DSH Version 8.11 2/10/2023 **D. General Cost Report Year Information** 10/1/2021 9/30/2022 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: 10/1/2021 through 9/30/2022 2. Select Cost Report Year Covered by this Survey (enter "X"): Х 3. Status of Cost Report Used for this Survey (Should be audited if available): 1 - As Submitted 3a. Date CMS processed the HCRIS file into the HCRIS database: 3/1/2023 Correct? If Incorrect, Proper Information Data 4. Hospital Name: HAMILTON MEDICAL CENTER Yes 5. Medicaid Provider Number: A66800000 Yes 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab): 8. Medicare Provider Number: 110001 Yes Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): Yes Private Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year: State Name Provider No. 9. State Name & Number 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: (10/01/2021 - 09/30/2022)

| 1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1) | \$ - | | |
|--|--------------|-------------|--------------|
| 2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) | \$ - | | |
| 3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) | \$ - | | |
| 4. Total Section 1011 Payments Related to Hospital Services (See Note 1) | \$- | | |
| 5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1) | \$ - | | |
| 6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) | \$ - | | |
| 7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1) | \$- | | |
| 8. Out-of-State DSH Payments (See Note 2) | \$- | | |
| | Inpatient | Outpatient | Total |
| 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) | \$ 307,417 | 955,609 | \$1,263,026 |
| 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) | \$ 1,207,966 | 7,592,903 | \$8,800,869 |
| 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) | \$1,515,383 | \$8,548,512 | \$10,063,895 |
| 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments: | 20.29% | 11.18% | 12.55% |
| | | | |

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?

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

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

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

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

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

No

\$-

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 (10/01/2 | .021 - 09/30/2022) | | | | | | |
|--|-------------------------|--------------------------------|---------------------------|----------------------------|---------------------------|--------------------------|---------|
| F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio | ა (MIUR) | | | | | | |
| 1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, | () | 16, 17, 18.00-18.03, 30, 31 le | ss lines 5 & 6) | 45,928 | (See Note in Section F | -3, below) | |
| | | | | | | | |
| F-2. Cash Subsidies for Patient Services Received from State or Lo | cal Governments and Cha | arity Care Charges (Used i | in Low-Income Utilization | Ratio (LIUR) Calculation): | | | |
| 2. Inpatient Hospital Subsidies | | | | - | | | |
| 3. Outpatient Hospital Subsidies | | | | - | | | |
| Unspecified I/P and O/P Hospital Subsidies | | | | - | | | |
| 5. Non-Hospital Subsidies | | | | - | | | |
| 6. Total Hospital Subsidies | | | | \$- | | | |
| 7. Inpatient Hospital Charity Care Charges | | | | 35,650,164 | | | |
| 8. Outpatient Hospital Charity Care Charges | | | | 61,523,392 | | | |
| 9. Non-Hospital Charity Care Charges | | | | - | | | |
| 10. Total Charity Care Charges | | | | \$ 97,173,556 | | | |
| | | | | | | | |
| F-3. Calculation of Net Hospital Revenue from Patient Services (Us | | G-3 of Cost Report) | | | | | |
| IOTE: All data in this section must be verified by the hospital. If data is | | | | | | | 1 |
| Iready present in this section, it was completed using CMS HCRIS cost | | | | Contractual Adjustmer | nts (formulas below can b | e overwritten if amounts | 1 |
| eport data. If the hospital has a more recent version of the cost report, he data should be updated to the hospital's version of the cost report. | Total | Patient Revenues (Charge | es) | | are known) | | |
| formulas can be overwritten as needed with actual data. | | | | | | | |
| | Inpatient Hospital | Outpatient Hospital | Non-Hospital | Inpatient Hospital | Outpatient Hospital | Non-Hospital | Net Hos |
| | inputient noopitui | ouputon noopital | Hon nospital | inputient noopital | outputient noophul | Non-noophai | Het Hot |
| 11, Hospital | \$143,023,271.00 | | | \$ 109,827,263 | \$ | \$. | \$ |
| 12. Subprovider I (Psych or Rehab) | \$0.00 | | | \$ - | \$ - | \$ - | \$ |
| 13. Subprovider II (Psych of Rehab) | \$0.00 | | | \$ - | \$ - | \$ - | ŝ |

| NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. | Total | Patient Revenues (Charg | es) | Contractual Adjustmer | nts (formulas below can be are known) | e overwritten if amounts | |
|--|-----------------------------|--|----------------------------------|---------------------------|--|----------------------------------|---------------------------------|
| Formulas can be overwritten as needed with actual data. | | | | | | | |
| | Inpatient Hospital | Outpatient Hospital | Non-Hospital | Inpatient Hospital | Outpatient Hospital | Non-Hospital | Net Hospital Revenue |
| 11. Hospital 12. Subprovider I (Psych or Rehab) | \$143,023,271.00 \$0.00 | | | \$ 109,827,263 \$ - | <mark>\$ -</mark> \$ - | <mark>\$ -</mark> \$ - | \$ 33,196,008 \$ - |
| 13. Subprovider II (Psych or Rehab) 14. Swing Bed - SNF | \$0.00 | | \$0.00 | \$ - | \$ - | \$ - \$ - | \$ |
| 15. Swing Bed - NF 16. Skilled Nursing Facility 17. Nursing Facility | | | \$0.00 \$0.00 \$0.00 | | | \$ - \$ - \$ - | |
| 18. Other Long-Term Care 19. Ancillary Services | \$430,364,385.00 | \$715,905,634.00 \$140,411,592.00 | \$0.00 | \$ 330,475,888 | \$ 549,742,401 \$ 407,921,700 | \$- \$- \$- | \$ 266,051,730 \$ 32,589,832 |
| 20. Outpatient Services 21. Home Health Agency 22. Ambulance | | \$140,411,592.00 | \$4,426,476.00 | - | \$ 107,821,760 | \$ - \$ 3,399,081 \$ - | \$ 32,389,832 |
| 23. Outpatient Rehab Providers 24. ASC | \$0.00 | \$0.00 | \$0.00 | <mark>\$ -</mark> \$ - | <mark>\$ -</mark> \$ - | \$ - \$ - | \$- \$- |
| 25. Hospice 26. Other | \$29,239,258.00 | \$21,548,220.00 | \$2,982,057.00 \$0.00 | \$ 22,452,763 | \$ 16,546,832 | \$2,289,915 \$- | \$ 11,787,883 |
| 27. Total 28. Total Hospital and Non Hospital | \$ 602,626,914 | \$ 877,865,446 Total from Above | \$ 7,408,533 \$ 1,487,900,893 | \$ 462,755,915 | \$ 674,110,993 Total from Above | \$ 5,688,997 \$ 1,142,555,904 | \$ 343,625,453 |
| Total Per Cost Report Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on work revenue) | | Revenues (G-3 Line 1) a decrease in net patient | 1,487,900,893 | Total Cont | ractual Adj. (G-3 Line 2) | 1,138,276,174 | |
| Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUE in net patient revenue) | DED on worksheet G-3, Line | 2 (impact is a decrease | | | | + | |
| Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Rever a decrease in net patient revenue) | nue INCLUDED on workshee | et G-3, Line 2 (impact is | | | | + 4,279,730 | |
| Increase worksheet G-3, Line 2 to reverse offset of State and Local Patie G-3, Line 2 (impact is a decrease in net patient revenue) | ent Care Cash Subsidies INC | CLUDED on worksheet | | | | + | |
| Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INC increase in net patient revenue) | CLUDED on worksheet G-3, | Line 2 (impact is an | | | | _ | |
| 35. Adjusted Contractual Adjustments 36. Unreconciled Difference | Unreconciled Di | fference (Should be \$0) | \$ - | Unreconciled Di | ifference (Should be \$0) | 1,142,555,904 \$- | |

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2021-09/30/2022) HAMILTON MEDICAL CENTER

