ 2,279,696 84%	\$ 29,521 100%	\$ 13,465,349 \$ 1%	11,551,792 7%	\$ 13,527,164 77%	\$ 6,564,881 79%	
147 148	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Percent of cross-over days to total Medicare days from the cost report	Col. 6, Sum of Lns. 2, 3	, 4, 14, 16, 17, 18 less	lines 5 & 6)			28,690 28%								

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

Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).

Note 2 - inhecitated use sequences programments before to posylitents finance by webucate outing a cost report sequences in the case of the cost of th

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

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

21.01

				Out-of-State Med	dicaid FFS Primary		icaid Managed Care mary		are FFS Cross-Overs id Secondary)		Medicaid Eligibles (Not Elsewhere)	Total Out-O	Total Out-Of-State Medicaid	
.ine#	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	Outpatier	
		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)			
utine Co	ost Centers (list below):			Days		Days		Days		Days		Days		
	ULTS & PEDIATRICS	\$ 774.11		205						430		635		
	TENSIVE CARE UNIT	\$ 1,264.53		71						195		266		
	PRONARY CARE UNIT	\$ -										-		
	RN INTENSIVE CARE UNIT	\$ -										-		
	RGICAL INTENSIVE CARE UNIT	\$ -										-		
	HER SPECIAL CARE UNIT	\$ -										-		
	BPROVIDER I BPROVIDER II	\$ - \$ -										-		
	HER SUBPROVIDER	\$ -												
300 NUF		\$ 777.90		25						5		30		
1.01		\$ -		20						ŭ		-		
		\$ -										-		
		\$ -										-		
		\$ -										-		
		\$ -										-		
		\$ -										-		
		\$ -										-		
			Total Days	301		-		-		630		931		
otal Days p	per PS&R or Exhibit Detail			301		-		-		630				
	Unreconciled Days (E													
		_xpiaiii valialice)												
		_xpiaiii valialice)		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
	utine Charges	Tapiain variance)		Routine Charges \$ 347,233		Routine Charges		Routine Charges		Routine Charges \$ 744,493		Routine Charges \$ 1,091,726	1	
	utine Charges Iculated Routine Charge Per Diem					Routine Charges		Routine Charges						
Calc	Iculated Routine Charge Per Diem			\$ 347,233 \$ 1,153.60	Anaillant Charges	\$ -	Ancillary Charres	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73	Ancillary Charres	\$ 1,091,726 \$ 1,172.64	_	
Calc	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below):			\$ 347,233	Ancillary Charges	Routine Charges \$ - Ancillary Charges	Ancillary Charges	Routine Charges \$ - Ancillary Charges	Ancillary Charges	\$ 744,493	Ancillary Charges	\$ 1,091,726	_	
Calcondinate Calco	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct)		0.313533	\$ 347,233 \$ 1,153.60 Ancillary Charges		\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73 Ancillary Charges		\$ 1,091,726 \$ 1,172.64 Ancillary Charges \$	Ancillary Ch	
cillary C 200 Obs 000 OPE	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below):		0.313533 1.215924	\$ 347,233 \$ 1,153.60	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73	Ancillary Charges	\$ 1,091,726 \$ 1,172.64	Ancillary Ch	
Calcondinate Calco	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM			\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264	44,346	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73 Ancillary Charges		\$ 1,091,726 \$ 1,172.64 Ancillary Charges \$ - \$ 264,258	Ancillary Ch	
Calco cillary C 200 Obs 5000 OPE 5200 DEL 5300 ANE	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM LIVERY ROOM & LABOR ROOM		1.215924	\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264 23,178	44,346	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73 <b>Ancillary Charges</b> 186,994 5,683	153,660	\$ 1,091,726 \$ 1,172.64 Ancillary Charges \$ - \$ 264,258 \$ 28,861	Ancillary Cha	
