DSH Version 8.10 7/5/2022 **D.** General Cost Report Year Information 10/1/2020 9/30/2021 The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey. HAMILTON MEDICAL CENTER 1. Select Your Facility from the Drop-Down Menu Provided: 10/1/2020 through 9/30/2021 2. Select Cost Report Year Covered by this Survey (enter "X"): X 3. Status of Cost Report Used for this Survey (Should be audited if available): 1 - As Submitted 3a. Date CMS processed the HCRIS file into the HCRIS database: 3/9/2022 Data Correct? If Incorrect, Proper Information HAMILTON MEDICAL CENTER 4. Hospital Name: Yes 5. Medicaid Provider Number: 000000899A Yes 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): Yes 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab): Yes 110001 8 Medicare Provider Number Yes Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): Private Yes DSH Pool Classification (Small Rural, Non-Small Rural, Urban): Urban Yes Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year: Provider No. State Name 9. State Name & Number ee attached listing 10. State Name & Number 11. State Name & Number 12. State Name & Number 13. State Name & Number 14. State Name & Number 15 State Name & Number (List additional states on a separate attachment) E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2020 - 09/30/2021) 1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1) 2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 4. Total Section 1011 Payments Related to Hospital Services (See Note 1) 5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1) 6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1) 8. Out-of-State DSH Payments (See Note 2) Inpatient Outpatient Total 234.386 612.369 \$846.755 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) 2 539 785 4,466,867 \$7,006,652 \$2,774,171 \$5,079,236 11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments) \$7.853.407 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments: 8.45% 12 06% 10 78% 13. Did your hospital receive any Medicaid managed care payments not paid at the claim level? No Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the <u>hospital</u> (not by the MCO), or other incentive payments 14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services 15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services 16. Total Medicaid managed care non-claims payments (see question 13 above) received \$-

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

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 (10/01/2020 - 09/30/2021)

F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6)

43,128 (See Note in Section F-3, below)

F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization R	atio (LIUR) Calculation):
2. Inpatient Hospital Subsidies	168,078
3. Outpatient Hospital Subsidies	169,893
4. Unspecified I/P and O/P Hospital Subsidies	
5. Non-Hospital Subsidies	
6. Total Hospital Subsidies	\$ 337,971
7. Inpatient Hospital Charity Care Charges	23,730,433
8. Outpatient Hospital Charity Care Charges	39,190,580
9. Non-Hospital Charity Care Charges	
10. Total Charity Care Charges	\$ 62,921,013

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

F-3. Calculation of Net Hospital Revenue from Patient Services (U	sed for LIUR) (W/S G-2 and	G-3 of Cost Report)					
NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report,		l Patient Revenues (Charge	es)	Contractual Adjustme	ents (formulas below can be are known)	overwritten if amounts	
the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.							
Formulas can be overwritten as needed with actual data.	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
	inputiont noopital	ouputent noopitui	Non-noophar	inputient noopital	outputient hoopitui	Non-noopital	Het Hoopital Hevenad
11. Hospital	\$129,842,677.00			\$ 100,238,783	\$-	c	\$ 29,603,894
12. Subprovider I (Psych or Rehab)	\$125,042,017.00			\$ 100,230,703	\$ \$	ş - S -	\$ 29,000,094 \$ -
13. Subprovider II (Psych or Rehab)	\$0.00			\$ -	\$ -	φ - \$ -	φ - \$ -
14. Swing Bed - SNF			\$0.00	*	-	\$ -	-
15. Swing Bed - NF			\$0.00			\$-	
16. Skilled Nursing Facility			\$0.00			\$-	
17. Nursing Facility			\$0.00			\$-	
18. Other Long-Term Care			\$0.00			\$-	
19. Ancillary Services	\$380,891,852.00	\$615,819,598.00		\$ 294,049,202	\$ 475,413,849	\$ -	\$ 227,248,398
20. Outpatient Services		\$118,491,301.00	A / 500 000 00		\$ 91,475,500	\$ -	\$ 27,015,801
21. Home Health Agency			\$4,566,398.00			\$ 3,525,268	
22. Ambulance 23. Outpatient Rehab Providers			\$	<u>s</u> -	\$ -	\$ -	\$ -
23. Outpatient Rehab Providers 24. ASC	\$0.00	\$0.00	\$0.00	\$ - \$ -	\$ - \$ -	<u>ә</u> -	\$- \$-
25. Hospice	\$0.00	φ0.00	\$3,316,647.00	φ -	o -	\$ 2,560,458	- -
26. Other	\$25,420,655.00	\$17,931,478.00	\$0.00	\$ 19,624,792	\$ 13,843,134	\$ -	\$ 9,884,207
				·			
27. Total	\$ 536,155,184	\$ 752,242,377	\$ 7,883,045	\$ 413,912,777	\$ 580,732,483	\$ 6,085,725	\$ 293,752,301
28. Total Hospital and Non Hospital		Total from Above	\$ 1,296,280,606		Total from Above	\$ 1,000,730,985	
29, Total Per Cost Report	Total Patier	nt Revenues (G-3 Line 1)	1,296,280,606	Total Con	tractual Adj. (G-3 Line 2)	1,000,730,985	
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on world			1,200,200,000			1,000,100,000	
revenue)					+		
 Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLU in net patient revenue) 	IDED on worksheet G-3, Line	e 2 (impact is a decrease			+		
 Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Reve a decrease in net patient revenue) 	enue INCLUDED on workshe	et G-3, Line 2 (impact is			+		
 Increase worksheet G-3, Line 2 to reverse offset of State and Local Pat G-3, Line 2 (impact is a decrease in net patient revenue) 	ient Care Cash Subsidies IN	CLUDED on worksheet					
 Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes IN increase in net patient revenue) 	ICLUDED on worksheet G-3,	Line 2 (impact is an			-		
 Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Chal INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patie 	, ,	insured patients					
35. Adjusted Contractual Adjustments						1,000,730,985	
36. Unreconciled Difference	Unreconciled D	ifference (Should be \$0)	\$ -	Unreconciled D	ifference (Should be \$0)	\$ -	

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2020-09/30/2021) HAMILTON MEDICAL CENTER