| | Line # Cost Center Description | Total Allowable Cost | Intern & Resident Costs Removed on Cost Report * | RCE and Therapy Add-Back (If Applicable | | Total Co | st | 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 |
|---|---|---|---|---|---|---|--|---|--|---|--|
| hospital. comple hospital h data should | All data in this section must be verified by the I. If data is already present in this section, it was leted using CMS HCRIS cost report data. If the has a more recent version of the cost report, the ild be updated to the hospital's version of the cost ormulas can be overwritten as needed with actual data. | Cost Report Worksheet B, Part I, Col. 26 | Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY | Cost Report Worksheet C, Part I, Col.2 and Col. 4 | Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26 | Calculate | ed | 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 |
| | Routine Cost Centers (list below): | | | | | | | | | | |
| | | \$ 36,165,779 \$ 13,344,598 | \$ 2,807,207 | \$ - \$- | \$0.00 | | 72,986 | 36,279 | \$96,801,338.00 | | \$ 1,074.26 |
| | 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT | φ 10,044,000 | \$ 696,894 \$ - | \$- \$- | | \$ 14,04 \$ | 41,492 | 5,492 | \$29,182,483.00 \$0.00 | | \$ 2,556.72 \$ - |
| | 3300 BURN INTENSIVE CARE UNIT | \$ - \$ - | Տ - | » - Տ - | | ծ \$ | | - | \$0.00 | | \$ - \$- |
| | 3400 SURGICAL INTENSIVE CARE UNIT | \$ 5.808.389 | φ - \$ - | ş - | | | 08,389 | 1,894 | \$9.333.807.00 | | \$ 3,066.73 |
| | 3500 OTHER SPECIAL CARE UNIT | \$ - | \$- | \$- | | \$ 0,0 | - | - | \$0.00 | | \$ - |
| | 4000 SUBPROVIDER I | \$ - | \$- | \$- | | \$ | - | - | \$0.00 | | \$- |
| 8 04 | 4100 SUBPROVIDER II | \$ - | \$ - | \$ - | | \$ | - | - | \$0.00 | | \$ - |
| 9 04 | 4200 OTHER SUBPROVIDER | \$- | \$- | \$- | | \$ | - | - | \$0.00 | | \$- |
| 10 04 | 4300 NURSERY | \$ 4,770,119 | \$- | \$- | | \$ 4,7 | 70,119 | 2,626 | \$11,120,546.00 | | \$ 1,816.50 |
| | 3201 PEDIATRIC INTENSIVE CARE UNIT | \$ 3,049,273 | \$ 68,708 | \$- | | \$ 3,1 | 17,981 | 3,118 | \$7,705,643.00 | | \$ 999.99 |
| 12 | | \$- | \$- | \$- | | \$ | - | - | \$0.00 | | \$- |
| 13 | | \$- | \$- | \$- | | \$ | - | - | \$0.00 | | \$ - |
| 14 | | \$ - | \$- | \$ - | | \$ | - | - | \$0.00 | | \$ - |
| 15 | | \$ - | \$- | \$- | | \$ | - | - | \$0.00 | | \$- |
| 16 | | \$ - | \$ - | \$ - | | \$ | - | - | \$0.00 | | \$- |
| 17 | | \$ - | \$ - | \$ - | | \$ | - | - | \$0.00 | | \$ - |
| 18 | Total Routine | \$ 63,138,158 | \$ 3,572,809 | \$- | \$- | \$ 66,7 | 10,967 | 49,409 | \$ 154,143,817 | | |
| 19 | Weighted Average | | | | | | | | | | \$ 1,350.18 |
| OI | Dbservation Data (Non-Distinct) | | Hospital Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col. 8 | Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8 | Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8 | Calculated Diems Abo Multiplied by | ove | Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 | Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 | Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 | Medicaid Calculated Cost-to-Charge Ratio |
| | 9200 Observation (Non-Distinct) | 1 | 3,481 | - | - | \$ 3.7 | 39,499 | \$2,017,956.00 | \$8,470,867.00 | \$ 10,488,823 | 0.356522 |
| | | | 0,-01 | | | - 0,7 | , | <i>q</i> 2,011,000.00 | <i>40, 110,001.00</i> | 0,400,020 | 0.000022 |
| | | Cost Report | Cost Report Worksheet B, | Cost Report Worksheet C. | | | | Inpatient Charges - Cost Report | Outpatient Charges - Cost Report | Total Charges - Cost Report | Medicaid Calculated |
| | | Worksheet B, Part I, Col. 26 | Part I, Col. 25 (Intern & Resident Offset ONLY | Part I, Col.2 and Col. 4 | | Calculate | ed | Worksheet C, Pt. I, Col. 6 | Worksheet C, Pt. I, Col. 7 | Worksheet C, Pt. I, Col. 8 | Cost-to-Charge Ratio |
| | Ancillary Cost Centers (from W/S C excluding Obse | Part I, Col. 26 ervation) (list below): | (Intern & Resident Offset ONLY | Part I, Col.2 and Col. 4 | | | - | Worksheet C, Pt. I, Col. 6 | Worksheet C, Pt. I, Col. 7 | Worksheet C, Pt. I, Col. 8 | |
| 21 50 | 5000 OPERATING ROOM | Part I, Col. 26 ervation) (list below): \$12,225,733.00 | (Intern & Resident Offset ONLY \$ 863,756 | Part I, Col.2 and Col. 4 \$ 43,932 | | \$ 13,1 | 33,421 | Worksheet C, Pt. I, Col. 6 \$42,963,340.00 | Worksheet C, Pt. I, Col. 7 \$79,763,025.00 | Worksheet C, Pt. I, Col. 8 \$ 122,726,365 | 0.107014 |
| 21 50 22 51 | 5000 OPERATING ROOM 5100 RECOVERY ROOM | Part I, Col. 26 ervation) (list below): \$12,225,733.00 \$1,659,814.00 | (Intern & Resident Offset ONLY \$ 863,756 \$ - | Part I, Col.2 and Col. 4 \$ 43,932 \$ - | | \$ 13,11 \$ 1,61 | 33,421 | Worksheet C, Pt. I, Col. 6 \$42,963,340.00 \$4,310,075.00 | Worksheet C, Pt. I, Col. 7 \$79,763,025.00 \$7,773,013.00 | Worksheet C, Pt. I, Col. 8 \$ 122,726,365 \$ 12,083,088 | 0.107014 0.137367 |
| 21 50 22 50 23 52 | 5000 OPERATING ROOM 5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM | Part I, Col. 26 ervation) (list below): \$12,225,733.00 \$1,659,814.00 \$4,941,084.00 | (Intern & Resident Offset ONLY \$ 863,756 \$ - \$ - | Part I, Col. 2 and Col. 4 \$ 43,932 \$ - \$ - | | \$ 13,11 \$ 1,61 \$ 4,9 | 33,421 59,814 41,084 | Worksheet C, Pt. I, Col. 6 \$42,963,340.00 \$4,310,075.00 \$22,437,780.00 | Worksheet C, Pt. I, Col. 7 \$79,763,025.00 \$7,773,013.00 \$1,135,970.00 | Worksheet C, Pt. I, Col. 8 \$ 122,726,365 \$ 12,083,088 \$ 23,573,750 | 0.107014 0.137367 0.209601 |
| 21 50 22 51 23 52 24 52 | 5000 OPERATING ROOM 5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY | Part I, Col. 26 | (Intern & Resident Offset ONLY \$ 863,756 \$ - \$ - \$ - \$ - | Part I, Col. 2 and Col. 4 \$ 43,932 \$ - \$ - | | \$ 13,11 \$ 1,61 \$ 4,9 \$ 2,20 | 33,421 59,814 41,084 34,966 | Worksheet C, Pt. I, Col. 6 \$42,963,340.00 \$4,310,075.00 | Worksheet C, Pt. I, Col. 7 \$79,763,025.00 \$7,773,013.00 \$1,135,970.00 \$11,702,249.00 | Worksheet C, Pt. I, Col. 8 \$ 122,726,365 \$ 12,083,088 \$ 23,573,750 \$ 17,035,027 | 0.107014 0.137367 0.209601 0.134133 |
| 21 50 22 51 23 52 24 52 25 54 | 5000 OPERATING ROOM 5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM | Part I, Col. 26 ervation) (list below): \$12,225,733.00 \$1,659,814.00 \$4,941,084.00 | (Intern & Resident Offset ONLY \$ 863,756 \$ - \$ - \$ - | Part I, Col. 2 and Col. 4 \$ 43,932 \$ - \$ - \$ - \$ - | | \$ 13,11 \$ 1,61 \$ 4,9 \$ 2,20 \$ 22,61 | 33,421 59,814 41,084 | Worksheet C, Pt. I, Col. 6 \$42,963,340.00 \$4,310,075.00 \$22,437,780.00 \$5,332,778.00 | Worksheet C, Pt. I, Col. 7 \$79,763,025.00 \$7,773,013.00 \$1,135,970.00 | Worksheet C, Pt. I, Col. 8 \$ 122,726,365 \$ 12,083,088 \$ 23,573,750 | 0.107014 0.137367 0.209601 |
| 21 50 22 52 23 52 24 53 25 54 26 55 | 5000 OPERATING ROOM 5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC | Part I, Col. 26 | (Intern & Resident Offset ONLY \$ 863,756 \$ - \$ - \$ - \$ - \$ 510,401 \$ - | Part I, Col. 2 and Col. 4 \$ 43,932 \$ - \$ - \$ - \$ - \$ - \$ - | | \$ 13,11 \$ 1,6i \$ 4,9 \$ 2,2i \$ 22,6i \$ 2,9 | 33,421 59,814 41,084 84,966 59,530 | Worksheet C, Pt. I, Col. 6 \$4,310,075.00 \$22,437,780.00 \$16,505,336.00 | Worksheet C, Pt. I, Col. 7 \$79,763,025.00 \$7,773,013.00 \$11,35,970.00 \$11,702,249.00 \$114,788,926.00 | Worksheet C, Pt. I, Col. 8 \$ 122,726,365 \$ 12,083,088 \$ 23,573,750 \$ 17,035,027 \$ 131,294,262 | 0.107014 0.137367 0.209601 0.134133 0.172586 |
| 21 50 22 51 23 52 24 53 25 54 26 55 27 58 | 5000 OPERATING ROOM 5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 5700 CT SCAN | Part I, Col. 26 (ist below): \$12,225,733.00 \$1,659,814.00 \$4,941,084.00 \$2,284,966.00 \$22,494,129.100 \$22,905,344.00 | (Intern & Resident Offset ONLY \$ 863,756 \$ - \$ - \$ 510,401 \$ - \$ - \$ - | Part I, Col. 2 and Col. 4 \$ 43,932 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | | \$ 13,1: \$ 1,6: \$ 4,9 \$ 2,2: \$ 22,6: \$ 2,9 \$ 1,9: | 33,421 59,814 41,084 34,966 59,530 05,344 | Worksheet C, Pt. I, Col. 6 \$42,963,340.00 \$4,310,075.00 \$22,437,780.00 \$5,332,778.00 \$16,505,336.00 \$27,993,275.00 | Worksheet C, Pt. I, Col. 7 \$79,763,025.00 \$7,773,013.00 \$11,35,970.00 \$11,702,249.00 \$114,788,926.00 \$70,443,085.00 | Worksheet C, Pt. I, Col. 8 \$ 122,726,365 \$ 12,083,088 \$ 23,573,750 \$ 17,035,027 \$ 131,294,262 \$ 98,436,360 | 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 |

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2021-09/30/2022)