Calco  cillary C  200 Obs  000 OPE  200 DEL  300 ANE  400 RAD  700 CT	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN		1.215924 0.081875 0.305664 0.046320	\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264 23,178 19,038	44,346 - 16,066 168,597 313,500	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162	153,660 - 24,954 167,846 296,154	\$ 1,091,726 \$ 1,172.64 Ancillary Charges \$ - \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431	Ancillary Chi  \$ \$ 190 \$ \$ \$ 4 \$ 330 \$ 600	
Calc    Calc   C	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) EERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN II		1.215924 0.081875 0.305664 0.046320 0.089130	\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269	44,346 - 16,066 168,597 313,500 34,007	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143	153,660 - 24,954 167,846 296,154 22,496	\$ 1,091,726 \$ 1,172.64 Ancillary Charges \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143	Ancillary Ch: \$ 190 \$ \$ 4 \$ 330 \$ 600 \$ 56	
Cald  Cillary C  200 Obs  0000 OPE  200 DEL  300 ANE  400 RAD  700 CT \$  800 MRI  0000 LAB	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM  LIVERY ROOM & LABOR ROOM  ESTHESIOLOGY  DIOLOGY-DIAGNOSTIC  SCAN  II  BORATORY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759	\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 	44,346  16,066 168,597 313,500 34,007 208,841	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73 Ancillary Charges 186,994 5,883 43,426 197,683 216,162 30,143 595,725	153,660 - 24,954 167,846 296,154 22,496 150,764	\$ 1,091,726 \$ 1,172.64 Ancillary Charges \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 827,145	Ancillary Ch.  \$ 19 \$ \$ 4 \$ 33 \$ 60 \$ 5 5 \$ 35	
Calc  200 Obs  5000 OPE  5200 DEL  5300 ANE  5400 RAD  5700 CT \$  5800 MRI  5000 LAB	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN RI BORATORY OOD STORING PROCESSING & TRANS		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944	\$ 347,233 \$ 1,153,60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 231,420 16,390	44,346 - 16,066 168,597 313,500 34,007 208,841 1,482	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181,73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,725 51,449	153,660 - 24,954 167,846 296,154 22,496 150,764 8,515	\$ 1,091,726 \$ 1,172.64 Ancillary Charges \$	\$ 19 \$ \$ 4 \$ 33 \$ 60 \$ \$ 5 \$ \$ \$ \$	
Calc	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) !ERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN BI BORATORY BORATORY SPIRATORY THERAPY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376	\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264 23,176 19,038 179,234 104,269 231,420 16,390 117,645	44,346 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,725 51,449 216,286	153,660 	\$ 1,091,726 \$ 1,172,64 Ancillary Charges \$ - \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 67,839 \$ 67,839	Ancillary Ch  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Calc	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM  LIVERY ROOM & LABOR ROOM  ESTHESIOLOGY  DIOLOGY-DIAGNOSTIC  SCAN  BORATORY  BORATORY  OOD STORING PROCESSING & TRANS  SPIRATORY HERAPY YSICAL THERAPY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323	\$ 447,233 \$ 1,153.60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 - 231,420 16,390 117,045 117,778	44,346 -16,066 168,597 313,500 34,007 208,841 1,482 31,176 3,038	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744.493 \$ 1,181.7 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,725 51,449 216,286 29,930	153,660 -24,954 167,846 296,154 22,496 150,764 8,515 30,652 5,535	\$ 1.091,726 \$ 1,172.64 Ancillary Charges \$ 264,258 \$ 268,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 827,145 \$ 67,839 \$ 333,931 \$ 41,708	Ancillary Ch \$ 19 \$ 2 \$ 4 \$ 33 \$ 60 \$ 5 \$ 35 \$ 60 \$ 5 \$ 6	