	Line # Cost Center Description TE: All data in this section must be verified by the ital. If data is already present in this section, it wa		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
ospital compl spital a shou	. If da leted ι has a ld be		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
		e Cost Centers (list below):						1			
		ADULTS & PEDIATRICS	\$ 32,203,225		\$-	\$0.00			\$86,014,483.00		\$ 1,114.87
		INTENSIVE CARE UNIT	\$ 11,271,984		\$ -		\$ 12,234,093	6,911	\$28,684,154.00		\$ 1,770.23
			\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
		BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	\$- \$3,953,036	\$ - \$ -	\$ - \$-		\$ - \$ 3,953,036	2,059	\$0.00 \$9,321,548.00		\$- \$1,919.88
		OTHER SPECIAL CARE UNIT	\$ 3,953,036 \$ -	\$- \$-	\$- \$-		\$ 3,953,036	2,059	\$9,321,548.00		
-		SUBPROVIDER I	» - Տ -	⇒ - \$ -	s -		\$ -	-	\$0.00		\$ - \$ -
		SUBPROVIDER II	э - \$ -	φ - \$ -	ş - S -		\$ -	-	\$0.00		ş - Ş -
		OTHER SUBPROVIDER	φ - \$ -	φ - \$ -	\$ -		\$ -	-	\$0.00		\$ - \$ -
		NURSERY	*	φ - \$ -	Ŧ		\$ 4.753.561	4.634	\$11.173.058.00		\$ 1.025.80
		NEONATAL INTENSIVE CARE UNIT	\$ 2.492.854		ş - S -		\$ 2,492,854	1,053	\$5.822.492.00		\$ 2,367.38
F	32011	NEONATAL INTENSIVE CARE ONIT	\$ 2,492,034	\$ - \$ -	ş - \$ -		\$ 2,492,004	1,000	\$0.00		\$ 2,307.30
	-		\$ -	φ - \$ -	\$ -		\$ -		\$0.00		\$ -
	-		\$ -	φ - \$ -	\$ -		\$ -		\$0.00		\$ -
-			\$ -	\$-	\$ -		\$ -	-	\$0.00		\$-
- F					Ψ						7
					\$ -		\$ -	-	\$0.00		s -
- F			\$ - \$-	\$ - \$-	\$ - \$-		\$ - \$ -	-	\$0.00 \$0.00		\$ - \$ -
E			\$-	\$ -	\$-	\$ -	\$-	46 571	\$0.00		
Ł		Total Routine		\$ -	\$-	\$-		- - 46,571			\$ -
Ę)bserv	Total Routine Weighted Average	\$-	\$ -	\$-	\$	\$-	46,571	\$0.00	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	\$-
		Total Routine Weighted Average /ation Data (Non-Distinct)	\$-	\$ \$ 4,338,923 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,	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$ 59,013,583 Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	\$0.00 \$ 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8	\$ 1,267.17 \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio
		Total Routine Weighted Average	\$-	\$	\$ - \$ Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01,	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$ 59,013,583 Calculated (Per Diems Above	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	\$0.00 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I,	Cost Report Worksheet C, Pt. I,	\$ - \$ 1,267.17 Medicaid Calculated
0	9200 (Total Routine Weighted Average /ation Data (Non-Distinct) Observation (Non-Distinct)	\$ - \$ 54,674,660 Cost Report Worksheet B, Part I, Col. 26	\$ \$ 4,338,923 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,	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$ 59,013,583 Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	\$0.00 \$ 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8	\$ - \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio
0	9200 (Total Routine Weighted Average vation Data (Non-Distinct) Observation (Non-Distinct)	\$ - \$ 54,674,660 Cost Report Worksheet B, Part I, Col. 26	 \$ \$ 4,338,923 Hospital Observation Days - Cost Report W/S S- 3, Pt. 1, Line 28, Col. 8 3,443 Cost Report Worksheet B, Part 1, Col. 25 (Intern & Resident Offset ONLY 	\$ - \$ - Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col. 2 and Col. 4	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	 \$ \$ 59,013,583 Calculated (Per Diems Above Multiplied by Days) \$ 3,838,497 Calculated 	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$1,961,444.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	\$0.00 \$141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$5,570,171.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8 \$ 7,531,615 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	\$ - \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio 0.509651 Medicaid Calculated Cost-to-Charge Ratio
0 •	9200 (NCilla 5000 (Total Routine Weighted Average ration Data (Non-Distinct) Observation (Non-Distinct) ary Cost Centers (from W/S C excluding Obse OPERATING ROOM	\$ - \$ 54,674,660 Cost Report Worksheet B, Part I, Col. 26 rvation) (list below): \$10,133,758.00	 	\$ - \$ - Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col.2 and Col. 4 \$ 81,041	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$1,961,444.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$29,758,091.00	\$0.00 \$ 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$5,570,171.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$69,557,146.00	Cost Report Worksheet C, Pt. I, Col. 8 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 99,315,237	\$ - \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio 0.509651 Medicaid Calculated Cost-to-Charge Ratio 0.111590
٥ ٩	9200 (Ncilla 5000 (5100	Total Routine Weighted Average /ation Data (Non-Distinct) Observation (Non-Distinct) ary Cost Centers (from W/S C excluding Obse OPERATING ROOM RECOVERY ROOM	\$ - \$ 54,674,660 \$ 54,674,660 Cost Report Worksheet B, Part I, Col. 26 rvation) (list below): \$10,133,758.00 \$1,574,565.00	 	\$ - \$ - Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col. 2 and Col. 4 \$ 81,041 \$ -	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$1,961,444.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$29,758,091.00 \$2,731,286.00	\$0.00 \$ 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$5,570,171.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$69,557,146.00 \$5,406,050.00	Cost Report Worksheet C, Pt. I, Col. 8 \$ 7,531,615 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 99,315,237 \$ 8,137,336	\$ - \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio 0.509651 Medicaid Calculated Cost-to-Charge Ratio 0.111590 0.193495
٥ ٩	9200 (Ancilla 5000 (5100 [5200 [Total Routine Weighted Average /ation Data (Non-Distinct) Observation (Non-Distinct) any Cost Centers (from W/S C excluding Obse OPERATING ROOM RECOVERY ROOM DELIVERY ROOM DELIVERY ROOM	\$ - \$ 54,674,660 \$ 54,674,660 <i>Cost Report</i> <i>Worksheet B,</i> <i>Part I, Col. 26</i> rvation) (list below) : \$10,133,758.00 \$1,574,565.00 \$4,713,558.00	\$ \$ 4,338,923 Hospital Observation Days - Cost Report W/S S-3, Pt. 1, Line 28, Col. 8 3,443 Cost Report 3,443 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY S \$ 867,785 \$ -	\$ - \$ - Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col.2 and Col. 4 \$ 81,041 \$ - \$ -	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$1,961,444.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$29,758,091.00 \$27,31,286.00 \$21,178,070.00	\$0.00 \$ 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$5,570,171.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$69,557,146.00 \$5,406,050.00 \$911,777.00	Cost Report Worksheet C, Pt. I, Col. 8 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 99,315,237 \$ 8,137,336 \$ 22,089,847	\$ - \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio 0.509651 Medicaid Calculated Cost-to-Charge Ratio 0.111590 0.1193495 0.213381
<u> </u>	9200 (Ancilla 5000 (5100 [5200 [5300 /	Total Routine Weighted Average /ation Data (Non-Distinct) Observation (Non-Distinct) ary Cost Centers (from W/S C excluding Obse OPERATING ROOM RECOVERY ROOM & LABOR ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	\$ - \$ 54,674,660 \$ 54,674,660 <i>Cost Report</i> <i>Worksheet B,</i> <i>Part I, Col.</i> 26 vvation) (list below) : \$10,133,758.00 \$1,574,565.00 \$4,713,558.00 \$286,928.00	\$ \$ 4,338,923 Hospital Observation Days - Cost Report W/S S-3, Pt. 1, Line 28, Col. 8	\$ - \$ - Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col. 2 and Col. 4 \$ 81,041 \$ - \$ - \$ - \$ -	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$1,961,444.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$29,758,091.00 \$2,731,286.00 \$21,178,070.00 \$3,893,158.00	\$0.00 \$ 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$5,570,171.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$69,557,146.00 \$5,406,050.00 \$911,777.00 \$10,509,298.00	Cost Report Worksheet C, Pt. I, Col. 8 \$ 7,531,615 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 99,315,237 \$ 8,137,336 \$ 22,089,847 \$ 14,402,456	\$ - \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio 0.509651 Medicaid Calculated Cost-to-Charge Ratio 0.111590 0.193499 0.213381 0.019922
4	9200 (Ancilla 5000 (5100 5200 5300 / 5400	Total Routine Weighted Average vation Data (Non-Distinct) Observation (Non-Distinct) ary Cost Centers (from W/S C excluding Obse OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	\$ - \$ 54,674,660 \$ 54,674,660 <i>Cost Report</i> <i>Worksheet B,</i> <i>Part I, Col.</i> 26 rvation) (list below) ; \$10,133,758.00 \$1,574,565.00 \$4,713,558.00 \$22,299,660.00	\$ \$ 4,338,923 Hospital Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col. 8 3,443 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY \$ 867,785 \$ \$ 565,947	\$ - \$ - \$ - Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col. 2 and Col. 4 - \$ 81,041 \$ - \$ - \$ - \$ - \$ -	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$1,961,444.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$29,758,091.00 \$27,31,286.00 \$21,178,0,758.00 \$3,893,758.00 \$15,319,811.00	\$0.00 \$ 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$5,570,171.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$69,557,146.00 \$5,406,050.00 \$911,777.00 \$10,509,298.00 \$99,167,870.00	Cost Report Worksheet C, Pt. I, Col. 8 \$ 7,531,615 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 99,315,237 \$ 8,137,336 \$ 22,089,847 \$ 14,402,456 \$ 113,487,681	\$ - \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio 0.509651 Medicaid Calculated Cost-to-Charge Ratio 0.111590 0.193499 0.21381 0.019922 0.201481
	9200 (5000 (5100 (5200 (5300 / 5300 / 5400 (5700 (Total Routine Weighted Average /ation Data (Non-Distinct) Observation (Non-Distinct) Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN	\$ - \$ 54,674,660 \$ 54,674,660 \$ 54,674,660 \$ 54,674,660 \$ 54,674,660 \$ 26 \$ 10,133,758.00 \$ 1,574,565.00 \$ 1,574,565.00 \$ 2,299,660.00 \$ 2,299,660.00 \$ 2,299,660.00 \$ 2,299,658.00	\$ \$ 4,338,923 Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. 8 3,443 Cost Report 3,443 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY S \$ 867,785 \$ - \$ 565,947 \$ 565,947	\$ - \$ -	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$1,961,444.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$29,758,091.00 \$2,731,286.00 \$21,178,070.00 \$3,893,712,86.10 \$15,319,811.00	\$0.00 \$ 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$5,570,171.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$69,557,146.00 \$5,406,050.00 \$911,777.00 \$10,509,280.00 \$98,167,870.00 \$64,857,733.00	Cost Report Worksheet C, Pt. I, Col. 8 \$ 7,531,615 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 99,315,237 \$ 8,137,336 \$ 22,089,847 \$ 14,402,456 \$ 113,487,681 \$ 113,487,681	\$ - \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio 0.509651 Medicaid Calculated Cost-to-Charge Ratio 0.111590 0.193499 0.21381 0.019922 0.201481 0.031357
	9200 (5000 (5100 (5300 / 5300 / 5400 (5700 (5800 (Total Routine Weighted Average vation Data (Non-Distinct) Observation (Non-Distinct) ary Cost Centers (from W/S C excluding Obse OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	\$ - \$ 54,674,660 \$ 54,674,660 <i>Cost Report</i> <i>Worksheet B,</i> <i>Part I, Col.</i> 26 rvation) (list below) ; \$10,133,758.00 \$1,574,565.00 \$4,713,558.00 \$22,299,660.00	\$ \$ 4,338,923 Hospital Observation Days - Cost Report W/S S-3, Pt. 1, Line 28, Col. 8 3,443 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY S \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col. 2 and Col. 4 - \$ 81,041 \$ - \$ - \$ - \$ - \$ -	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02,	\$	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$1,961,444.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$29,758,091.00 \$27,731,286.00 \$21,178,070.00 \$3,893,158.00 \$15,319,811.00 \$27,739,581.00 \$5,091,974.00	\$0.00 \$ 141,015,735 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$5,570,171.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$69,557,146.00 \$5,406,050.00 \$911,777.00 \$10,509,280.00 \$98,167,870.00 \$64,857,733.00	Cost Report Worksheet C, Pt. I, Col. 8 \$ 7,531,615 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 99,315,237 \$ 8,137,336 \$ 22,089,847 \$ 14,402,456 \$ 113,487,681	\$ - \$ 1,267.17 Medicaid Calculated Cost-to-Charge Ratio 0.509651 Medicaid Calculated Cost-to-Charge Ratio 0.111590 0.193499

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2020-09/30/2021) HAMILTON MEDICAL CENTER

Line		Total Allowable	Intern & Resident Costs Removed	RCE and Therapy Add-Back (If			I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem /
#	Cost Center Description	Cost	on Cost Report *	Applicable		Total Cost	Ancillary Charges	Ancillary Charges	Total Charges	Cost or Other Ratios
6500	RESPIRATORY THERAPY	\$6,907,877.00	\$ 264,109	\$-	\$	7,171,986	\$56,368,818.00	\$31,633,289.00	\$ 88,002,107	0.081498
	PHYSICAL THERAPY	\$7,054,413.00	\$-	\$-	\$	7,054,413	\$7,055,222.00	\$12,487,680.00	\$ 19,542,902	0.360971
	ELECTROCARDIOLOGY		\$ 584,811	\$-	\$	1,728,597	\$232,091.00	\$6,335,724.00		0.263192
	MEDICAL SUPPLIES CHARGED TO PATIENT		\$-	\$ -	\$	16,301,472	\$24,810,677.00	1 1/2 1/2 1 1 1	\$ 39,837,190	0.409202
	IMPL. DEV. CHARGED TO PATIENTS	\$16,353,799.00		\$-	\$	16,353,799	\$12,039,944.00	\$20,019,513.00	\$ 32,059,457	0.510108
	DRUGS CHARGED TO PATIENTS	1 12 12 22	\$ -	\$ -	\$	42,921,927	\$53,127,697.00	1 1 1 1 1 1 1 1 1 1 1	\$ 162,596,867	0.263978
	RENAL DIALYSIS	\$819,039.00		\$ -	\$	1,215,201	\$4,288,087.00	\$1,722,584.00		0.202174
	CLINIC EMERGENCY	\$4,010,090.00 \$17.648.356.00		\$ -	\$	4,010,090 18,270,897	\$0.00 \$19,964,606.00	\$9,404,120.00 \$81,590,959.00		0.426418 0.179910
9100		1 1 1 1 1 1 1 1 1	\$ 022,341 \$ -	» - Տ -	\$	10,270,097	\$19,964,606.00	\$81,590,959.00	\$ 101,555,565	0.179910
		\$0.00	γ - \$ -	ş - \$ -	\$		\$0.00	\$0.00	\$ - \$ -	
		\$0.00		ş - \$ -	\$	-	\$0.00	\$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	\$ -	-
			\$ -	<u>\$</u> -	\$	-	\$0.00		\$ -	-
		\$0.00		\$ -	\$	-	\$0.00	\$0.00		-
			\$ - \$ -	\$	\$	-	\$0.00 \$0.00	\$0.00 \$0.00	\$ - \$ -	-
			э - \$-	\$- \$-	\$	-	\$0.00	\$0.00		-
			• - \$ -		\$	-	\$0.00	\$0.00	7	-
		\$0.00	\$ -	ş -	\$	-	\$0.00	\$0.00		
			\$ -	\$-	\$	-	\$0.00	\$0.00		-
		\$0.00	\$-	\$-	\$	-	\$0.00		\$ -	-
		\$0.00	\$ -	\$ -	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$ -	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$-	\$-	\$	-	\$0.00	\$0.00	\$-	-
		\$0.00	\$-	\$-	\$	-	\$0.00	\$0.00	\$-	-
		\$0.00	\$-	\$-	\$	-	\$0.00	\$0.00	\$-	-
		\$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		-
<u> </u>		\$0.00		» - Տ -	\$ \$	-	\$0.00		<u> </u>	-
<u> </u>		\$0.00		• - \$ -	\$	-	\$0.00	\$0.00	1	-
		\$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	\$-	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2020-09/30/2021)