HAMILTON MEDICAL CENTER

| Line | | Total Allowable | Intern & Resident | | | | I/D Davia and I/D | I/P Routine | | Medicaid Per Diem / |
|-----------|-------------------------------------|------------------|-----------------------------------|----------------------------|--------|------------|---------------------------------------|--------------------------------------|--|----------------------|
| Line # | Cost Center Description | Cost | Costs Removed on Cost Report * | Add-Back (If Applicable | | Total Cost | I/P Days and I/P Ancillary Charges | Charges and O/P Ancillary Charges | Total Charges | Cost or Other Ratios |
| _ | RESPIRATORY THERAPY | \$7,076,826.00 | • | | \$ | 7,371,288 | \$57,732,411.00 | | \$ 84,072,465 | 0.087678 |
| | PHYSICAL THERAPY | \$7,242,604.00 | \$ <u>39,262</u> | <u>\$</u> - \$- | ф Ф | 7,281,866 | \$8,106,580.00 | | \$ 23,056,930 | 0.315821 |
| | ELECTROCARDIOLOGY | \$1,296,904.00 | | <u> </u> | \$ | 1.905.460 | \$320,028.00 | | \$ 7,653,320 | 0.248972 |
| | MEDICAL SUPPLIES CHARGED TO PATIENT | \$22,681,106.00 | | \$ - | \$ | 22,681,106 | \$27,128,557.00 | | \$ 44,744,605 | 0.506901 |
| | IMPL. DEV. CHARGED TO PATIENTS | \$23,357,598.00 | \$- | \$ - | \$ | 23,357,598 | \$20,800,333.00 | | \$ 46,488,352 | 0.502440 |
| | DRUGS CHARGED TO PATIENTS | \$42,893,222.00 | \$- | \$ - | \$ | 42,893,222 | \$55,011,177.00 | | \$ 199,267,305 | 0.215255 |
| | RENAL DIALYSIS | \$989,433.00 | | \$ - | \$ | 1,332,972 | \$6,922,406.00 | | \$ 10,385,223 | 0.128353 |
| 9000 | CLINIC | \$5,051,437.00 | | \$ - | \$ | 5,051,437 | \$0.00 | | \$ 10,306,379 | 0.490127 |
| 9100 | EMERGENCY | \$21,261,854.00 | \$ 451,509 | \$ - | \$ | 21,713,363 | \$20,745,648.00 | \$98,870,742.00 | \$ 119,616,390 | 0.181525 |
| | | \$0.00 | \$- | \$- | \$ | - | \$0.00 | \$0.00 | \$- | - |
| | | \$0.00 | | \$ - | \$ | - | \$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 | | <u>\$</u> - | \$ | - | \$0.00 | | \$ <u>-</u> \$- | - |
| | | \$0.00 \$0.00 | | <u>\$</u> - \$- | \$ | - | \$0.00 \$0.00 | | Ψ | - |
| | | \$0.00 | | \$ - \$ - | \$ | - | \$0.00 | | \$ <u>-</u> \$- | |
| | | \$0.00 | ֆ - ୧ | <u> </u> | \$ | - | \$0.00 | | <u>⇒ </u> | |
| | | \$0.00 | φ - ¢ | <u> </u> | \$ | - | \$0.00 | | ş - \$ - | |
| | | \$0.00 | φ - ¢ _ | <u> </u> | \$ | - | \$0.00 | | y - \$ - | - |
| | | \$0.00 | φ - \$ | <u> </u> | \$ | | \$0.00 | | \$ <u>-</u> | |
| | | \$0.00 | φ - \$ - | \$ - | \$ | - | \$0.00 | | \$ <u>-</u> | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | | \$- | - |
| | | | ÷ \$- | \$- | \$ | - | \$0.00 | | \$- | - |
| | | \$0.00 | \$ - | \$ - | \$ | - | \$0.00 | | \$- | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | | \$- | - |
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| | | \$0.00 | | <u>\$</u> - | \$ | - | \$0.00 | | <u> </u> | - |
| | | \$0.00 | | <u>\$</u> - | \$ | - | \$0.00 | | \$- \$- | - |
| | | \$0.00 \$0.00 | φ - ¢ | <mark>\$ -</mark> \$ - | \$ | - | \$0.00 \$0.00 | | \$ <u>-</u> \$- | - |
| | | \$0.00 | ֆ - ୧ | 5 - \$ - | \$ | - | \$0.00 | | ֆ - Տ - | - |
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| | | \$0.00 | | | \$ | | \$0.00 | | , - | - |
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| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | \$0.00 | \$- | - |
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| | | \$0.00 | | \$- | \$ | - | \$0.00 | | \$- | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | | \$- | - |
| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | \$0.00 | \$- | - |

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2021-09/30/2022)

HAMILTON MEDICAL CENTER

| Line | Out Out to Developing | Total Allowable | Costs Removed | RCE and Therapy Add-Back (If | | Tetel Ores | I/P Days and I/P | I/P Routine Charges and O/P | Tatal Observat | Medicaid Per Diem / |
|------|--|----------------------------|-----------------------|---------------------------------|--------------|-------------|------------------|--------------------------------|------------------|----------------------|
| # | Cost Center Description | Cost | on Cost Report * | Applicable | ¢ | Total Cost | | Ancillary Charges | Total Charges | Cost or Other Ratios |
| | | \$0.00 | | | \$ | - | \$0.00 | \$0.00 | | - |
| | | \$0.00 \$0.00 | | <u>\$</u> - | \$ | - | \$0.00 \$0.00 | \$0.00 \$0.00 | | - |
| | | \$0.00 | | <u>\$</u> - | \$ | - | \$0.00 | \$0.00 | Ŷ | - |
| | | \$0.00 | | <u>\$</u> - \$- | \$ | - | \$0.00 | | <u> </u> | - |
| | | \$0.00 | | | \$ | - | \$0.00 | | | |
| | | \$0.00 | | - \$- | \$ | - | \$0.00 | | | - |
| | | \$0.00 | | <u> </u> | \$ | | \$0.00 | | \$ - | - |
| | | \$0.00 | | <u> </u> | \$ | - | \$0.00 | | \$ - | |
| | | \$0.00 | | | \$ | - | \$0.00 | \$0.00 | 1 | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | | \$ - | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | \$0.00 | | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | \$0.00 | | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | | \$ - | - |
| | | \$0.00 | \$ - | \$ - | \$ | - | \$0.00 | \$0.00 | \$ - | - |
| | | \$0.00 | \$ - | \$ - | \$ | - | \$0.00 | \$0.00 | \$ - | - |
| | | \$0.00 | \$ - | \$ - | \$ | - | \$0.00 | \$0.00 | \$ - | - |
| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | \$0.00 | \$- | - |
| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | \$0.00 | \$- | - |
| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | \$0.00 | \$- | - |
| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | \$0.00 | \$- | - |
| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | \$0.00 | \$- | - |
| | | \$0.00 | \$- | \$- | \$ | - | \$0.00 | \$0.00 | \$- | - |
| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | \$0.00 | \$- | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | | \$- | - |
| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | | \$- | - |
| | | \$0.00 | \$- | \$ - | \$ | - | \$0.00 | \$0.00 | \$- | - |
| | | | | \$ - | \$ | - | \$0.00 | | \$- | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | 1 | \$- | - |
| | | \$0.00 | | \$ - | \$ | - | \$0.00 | 1 | \$- | - |
| | | \$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 | | \$ - | - |
| | Total Ancillary | \$ 201,978,596 | \$ 3,111,485 | \$ 43,932 | \$ | 205,134,013 | \$ 453,127,990 | \$ 833,553,622 | \$ 1,286,681,612 | - |
| | Weighted Average | | | | | | | | | 0.162335 |
| | Sub Totals | \$ 265,116,754 | \$ 6,684,294 | \$ 43,932 | \$ | 271,844,980 | \$ 607,271,807 | \$ 833,553,622 | \$ 1,440,825,429 | |
| | , SNF, and Swing Bed Cost for Medicaid(orksheet D, Part V, Title 19, Column 5-7, Li | | eport Worksheet D-3 | , Title 19, Column 3, | Line 200 and | \$0.00 | | | | |
| | , SNF, and Swing Bed Cost for Medicare (orksheet D, Part V, Title 18, Column 5-7, Li | | eport Worksheet D-3 | , Title 18, Column 3, | Line 200 and | \$0.00 | | | | |
| NF. | , SNF, and Swing Bed Cost for Other Paye | ers (Hospital must calcula | te. Submit support fo | r calculation of cost. | | | | | | |
| | ner Cost Adjustments (support must be sul | | | | | | | | | |
| Our | | onnicody | | | | 074 044 000 | | | | |
| _ | Grand Total | | | | \$ | 271,844,980 | | | | |
| Tota | al Intern/Resident Cost as a Percent of Ot | ther Allowable Cost | | | | 2.52% | | | | |