Calc  Cillary C  200 Obs  000 OPE  200 DEL  300 ANE  300 ANE  300 ANE  300 LAB  300 BLO  500 RES  600 PHY  700 OCC	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) EERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN BI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480	\$ 347,233 \$ 1,153,60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 231,420 16,390 117,645 117,765 3,118	44,346 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181,73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,725 51,449 216,286 29,930 10,685	153,660 	\$ 1,091,726 \$ 1,172,64 Ancillary Charges \$ \$ -6 \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 827,145 \$ 67,839 \$ 333,931 \$ 41,708 \$ 13,803	Ancillary Ch \$ \$ 19 \$ 4 \$ 33 \$ 60 \$ 5 \$ 35 \$ 6 \$ 5	
Calc    Calc   C	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN BI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY YSICAL THERAPY CUPATIONAL THERAPY EECH PATHOLOGY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540488	\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 	44,346 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73 Ancillary Charges 186,994 5,583 43,426 197,683 216,162 30,143 595,725 51,449 216,286 29,930 10,685 7,493	153,660 24,954 167,846 296,154 22,496 150,764 8,515 30,652 5,535 1,005	\$ 1,091,726 \$ 1,172,64 Ancillary Charges \$ - \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 67,839 \$ 67,839 \$ 333,931 \$ 13,803 \$ 13,803 \$ 10,003	Ancillary Ch  \$ 19 \$ 4 \$ 33 \$ 60 \$ 5 \$ 35 \$ 6 \$ \$ 6 \$ \$ 5 \$ 5	
Calc  cillary C  200 Obs  000 Ope  200 DeL  300 ANE  400 RAD  700 CT \$  800 MRI  000 LAB  300 BLO  600 PHY  700 OCC  800 SPE  900 ELE	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM  LIVERY ROOM & LABOR ROOM  ESTHESIOLOGY  DIOLOGY-DIAGNOSTIC  SCAN  RI  BORATORY  OOD STORING PROCESSING & TRANS  SPIRATORY THERAPY  YSICAL THERAPY  CUPATIONAL THERAPY  EECH PATHOLOGY  ECTROCARBIOLOGY  ECTROCARBIOLOGY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540468	\$ 347,233 \$ 1,153,60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 231,420 16,590 117,645 11,778 3,118 2,510 36,637	44,346 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181,73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,725 51,449 216,286 29,930 10,685 7,493 82,665	153,660 	\$ 1.091,726 \$ 1,172.64 Ancillary Charges \$ 264,258 \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 827,145 \$ 67,839 \$ 333,931 \$ 41,708 \$ 13,803 \$ 10,003 \$ 10,003 \$ 119,302	Ancillary Ch  S  S 19 S 4 S 333 S 600 S 5 S 5 S S S S S S S S S S S S S S S	
Calc  cillary C  200 Obs  000 OPE  200 DEL  300 ANE  400 RAD  700 CT \$  800 MRD  500 RES  600 PHY  700 OCC  800 SPE  900 ELE  100 MED	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) !ERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN BI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY ECH PATHOLOGY ECTROCARDIOLOGY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540488	\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 	44,346 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181.73 Ancillary Charges 186,994 5,583 43,426 197,683 216,162 30,143 595,725 51,449 216,286 29,930 10,685 7,493	153,660 24,954 167,846 296,154 22,496 150,764 8,515 30,652 5,535 1,005	\$ 1,091,726 \$ 1,172,64 Ancillary Charges \$ - \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 67,839 \$ 67,839 \$ 333,931 \$ 13,803 \$ 13,803 \$ 10,003	Ancillary Ch  \$ 19 \$ \$ 4 \$ 33 \$ 60 \$ 5 \$ 35 \$ 60 \$ 5 \$ 35 \$ 8	