HAMILTON MEDICAL CENTER

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therap Add-Back (If Applicable			P Days and I/P	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem
		\$0.00		\$ -	\$	-	\$0.00	\$0.00	J. J	-
		\$0.00		\$-	\$	-	\$0.00	\$0.00		-
		\$0.00		\$-	\$	-	\$0.00		\$-	-
		\$0.00		\$ -	\$	-	\$0.00		\$ -	-
		\$0.00	\$ -	\$-	\$	-	\$0.00	\$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 \$0.00		\$ -	\$	-	\$0.00 \$0.00		\$ \$	-
		\$0.00		ې - ۲ -	\$	-	\$0.00		3 - \$-	-
		\$0.00		م - 2 -	\$	-	\$0.00		s -	
		\$0.00		\$ -	\$	-	\$0.00		\$ -	-
		\$0.00		φ - \$ -	\$	-	\$0.00		\$ -	-
		\$0.00		\$-	\$		\$0.00		\$ -	-
		\$0.00		\$-	\$	-	\$0.00		\$-	-
		\$0.00		\$-	\$	-	\$0.00	\$0.00		-
		\$0.00		\$-	\$	-	\$0.00		\$ -	-
		\$0.00	\$ -	\$ -	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$-	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$ -	\$-	\$	-	\$0.00	\$0.00	\$-	-
		\$0.00	\$-	\$-	\$	-	\$0.00		\$-	-
		\$0.00		\$-	\$	-	\$0.00		\$-	-
		\$0.00		\$-	\$	-	\$0.00		\$-	-
		\$0.00		\$-	\$	-	\$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		ې - ۲ -	\$	-	\$0.00			-
	Total Ancillary	\$ 179,611,789			\$	182,994,185 \$	402,817,902		\$ 1,115,202,749	-
	•	φ 1/9,011,709	φ 3,301,300	φ 01,04	Φ	102,994,100 p	402,017,902	φ /12,304,047	\$ 1,115,202,749	0.40750
	Weighted Average									0.16753
	Sub Totals	\$ 234,286,449	\$ 7,640,278	\$ 81,04	\$	242,007,768 \$	543,833,637	\$ 712,384,847	\$ 1,256,218,484	
	SNF, and Swing Bed Cost for Medicaid (ksheet D, Part V, Title 19, Column 5-7, L		eport Worksheet D-3	, Title 19, Column 3	ine 200 and	\$0.00				
	SNF, and Swing Bed Cost for Medicare (ksheet D, Part V, Title 18, Column 5-7, Li		eport Worksheet D-3	3, Title 18, Column 3	ine 200 and	\$0.00				
NF,	SNF, and Swing Bed Cost for Other Paye	ers (Hospital must calcula	te. Submit support fo	or calculation of cos						
Othe	er Cost Adjustments (support must be sul	bmitted)								
	Grand Total				\$	242,007,768				