* 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 (10/01/2021-09/30/2022) HAMILTON MEDICAL CENTER

| | | Mediated De | Mediavid Centr | In-State Medic | caid FFS Primary | In-State Medicaid M | Aanaged Care Primary | | FS Cross-Overs (with Secondary) | | dicaid Eligibles (Not Elsewhere) | Unin | sured | Total In-St | tate Medicaid | % |
|---|---|--|--|--|---|--|--|---|---|--|--|--|--|---|--|---|
| Line # | Cost Center Description | Medicaid Per Diem Cost for Routine Cost Centers | Medicaid Cost to Charge Ratio for Ancillary Cost Centers | Inpatient | Outpatient | Inpatient | Outpatient | Inpatient | Outpatient | Inpatient | Outpatient | Inpatient (See Exhibit A) | Outpatient (See Exhibit A) | Inpatient | Outpatient | Surv to C Rep Tota |
| | | From Section G | From Section G | From PS&R Summary (Note A) | From PS&R Summary (Note A) | From PS&R Summary (Note A) | From PS&R Summary (Note A) | From PS&R Summary (Note A) | From PS&R Summary (Note A) | From PS&R Summary (Note A) | From PS&R Summary (Note A) | From Hospital's Own Internal Analysis | From Hospital's Own Internal Analysis | | | |
| | Cost Centers (from Section G): ADULTS & PEDIATRICS | \$ 1,074.26 | | Days | | Days | | Days | | Days 2,023 | | Days | | Days 9,651 | 1 | 37 |
| 03100 | INTENSIVE CARE UNIT CORONARY CARE UNIT | \$ 1,074.26 \$ 2,556.72 \$ - | | 2,990 772 | | 2,024 | | 2,614 389 | | 183 | | 2,692 928 | | 1,470 | | 4 |
| 3300 | BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT | \$ - \$ 3,066.73 | | | | 92 | | 385 | | 345 | | 223 | | - 822 | | ŧ |
| 3500 4000 | OTHER SPECIAL CARE UNIT SUBPROVIDER I | \$ - \$ - | | | | | | | | | | | | - | | |
| 200 | SUBPROVIDER II OTHER SUBPROVIDER | \$ - \$ - | | 817 | | 1 329 | | | | | | 15 | | - | | |
| | NURSERY PEDIATRIC INTENSIVE CARE UNIT | \$ 1,816.50 \$ 999.99 | | 817 | | 1,329 | | | | 6 | | 15 42 | | 2,152 1,891 | | |
| | | \$ - \$ - | | | | | | | | | | | | | | |
| | | \$ - \$ - | | | | | | | | | | | | - | | |
| | | \$- | Total Days | 4,581 | | 5,454 | | 3,388 | | 2,563 | | 3,900 | | - 15,986 | | |
| tal Day | rs per PS&R or Exhibit Detail | | | 4,581 | | 5,454 | | 3,388 | | 2,563 | | 3,900 | | | | |
| | Unreconciled Days (Ex | kpiain variance) | | - Routine Charges | | - Routine Charges | | - Routine Charges | | - Routine Charges | | - Routine Charges | | Routine Charges | | |
| | Routine Charges Calculated Routine Charge Per Diem |] | | \$ 10,918,230 \$ 2,383,37 | | \$ 17,499,960 | | \$ 10,795,642 | | \$ 8,320,440 | | \$ 14,136,487 | | \$ 47,534,272 | | |
| | | | | | | \$ 3,208.65 | | \$ 3,186.44 | | \$ 3,246.37 | | \$ 3,624.74 | | \$ 2,973.49 | | |
| ncillary | Cost Centers (from W/S C) (from Section | G): | | Ancillary Charges | Ancillary Charges | Ancillary Charges | Ancillary Charges | Ancillary Charges | Ancillary Charges | Ancillary Charges | Ancillary Charges | Ancillary Charges | Ancillary Charges | Ancillary Charges | Ancillary Charges | 5 |
| ncillary 200 0 | Observation (Non-Distinct) OPERATING ROOM | G): | 0.356522 | Ancillary Charges 255,141 5,488,034 | 765,478 3,166,736 | Ancillary Charges 34,807 2,599,500 | 283,427 2,757,742 | Ancillary Charges 292,338 2,139,828 | 410,982 3,043,585 | Ancillary Charges 103,937 2,398,888 | 586,096 3,463,778 | Ancillary Charges 109,009 3,302,065 | 829,005 4,694,459 | Ancillary Charges \$ 686,223 \$ 12,626,250 | \$ 2,045,983 \$ 12,431,841 | 3 |
| ncillary 9200 5000 5100 | Observation (Non-Distinct) | G): | | Ancillary Charges 255,141 | 765,478 3,166,736 286,605 2,559 | Ancillary Charges 34,807 | 283,427 | Ancillary Charges 292,338 2,139,828 268,049 478,899 | 410,982 | Ancillary Charges | 586,096 | Ancillary Charges | 829,005 | Ancillary Charges \$ 686,223 | \$ 2,045,983 | 3 |
| 1200 (5000 (5100 (5200 (5300) | Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY | G): | 0.107014 0.137367 0.209601 0.134133 | Ancillary Charges 255,141 5,488,034 304,637 1,760,764 417,000 | 765,478 3,166,736 286,605 2,559 371,897 | Ancillary Charges 34,807 2,599,500 370,795 7,092,322 445,110 | 283,427 2,757,742 529,782 171,751 466,774 | Ancillary Charges 292,338 2,139,828 268,049 478,899 242,507 | 410,982 3,043,585 204,130 54,320 369,231 | Ancillary Charges 103,937 2,398,888 255,900 658,525 289,732 | 586,096 3,463,778 251,395 47,317 443,861 | Ancillary Charges 109,009 3,302,065 438,233 765,407 539,357 | 829,005 4,694,459 732,938 97,908 698,294 | Ancillary Charges \$ 686,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,394,349 | \$ 2,045,983 \$ 12,431,841 \$ 1,271,912 \$ 275,947 \$ 1,651,763 | 3 1 2 7 3 |
| 200 0 5000 0 5100 1 5200 1 5300 7 5400 1 | Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM | G): | 0.107014 0.137367 0.209601 | Ancillary Charges 255,141 5,488,034 304,637 1,760,764 | 765,478 3,166,736 286,605 2,559 | Ancillary Charges 34,807 2,599,500 370,795 7,092,322 | 283,427 2,757,742 529,782 171,751 | Ancillary Charges 292,338 2,139,828 268,049 478,899 | 410,982 3,043,585 204,130 54,320 | Ancillary Charges 103,937 2,398,888 255,900 658,525 | 586,096 3,463,778 251,395 47,317 | Ancillary Charges 109,009 3,302,065 438,233 765,407 | 829,005 4,694,459 732,938 97,908 | Ancillary Charges \$ 686,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 | \$ 2,045,983 \$ 12,431,841 \$ 1,271,912 \$ 275,947 | 3 1 2 7 3 3 |
| ncillary 9200 (5000 (5100 (5200 (5300) 5300 (5400 (5700 (5800) | Observation (Non-Distinct) OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI | G): | 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.075157 | Ancillary Charges 255,141 5,488,034 304,637 1,760,764 417,000 1,200,440 2,126,087 292,219 | 765,478 3,166,736 286,605 2,559 371,897 4,105,373 3,189,653 940,443 | Ancillary Charges 34,807 2,599,500 370,795 7,092,322 445,110 483,711 547,262 101,787 | 283,427 2,757,742 529,782 171,751 466,774 6,694,664 4,937,652 1,065,312 | Ancillary Charges 292,338 2,139,828 288,049 478,899 242,507 1,098,482 2,424,955 304,401 | 410,982 3,043,585 204,130 54,320 369,231 6,628,754 3,554,600 1,225,362 | Ancillary Charges 103,937 2,398,888 255,900 658,525 289,732 1,148,596 1,794,898 246,473 | 586,096 3,463,778 251,395 47,317 443,861 4,801,777 3,334,054 1,189,502 | Ancillary Charges 109,009 3,302,065 438,233 765,407 539,357 1,642,162 3,276,319 704,916 | 829,005 4,694,459 732,938 97,908 698,294 8,366,370 9,489,954 1,049,563 | Ancillary Charges \$ 686,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,394,349 \$ 3,931,229 \$ 6,893,202 \$ 944,880 | \$ 2,045,983 \$ 12,431,841 \$ 1,271,912 \$ 275,947 \$ 1,651,763 \$ 22,230,568 \$ 15,015,959 \$ 4,420,619 | 3 1 2 7 3 9 9 9 |
| ncillary 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 | G): | 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 | Ancillary Charges 255,141 5,488,034 304,637 1,760,764 417,000 1,200,440 2,126,087 | 765,478 3,166,736 286,605 2,559 371,897 4,105,373 3,189,653 | Ancillary Charges 34,807 2,599,500 370,795 7,092,322 445,110 443,711 547,262 | 283,427 2,757,742 529,782 171,751 466,774 6,694,664 4,937,652 | Ancillary Charges 292,338 2,139,828 268,049 478,899 242,507 1,038,482 2,424,955 | 410,982 3,043,585 204,130 54,320 369,231 6,628,754 3,554,600 | Ancillary Charges 103,937 2,398,888 255,900 658,525 289,732 1,148,596 1,794,898 | 586,096 3,463,778 251,395 47,317 443,861 4,801,777 3,334,054 | Ancillary Charges 109,009 3,302,065 438,233 765,407 539,357 1,642,162 3,276,319 | 829,005 4,694,459 732,938 97,908 698,294 8,356,370 9,489,954 | Ancillary Charges \$ 686,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,394,349 \$ 3,931,229 \$ 6,893,202 | \$ 2,045,983 \$ 12,431,841 \$ 1,271,912 \$ 275,947 \$ 1,651,763 \$ 22,230,568 \$ 15,015,959 | 3 1 2 7 3 3 9 9 2 |