Calc  Cillary C  200 Obs.  000 OPE  200 DEL  300 ANE  4400 RAC  7700 CT  8600 MRI  6000 LAB  6000 PHY  6700 OCC  8800 SPE  6100 MEE  100 MEE  100 MEE  100 MEE  100 MEE	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM  LIVERY ROOM & LABOR ROOM  ESTHESIOLOGY  DIOLOGY-DIAGNOSTIC  SCAN  RI  BORATORY  OOD STORING PROCESSING & TRANS  SPIRATORY THERAPY  YSICAL THERAPY  CUPATIONAL THERAPY  EECH PATHOLOGY  ECTROCARBIOLOGY  ECTROCARBIOLOGY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.153936 0.256256	\$ 347,233 \$ 1,153.69 Ancillary Charges 77,264 23,176 19,038 179,234 104,269 231,420 16,390 117,645 11,778 3,118 2,510 36,837 49,216	44,346 16,066 168,597 313,500 34,007 208,841 1,482 31,176 3,038 5,430 2,261 33,432 35,007	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181,73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,725 51,449 216,286 29,930 10,685 7,493 82,665 215,900	153,660 24,954 167,846 296,154 22,496 150,764 8,515 30,652 5,535 1,005 2,355 52,516 46,185	\$ 1,091,726 \$ 1,172,64 Ancillary Charges \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 627,145 \$ 67,839 \$ 33,931 \$ 11,803 \$ 10,003 \$ 119,302 \$ 265,115	Ancillary Ch.  \$ 198 \$ 198 \$ 4 \$ 338 \$ 600 \$ 566 \$ 5 6 \$ 6 \$ 7 \$ 7 \$ 8 \$ 99 \$ 8 \$ 8	
Calc  Cillary C  200 Obs.  000 OPE  200 DEL  300 ANE  400 RAI  700 CT   800 MRI  000 LAB  300 BLO  500 PHY  700 OCC  800 SPE  900 ELE  200 IMPI  300 DRU	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) FERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN RI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY YSICAL THERAPY CUPATIONAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENT PL. DEV. CHARGED TO PATIENTS		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540468 0.153936 0.256252 0.318467	\$ 447,233 \$ 1,153.60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 231,420 16,390 117,645 11,778 3,118 2,510 36,637 49,216 37,969	44,346 - 16,066 168,597 313,500 34,007 208,841 1,482 31,176 3,038 5,430 2,261 38,432 35,007 27,772	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744.493 \$ 1,181.3 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,725 51,449 216,286 29,930 10,685 7,493 82,665 215,900 191,608	153,660 24,954 167,846 296,154 22,496 150,764 8,515 30,652 5,535 1,005 2,355 52,516 40,185	\$ 1.091,726 \$ 1,172.64 Ancillary Charges \$ 264,258 \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 827,145 \$ 67,839 \$ 333,931 \$ 41,708 \$ 13,803 \$ 119,302 \$ 265,115 \$ 265,115	Ancillary Ch  \$ 19 \$ 4 \$ 33 \$ 600 \$ 5 \$ 35 \$ 35 \$ 9 \$ 8 \$ 9 \$ 9 \$ 8	
Calc  cillary C  200 Obs  000 OPE  200 DEL  300 ANE  400 RAE  400 RAE  400 RAS  600 PHY  600 PHY  600 PHY  600 MEL  600	Iculated Routine Charge Per Diem  Cost Centers (from WIS C) (list below): servation (Non-Distinct) EERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN RI BORATORY ODD STORING PROCESSING & TRANS SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY YSICAL THERAPY CECH PATHOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENTS URGS CHARGED TO PATIENTS URGS CHARGED TO PATIENTS		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540488 0.153936 0.256552 0.318467 0.168735	\$ 347,233 \$ 1,153,60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 231,420 117,645 117,768 3,118 2,510 36,637 49,216 37,969 706,436	44,346 -10,066 168,597 313,500 34,007 208,841 1,482 31,176 3,038 5,430 2,261 38,432 35,007 27,772 269,596	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181,73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 51,449 216,286 29,930 10,685 7,493 82,665 215,900	153,660 	\$ 1.091,726 \$ 1,172.64  Ancillary Charges \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 927,145 \$ 67,839 \$ 333,931 \$ 11,003 \$ 119,302 \$ 265,115 \$ 229,577 \$ 1,822,288	Ancillary Ch	