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

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

Cost Report Year (10/01/2020-09/30/2021) HAMILTON MEDICAL CENTER

				In-State Medic	caid FFS Primary	In-State Medicaid N	lanaged Care Primary		FS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-St	ate Medicaid	%
Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	Sur to C Rep Tol
		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			
	Cost Centers (from Section G): ADULTS & PEDIATRICS	\$ 1,114.87		Days 2,231		Days 2,304		Days 3,241		Days 1,908		Days 2,711		Days 9,684		
100 200	INTENSIVE CARE UNIT CORONARY CARE UNIT	\$ 1,770.23 \$ -		425		724		815		619		1,004		2,583		
8400	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE UNIT	\$ - \$ 1,919.88 \$ -												-		
1000	SUBPROVIDER I SUBPROVIDER I	s - s -												-		
4300	OTHER SUBPROVIDER NURSERY	\$ - \$ 1,025.80		703		1,764				142		80		2,609		
3201	NEONATAL INTENSIVE CARE UNIT	\$ 2,367.38 \$ - \$ -		219		802								1,021		
		s - s -														
		\$ - \$ -												-		
			Total Days	3,578		5,594		4,056		2,669		3,795		15,897		
otal Day	ys per PS&R or Exhibit Detail Unreconciled Days (E	xplain Variance)		3,578		5,594		4,056		2,669		3,795				
	Routine Charges			Routine Charges \$ 8,509,583		Routine Charges \$ 12,854,351		Routine Charges \$ 8,553,775		Routine Charges \$ 6,114,534		Routine Charges \$ 9,241,948		Routine Charges \$ 36,032,243		
	Calculated Routine Charge Per Diem			\$ 2.378.31		\$ 2 297 88		\$ 2.108.92		\$ 2 290 95		\$ 243530		\$ 2 266 61		
	Cost Centers (from W/S C) (from Section	G):		. ,	Ancillary Charges	• -,	Ancillary Charges		Ancillary Charges	-,	Ancillary Charges	-,	Ancillary Charges	-,	Ancillary Charges	s
Ancillary 09200	Cost Centers (from W/S C) (from Section Observation (Non-Distinct) OPERATING ROOM	G):	0.509651	Ancillary Charges 178,510 3,334,755	Ancillary Charges 586,287 3,571,953	Ancillary Charges 349,873 4,087,444	Ancillary Charges 609,388 3,158,025	Ancillary Charges 326,698 4,628,563	Ancillary Charges 605,508 8,704,130	Ancillary Charges 118,019 3,269,156	Ancillary Charges 396,772 3,738,482	Ancillary Charges 190,898 4,131,282	Ancillary Charges 647,972 6,181,353	Ancillary Charges \$ 973,100 \$ 15,319,918	Ancillary Charges	5
Ancillary 09200 5000 5100	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM	G):	0.111590 0.193499	Ancillary Charges 178,510 3,334,755 216,069	586,287 3,571,953 320,967	Ancillary Charges 349,873 4,087,444 364,223	609,388 3,158,025 449,531	Ancillary Charges 326,698 4,628,563 262,617	605,508	Ancillary Charges 118,019 3,269,156 228,797	396,772	Ancillary Charges 190,898 4,131,282 364,706	647,972 6,181,353 510,687	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 1,071,706	\$ 2,197,955 \$ 19,172,590 \$ 1,079,165	5 0 5
Ancillary 19200 5000 5100 5200 5300	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	G):	0.111590 0.193499 0.213381 0.019922	Ancillary Charges 178,510 3,334,755 216,069 1,566,478 273,400	586,287 3,571,953 320,967 	Ancillary Charges 349,873 4,087,444 364,223 6,990,143 431,657	609,388 3,158,025 449,531 7,618 449,607	Ancillary Charges 326,698 4,628,563 262,617 26,817 357,618	605,508 8,704,130 308,667 - 740,900	Ancillary Charges 118,019 3,269,156 228,797 1,870,806 307,006	396,772 3,738,482 - - 366,425	Ancillary Charges 190,898 4,131,282 364,706 339,219 437,209	647,972 6,181,353 510,687 - 650,926	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 1,071,706 \$ 10,454,244 \$ 1,369,681	\$ 2,197,955 \$ 19,172,590 \$ 1,079,165 \$ 7,618 \$ 1,964,074	5 0 5 8 4
ncillary 9200 5000 5100 5200 5300 5400	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	G):	0.111590 0.193499 0.213381 0.019922 0.201481	Ancillary Charges 178,510 3,334,755 216,069 1,566,478 273,400 972,808	586,287 3,571,953 320,967 407,142 3,588,039	Ancillary Charges 349,873 4,087,444 364,223 6,990,143 431,657 419,944	609,388 3,158,025 449,531 7,618 449,607 5,231,950	Ancillary Charges 326,698 4,628,563 262,617 268,817 357,618 1,940,747	605,508 8,704,130 308,667 - 740,900 8,724,369	Ancillary Charges 118,019 3,269,156 228,797 1,870,806 307,006 908,880	396,772 3,738,482 - - - - - - - - - - - - - - - - - - -	Ancillary Charges 190.888 4,131,282 364,706 339,219 437,209 1,646,294	647,972 6,181,353 510,687 - 650,926 6,704,278	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 1,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379	\$ 2,197,955 \$ 19,172,590 \$ 1,079,165 \$ 7,618 \$ 1,964,074 \$ 20,642,023	5 0 5 8 4 3
ncillary 9200 5000 5100 5200 5300 5300 5400 5700 5800	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI	G):	0.111590 0.193499 0.213381 0.019922 0.201481 0.031357 0.073075	Ancillary Charges 178,510 3,334,755 216,069 1,556,478 273,400 972,808 1,724,687 268,070	586,287 3,571,953 320,967 407,142 3,588,039 3,015,627 1,061,370	Ancillary Charges 349,873 4,087,444 364,223 6,990,143 431,657 419,944 428,143 95,524	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848	Ancillary Charges 326,698 4,628,563 262,617 26,817 357,618 1,940,747 3,311,036 664,750	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550	Ancillary Charges 118,019 3,269,156 228,797 1,870,806 307,006 908,880 1,405,386 262,779	396,772 3,738,482 366,425 3,007,665 2,856,933 956,010	Ancillary Charges 190,898 4,131,282 364,706 339,219 437,209 1,646,294 3,096,226 682,233	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,098,650	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 1,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,869,252 \$ 1,291,123	\$ 2,197,955 \$ 19,172,590 \$ 1,079,166 \$ 7,616 \$ 7,616 \$ 20,642,023 \$ 15,685,677 \$ 5,090,776	5 0 5 8 4 3 9
9200 5000 5100 5200 5300 5400 5700 5800 5900	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION		0.111590 0.193499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576	Ancillary Charges 178,510 3,334,755 216,069 1,566,478 273,400 972,808 1,724,687 268,070 2,372,396	586,287 3,571,953 320,967 407,142 3,588,039 3,015,627 1,061,370 1,573,057	Ancillary Charges 349,873 4,087,444 364,223 6,990,143 431,657 419,944 428,143 95,524 365,668	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 484,503	Ancillary Charges 326,698 4,628,563 262,617 26,817 357,618 1,940,747 3,311,036 664,750 5,518,668	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,848,740	Ancillary Charges 118,019 3,269,156 228,797 1,870,806 307,006 9908,880 1,405,386 262,779 2,433,779	396,772 3,738,482 366,425 3,097,665 2,856,933 956,010 1,917,933	Ancillary Charges 190,898 4,131,282 364,706 339,219 437,209 1,646,294 3,096,228 682,233 4,273,683	647,972 6,181,353 510,687 	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 1,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,869,252 \$ 1,291,123 \$ 10,690,511	\$ 2,197,955 \$ 19,172,590 \$ 1,079,165 \$ 7,616 \$ 1,964,074 \$ 20,642,022 \$ 15,585,675 \$ 5,090,776 \$ 7,824,233	5 5 8 4 3 9 8 3
ancillary 9200 5000 5100 5200 5300 5400 5700 5800 5900 6000 6500	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN IMRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY		0.111590 0.193499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576 0.088679 0.088679	Anciliary Charges 178,510 3,334,755 216,069 1,566,478 273,400 972,808 1,724,887 268,070 2,372,396 6,840,763 2,888,655	566,287 3,571,953 320,967 407,142 3,588,039 3,015,627 1,061,370 1,573,057 7,409,640 320,815	Ancillary Charges 349,873 4,087,444 364,223 6,990,143 431,657 419,944 428,143 95,524 365,668 3,302,142 1,014,744	609.388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 484,503 10,811,189 176,437	Anciliary Charges 326,698 4,628,653 262,617 357,618 1,940,747 3,311,036 664,750 5,518,668 11,138,285 3,931,572	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,139,550 3,848,740 6,943,333 464,284	Ancillary Charges 118,019 3,269,156 228,797 1,870,806 307,006 908,880 1,405,386 262,779 2,433,779 5,409,916 2,135,310	396,772 3,738,482 366,425 2,856,933 956,010 1,917,933 4,995,559 184,358	Ancillary Charges 190,898 4,131,282 364,706 339,219 437,7209 1,646,294 3,096,226 682,233 4,273,883 10,443,678 2,377,505	647,972 6,181,353 510,687 6,704,278 10,515,223 1,098,650 3,126,234 14,848,248 302,271	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 10,71,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,869,252 \$ 1,291,123 \$ 10,690,511 \$ 26,691,106 \$ 9,768,481	\$ 2,197,958 \$ 19,172,599 \$ 1,079,166 \$ 7,616 \$ 1,964,077 \$ 20,642,022 \$ 15,585,677 \$ 5,090,777 \$ 7,824,232 \$ 30,159,727 \$ 1,145,894	5 0 5 8 4 3 9 8 3 1 4
Ancillary 19200 5000 5100 5200 5300 5400 5400 5800 5800 6000 6500 6600	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY		0.111590 0.193499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576 0.088679 0.084679 0.081498 0.360971	Ancillary Charges 178,510 3,334,755 216,069 4,556,478 272,808 1,724,887 268,070 2,372,396 6,840,763 2,868,685 532,646	566,287 3,571,953 320,967 407,142 3,588,039 3,015,627 1,061,370 1,573,057 7,409,640 320,815 190,278	Ancillary Charges 349,873 4,087,444 364,223 6,990,143 419,944 428,143 95,524 365,668 3,302,142 1,014,744 721,701	609.388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 448,503 10,811,189 176,437 608,572	Ancillary Charges 326,698 4,628,563 262,617 26,817 357,618 1,940,747 3,311,036 664,750 5,518,688 11,138,285 3,3931,572 840,337	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,848,740 6,943,333 464,284 803,830	Ancillary Charges 118.019 3,269,156 228,197 1,870,806 307,006 908,880 1,405,386 262,779 2,433,779 5,409,916 2,135,310 470,515	396,772 3,738,482 366,425 3,097,665 2,856,933 956,010 1,917,933 4,995,559 184,358 337,764	Ancillary Charges 190.998 4,131.282 364.706 339.219 1,646.294 3.096.226 682.233 4.273.683 10,443.678 2,377.505 2,070.506	647,972 6,181,353 510,687 10,515,223 10,515,223 1,098,650 3,126,234 14,848,248 302,271 790,033	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 1,071,706 \$ 1,0454,244 \$ 1,369,861 \$ 4,242,379 \$ 6,869,252 \$ 1,271,123 \$ 10,056,111 \$ 26,691,106 \$ 9,768,451,106 \$ 9,768,451,106	\$ 2,197,955 \$ 19,172,590 \$ 1,079,165 \$ 7,611 \$ 1,964,074 \$ 20,642,022 \$ 15,585,677 \$ 5,090,777 \$ 7,824,233 \$ 30,159,721 \$ 1,145,894 \$ 1,940,444 \$ 1,940,444	5 0 5 8 4 3 9 8 3 1 4 4