| Solution Solution | Observation (Non-Distinut) OPERATING ROOM RECOVERY ROOM EDUVERY ROOM & LABOR ROOM ANUESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY | G): | 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.075157 0.036644 0.090489 0.087678 | Ancillary Charges 255,141 5,488,034 304,637 1,760,764 417,000 1,220,440 2,216,087 292,219 1,518,995 9,045,268 3,366,604 | 765,478 3,166,736 286,605 3,71,897 4,105,373 3,189,653 940,443 1,272,635 8,109,179 270,309 | Ancillary Charges 34,807 2,599,500 370,785 7,092,322 445,110 483,711 547,262 101,787 1,413,838 3,470,332 1,803,193 | 283.427 2,757,742 529,782 171,751 466,774 6,694,664 4,937,652 1,065,312 1,441,967 14,271,489 1,649,718 | Anciliary Charges 292,338 2,139,828 268,049 478,899 242,507 1,098,482 2,424,595 304,401 2,220,543 6,951,611 4,638,519 | 410,982 3,043,585 204,130 54,320 369,231 6,628,754 3,554,600 1,225,362 2,243,154 7,696,774 1,566,097 | Ancillary Charges 103,937 2,398,888 265,900 658,825 289,732 1,148,596 1,794,898 246,473 2,817,454 5,364,348 4,502,434 | 566.096 3.463,778 251,395 47,317 443,861 4,801,777 3,334,054 1,189,502 2,384,266 5,222,311 1,765,927 | Ancillary Charges 109,009 3,302,065 438,233 765,407 539,357 1,1642,162 3,276,319 704,916 4,078,871 8,876,435 4,880,379 | 829,005 4,694,459 732,938 97,908 698,294 8,356,370 9,489,954 1,049,563 2,426,393 12,986,738 2,881,265 | Ancillary Charges \$ 686,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,394,349 \$ 3,931,229 \$ 6,893,202 \$ 944,880 \$ 8,040,830 \$ 24,831,259 \$ 41,309,150 | \$ 2.045.983 \$ 12.431.841 \$ 1.271.912 \$ 275.947 \$ 1.651.763 \$ 22.230.568 \$ 15.015.959 \$ 4.420.619 \$ 7.342.022 \$ 35.299.753 \$ 5.282.051 | 3 1 2 7 3 3 9 9 2 3 1 |
| ncillary 9200 5100 5200 5200 5300 5400 5400 5500 6000 6500 6600 | Observation (Non-Distinat) OPERATING FOOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-UNAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY | G): | 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.075157 0.036644 0.090489 | Ancillary Charges 255,141 5,488,034 304,637 1,760,764 417,000 1,200,440 2,126,087 229,219 1,518,995 9,045,268 | 765,478 3,166,736 2,559 371,897 4,105,373 3,189,653 940,443 1,272,635 8,109,179 | Ancillary Charges 34,807 2,559,500 370,795 7,082,322 445,110 483,711 547,262 101,787 1,413,838 3,470,032 | 283,427 2,757,742 529,782 171,751 466,774 6,694,664 4,937,652 1,065,312 1,441,967 14,271,489 | Ancillary Charges 292,338 2,139,828 268,049 478,899 242,507 1,098,482 2,424,955 304,401 2,290,543 6,951,611 | 410,982 3,043,585 204,130 54,320 369,231 6,628,754 3,554,600 1,225,362 2,243,154 7,696,774 | Ancillary Charges 103,937 2,398,888 255,900 658,525 289,732 1,148,596 1,794,898 246,473 2,817,454 5,364,348 | 566.096 3,463,778 251,395 47,317 443,861 4,801,777 3,334,054 1,189,502 2,384,266 5,222,311 | Ancillary Charges 109,009 3,302,065 438,233 765,407 1,642,162 3,276,319 704,916 4,078,871 8,876,435 | 829,005 4,694,459 732,938 97,908 698,294 8,356,370 9,489,954 1,049,563 2,426,393 12,986,738 | Ancillary Charges \$ 686,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,394,349 \$ 3,931,229 \$ 6,893,202 \$ 944,880 \$ 8,040,830 \$ 2,4,831,259 | \$ 2,045,983 \$ 12,431,841 \$ 1,271,912 \$ 275,947 \$ 1,651,763 \$ 22,230,568 \$ 15,015,959 \$ 4,420,619 \$ 7,342,022 \$ 35,299,753 | 3 1 2 7 3 3 9 9 2 3 1 5 |
| ncillary 9200 (5100) 5200 (5200) 5300 (5300) 5400 5700 (5800) 5900 (6000) 6500 (6600) 66000 7100 (| Observation (Non-Distinut) OPERATING FOOM RECOVERY ROOM DEUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICA. SUPPLIES CHARGED TO PATIENT | | 0.107014 0.137367 0.209601 0.134133 0.172586 0.0275157 0.036644 0.090489 0.087678 0.315821 0.248972 0.566001 | Ancillary Charges 265,141 5,488,034 304,637 1,760,764 417,000 1,200,440 2,126,087 2,92,219 1,618,995 9,045,228 3,366,604 813,039 1,621,194 2,205,729 | 765.478 3.166.736 286.605 2.559 371.897 4.105.373 3.189.653 940.443 1.272.635 8.109.179 270.309 218,660 612.857 603.104 | Ancillary Charges 34.807 2,599,500 370,995 7,092,322 445,110 483,711 547,262 101,787 1,413,838 3,470,032 1,803,193 155,814 1,785,819 | 283,427 2,757,742 529,782 171,751 466,774 6,694,664 4,937,652 1,065,312 1,441,967 14,221,489 1,649,718 1,299,987 412,668 8,999,531 | Ancillary Charges 292,338 2,139,828 268,049 478,869 242,507 1,098,482 2,424,955 3,044,01 2,220,543 6,951,611 4,636,919 6,38,739 2,8,815 1,789,287 | 410.982 3.043.585 2.04.130 3.66.28.754 3.556.600 1.225.366.00 1.225.362 2.243.154 7.596.774 1.596.097 3.66.627 4.61.349 6.00.254 | Ancillary Charges 103.937 2,398.888 255.900 668.525 289,732 1,148.596 1,794.598 246.473 2,817.454 4,502.484 4,502.484 4,202.483 10,848.869 | 586.096 3.463.778 251.395 4.7,317 4.43.661 4.801.777 3.333.054 1.189.502 2.384.266 5.222.311 1.765.927 4.91.121 356.192 7.39.475 | Ancillary Charges 109,009 3,302,065 438,233 765,407 539,357 1,442,162 3,276,319 704,916 4,078,871 8,876,335 4,880,379 714,725 28,904 1,980,257 | 829,005 4,694,459 732,938 67,908 669,294 8,356,370 9,489,954 1,049,563 2,426,393 12,986,738 2,881,285 2,881,285 2,888,475 3,40,323 1,337,448 | Ancillary Charges \$ 686,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,513 \$ 3,931,229 \$ 6,893,202 \$ 944,880 \$ 24,831,259 \$ 14,309,150 \$ 2,036,085 \$ 1,668,122 \$ 7,299,704 | \$ 2.045,983 \$ 12,431,841 \$ 1,271,912 \$ 275,947 \$ 1.661,763 \$ 22,230,568 \$ 15,015,959 \$ 4,420,619 \$ 7,342,022 \$ 35,299,753 \$ 5,282,051 \$ 2,379,595 \$ 1,843,266 \$ 2,848,364 \$ 3,848,364 \$ 3 | 3 1 2 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| Statistical 1200 0 5000 0 5100 0 5200 0 5300 0 5400 0 5700 0 5800 0 5900 0 6000 0 6600 0 6900 0 7100 7200 | Observation (Non-Distinut) Observation (Socoma RECOVERY ROOM DEUNEPR ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY | | 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.036644 0.090489 0.087678 0.315821 0.248972 0.248972 | Ancillary Charges 265,141 5,448,034 304,837 1,760,764 417,000 1,200,440 2,128,087 292,219 1,518,995 9,045,268 3,366,604 813,039 1,622,1194 | 765,478 3,166,736 286,605 371,897 4,105,373 3,189,653 940,443 1,272,635 8,109,179 270,309 218,860 612,857 | Anciliary Charges 34,807 2,599,500 370,795 7,092,322 445,110 483,711 547,262 101,787 1,413,838 3,470,032 1,803,193 155,814 1,762 | 283,427 2,757,742 529,782 171,751 466,774 6,694,664 4,937,652 1,065,312 1,441,967 14,271,489 1,649,718 1,299,967 412,268 | Ancillary Charges 292,338 2,139,528 268,049 478,899 242,507 1,098,482 2,424,505 304,401 2,290,543 3,6,951,611 4,636,919 638,739 2,8,815 | 410.982 3.043.585 2.04,130 3.63.201 3.652.8754 3.554.600 1.225,362 2.243.154 7.996.774 1.596.097 3.696.627 4.61.349 | Ancillary Charges 103.937 2.338.888 2255.900 6658.525 280.732 1.148.596 1.794.899 246.473 2.817.454 4.5384.348 4.502.434 428.493 16.351 | 586.096 3,463,778 251,395 47,317 3,334,054 1,189,502 2,384,266 5,222,311 1,765,927 491,121 3,556,192 | Ancillary Charges 109,009 3,302,065 438,233 765,407 1,642,162 3,276,319 704,916 4,078,871 8,876,435 4,880,379 714,225 2,8,904 | 829,005 4,694,459 732,938 97,908 699,294 9,489,954 1,049,563 2,426,393 12,986,738 2,881,265 288,875 340,323 | Ancillary Charges \$ 686.223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,394,349 \$ 3,931,229 \$ 6,693,202 \$ 944,880 \$ 8,040,830 \$ 24,831,259 \$ 14,309,150 \$ 2,036,085 \$ 1,668,122 | \$ 2.045.983 \$ 12.431.841 \$ 1.271.912 \$ 275.947 \$ 1.651.763 \$ 22.230.568 \$ 15.015.959 \$ 4.420.619 \$ 7.342.022 \$ 35.299.753 \$ 5.282.051 \$ 2.379.555 \$ 1.843.266 | 3 1 2 7 3 3 3 9 9 2 3 1 5 5 5 4 4 |