Calc	Iculated Routine Charge Per Diem  Cost Centers (from WIS C) (list below): servation (Non-Distinct) ERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN RI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY VSICAL THERAPY CUPATIONAL THERAPY CUPATIONAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY DIOLOGY DIOLOGY DIOLOGY DIOLOGY DIOLOGY DIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY UDICAL SUPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.153936 0.256252 0.318467 0.168735 0.442562	\$ 347,233 \$ 1,153,60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 231,420 117,645 117,768 3,118 2,510 36,637 49,216 37,969 706,436	44,346 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181,73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 51,449 216,286 29,930 10,685 7,493 82,665 215,900	153,660 	\$ 1,091,726 \$ 1,1726 \$ 1,1726 \$ 1,1726 \$ 1,1726 \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 927,145 \$ 67,839 \$ 133,931 \$ 11,003 \$ 119,303 \$ 129,517 \$ 229,577 \$ 1,822,288 \$ 66,246	Ancillary Ch  \$ \$ 19 \$ \$ \$ 43 \$ \$ 33 \$ \$ 60 \$ 55 \$ \$ 35 \$ \$ 6 \$ 5 \$ 35 \$ 8 \$ 93 \$ 1	
Calc    Calc	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN BI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY SPIRATORY THERAPY 'YSICAL THERAPY CECHPATIONAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DIOLAL SUPPLIES CHARGED TO PATIENT PL. DEV. CHARGED TO PATIENTS NUGS CHARGED TO PATIENTS NUGS CHARGED TO PATIENTS NULL DIALYSIS THERAPY INIC JUND CARE		1.215924 0.081875 0.305664 0.046320 0.08130 0.198759 0.244944 0.202376 0.678323 0.560460 0.540468 0.153936 0.256252 0.318467 0.168735 0.442562 0.133008 0.680440 0.705166	\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 117,645 117,778 3,118 2,510 36,637 49,216 37,969 706,436 2,172	44,346 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 7,44,493 \$ 1,1813 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,725 51,449 216,286 29,930 10,685 7,493 82,665 215,900 191,608 1,115,683 64,074	153,660 24,954 167,846 226,154 22,496 150,764 8,515 30,652 5,535 1,005 2,355 52,516 46,185 59,440 669,921 13,032	\$ 1.091,726 \$ 1,172.64 Ancillary Charges \$ 264,258 \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 827,145 \$ 67,839 \$ 333,931 \$ 41,708 \$ 119,302 \$ 265,115 \$ 222,577 \$ 1,822,288 \$ 66,246 \$ 14,154	Ancillary Ch  \$ 19 \$ 4 \$ 33 \$ 60 \$ 55 \$ 35 \$ 6 \$ 8 \$ 9 \$ 8 \$ 93 \$ 1 \$ 8	
Calc	Iculated Routine Charge Per Diem  Cost Centers (from WIS C) (list below): servation (Non-Distinct) EERATING ROOM LIVERY ROOM & LABOR ROOM EISTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN RI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY YSICAL THERAPY CECH PATHOLOGY ECTROCARDIOLOGY DIOLOGY ECTROCARDIOLOGY DIOLOGY CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS NAL DIALYSIS THERAPY INIC JUND CARE LIGHT STORY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540468 0.153936 0.256252 0.318467 0.168735 0.442562 0.133008 0.680440 0.705166	\$ 347,233 \$ 1,153,60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 	44,346 -10,066 168,597 313,500 34,007 208,841 1,482 31,176 3,038 5,430 2,261 36,432 35,007 27,772 269,596 -1 760 6,415 280,599	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181,73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,745 51,449 216,286 29,930 10,685 7,493 82,665 215,900 191,608 1,115,853 64,074	153,660 	\$ 1,091,726 \$ 1,172,64  Ancillary Charges \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 67,839 \$ 333,931 \$ 11,708 \$ 11,708 \$ 13,803 \$ 11,930 \$ 225,117 \$ 222,577 \$ 1,822,208 \$ 66,246 \$ 6,246 \$ 14,154	Ancillary Chi \$ \$ 199 \$ \$ 4 \$ 339 \$ 600 \$ 55 \$ 355 \$ 68 \$ 9 \$ 8 \$ 8 \$ 9 \$ 9 \$ 8 \$ 9 \$ 11 \$ 5 \$ 11 \$ 11	