Ancillary 19200 5000 5100 5200 5300 5400 5400 5500 6000 6500 6600 6900	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN IMRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY		0.111590 0.193499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576 0.088679 0.088679	Anciliary Charges 178,510 3,334,755 216,069 1,566,478 273,400 972,808 1,724,887 268,070 2,372,396 6,840,763 2,888,655	566,287 3,571,953 320,967 407,142 3,588,039 3,015,627 1,061,370 1,573,057 7,409,640 320,815	Ancillary Charges 349,873 4,087,444 364,223 6,990,143 431,657 419,944 428,143 95,524 365,668 3,302,142 1,014,744	609.388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 484,503 10,811,189 176,437	Anciliary Charges 326,698 4,628,653 262,617 357,618 1,940,747 3,311,036 664,750 5,518,668 11,138,285 3,931,572	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,139,550 3,848,740 6,943,333 464,284	Ancillary Charges 118,019 3,269,156 228,797 1,870,806 307,006 908,880 1,405,386 262,779 2,433,779 5,409,916 2,135,310	396,772 3,738,482 366,425 2,856,933 956,010 1,917,933 4,995,559 184,358	Ancillary Charges 190,898 4,131,282 364,706 339,219 437,7209 1,646,294 3,096,226 682,233 4,273,883 10,443,678 2,377,505	647,972 6,181,353 510,687 6,704,278 10,515,223 1,098,650 3,126,234 14,848,248 302,271	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 10,71,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,869,252 \$ 1,291,123 \$ 10,690,511 \$ 26,691,106 \$ 9,768,481	\$ 2,197,958 \$ 19,172,599 \$ 1,079,166 \$ 7,616 \$ 1,964,077 \$ 20,642,022 \$ 15,585,677 \$ 5,090,777 \$ 7,824,232 \$ 30,159,727 \$ 1,145,894	5 0 5 8 4 3 9 8 3 1 4 4 0
ncillary 2200 5000 5100 5200 5300 5400 5700 5800 5900 6000 66000 6600 6600 6900 7100 7200	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT		0.111590 0.193499 0.21381 0.019922 0.201481 0.031357 0.074576 0.088679 0.084679 0.081492 0.283192 0.409202 0.510108	Ancillary Charges 178.510 3.334.755 2.16,069 1.566,478 2.73,400 9.72,808 1,724,087 2,808,057 2,808,055 3,2,646,055 3,2,646,055 3,2,646,055 3,2,646 3,1,216 1,625,824 4,76,604	586.287 3.571.953 320.967 - - - - - - - - - - - - -	Ancillary Charges 349.873 4.087.444 364.223 6.990.143 4.19.944 4.28,143 96.5628 3.302.142 1.014.744 721.701 188.001 1.141.281	609.388 3.158.025 449.831 7.618 449.601 5.231.950 3.973.860 877,846 484.503 10,811,89 176,437 608,552 931,070	Ancillary Charges 326.698 4, 428.563 262.617 266.817 357.618 1.940.747 3, 311.036 6, 644.750 5, 518.668 11,138.285 3, 331.672 840.337 31.262 2, 2, 656.661 1,165,703	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,165,550 3,348,740 6,643,333 4,64,284 803,830 167,382 1,183,801 2,023,256	Ancillary Charges 118.019 3.269,156 228,797 1.870,806 906,880 1.405,386 2.62,779 5.409,916 4.705,515 10,036 1.569,399 5.202,263	396,772 3,738,482 3,66,425 3,007,665 2,856,933 996,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 662.233 4.272.683 10.443.678 2.377.595 2.070.596 10.548 1.711.354 5.08.135	647.972 6.181.353 550.926 6.704.278 10.515.223 1.054.623 3.128.234 14.848.248 302.271 790.033 77.522 1.212.066 452.745	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 1,071,706 \$ 10,454,244 \$ 1,369,861 \$ 4,242,379 \$ 6,869,252 \$ 1,291,123 \$ 10,690,511 \$ 2,665,199 \$ 2,665,199 \$ 2,065,15 \$ 6,993,705 \$ 2,162,570	\$ 2,197,955 \$ 19,172,590 \$ 1,079,165 \$ 7,615 \$ 1,964,077 \$ 20,642,027 \$ 15,585,677 \$ 5,090,777 \$ 7,824,233 \$ 30,159,727 \$ 1,145,894 \$ 1,940,444 \$ 889,910 \$ 3,231,166 \$ 3,346,010 \$ 3,234,6010 \$ 3,234,5000 \$ 3,25500 \$ 3,25500 \$ 3,255000 \$ 3,255000 \$ 3,25500000000000000000000000000000000000	5 0 5 8 4 3 9 8 3 1 4 4 0 9 0
ncillary 2200 5000 5100 5200 5300 5400 5700 5800 5900 6000 66000 66000 66000 6900 7100 7200 7300	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT		0.111590 0.193499 0.213381 0.019922 0.201481 0.031357 0.074576 0.088679 0.084498 0.360971 0.263192 0.409202	Ancillary Charges 178,510) 3,334,755 216,069 1,566,478 272,400 972,808 1,724,887 288,070 2,372,396 6,840,763 2,686,855 532,646 31,216 1,625,824	586.287 3.571.963 320,967 407,142 3.568.039 3.015.627 1,061.370 1.573.057 7.409.640 320,815 190,278 87.852 531.893	Ancillary Charges 349,873 4,087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,524 365,524 3,302,142 1,014,744 721,701 188,001	009.388 3,158,025 449,531 7,518 449,607 5,231,950 3,973,880 877,848 484,503 10,811,189 10,811,189 176,437 608,572 568,156	Ancillary Charges 326,698 4,628,563 262,617 357,618 1,940,747 3,311,036 664,750 5,518,668 11,138,285 3,931,572 840,337 31,262 2,265,661	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,848,740 6,643,333 464,284 8003,830 167,382 4,183,801	Anciliary Charges 118.019 3.269.156 2.28.797 1.870.806 307.006 908.880 1.405.386 2.62.779 2.433.779 5.409.916 2.135.310 4.70.515 1.0.036 1.509.939	396.772 3,738.482 3,66.425 3,097.665 2,856.933 9956.010 1,917.933 4,995.593 184.359 3,37.764 66.520 584.405	Ancillary Charges 190,986 4,131,282 364,706 339,219 437,209 1,546,294 3,096,226 682,233 4,277,883 10,443,678 2,377,505 2,070,506 16,548 4,171,354	647.972 6.181.353 510,687 10,515,223 1,098,650 3,126,234 14,848,248 302,271 7,522 1,212,066	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 10,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,869,252 \$ 1,291,123 \$ 10,800,511 \$ 26,691,106 \$ 9,768,481 \$ 2,266,199 \$ 280,515 \$ 6,993,705 \$ 6,993,705	\$ 2,197,955 \$ 19,172,590 \$ 1,079,165 \$ 7,615 \$ 1,964,077 \$ 20,642,027 \$ 15,585,677 \$ 5,090,777 \$ 7,824,233 \$ 30,159,727 \$ 1,145,894 \$ 1,940,444 \$ 889,910 \$ 3,231,166 \$ 3,346,010 \$ 3,234,6010 \$ 3,234,5000 \$ 3,25500 \$ 3,25500 \$ 3,255000 \$ 3,255000 \$ 3,25500000000000000000000000000000000000	5 0 5 8 4 3 9 8 3 1 4 4 0 9 0 0
Incillary 200 5000 5100 5200 5300 5400 5700 5900 6600 6600 6600 7200 7300 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031557 0.0734576 0.088679 0.088679 0.088679 0.088679 0.088679 0.088679 0.088679 0.088679 0.263192 0.459202 0.510108 0.263978 0.202174 0.426418	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,348,740 6,644,284 603,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 10,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,680,252 \$ 1,291,123 \$ 10,680,511 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,655,199 \$ 2,565,199 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,19	\$ 1.97.958 \$ 1.917.259 \$ 1.071.61 \$ 7.071.61 \$ 1.964.07 \$ 1.964.07 \$ 1.964.07 \$ 1.585.67 \$ 1.585.67 \$ 7.824.23 \$ 0.159.72 \$ 1.463.84 \$ 899.91 \$ 3.231.61 \$ 3.4601.56 \$ 3.4691.56 \$ 2.44.162 \$ 2.44.162	505843983144090082
ncillary 2200 5000 5100 5200 5300 5400 5700 5900 6000 6600 6600 6600 6900 7100 7200 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION CARDIAC CATHETERIZATION CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS REVNAL DIALYSIS		0.111590 0.193499 0.21381 0.019922 0.201481 0.031357 0.074576 0.088679 0.084679 0.084691 0.263192 0.459020 0.510108 0.263976 0.263976	Ancillary Charges 178.510 3.334.755 2.16,069 1.566,478 2.73,400 0.972,806 1.724,887 2.866,070 2.372,368 6.640,763 2.866,855 5.32,646 3.1,216 4.1,825,824 4.76,604 3.895,712 2.23,536	586.287 3.571.953 320.967 407.142 3.568.039 3.015.627 1.061.370 1.573.057 7.409.640 320.815 190.278 87.852 633.1893 633.176 9.547.649	Ancillary Charges 349,873 4,087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3,302,142 1,014,744 721,701 168,001 1,141,281 2,974,799 2,974,799	603,388 3,158,025 449,531 7,618 449,607 5,231,950 8,73,880 8,73,880 10,811,189 176,437 608,752 568,156 931,070 5,128,637	Ancillary Charges 326.698 4.628.653 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840,337 31.262 2.656.661 1.165.703 5.60.4576	605,508 8,704,130 308,667 740,900 8,724,369 2,165,550 3,848,740 6,643,333 464,284 803,830 167,382 1,163,880 1,67,382 1,1016,547 3,8,160	Ancillary Charges Ancillary Charges 118.019 3.268,197 1.870,896 906,890 1.405,396 2.622,779 2.433,779 5.409,916 2.135,310 470,615 10,036 1.569,339 5.202,263 2.509,885 2.266,696	396,772 3,738,482 	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 662.233 4.273.683 10.443.678 2.377.505 10.5443.678 2.377.505 10.543.678 2.377.585 2.070.566 1.171.554 5.758.204	647.972 6.181.353 510,687 650,926 6,704.278 10,515.223 1,098,650 3,128,234 14,848,248 302,271 7,522 1,212,066 452,745 10,774,065	Ancillary Charges \$ 973.100 1 53.19.918 \$ 1071.706 \$ 1045.244 \$ 1360.861 \$ 4.242.379 \$ 6.869.262 \$ 1.231.231.231.23 \$ 1.2669.106 \$ 9.768.481 \$ 2.565.199 \$ 2.605.15 \$ 6.993.705 \$ 2.162.570 \$ 1.384.972 \$ 1.380.554	\$ 197.85 \$ 1,079.163 \$ 1,079.163 \$ 1,079.163 \$ 1,079.163 \$ 1,079.163 \$ 1,079.163 \$ 1,986.077 \$ 2,064.023 \$ 15,585.677 \$ 3,0159.727 \$ 7,824.233 \$ 3,0159.727 \$ 1,45.598 \$ 1,940.444 \$ 889.9161 \$ 3,231.164 \$ 3,243.164 \$ 3,243.164 \$ 3,449.011 \$ 3,449.615.864	5 0 5 8 4 3 9 8 3 1 4 4 0 9 0 0 8 2
ncillary 2200 5000 5100 5200 5300 5400 5700 5900 6000 6600 6600 6600 6900 7100 7200 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031557 0.0734576 0.088679 0.088679 0.088679 0.088679 0.088679 0.088679 0.088679 0.088679 0.263192 0.459202 0.510108 0.263978 0.202174 0.426418	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,348,740 6,644,284 603,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 10,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,680,252 \$ 1,291,123 \$ 10,680,511 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,655,199 \$ 2,565,199 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,19	\$ 1.97.958 \$ 1.917.259 \$ 1.071.61 \$ 7.071.61 \$ 1.964.07 \$ 1.964.07 \$ 1.964.07 \$ 1.585.67 \$ 1.585.67 \$ 7.824.23 \$ 0.159.72 \$ 1.463.84 \$ 899.91 \$ 3.231.61 \$ 3.4601.56 \$ 3.4691.56 \$ 2.44.162 \$ 2.44.162	5 0 5 8 4 3 9 8 3 1 4 4 0 9 0 0 8 2
ncillary 9200 5000 5100 5200 5300 5700 5700 5800 6000 6500 6600 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.134399 0.213381 0.019922 0.201481 0.031357 0.073975 0.073875 0.074576 0.088879 0.088879 0.088879 0.263192 0.409202 0.510160 0.263978 0.262174 0.426418 0.179910 	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,348,740 6,644,284 603,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 10,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,680,252 \$ 1,291,123 \$ 10,680,511 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,655,199 \$ 2,565,199 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,19	\$ 1.97.958 \$ 1.917.259 \$ 1.071.61 \$ 7.071.61 \$ 1.964.07 \$ 1.964.07 \$ 1.964.07 \$ 1.585.67 \$ 1.585.67 \$ 7.824.23 \$ 0.159.72 \$ 1.463.84 \$ 899.91 \$ 3.231.61 \$ 3.4601.56 \$ 3.4691.56 \$ 2.44.162 \$ 2.44.162	5 0 5 8 4 3 9 8 3 1 4 4 0 9 0 0 8 2
ncillary 2200 5000 5100 5200 5300 5400 5700 5900 6000 6600 6600 6600 6900 7100 7200 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031557 0.0734576 0.088679 0.088679 0.088679 0.088679 0.088679 0.088679 0.088679 0.088679 0.263192 0.459202 0.510108 0.263978 0.202174 0.426418	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,348,740 6,644,284 603,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 10,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,680,252 \$ 1,291,123 \$ 10,680,511 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,655,199 \$ 2,565,199 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,19	\$ 1.97.958 \$ 1.917.259 \$ 1.071.61 \$ 7.071.61 \$ 1.964.07 \$ 1.964.07 \$ 1.964.07 \$ 1.585.67 \$ 1.585.67 \$ 7.824.23 \$ 0.159.72 \$ 1.463.84 \$ 899.91 \$ 3.231.61 \$ 3.4601.56 \$ 3.4691.56 \$ 2.44.162 \$ 2.44.162	5 0 5 8 4 3 9 8 3 1 4 4 0 9 0 0 8 2