| ncillary 2000 0 5000 0 5100 0 5200 0 5300 0 5400 0 5900 0 6000 0 6600 0 6600 0 6600 0 6900 0 7100 0 7200 0 7300 0 7400 0 | Observation (Non-Distinut) Defeating ROOM RECOVERY ROOM DETUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DAL/SISS | | 0.107014 0.137367 0.209801 0.134133 0.172586 0.0295157 0.036644 0.090489 0.037557 0.248072 0.248072 0.248072 0.248072 0.24853 0.172555 0.128553 | Ancillary Charges 255,141 5,488,034 304,837 1,760,764 417,000 1,200,440 2,126,087 2,026,179 1,518,965 9,045,265 3,366,604 813,039 1,627,194 2,205,729 873,290 5,321,109 357,592 | 765.478 3.166.736 226.605 2.559 371.897 4.105.373 3.189.853 90.443 1.272.635 8.109.173 270.309 218.860 612.457 603.104 515.096 10.062.487 | Ancillary Charges 34,807 2,569,500 370,795 7,090,322 445,110 485,711 445,710 445,710 445,710 441,388 3,470,032 1,603,183 1,55,814 1,762 1,445,819 1,34,421 2,2560,833 2,2560,930 2,2560,900,900,900,900,900,900,900,900,900,9 | 283.427 2,757.742 529.782 171.751 466.774 4,694.664 4,937.652 1,065.312 1,441.967 14.271.489 1,649.718 1,229.987 412.668 899.531 199.069 | Ancillary Charges 292,338 2,139,828 268,049 476,859 242,507 1,098,482 2,424,955 3,44,401 2,290,543 6,351,611 4,636,919 638,739 28,815 1,789,287 1,100,742 3,900,317 1,912,106 | 410.982 3.043.585 204.130 54.320 3.869.231 6.628.754 3.554.800 1.225.362 2.243.154 7.696.774 3.696.627 4.61.349 6.608.254 9.41.827 9.526.815 3.82.225 | Anciliary Charges 103.937 2.398.888 2255.900 658.525 289.732 1.148.596 1.724.598 246.473 2.817.454 5.364.344 4.502.434 4.26.493 1.348.866 1.21.434 4.351 1.448.869 1.235.874 3.63.322 | 586.096 3.463.778 261.395 47.317 443.861 1.189.502 2.384.266 5.222.311 1.765.927 491.121 356.192 739.475 1.336.612 2.344.502 4.1754 | Anciliary Charges 109,009 3,302,085 438,233 765,407 1,642,162 3,276,319 704,916 4,078,871 8,876,438 4,880,379 714,225 28,904 1,980,257 9,5772,940 5,974,435 | 820,005 4,694,459 732,938 97,908 698,294 1,049,563 2,420,393 12,986,770 2,881,755 2,881,755 340,323 1,337,448 6,695,777 2,634,400 | Ancillary Charges \$ 686,223 \$ 12,626,250 \$ 1,193,381 \$ 990,510 \$ 331,229 \$ 6,803,202 \$ 944,880 \$ 6,040,230 \$ 1,04,349 \$ 6,040,230 \$ 6,040,830 \$ 1,068,122 \$ 1,068,122 \$ 7,299,704 \$ 3,21,652 \$ 1,008,133 \$ 1,008,133 \$ 3,21,652 \$ 1,008,133 \$ 1,008,133 \$ 1,636,049 | \$ 2.045,983 \$ 12,431,841 \$ 1.271,912 \$ 275,947 \$ 1.651,763 \$ 222,203,588 \$ 15,015,959 \$ 4.420,819 \$ 15,015,959 \$ 4.420,819 \$ 35,299,753 \$ 5,282,081 \$ 2,379,595 \$ 1.843,266 \$ 2,848,364 \$ 2,992,604 \$ 2,992,604 \$ 2,992,604 \$ 2,9564,425 \$ 423,379 | 3 1 2 7 3 3 3 9 9 2 3 1 5 5 6 4 4 4 5 9 |
| Actilizary 0200 0 5000 0 5100 1 5200 0 5400 0 5700 0 5800 0 5800 0 6000 0 6500 0 6600 0 7100 7200 7400 9000 | Observation (Non-Distinut) Observation (Non-Distinut) 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 MUGC ALARGED TO PATIENTS RENAL DALYSIS CLINIC | | 0.107014 0.137367 0.209601 0.137433 0.172586 0.029515 0.0375157 0.036544 0.046769 0.315621 0.248972 0.506901 0.502440 0.215255 0.128353 0.490127 | Anciliary Charges 255,141 5,488,034 304,837 1,760,764 417,000 1,200,440 2,216,087 2,92,219 9,045,268 3,366,604 813,039 1,621,194 2,205,729 6,332,109 3,57,592 3,66,43 | 765.478 3.166.736 226.605 2.559 371.897 4.105.373 3.189.653 940.443 1.272.635 8.109.179 270.309 218.860 612.857 603.104 515.096 10.062.487 22.034 | Ancillary Charges 34,807 2,599,500 370,295 7,092,322 445,110 445,711 547,282 101,787 1,413,88 3,477,032 1,455,819 1,556,833 2,29 2,24,14 | 283.427 2,757,742 359,782 171,751 466,774 46,674 4,937,652 1,065,312 1,441,967 14,271,489 1,649,718 1,269,987 412,868 8,999,531 199,069 7,030,621 405,590 | Ancillary Charges 292,338 2,139,828 268,049 478,899 242,507 1,098,482 2,424,955 304,401 2,290,543 6,355,1611 4,635,919 638,739 28,815 1,789,287 1,100,742 3,300,317 912,106 379 | 410.982 3.043.585 204.130 5.43.20 3.629.231 6.623.754 3.554.600 1.225.362 2.243.154 7.696.77 3.666.627 3.666.627 4.61.349 6.06.254 9.06.258.815 3.82.225 5.77.837 | Ancillary Charges 103,937 2,398,888 225,900 665,525 289,732 1,148,596 1,794,598 246,473 2,817,454 4,502,434 4,502,434 4,253,438 1,184,869 1,213,499 3,235,574 3,65,255 2,22 2,23 2,35,574 3,65,255 2,25,590 1,213,455 2,215,590 2,215 | 586.096 3.463.778 251.395 47.317 443.861 4.01.777 3.334.054 1.189.502 2.384.266 5.222.311 1.765.927 491.121 336.192 739.475 1.336.612 2.944.502 4.45.941 | Ancillary Charges 109,009 3,302,065 4438,233 765,407 559,357 1,642,162 3,276,319 704,916 4,078,871 1,880,379 714,725 28,904 1,980,257 72,940 594,335 220 | 829.005 4.694.459 732.938 97.908 698.294 1.049.563 2.426.393 12.966.738 2.2,81.265 2.88.75 3.40.323 1.337.448 687.533 6.695.777 2.634.400 373.467 | Ancillary Charges \$ 666,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,391,349 \$ 3,331,229 \$ 6,803,202 \$ 9,444,880 \$ 2,843,1259 \$ 1,668,122 \$ 7,299,704 \$ 3,321,652 \$ 1,630,040 \$ 1,530,040 \$ 3,321,652 \$ 1,630,040 \$ 3,9,729 | \$ 2.045.032 \$ 12.431.841 \$ 12.75.947 \$ 1.651.763 \$ 2.2.203.056 \$ 1.651.763 \$ 5.209.753 \$ 5.282.051 \$ 2.379.595 \$ 1.843.266 \$ 2.982.064 \$ 2.982.664.422 \$ 3.296.4423 \$ 4.423.619 \$ 1.453.802 | 3 1 2 7 3 3 9 9 2 3 1 5 6 4 4 4 5 9 2 |
| ncillary 9200 9 5000 5100 5100 5200 5200 5300 5400 5700 5700 6000 66000 66000 66900 7100 7200 7300 7400 9000 | Observation (Non-Distinut) Defeating ROOM RECOVERY ROOM DETUNERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DAL/SISS | | 0.107014 0.137367 0.209801 0.134133 0.172586 0.0295157 0.036644 0.090489 0.037557 0.248072 0.248072 0.248072 0.248072 0.24853 0.172555 0.128553 | Ancillary Charges 255,141 5,488,034 304,837 1,760,764 417,000 1,200,440 2,126,087 2,026,179 1,518,965 9,045,265 3,366,604 813,039 1,627,194 2,205,729 873,290 5,321,109 357,592 | 765.478 3.166.736 226.605 2.559 371.897 4.105.373 3.189.853 90.443 1.272.635 8.109.173 270.309 218.860 612.457 603.104 515.096 10.052.457 | Ancillary Charges 34,807 2,569,500 370,795 7,090,322 445,110 485,711 445,710 445,710 445,710 441,388 3,470,032 1,603,183 1,55,814 1,762 1,445,819 1,34,421 2,2560,833 2,2560,930 2,2560,900,900,900,900,900,900,900,900,900,9 | 283.427 2,757.742 529.782 171.751 466.774 4,694.664 4,937.652 1,065.312 1,441.967 14.271.489 1,649.718 1,229.987 412.668 899.531 199.069 | Ancillary Charges 292,338 2,139,828 268,049 476,859 242,507 1,098,482 2,424,955 3,44,401 2,290,543 6,351,611 4,636,919 638,739 28,815 1,789,287 1,100,742 3,900,317 1,912,106 | 410.982 3.043.585 204.130 54.320 3.869.231 6.628.754 3.554.800 1.225.362 2.243.154 7.696.774 3.696.627 4.61.349 6.608.254 9.41.827 9.526.815 3.82.225 | Anciliary Charges 103.937 2.398.888 2255.900 658.525 2267.732 1.148.596 1.724.598 2.847.732 2.817.454 5.564.348 4.602.434 4.626.433 1.848.869 1.235.874 3.325.874 | 586.096 3.463.778 261.395 47.317 443.861 1.189.502 2.384.266 5.222.311 1.765.927 491.121 356.192 739.475 1.336.612 2.344.502 4.1754 | Anciliary Charges 109,009 3,302,085 438,233 765,407 1,642,162 3,276,319 704,916 4,078,871 8,876,438 4,880,379 714,225 28,904 1,980,257 9,5772,940 5,974,435 | 820,005 4,694,459 732,938 97,908 698,294 1,049,563 2,420,393 12,986,770 2,881,755 2,881,755 340,323 1,337,448 6,695,777 2,634,400 | Ancillary Charges \$ 686,223 \$ 12,626,250 \$ 1,193,381 \$ 990,510 \$ 331,229 \$ 6,803,202 \$ 944,880 \$ 8,040,830 \$ 2,4631,229 \$ 1,686,122 \$ 7,299,704 \$ 3,21,652 \$ 1,008,313,632,463 \$ 1,008,133 \$ 3,221,652 \$ 1,008,133 \$ 1,008,133 \$ 1,008,133 \$ 3,321,652 \$ 1,008,133 \$ 1,008,133 \$ 1,008,133 \$ 1,008,133 \$ 1,008,133 \$ 1,008,133 | \$ 2.045,983 \$ 12,431,841 \$ 1.271,912 \$ 275,947 \$ 1.651,763 \$ 222,203,588 \$ 15,015,959 \$ 4.420,819 \$ 15,015,959 \$ 4.420,819 \$ 35,299,753 \$ 5,282,081 \$ 2,379,595 \$ 1.843,266 \$ 2,848,364 \$ 2,992,604 \$ 2,992,604 \$ 2,992,604 \$ 2,9564,425 \$ 423,379 | 3 1 2 7 3 3 9 9 2 3 1 5 6 4 4 4 5 9 2 |