Calc	Iculated Routine Charge Per Diem  Cost Centers (from W/S C) (list below): servation (Non-Distinct) 'ERATING ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN BI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY SPIRATORY THERAPY 'YSICAL THERAPY CECHPATIONAL THERAPY EECH PATHOLOGY ECTROCARDIOLOGY DIOLAL SUPPLIES CHARGED TO PATIENT PL. DEV. CHARGED TO PATIENTS NUGS CHARGED TO PATIENTS NUGS CHARGED TO PATIENTS NULL DIALYSIS THERAPY INIC JUND CARE		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540468 0.153936 0.256252 0.318467 0.168735 0.442552 0.133008 0.680440 0.705166 0.680440 0.705166	\$ 347,233 \$ 1,153.60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 117,645 117,778 3,118 2,510 36,637 49,216 37,969 706,436 2,172	44,346 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 7,44,493 \$ 1,1813 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,725 51,449 216,286 29,930 10,685 7,493 82,665 215,900 191,608 1,115,683 64,074	153,660 24,954 167,846 226,154 22,496 150,764 8,515 30,652 5,535 1,005 2,355 52,516 46,185 59,440 669,921 13,032 	\$ 1,091,726 \$ 1,1726 \$ 1,1726 \$ 1,1726 \$ 1,1726 \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 827,145 \$ 67,839 \$ 333,931 \$ 11,003 \$ 119,302 \$ 265,115 \$ 229,577 \$ 1,822,288 \$ 66,246 \$ 14,1708 \$ 14,1708 \$ 14,1708 \$ 18,1803	Ancillary Chr. S 199 S 199 S 66 S 68 S 69 S 69 S 69 S 69 S 69 S	
Calc  cillary C  200 Obs  000 OPE  200 DEL  300 ANE  400 RAL  700 CT \$  800 MRI  000 LAB  300 BLO  500 PHY  700 OCC  800 PHY  700 OCC  800 PHY  700 OCC  800 IMP  300	Iculated Routine Charge Per Diem  Cost Centers (from WIS C) (list below): servation (Non-Distinct) EERATING ROOM LIVERY ROOM & LABOR ROOM EISTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN RI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY YSICAL THERAPY CECH PATHOLOGY ECTROCARDIOLOGY DIOLOGY ECTROCARDIOLOGY DIOLOGY CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS NAL DIALYSIS THERAPY INIC JUND CARE LIGHT STORY		1.215924 0.081875 0.305664 0.046320 0.08130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540468 0.153936 0.256252 0.318467 0.168735 0.442562 0.133008 0.680440 0.705166 0.633131 0.606175	\$ 347,233 \$ 1,153,60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 	44,346 -10,066 168,597 313,500 34,007 208,841 1,482 31,176 3,038 5,430 2,261 36,432 35,007 27,772 269,596 -1 760 6,415 280,599	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181,73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,745 51,449 216,286 29,930 10,685 7,493 82,665 215,900 191,608 1,115,853 64,074	153,660 	\$ 1,091,726 \$ 1,172,64  Ancillary Charges \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 67,839 \$ 333,931 \$ 11,708 \$ 11,708 \$ 13,803 \$ 11,930 \$ 225,117 \$ 222,577 \$ 1,822,208 \$ 66,246 \$ 6,246 \$ 14,154	Ancillary Ch  \$ 19 \$ 4 \$ 333 \$ 600 \$ 5 5 \$ 355 \$ 9 \$ 9 \$ 9 \$ 9 \$ 9 \$ 9 \$ 9 \$ 9 \$ 9 \$ 9	
Calc	Iculated Routine Charge Per Diem  Cost Centers (from WIS C) (list below): servation (Non-Distinct) EERATING ROOM LIVERY ROOM & LABOR ROOM EISTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN RI BORATORY OOD STORING PROCESSING & TRANS SPIRATORY THERAPY YSICAL THERAPY YSICAL THERAPY YSICAL THERAPY CECH PATHOLOGY ECTROCARDIOLOGY DIOLOGY ECTROCARDIOLOGY DIOLOGY CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS NAL DIALYSIS THERAPY INIC JUND CARE LIGHT STORY		1.215924 0.081875 0.305664 0.046320 0.089130 0.198759 0.244944 0.202376 0.678323 0.560480 0.540468 0.153936 0.256252 0.318467 0.168735 0.442552 0.133008 0.680440 0.705166 0.680440 0.705166	\$ 347,233 \$ 1,153,60 Ancillary Charges 77,264 23,178 19,038 179,234 104,269 	44,346 -10,066 168,597 313,500 34,007 208,841 1,482 31,176 3,038 5,430 2,261 36,432 35,007 27,772 269,596 -1 760 6,415 280,599	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 744,493 \$ 1,181,73 Ancillary Charges 186,994 5,683 43,426 197,683 216,162 30,143 595,745 51,449 216,286 29,930 10,685 7,493 82,665 215,900 191,608 1,115,853 64,074	153,660 	\$ 1,091,726 \$ 1,1726 \$ 1,1726 \$ 1,1726 \$ 1,1726 \$ 264,258 \$ 28,861 \$ 62,464 \$ 376,917 \$ 320,431 \$ 30,143 \$ 827,145 \$ 67,839 \$ 333,931 \$ 11,003 \$ 119,302 \$ 265,115 \$ 229,577 \$ 1,822,288 \$ 66,246 \$ 14,1708 \$ 14,1708 \$ 14,1708 \$ 18,1803	Ancillary CI	