ncillary 9200 5000 5100 5200 5300 5700 5700 5800 6000 6500 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576 0.088679 0.081498 0.360971 0.263192 0.409202 0.510108 0.263978 0.222174 0.422418 0.179910 -	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,348,740 6,644,284 603,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 10,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,680,252 \$ 1,291,123 \$ 10,680,511 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,565,199 \$ 2,655,199 \$ 2,565,199 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,195 \$ 3,565,19	\$ 1.97.958 \$ 1.917.259 \$ 1.071.61 \$ 7.071.61 \$ 1.964.07 \$ 1.964.07 \$ 1.964.07 \$ 1.585.67 \$ 1.585.67 \$ 7.824.23 \$ 0.159.72 \$ 1.463.84 \$ 899.91 \$ 3.231.61 \$ 3.4601.56 \$ 3.4691.56 \$ 2.44.162 \$ 2.44.162	505843983144090082
ncillary 9200 5000 5100 5200 5300 5700 5700 5800 6000 6000 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.1111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.073075 0.088879 0.088879 0.081498 0.263192 0.409202 0.510168 0.263078 0.262174 0.428418 0.179910 	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,348,740 6,644,284 603,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 11,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,869,252 \$ 1,291,123 \$ 10,680,512 \$ 1,262,570 \$ 2,665,199 \$ 2,565,199 \$ 2,565,199 \$ 2,655,199 \$ 2,162,570 \$ 1,350,554 \$ 1,56,785 \$ 4,153,623 \$ 1,576,785 \$ 4,153,623 \$ 1,577,757 \$ 3,577,757 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,584,972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,588,4972 \$ 1,578,597 \$ 1,578,4972 \$ 1,57	\$ 1.97.958 \$ 1.917.259 \$ 1.071.61 \$ 7.071.61 \$ 1.964.07 \$ 1.964.07 \$ 1.964.07 \$ 1.585.67 \$ 1.585.67 \$ 7.824.23 \$ 0.159.72 \$ 1.463.84 \$ 899.91 \$ 3.231.61 \$ 3.4601.56 \$ 3.4691.56 \$ 2.44.162 \$ 2.44.162	505843983144090082
ncillary 9200 5000 5100 5200 5300 5700 5700 5800 6000 6000 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576 0.088679 0.081498 0.360971 0.263192 0.409202 0.510108 0.263978 0.222174 0.422418 0.179910 -	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,348,740 6,644,284 603,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 11,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,869,252 \$ 1,291,123 \$ 10,680,512 \$ 1,262,570 \$ 2,665,199 \$ 2,565,199 \$ 2,565,199 \$ 2,655,199 \$ 2,162,570 \$ 1,350,554 \$ 1,56,785 \$ 4,153,623 \$ 1,576,785 \$ 4,153,623 \$ 1,577,757 \$ 3,577,757 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,584,972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,578,4972 \$ 1,588,4972 \$ 1,578,597 \$ 1,578,4972 \$ 1,57	\$ 1.97.958 \$ 1.917.259 \$ 1.071.61 \$ 7.071.61 \$ 1.964.07 \$ 1.964.07 \$ 1.964.07 \$ 1.585.67 \$ 1.585.67 \$ 7.824.23 \$ 0.159.72 \$ 1.463.84 \$ 899.91 \$ 3.231.61 \$ 3.4601.56 \$ 3.4691.56 \$ 2.44.162 \$ 2.44.162	5 0 5 8 4 3 9 8 3 1 4 4 0 9 0 0 8 2
ncillary 9200 5000 5100 5200 5300 5700 5700 5800 6000 6000 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576 0.088679 0.081498 0.360971 0.263192 0.409202 0.510108 0.263978 0.222174 0.426418 0.179910 - - - - - - - - - - - - -	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,348,740 6,644,284 603,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges § 973,100 15,319,918 § 10,071,706 § 10,454,244 § 1,369,681 § 4,242,379 § 6,869,252 § 1,291,123 § 10,690,511 § 2,656,199 § 2,265,199 § 2,265,199 § 2,265,199 § 2,656,199 § 2,265,199 § 2,656,199 § 3,656,199 § 4,153,623 § 5,657 § 5,758 § 5,758	\$ 1.97.958 \$ 1.917.2597 \$ 1.071.616 \$ 7.071.616 \$ 1.964.077 \$ 2.0642.025 \$ 1.585.677 \$ 7.824.233 \$ 0.165.727 \$ 1.940.444 \$ 889.911 \$ 3.243.6161 \$ 3.466.015 \$ 3.4691.586 \$ 4.941.865 \$ 4.941.865	505843983144090082
ncillary 9200 5000 5100 5200 5300 5700 5700 5800 6000 6000 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.1111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.073075 0.073075 0.088879 0.088498 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.360971 0.283192 0.283	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,348,740 6,644,284 603,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges \$ 973,100 \$ 15,319,918 \$ 11,071,706 \$ 10,454,244 \$ 1,369,681 \$ 4,242,379 \$ 6,869,252 \$ 1,291,123 \$ 10,680,512 \$ 1,262,570 \$ 2,665,199 \$ 2,565,199 \$ 2,665,199 \$ 2,665,199 \$ 2,665,199 \$ 2,665,199 \$ 2,162,570 \$ 1,350,554 \$ 1,56,785 \$ 4,153,623 \$ 1,576,785 \$ 4,153,623 \$ 1,577,785 \$ 4,153,623 \$ 1,578,578 \$ 5,775 \$ 4,155,6785 \$ 4,155,6785 \$ 4,155,6785 \$ 4,155,6785 \$ 4,155,6785 \$ 4,155,6785 \$ 4,155,6785 \$ 5,757 \$ 5,7577 \$ 5,7577 \$ 5,7577 \$ 5,75777 \$ 5,75777 \$ 5,757777777777777777777777777777777777	\$ 1.97.958 \$ 1.917.2597 \$ 1.071.616 \$ 7.071.616 \$ 1.964.077 \$ 2.0642.025 \$ 1.585.677 \$ 7.824.233 \$ 0.165.727 \$ 1.940.444 \$ 889.911 \$ 3.243.6161 \$ 3.466.015 \$ 3.4691.586 \$ 4.941.865 \$ 4.941.865	505843983144090082
ncillary 9200 5000 5100 5200 5300 5700 5700 5800 6000 6000 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576 0.088679 0.081498 0.360971 0.263192 0.409202 0.510108 0.263978 0.222174 0.426418 0.179910 - - - - - - - - - - - - -	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,848,740 6,943,333 464,284 803,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges § 973,100 15,319,918 § 10,071,706 § 10,454,244 § 1,369,681 § 4,242,379 § 6,869,252 § 1,291,123 § 10,690,511 § 2,656,199 § 2,265,199 § 2,265,199 § 2,265,199 § 2,656,199 § 2,265,199 § 2,656,199 § 3,656,199 § 4,153,623 § 5,657 § 5,758 § 5,758	\$ 1.97.958 \$ 1.917.2597 \$ 1.071.616 \$ 7.071.616 \$ 1.964.077 \$ 2.0642.025 \$ 1.585.677 \$ 7.824.233 \$ 0.165.727 \$ 1.940.444 \$ 889.911 \$ 3.243.6161 \$ 3.466.015 \$ 3.4691.586 \$ 4.941.865 \$ 4.941.865	5 0 5 8 4 3 9 8 3 1 4 4 0 9 0 0 8 2
ncillary 9200 5000 5100 5200 5300 5700 5700 5800 6000 6500 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576 0.088679 0.081498 0.360971 0.263192 0.409202 0.510108 0.263978 0.202174 0.426418 0.179910 	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,848,740 6,943,333 464,284 803,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges § 973,100 15,319,918 § 10,071,706 § 10,454,244 § 1,369,681 § 4,242,379 § 6,869,252 § 1,291,123 § 10,690,511 § 2,656,199 § 2,265,199 § 2,265,199 § 2,265,199 § 2,656,199 § 2,265,199 § 2,656,199 § 3,656,199 § 4,153,623 § 5,657 § 5,758 § 5,758	\$ 1.97.958 \$ 1.917.2597 \$ 1.071.616 \$ 7.071.616 \$ 1.964.077 \$ 2.0642.025 \$ 1.585.677 \$ 7.824.233 \$ 0.165.727 \$ 1.940.444 \$ 889.911 \$ 3.243.6161 \$ 3.466.015 \$ 3.4691.586 \$ 4.941.865 \$ 4.941.865	505843983144090082
Ancillary 19200 5000 5100 5200 5300 5400 5700 5800 5900 6000 6500 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.1111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.073075 0.073676 0.088879 0.081498 0.360971 0.263192 0.510108 0.263192 0.510108 0.263192 0.409202 0.510108 0.263192 0.409202 0.510108 0.263192 0.263	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,848,740 6,943,333 464,284 803,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges § 973,100 15,319,918 § 10,071,706 § 10,454,244 § 1,369,681 § 4,242,379 § 6,869,252 § 1,291,123 § 10,690,511 § 2,656,199 § 2,265,199 § 2,265,199 § 2,265,199 § 2,656,199 § 2,265,199 § 2,656,199 § 3,656,199 § 4,153,623 § 5,657 § 5,758 § 5,758	\$ 1.97.958 \$ 1.917.2597 \$ 1.071.616 \$ 7.071.616 \$ 1.964.077 \$ 2.0642.025 \$ 1.585.677 \$ 7.824.233 \$ 0.165.727 \$ 1.940.444 \$ 889.911 \$ 3.243.6161 \$ 3.466.015 \$ 3.4691.586 \$ 4.941.865 \$ 4.941.865	505843983144090082
ncillary 9200 5000 5100 5200 5300 5700 5700 5800 6000 6500 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.073075 0.074576 0.088679 0.081498 0.360971 0.263192 0.409202 0.510108 0.263978 0.202174 0.426418 0.179910 	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,848,740 6,943,333 464,284 803,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges § 973,100 15,319,918 § 10,071,706 § 10,454,244 § 1,369,681 § 4,242,379 § 6,869,252 § 1,291,123 § 10,690,511 § 2,656,199 § 2,265,199 § 2,265,199 § 2,265,199 § 2,656,199 § 2,265,199 § 2,656,199 § 3,656,199 § 4,153,623 § 5,657 § 5,758 § 5,758	\$ 1.97.958 \$ 1.917.2597 \$ 1.071.616 \$ 7.071.616 \$ 1.964.077 \$ 2.0642.025 \$ 1.585.677 \$ 7.824.233 \$ 0.165.727 \$ 1.940.444 \$ 889.911 \$ 3.243.6161 \$ 3.466.015 \$ 3.4691.586 \$ 4.941.865 \$ 4.941.865	505843983144090082
Ancillary)9200 5000 5100 5200 5400 5400 5700 5800 6000 6500 6600 6600 6900 7100 7200 7300 7400 9000	Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MUSC ALMAGED TO PATIENTS RENAL DIALYSIS CLINIC		0.111590 0.133499 0.213381 0.019922 0.201481 0.031357 0.031357 0.031357 0.031357 0.031357 0.088679 0.081498 0.360971 0.263192 0.409202 0.510108 0.263378 0.262174 0.428418 0.179910 	Ancillary Charges 178.510 3.334.755 2.16.009 1.566.478 2.73.400 9.72.808 1.1724.887 2.268.070 2.372.396 6.840.763 2.2686.855 5.532.646 3.1216 1.625.824 4.76.604 3.855.712 2.29.536 3.6,935	586,287 3,571,953 320,967 407,142 3,588,039 3,016,627 1,061,370 1,573,057 7,409,640 320,815 190,278 87,852 531,893 639,176 9,547,649 30,654	Anciliary Charges 349,873 4087,444 364,223 6,990,143 431,857 419,944 428,143 95,524 365,668 3302,142 1014,744 721,701 188,001 1,141,281 -2,374,799 -99,350	609,388 3,158,025 449,531 7,618 449,607 5,231,950 3,973,880 877,848 464,503 10,811,189 176,437 608,572 568,156 931,070 5,128,637 64,297	Ancillary Charges 326.698 4.628.663 262.617 262.617 357.618 1.940,747 3.311.036 664.750 5.518.668 11.138.285 3.3931.572 840.337 31.262 2.656.661 1.165.703 5.604.576 844.322	605,508 8,704,130 308,667 740,900 8,724,369 5,739,239 2,195,550 3,848,740 6,943,333 464,284 803,830 167,382 1,183,801 2,023,256 17,016,547 38,160 4,412	Anciliary Charges Anciliary Charges 118.019 3.268,158 228,797 1.870.806 307.006 908.880 1.405.386 262.779 2.433,779 2.433,779 2.433,779 5.409.916 2.135,310 470.515 10.036 1.559.339 2.500,285 2.266.696 2.0500	396,772 3,738,482 3,078,665 3,097,665 2,856,010 1,917,933 4,995,559 184,358 337,764 66,520 584,405 683,578 3,268,447 28,288,447 28,288,447	Ancillary Charges 190.898 4.131.282 364.706 339.219 1.646.294 3.096.226 682.233 4.273.883 10.443.678 2.377.505 2.070.506 16.548 1.71.354 5.758.204 2.91.281	647,972 6,181,353 510,687 650,926 6,704,278 10,515,223 1,096,650 3,126,234 14,848,248 302,271 779,033 77,522 1,212,066 452,745 10,774,065 14,477,300	Ancillary Charges § 973,100 15,319,918 § 10,071,706 § 10,454,244 § 1,369,681 § 4,242,379 § 6,869,252 § 1,291,123 § 10,690,511 § 2,656,199 § 2,265,199 § 2,265,199 § 2,265,199 § 2,656,199 § 2,265,199 § 2,656,199 § 3,656,199 § 4,153,623 § 5,657 § 5,758 § 5,758	\$ 1.97.958 \$ 1.917.2597 \$ 1.071.616 \$ 7.071.616 \$ 1.964.077 \$ 2.0642.025 \$ 1.585.677 \$ 7.824.233 \$ 0.165.727 \$ 1.940.444 \$ 889.911 \$ 3.243.6161 \$ 3.466.015 \$ 3.4691.586 \$ 4.941.865 \$ 4.941.865	505843983144090082