| ncillary 9200 9 5000 5100 5100 5200 5200 5300 5400 5700 5700 6000 66000 66000 66900 7100 7200 7300 7400 9000 | Observation (Non-Distinut) Observation (Non-Distinut) 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 MUGC ALARGED TO PATIENTS RENAL DALYSIS CLINIC | | 0.107014 0.137367 0.209601 0.137433 0.172586 0.029515 0.0375157 0.036544 0.046769 0.315621 0.248972 0.506901 0.502440 0.215255 0.128353 0.490127 | Anciliary Charges 255,141 5,488,034 304,837 1,760,764 417,000 1,200,440 2,216,087 2,92,219 9,045,268 3,366,604 813,039 1,621,194 2,205,729 6,332,109 3,57,592 3,66,43 | 765.478 3.165.736 226.605 2.559 371.897 4.105.373 3.189.653 940.443 1.272.635 8.109.179 270.309 218.860 612.857 603.104 515.096 10.062.487 22.034 | Ancillary Charges 34,807 2,599,500 370,295 7,092,322 445,110 445,711 547,282 101,787 1,413,88 3,477,032 1,455,819 1,556,833 2,29 2,24,14 | 283.427 2,757,742 359,782 171,751 466,774 46,674 4,937,652 1,065,312 1,441,967 14,271,489 1,649,718 1,269,987 412,868 8,999,531 199,069 7,030,621 405,590 | Ancillary Charges 292,338 2,139,828 268,049 478,899 242,507 1,098,482 2,424,955 304,401 2,290,543 6,355,1611 4,635,919 638,739 28,815 1,789,287 1,100,742 3,300,317 912,106 379 | 410.982 3.043.585 204.130 5.43.20 3.629.231 6.623.754 3.554.600 1.225.362 2.243.154 7.696.77 3.666.627 3.666.627 4.61.349 6.06.254 9.06.258.815 3.82.225 5.77.837 | Ancillary Charges 103,937 2,398,888 225,900 665,525 289,732 1,148,596 1,794,598 246,473 2,817,454 4,502,434 4,502,434 4,253,438 1,184,869 1,213,499 3,235,574 3,65,255 2,22 2,23 2,35,574 3,65,255 2,25,590 1,213,455 2,215,590 2,215 | 586.096 3.463.778 251.395 47.317 443.861 4.01.777 3.334.054 1.189.502 2.384.266 5.222.311 1.765.927 491.121 336.192 739.475 1.336.612 2.944.502 4.45.941 | Ancillary Charges 109,009 3,302,065 4438,233 765,407 559,357 1,642,162 3,276,319 704,916 4,078,871 1,880,379 714,725 28,904 1,980,257 72,940 594,335 220 | 829.005 4.694.459 732.938 97.908 698.294 1.049.563 2.426.393 12.966.738 2.2,81.265 2.88.75 3.40.323 1.337.448 687.533 6.695.777 2.634.400 373.467 | Ancillary Charges \$ 666,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,391,349 \$ 3,331,229 \$ 6,803,202 \$ 9,444,880 \$ 2,843,1259 \$ 1,668,122 \$ 7,299,704 \$ 3,321,652 \$ 1,630,040 \$ 1,530,040 \$ 3,321,652 \$ 1,630,040 \$ 3,9,729 | \$ 2.045.032 \$ 12.431.841 \$ 12.75.947 \$ 1.651.763 \$ 2.2.203.056 \$ 1.651.763 \$ 5.209.753 \$ 5.282.051 \$ 2.379.595 \$ 1.843.266 \$ 2.982.064 \$ 2.982.664.422 \$ 3.296.4423 \$ 4.423.619 \$ 1.453.802 | 3 1 2 7 3 3 9 9 2 3 1 5 6 4 4 4 5 9 2 |
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| ncillary 9200 9 5000 5100 5100 5200 5200 5300 5400 5700 5700 6000 66000 66000 66900 7100 7200 7300 7400 9000 | Observation (Non-Distinut) Observation (Non-Distinut) 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 MUGC ALARGED TO PATIENTS RENAL DALYSIS CLINIC | | 0.107014 0.137367 0.209601 0.137367 0.209601 0.137367 0.209601 0.172586 0.029515 0.075157 0.036844 0.090489 0.087678 0.315821 0.248972 0.315821 0.248972 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.490127 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.12353 0.49012 0.181525 0.1235 0.191 | Anciliary Charges 255,141 5,488,034 304,837 1,760,764 417,000 1,200,440 2,216,087 2,92,219 9,045,268 3,366,604 813,039 1,621,194 2,205,729 6,332,109 3,57,592 3,66,43 | 765.478 3.165.736 226.605 2.559 371.897 4.105.373 3.189.653 940.443 1.272.635 8.109.179 270.309 218.860 612.857 603.104 515.096 10.062.487 22.034 | Ancillary Charges 34,807 2,599,500 370,295 7,092,322 445,110 445,711 547,282 101,787 1,413,88 3,477,032 1,455,819 1,556,833 2,29 2,414 | 283.427 2,757,742 379,742 379,782 171,751 466,774 46,674 4,937,652 1,065,312 1,441,967 14,271,489 1,649,718 1,269,987 412,868 8,999,531 199,069 7,030,621 405,590 | Ancillary Charges 292,338 2,139,828 268,049 478,899 242,507 1,098,482 2,424,955 304,401 2,290,543 6,355,1611 4,635,919 638,739 28,815 1,789,287 1,100,742 3,300,317 912,106 379 | 410.982 3.043.585 204.130 5.43.20 3.629.231 6.628.754 3.554.600 1.225.362 2.243.154 7.696.77 3.666.627 3.666.627 4.61.349 6.06.254 9.06.258.815 3.82.225 5.77.837 | Ancillary Charges 103,937 2,398,888 225,900 665,525 289,732 1,148,596 1,794,598 246,473 2,817,454 4,502,434 4,502,434 4,502,434 1,6351 1,84,869 1,213,499 3,235,574 3,65,225 2,835,574 3,65,225 2,835,574 3,65,225 2,835,574 3,65,225 2,835,575 3,755 3,7 | 586.096 3.463.778 251.395 47.317 443.861 4.01.777 3.334.054 1.189.502 2.384.266 5.222.311 1.765.927 491.121 336.192 739.475 1.336.612 2.944.502 4.45.941 | Ancillary Charges 109,009 3,302,065 4438,233 765,407 559,357 1,642,162 3,276,319 704,916 4,078,871 1,880,379 714,725 28,904 1,980,257 72,940 594,335 220 | 829.005 4.694.459 732.938 97.908 698.294 1.049.563 2.426.393 12.966.738 2.2,81.265 2.88.75 3.40.323 1.337.448 687.533 6.695.777 2.634.400 373.467 | Ancillary Charges \$ 666,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,391,349 \$ 3,331,229 \$ 6,803,202 \$ 9,444,880 \$ 2,843,1259 \$ 1,668,122 \$ 7,299,704 \$ 3,321,652 \$ 1,630,040 \$ 1,530,040 \$ 3,321,652 \$ 1,630,040 \$ 3,9,729 | \$ 2.045.032 \$ 12.431.841 \$ 12.75.947 \$ 1.651.763 \$ 2.2.203.056 \$ 1.651.763 \$ 5.209.753 \$ 5.282.051 \$ 2.379.595 \$ 1.843.266 \$ 2.982.064 \$ 2.982.064.422 \$ 2.966.422 \$ 4.20.619 \$ 1.453.802 | $\frac{3}{2}$ |
| Ancillary 99200 (5000 (5100) 5200) 5300) 5400 (5300) 5400 (5500) 6600 0 6600 0 6600 0 6600 0 7100 (7200) 7200 0 7400 0 900 0 | Observation (Non-Distinut) OPERATING FOOM 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 MUSICA CHARGED TO PATIENTS RENAL DALYSIS CLINIC | | 0.107014 0.137367 0.209601 0.137367 0.209601 0.137367 0.209615 0.075157 0.036644 0.090489 0.087678 0.315821 0.248972 0.248972 0.248972 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.490127 0.181525 0.128353 0.49012 0.181525 0.128353 0.49012 0.1815 0.1815 | Anciliary Charges 255,141 5,488,034 304,837 1,760,764 417,000 1,200,440 2,216,087 2,92,219 9,045,268 3,366,604 813,039 1,621,194 2,205,729 6,332,109 3,57,592 3,66,43 | 765.478 3.165.736 226.605 2.559 371.897 4.105.373 3.189.653 940.443 1.272.635 8.109.179 270.309 218.860 612.857 603.104 515.096 10.062.487 22.034 | Ancillary Charges 34,807 2,599,500 370,295 7,092,322 445,110 445,711 547,282 101,787 1,413,88 3,477,032 1,455,819 1,556,833 2,29 2,414 | 283.427 2,757,742 379,742 379,782 171,751 466,774 46,674 4,937,652 1,065,312 1,441,967 14,271,489 1,649,718 1,269,987 412,868 8,999,531 199,069 7,030,621 405,590 | Ancillary Charges 292,338 2,139,828 268,049 478,899 242,507 1,098,482 2,424,955 304,401 2,290,543 6,355,1611 4,635,919 638,739 28,815 1,789,287 1,100,742 3,300,317 912,106 379 | 410.982 3.043.585 204.130 5.43.20 3.629.231 6.628.754 3.554.600 1.225.362 2.243.154 7.696.77 3.666.627 3.666.627 4.61.349 6.06.254 9.06.258.815 3.82.225 5.77.837 | Ancillary Charges 103,937 2,398,888 225,900 665,525 289,732 1,148,596 1,794,598 246,473 2,817,454 4,502,434 4,502,434 4,502,434 1,6351 1,84,869 1,213,499 3,235,574 3,65,225 2,835,574 3,65,225 2,835,574 3,65,225 2,835,574 3,65,225 2,835,575 3,755 3,7 | 586.096 3.463.778 251.395 47.317 443.861 4.01.777 3.334.054 1.189.502 2.384.266 5.222.311 1.765.927 491.121 336.192 739.475 1.336.612 2.944.502 4.45.941 | Ancillary Charges 109,009 3,302,065 4438,233 765,407 559,357 1,642,162 3,276,319 704,916 4,078,871 1,880,379 714,725 28,904 1,980,257 72,940 594,335 220 | 829.005 4.694.459 732.938 97.908 698.294 1.049.563 2.426.393 12.966.738 2.2,81.265 2.88.75 3.40.323 1.337.448 687.533 6.695.777 2.634.400 373.467 | Ancillary Charges \$ 666,223 \$ 12,626,250 \$ 1,199,381 \$ 9,990,510 \$ 1,391,349 \$ 3,331,229 \$ 6,803,202 \$ 9,444,880 \$ 2,843,1259 \$ 1,668,122 \$ 7,299,704 \$ 3,321,652 \$ 1,630,040 \$ 1,530,040 \$ 3,321,652 \$ 1,630,040 \$ 3,9,729 | \$ 2.045.032 \$ 12.431.841 \$ 12.75.947 \$ 1.651.763 \$ 2.2.203.056 \$ 1.651.763 \$ 5.209.753 \$ 5.282.051 \$ 2.379.595 \$ 1.843.266 \$ 2.982.064 \$ 2.982.664.422 \$ 3.2664.425 \$ 4.425.619 \$ 1.453.802 | 3 1 2 7 3 3 3 9 9 9 2 3 1 5 5 5 4 4 4 5 9 9 2 |