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

Cost Report Year (10/01/2018-09/30/2019) SOUTH GEORGIA MEDICAL CENTER					
	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
48					\$ - \$ -
49					\$ - \$ -
50					\$ - \$ - \$ -
52 -					\$ - \$ -
53					\$ - \$ -
54 -					\$ - \$ -
55	<u> </u>				\$ - \$ - \$ - \$
57 -	<del></del>				\$ - \$ -
58 -					\$ - \$ -
59 -					\$ - \$ -
-					\$ - \$ -
61 -	<u> </u>				\$ - \$ - \$ -
62					\$ - \$ -
64 -					\$ - \$ -
65					\$ - \$ -
66 -					\$ - \$ -
67 -	<u> </u>	<u> </u>			\$ - \$ -
68		<u> </u>			\$ - \$ - \$ -
70	<del></del>				\$ - \$ -
71 -					\$ - \$ -
72					\$ - \$ -
73 -					\$ - \$ -
74					\$ - \$ -
75					\$ - \$ - \$ -
77	<del></del>				\$ - \$ -
78					\$ - \$ -
79					\$ -
80 -					\$ - \$ -
81	<u> </u>				\$ - \$ -
82	<del></del>				\$ - \$ - \$ -
84 -					\$ - \$ -
85					\$ - \$ -
86 -					\$ -
87 -	<b>  </b>	<u> </u>			\$ - \$ -
88		<u> </u>			\$ - \$ - \$ - \$
90 - 1					\$ - \$ -
91 -					\$ - \$ -
92					\$ - \$ -
93					\$ - \$ -
94		<u> </u>			\$ - \$ - \$ - \$
96 -	<del>                                     </del>	<del>                                     </del>			\$ - \$ -
97					\$ - \$ -
98 -					\$ - \$ -
99 -					\$ - \$ -
100	<u> </u>	<u> </u>			\$ - \$ -
101		<del></del>			\$ - \$ - \$ -
102					\$ - \$ -
104					\$ - \$ -
105 -					\$ -
106					\$ -
107 108	<b>  </b>	<u> </u>			\$ - \$ - \$ -
108		<del>                                     </del>			\$ - \$ - \$ -
-					· - • -