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

Cost Report Year (10/01/2020-09/30/2021) HAMILTON 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						•
63						\$ - \$ -
64 <u>-</u> 65 -						\$ - \$ -
65						<u>\$ - \$ -</u>
66						\$ - \$ -
67						\$ - \$ -
68 69						\$ - \$ -
69						\$ - \$ -
70 -						\$ - \$ -
71 -						\$ - \$ -
72 .						\$ - \$ -
73						\$ - \$ -
						\$ - \$ -
						\$ - \$ -
						s - s -
						\$ - \$ -
						\$ - \$ -
-						\$ - \$ -
						\$ - \$ -
0 <u>-</u> .1						\$ - \$ -
2 -						5 - 5 - 5 - 5 -
33						<u> </u>
-						
						<u>\$</u> - <u></u> <u>\$</u> -
33 - 44 - 55 - 66 - 77 -						<u>\$</u> - <u></u> \$-
7						\$ - \$ -
8 -						\$ - \$ -
9						\$ - \$ -
0 -						\$ - \$ -
1 .						\$ - \$ -
2						\$ - \$ -
3 -						\$ - \$ -
						\$ - \$ -
						\$ - \$ -
5						\$ - \$ -
-						\$ - \$ -
8						\$ - \$ -
9						\$ - \$ -
00						
						<u>\$</u>
01						<u>\$ -</u> <u>\$ -</u> \$ - <u>\$</u> -
						<u>\$ - \$ -</u>
						\$ - \$ -
						<u>\$ - </u> \$ -
						\$ - \$ -
						\$ - \$ -
						\$ - \$ -
						\$ - \$ -
10						\$ - \$ -
1						\$ - \$ -
2 -						\$ - \$ -
3 -						\$ - \$ -
						\$ - \$ -
14						\$ - \$ -
6 -						\$ - \$ -
7						\$ - \$ -
8 -						\$ - \$ -
9						5 - 5 -
						5 - 5 -
						<u>s</u> - <u>s</u> -
						<u>s - s -</u>
23						<u>s - s -</u>
						\$ - \$ -
						\$ - \$ -
26						\$ - \$ -
27						\$ - \$ -
	\$ 28,283,150 \$ 36,420,416	\$ 23,234,201 \$ 44,485,569	\$ 45,253,370 \$ 64,128,534	\$ 24,998,703 \$ 26,552,125	\$ 40,189,322 \$ 76,157,304	

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

Cost Report Year (10/01/2020-09/30/2021) HAMILTON MEDICAL CENTER

	Totals / Payments		In-State Medicaid FFS Primary			In-State Medicaid Managed Care Primary			In-State Medicare FFS Cross-Overs (with Medicaid Secondary)			l	In-State Other Medicaid Eligibles (Not Included Elsewhere)			Uninsured			Total In-State	Medicaid	%		
	Totals / Payments																						
128	Total Charges (includes organ acquisition from Section J)	\$	36,792,733	\$	36,420,416	\$	36,088,552	\$	44,485,569	\$	53,807,145	\$	64,128,534	\$	31,113,237 \$	26,552,12		49,431,270 grees to Exhibit A)	\$ 76,157,304 (Agrees to Exhibit A)	\$	157,801,667 \$	171,586,644	36.36%
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$	36,792,733	\$	36,420,416	\$	36,088,552	\$	44,485,569	\$	53,807,145	\$	64,128,534	\$	31,113,237 \$	26,552,12	5 \$	49,431,270	\$ 76,157,304	I			
131	Total Calculated Cost (includes organ acquisition from Section J)	\$	8,979,178	\$	6,268,676	\$	11,922,697	\$	7,115,039	\$	12,069,709	\$	11,576,005	\$	7,394,418 \$	4,195,6	3 \$	11,132,071	\$ 11,662,680	\$	40,366,002 \$	29,155,353	38.29%
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 Alloved Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Torso-Over Bad Detb Payments Other Medicare Cross-Over Payments (See Note D) Payment from Hospital Unisnerved During Cost Report Year (Cash Basis)	\$ \$ \$ \$ \$ \$	5,864,733 	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4,267,104 - - 4,267,104 - -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- 6,935,954 - - 6,935,954 - -	\$ \$ \$ \$ \$ \$	- 5,151,488 - - 5,151,488 - - -	\$ \$ \$ \$ \$ \$	277,784 - - - - 8,612,044 - 255,031	\$ \$ \$ \$ \$	688.707 - 75 - 7,322,382 - 288,634	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	327,420 \$ - \$ 7,077,284 \$ - \$ - \$ - \$ - \$ - \$ - \$	290,0:	- 9	rees to Exhibit B and B-11) 234,386	(Agrees to Exhibit B and B-1) \$ 612.369	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6,469,937 \$ 6,935,954 \$ 7,077,284 \$ - \$ 8,612,044 \$ 255,031 \$	5,245,867 5,151,488 3,933,084 7,322,382 288,634	
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from	Section	E)														\$	-	\$ -	I			
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$	3,114,445 65%	\$	2,001,572 68%	\$	4,986,743 58%	\$	1,963,551 72%	\$	2,924,850 76%	\$	3,276,207 72%	\$	(10,286) 100%	(27,4)		10,897,685 2%	\$ 11,050,311 5%	\$	11,015,752 \$ 73%	7,213,898 75%	
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 8	& 6)				18,610 22%												

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey). Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey. Note D - Should include other Medicare cross-voer payments not include claims that part and one. This includes aparments paid based on the Medicare corst-port settlement (e.g., Medicare Graduate Medical Education payments). Note E - Medicaid Managed Care payments should include dif Medicare cost perforted above. This includes payments paid based on the Medicare cost-server. Note E - Medicaid Managed Care payments should include dif Medicare cost-ported above.

I. Out-of-State Medicaid Data:												
Cost Report Year (10/01/2020-09/30/2021)	HAMILTON MEDICA	AL CENTER										
					o			550.0				
			Out-of-State Med	licaid FFS Primary		icaid Managed Care mary		are FFS Cross-Overs id Secondary)		/ledicaid Eligibles (Not Elsewhere)	Total Out-Of-	State Medicaid
Line # Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient			Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
	From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)							
Routine Cost Centers (list below):			Days		Days		Days		Days		Days	
03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	\$ 1,114.87 \$ 1,770.23		67						11		78	
03200 CORONARY CARE UNIT	\$ 1,770.23		23								- 23	
03300 BURN INTENSIVE CARE UNIT	\$ -										-	
03400 SURGICAL INTENSIVE CARE UNIT	\$ 1,919.88										-	
03500 OTHER SPECIAL CARE UNIT 04000 SUBPROVIDER I	\$ - \$ -											
04100 SUBPROVIDER II	\$ -										-	
04200 OTHER SUBPROVIDER	\$ -										-	
04300 NURSERY 3201 NEONATAL INTENSIVE CARE UNIT	\$ 1,025.80 \$ 2,367.38											
SECTIVE ON AT ALL INTERVICE OAKE ON IT	\$ -										-	
	\$ -										-	
	\$ - \$ -										-	
	\$ - \$ -											
	\$ -										-	
		Total Days	90		-		-		11		101	
Total Days per PS&R or Exhibit Detail			90						11			
	ays (Explain Variance)		90									
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5 // 0/		Routine Charges		Routine Charges		Routine Charges		5 // 01	
Routine Charges			Routine Charges		Routine Charges		Routine Charges		S 17.215		Routine Charges \$ 209.023	
Calculated Routine Charge Per Diem			\$ 2,131.20		\$-		\$-		\$ 1,565.00		\$ 2,069.53	
Ancillary Cost Centers (from W/S C) (list belo	ow).		Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges					
09200 Observation (Non-Distinct)	u ,.	0.509651	445	2,254	, themaly enargee	/ diolinal y onalgoo	/ literial goo	/ litelinary enargee	840	-	\$ 1,285	\$ 2,254
5000 OPERATING ROOM		0.111590	20,755	60,508					28,017	7,416	\$ 48,772	\$ 67,924
5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM		0.193499 0.213381	3,101 7,807	9,671				<u> </u>	3,987	2,330	\$ 7,088 \$ 7,807	\$ 12,001
5300 ANESTHESIOLOGY		0.019922	2,880	7,617					3,472	1,279	\$ 6,352	\$ 8,896
5400 RADIOLOGY-DIAGNOSTIC		0.201481	21,265	64,785					5,029	8,455	\$ 26,294	\$ 73,240
5700 CT SCAN 5800 MRI		0.031357 0.073075	39,308 7,433	99,305					-	63,513	\$ 39,308 \$ 7,433	\$ 162,818
5900 CARDIAC CATHETERIZATION		0.073075	34,255	- 17,750					- 3,560	- 2,261	\$ 7,433 \$ 37,815	\$ 20,011
6000 LABORATORY		0.088679	140,867	197,280					45,415	13,450	\$ 186,282	\$ 210,730
6500 RESPIRATORY THERAPY		0.081498	493	4,346					-	518	\$ 493	\$ 4,864
6600 PHYSICAL THERAPY 6900 ELECTROCARDIOLOGY		0.360971 0.263192	1,952	1,282				<u> </u>	7,786	-	\$ 9,738	\$ 1,282 \$
7100 MEDICAL SUPPLIES CHARGED TO PAT	TIENT	0.409202	8,543	20,796					8,149	931	\$ 16,692	\$ 21,727
7200 IMPL. DEV. CHARGED TO PATIENTS		0.510108	6,000	9,105					10,315	85	\$ 16,315	\$ 9,190
7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS		0.263978	56,886	67,918					8,532	7,250	\$ 65,418	\$ 75,168
9000 CLINIC		0.202174 0.426418	- 160	- 14,280						- 788	\$ - \$ 160	\$ 15,068
9100 EMERGENCY		0.179910	24,899	288,982					5,080	46,842	\$ 29,979	\$ 335,824
		-									\$-	\$ -
		-						<u> </u>			\$ - \$ -	\$ - ¢
├ ── 		-							<u> </u>		\$ -	\$ -
		-									\$-	\$ -
		-									\$ -	\$ -

1

18 19 20

21 21.01

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2020-09/30/2021) HAMILTON 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
-					\$ - \$ -
-					s - s -
					\$ - \$ -
					\$ - \$ -
· · ·					\$ - \$ -
					\$ - \$ -
					\$-\$-
					s - s -
					<u>\$</u> - <u></u> \$- \$-
					\$ - \$ -
					\$ - \$ -
· ·					\$ - \$ -
· ·					\$ - \$ -
-					\$ - \$ -
					\$ - \$ -
-					\$ - \$ -
-					\$ - \$ -
					\$ - \$ -
					\$ - \$ -
· · ·					\$ - \$ -
					\$ - \$ -
					\$ - \$ -
					s - s -
					s - s - s - s -
					\$ - \$ -
					\$ - \$ -
-					\$ - \$ -
-					\$ - \$ -
					\$ - \$ -
					\$ - \$ -
-					\$ - \$ -
					\$ - \$ -
					\$ - \$ -
					\$ - \$ -
· · · ·					\$ - \$ -
					\$ - \$ -
					\$-\$-
					s - s -
					s - s -
					\$ - \$ -
					\$ - \$ -
					\$ - \$ -
					\$ - \$ -
					\$ - \$ -
· ·					\$ - \$ -
· ·					\$ - \$ -
-					\$ - \$ -
· · ·					\$ - \$ -
					\$ - \$ -
					\$ - \$ -
					s - s -
, <u> </u>					s - s -
					s - s -
					s - s - s - s -
					\$ - \$ -
5 <u> </u>					\$ - \$ -
7					\$ - \$ -
3					\$ - \$ -
-					\$ - \$ -

109

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2020-09/30/2021) HAMILTON MEDICAL CENTER

				Out-of-State Med	Out-of-State Medicaid FFS Primary		caid Managed Care nary	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other M Included I	/ledicaid Eligibles (Not Elsewhere)	Total Out-Of-State Medicaid		
110			-									\$	- \$	
111			-									\$	- \$	
112			-									\$	- \$	
113			-									\$	- \$	
114			-									\$	- \$	
115												\$	- \$	
116			-									\$	- \$	
117												\$	- \$	
118												\$	- \$	
119			-									\$	- \$	
120												\$	- \$	
121			-									\$	- \$	
122			-									\$	- \$	
123			-									\$	- \$	
124												\$	- \$	
125			-									\$	- \$	
126			-									\$	- \$	
127			-									\$	- \$	
	Totals / Payments			\$ 377,049	\$ 865,879	\$-	\$ -	\$-	\$ -	\$ 130,182	\$ 155,118			
128	То	tal Charges (includes organ acquisition	n from Section K)	\$ 568,857	\$ 865,879	\$-	\$-	\$-	\$-	\$ 147,397	\$ 155,118	\$ 71	6,254 \$ 1,020,997	

128	Total Charges (includes organ acquisition from Section K)	\$ 568,857	\$ 865,879	\$-	\$ -		-	\$ -	\$ 147,397	\$ 155,118	\$	716,254	\$ 1,020,997
129	Total Charges per PS&R or Exhibit Detail	\$ 568,857	\$ 865,879	\$-	\$ -	1	β -	\$-	\$ 147,397	\$ 155,118			
130	Unreconciled Charges (Explain Variance)	 -	 -		-		-		 -		-		
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 168,250	\$ 134,889	\$-	\$-	5	ş -	\$-	\$ 36,538	\$ 17,504	\$	204,788	\$ 152,393
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 79,551	\$ 34,021			٦Г			\$ -	\$ 256	\$	79,551	\$ 34,277
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ 	\$ -			1 C			\$ -	\$	\$	-	\$ -
134	Private Insurance (including primary and third party liability)	\$ -	\$ -			1Г			\$ 	\$ 28,014	\$	-	\$ 28,014
135	Self-Pay (including Co-Pay and Spend-Down)	\$ 	\$ -			1 C			\$ -	\$	\$	-	\$ -
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 79,551	\$ 34,021	\$-	\$-	1							
137	Medicaid Cost Settlement Payments (See Note B)	\$ -	\$ -			-					\$	-	\$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ 	\$ -			1					\$	-	\$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					- г			\$ -	\$	\$	-	\$ -
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)					- Г			\$ 11,188	\$ 3,421	\$	11,188	\$ 3,421
141	Medicare Cross-Over Bad Debt Payments					Г			\$ -	\$ ·	\$	-	\$ -
142	Other Medicare Cross-Over Payments (See Note D)								\$ -	\$	\$	-	\$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 88,699	\$ 100,868	\$-	\$-	5	- í	\$ -	\$ 25,350	\$ (14,187		114,049	\$ 86,681
144	Calculated Payments as a Percentage of Cost	47%	25%	0%	0%	,	0%	0%	31%	1819	6	44%	43%

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

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

Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.

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

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

Version 8.10

J. Transplant Facilities Only: Organ Acquisition Cost In-State Medicaid and Uninsured

Cost Report Year (10/01/2020-09/30/2021) HAMILTON MEDICAL CENTER

		Total			Revenue for	Total	In-State Medic	aid FFS Primary	In-State Medicaid M	Managed Care Primary		FS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	sured
		Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	100 w Tatal Cast	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt: III, Col. 1, Ln 66 (substitute Medicair (Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
Organ Acquisit	tion Cost Centers (list below):															
Lung Acqui	uisition	\$0.00	s -	\$ -		0										
Kidney Acq	quisition	\$0.00	s -	\$ -		0										
Liver Acqui	uisition	\$0.00	s -	\$ -		0										
Heart Acqu	uisition	\$0.00	s -	\$-		0										
Pancreas A	Acquisition	\$0.00	s -	\$ -		0										
Intestinal A	Acquisition	\$0.00	s -	\$ -		0										
Islet Acquis	isition	\$0.00	s -	\$-		0										
		\$0.00	s -	\$ -		0										
	Totals	\$ -	ş -	\$-	\$ -	-	ş -	-	ş -	-	ş -	-	\$ -	-	\$ -	-
Note A - These amo	Total Cost punts must agree to your inpatier	and outpatient M	edicald naid claims	summary if availabl	(if not use hosnital's lo	ins and submit w	ith survey)									

transplanted into such patients.

K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid

Cost Report Year (10/01/2020-09/30/2021) HAMILTON MEDICAL CENTER

q 10

		Total Organ Additional Add-In Total Adjusted Intern/Resident Organ Acquisition Cost Cost		Revenue for Medicaid/ Cross- Over / Uninsured Organs Sold	Total Useable Organs (Count)	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)		
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Facto on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)			
(Organ Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$-	s -	\$ -	\$-	0								
12	Kidney Acquisition	\$-	\$ -	\$ -	\$-	0								
13	Liver Acquisition	\$-	s -	\$ -	\$-	0								
14	Heart Acquisition	\$-	s -	\$ -	\$-	0								
15	Pancreas Acquisition	\$ -	s -	\$ -	\$ -	0								
16	Intestinal Acquisition	\$-	s -	\$-	\$-	0								
17	Islet Acquisition	\$-	s -	\$ -	\$-	0								
18		\$ -	\$ -	\$ -	\$-	0								
19	Totals	\$-	ş -	\$-	\$-		\$ -		ş -		ş -		ş -	
20	Total Cost A - These amounts must agree to your inpatier]						-		-		-		

e (if not, use hospital's logs a Note A - These amounts must agree to your inpatient and outpatient medicaid paid claims summary, if availab Note B: Enter Organ Acquisition Payments in Section I as part of your Out-of-State Medicaid total payments.

L. Provider Tax Assessment Reconciliation / Adjustment

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

Cost Report Year	(10/01/2020-09/30/2021)	

HAMILTON MEDICAL CENTER

/orksheet A P	rovider Tax Assessment R	econciliation:		
			Dollar Amount	W/S A Cost Center Line
1 Hosp	ital Gross Provider Tax Assess	nent (from general ledger)*	\$ 3,366,128	
		and Account # that includes Gross Provider Tax Assessment	Expense	55000-560100 (WTB Account #)
		nent Included in Expense on the Cost Report (W/S A, Col. 2)		5.01 (Where is the cost included on w/s A?)
3 Differ	ence (Explain Here>)		\$ 3,366,128	
Provi	ider Tax Assessment Reclass	ifications (from w/s A-6 of the Medicare cost report)		
4	Reclassification Code			(Reclassified to / (from))
5	Reclassification Code			(Reclassified to / (from))
6	Reclassification Code			(Reclassified to / (from))
7	Reclassification Code			(Reclassified to / (from))
DSH	UCC ALLOWABLE - Provider	Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
8	Reason for adjustment			(Adjusted to / (from))
9	Reason for adjustment			(Adjusted to / (from))
10	Reason for adjustment			(Adjusted to / (from))
11	Reason for adjustment			(Adjusted to / (from))
DSH	UCC NON-ALLOWABLE Prov	ider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report	t)	
12	Reason for adjustment			
13	Reason for adjustment			
14	Reason for adjustment			
15	Reason for adjustment			
16 Total	Net Provider Tax Assessment	Expense Included in the Cost Report	\$-	
SH UCC Prov	ider Tax Assessment Adju	stment:		
	·····,			
17 Gross	s Allowable Assessment Not Inc	luded in the Cost Report	\$ 3,366,128	
Appo	ortionment of Provider Tax As	sessment Adjustment to Medicaid & Uninsured:		
18	Medicaid Hospital	Charges Sec. G	331,125,562	
19	Uninsured Hospital	Charges Sec. G	125,588,574	
20	Total Hospital	Charges Sec. G	1,256,218,484	
21	Percentage of Provider	Fax Assessment Adjustment to include in DSH Medicaid UCC	26.36%	
22		Fax Assessment Adjustment to include in DSH Uninsured UCC	10.00%	
23		ssessment Adjustment to DSH UCC	\$ 887,275	
24		Assessment Adjustment to DSH UCC	\$ 336,524	
25 Provi	der Tax Assessment Adjustmer		\$ 1,223,799	

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

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