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

	Cost Report Year (10/01/2018-09/30/2019) SOUTH GEORGIA MEDICAL CENTER					
		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
110	-					\$ - \$ -
111	-					\$ - \$ -
112	-					\$ - \$ -
113	-			<u> </u>		\$ - \$ -
114 115						\$ - \$ -
116						\$ - \$
117						\$ - \$ -
118	-					\$ - \$ -
119	-					\$ - \$ -
120	-					\$ -
121	-					\$ - \$ -
122	-					\$ - \$ -
123 124						5 - 5 -
125						3 - 3 -
126						\$ - \$ -
127	-					\$ - \$ -
		\$ 1,692,934 \$ 1,579,492	S - S -	s - s -	\$ 3,506,446 \$ 2,068,929	
	Totals / Payments					
	Totals / Fayinents					
128	Total Charges (includes organ acquisition from Section K)	\$ 2,040,167 \$ 1,579,492	\$ -	\$ -	\$ 4,250,939 \$ 2,068,929	\$ 6,291,106 \$ 3,648,421
129	Total Charges per PS&R or Exhibit Detail	\$ 2,040,167 \$ 1,579,492	\$ -	\$ -	\$ 4,250,939 \$ 2,068,929	
130	Unreconciled Charges (Explain Variance)					
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 663,489 \$ 446,601	\$ -	\$ - \$	\$ 1,428,950 \$ 546,611	\$ 2,092,439 \$ 993,212
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 39,190 \$ 42,908			\$ 8.136 \$ 2.088	\$ 47,326 \$ 44,996
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)				\$ 19,321 \$ 9,757	\$ 158,373 \$ 72,326
134	Private Insurance (including primary and third party liability)	\$ 48,838 \$ 35,502			\$ 313,691 \$ 87,683	\$ 362,529 \$ 123,185
135	Self-Pay (including Co-Pay and Spend-Down)	\$ 188 \$ 39			\$ 1,886	\$ 188 \$ 1,925
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 227,268 \$ 141,018	\$ - \$ -			
137	Medicaid Cost Settlement Payments (See Note B)					\$ - \$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)					\$ - \$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)				\$ 889,230 \$ 310,899	\$ 889,230 \$ 310,899
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)				\$ 101,116 \$ 52,025	\$ 101,116 \$ 52,025
141	Medicare Cross-Over Bad Debt Payments					\$ -
142	Other Medicare Cross-Over Payments (See Note D)					\$ - \$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 436,221 \$ 305,583	s -   s -	s - s -	\$ 97,456 \$ 82,273	\$ 533,677 \$ 387,856
143 144	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)  Calculated Payments as a Percentage of Cost	34% 305,583	0%	\$ - \$ -	93% 82,273	74% 61%
144	Calculated Fayineins as a Felcentage of Cost	3470 3270	0.70 0.76	070 078	9370 0370	1470 0170

- 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 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 crost 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

SOUTH GEORGIA MEDICAL CENTER

Cost Report Year (10/01/2018-09/30/2019)

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

Worksheet A Provider Tax Assessment Reconciliation: W/S A Cost Center **Dollar Amount** Line 1 Hospital Gross Provider Tax Assessment (from general ledger)\* 4,314,808 301-8000-8710 & 7505-8000-8710 (WTB Account #) 1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment Expense 2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2) 4.314.808 5.00 (Where is the cost included on w/s A?) 3 Difference (Explain Here ---->) Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report) (Reclassified to / (from)) Reclassification Code Reclassification Code (Reclassified to / (from)) (Reclassified to / (from)) 6 Reclassification Code Reclassification Code (Reclassified to / (from)) DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report) Reason for adjustment (Adjusted to / (from)) Reason for adjustment (Adjusted to / (from)) 10 Reason for adjustment (Adjusted to / (from)) 11 Reason for adjustment (Adjusted to / (from)) DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report) Reason for adjustment 12 13 Reason for adjustment 14 Reason for adjustment 15 Reason for adjustment 16 Total Net Provider Tax Assessment Expense Included in the Cost Report 4,314,808 **DSH UCC Provider Tax Assessment Adjustment:** 17 Gross Allowable Assessment Not Included in the Cost Report Apportionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured: 18 Medicaid Hospital Charges Sec. G 287,034,785 Uninsured Hospital Charges Sec. G 87,513,560 19 1,032,012,525 20 Total Hospital Charges Sec. G 21 27.81% Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC 22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC 8 48% 23 Medicaid Provider Tax Assessment Adjustment to DSH UCC Uninsured Provider Tax Assessment Adjustment to DSH UCC 25 Provider Tax Assessment Adjustment to DSH UCC

<sup>\*</sup> Assessment must exclude any non-hospital assessment such as Nursing Facility.

<sup>\*\*</sup> 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.