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

Cost Report Year (10/01/2021-09/30/2022) HAMILTON MEDICAL CENTER

| 61 | 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 | | | | | | |
| 02 | | | | | | |
| 63 - | | | | | | <u>\$</u> - <u>\$</u> - |
| 64 <u>-</u> 65 - | | | | | | <u>s - s -</u> |
| 65 | | | | | | <u>\$</u> - <u>\$</u> - |
| 66 67 | | | | | | \$ - \$ - |
| 67 | | | | | | \$ - \$ - |
| 68 69 | | | | | | \$ - \$ - |
| 69 | | | | | | \$ - \$ - |
| 70 - | | | | | | \$ - \$ - |
| 71 - | | | | | | \$ - \$ - |
| 72 - | | | | | | \$ - \$ - |
| 73 - | | | | | | \$ - \$ - |
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| 75 - | | | | | | \$ - \$ - |
| 76 - | | | | | | s - s - |
| 76 | | | | | | \$ - \$ - |
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| 30 | | | | | | \$ - \$ - |
| 30 | | | | | | \$ - \$ - |
| 32 - | | | | | | 5 - 5 - 5 - 5 - |
| 33 | | | | | | <u> </u> |
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| 33 | | | | | | |
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| 8 - | | | | | | \$ - \$ - |
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| 35 | | | | | | \$ - \$ - |
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| 98 | | | | | | \$ - \$ - |
| 99 | | | | | | \$ - \$ - |
| 100 - | | | | | | \$ - \$ - |
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| 101 <u>-</u> 102 - | | | | | | <u>\$</u> - <u>\$</u> - |
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| 07 - | | | | | | \$ - \$ - |
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| 12 - | | | | | | \$ - \$ - |
| 13 - | | | | | | \$ - \$ - |
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| 16 - | | | | | | \$ - \$ - |
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| 19 . | | | | | | s - s - |
| 20 - | | | | | | \$ - \$ - |
| 20 | | | | | | s - s - |
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| | | | | | | \$ - \$ - |
| 25 | | | | | | \$ - \$ - |
| 26 . | | | | | | \$ - \$ - |
| 27 - | | | | | | \$ - \$ - |
| | \$ 38,274,721 \$ 38,790,262 | \$ 23,092,867 \$ 60,655,169 | \$ 31,207,221 \$ 44,045,721 | \$ 28,051,171 \$ 33,667,476 | \$ 40,966,566 \$ 76,618,661 | |

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

Cost Report Year (10/01/2021-09/30/2022) HAMILTON MEDICAL CENTER

| | Totals / Payments | | In-State Media | aid FFS | Primary | In- | State Medicaid I | Nanageo | I Care Primary | In- | State Medicare FF Medicaid S | | | Ir | n-State Other Media Included Els | | | Un | insured | | | Total In-State | Medicaid | % |
|-----|---|-----------|------------------|-----------|-----------------|-----------|------------------|-------------|----------------|-----|---------------------------------|----|------------|----|-------------------------------------|-------------|-------------|------------------------|----------|------------------|--------|----------------|---------------------|--------|
| | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | Total Charges (includes organ acquisition from Section J) | \$ | 49,192,951 | \$ | 38,790,262 | \$ | 40,592,827 | \$ | 60,655,169 | \$ | 42,002,863 | \$ | 44,045,721 | \$ | 36,371,611 | \$ 33,667,4 | 6 \$ | 55,103,053 | | 76,618,661 | \$ | 168,160,252 | \$ 177,158,628 | 33.29% |
| | | - | | | | | | | | | | | | | | | (| Agrees to Exhibit A) | (Agree | s to Exhibit A) | | | | - |
| 129 | Total Charges per PS&R or Exhibit Detail | | 49.192.951 | | 38,790,262 | | 40.592.827 | | 60.655.169 | | 42.002.863 | | 44.045.721 | | 36.371.611 | \$ 33.667.4 | | 55,103,053 | | 76.618.661 | | | | |
| 129 | Unreconciled Charges (Explain Variance) | \$ | 49,192,951 | ð | 36,790,202 | \$ | 40,592,627 | \$ | 00,000,109 | \$ | 42,002,003 | \$ | 44,045,721 | \$ | 30,371,011 | \$ 33,007,4 | - | 55,103,053 | • | 70,010,001 | | | | |
| | | | | | | | | | | _ | | | | _ | | | = = | | | | | | | - |
| 131 | Total Calculated Cost (includes organ acquisition from Section J) | \$ | 12,935,462 | \$ | 6,118,100 | \$ | 11,077,943 | \$ | 9,148,600 | \$ | 9,825,751 | \$ | 6,970,378 | \$ | 8,151,923 | \$ 5,256,5 | \$0 | 11,962,757 | \$ | 11,126,262 | \$ | 41,991,079 | \$ 27,493,638 | 34.23% |
| 132 | Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) | | 7,476,526 | | 4,796,943 | _ | | | | e | 339.296 | | 527,214 | | 227,236 | \$ 362.0 | | | | | ¢ | 8,043,058 | \$ 5,686,161 | 1 |
| 132 | Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) | Ŷ | 7,470,520 | Ŷ | 4,790,943 | | 7,670,516 | ~ | 8,060,761 | Ŷ | 339,290 | Ŷ | 521,214 | φ | 221,230 | φ 302,0 | | | | | 9 | 7,670,516 | \$ 8,060,761 | |
| 134 | Private Insurance (including primary and third party liability) | | | | | ų. | 7,070,510 | * | 0,000,701 | e | 26.020 | e | 11.432 | e | 401.254 | \$ 899.8 | <u>и</u> | | | | ¢ ¢ | 427,274 | \$ 911,293 | |
| 135 | Self-Pay (including Co-Pay and Spend-Down) | e | 56,318 | e | 7,133 | | | | | Ψ | 20,020 | ę | 575 | Ψ | 401,204 | φ 033,0 | <u></u> | | | | ¢ ¢ | 56,318 | \$ 7.708 | |
| 135 | Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) | s | 7.532.844 | s | 4,804,076 | \$ | 7.670.516 | s | 8.060.761 | | | Ψ | 515 | | | | _ | | | | φ | 30,310 | \$ 1,100 | |
| 137 | Medicaid Cost Settlement Payments (See Note B) | ÷ | 7,002,011 | ŝ | (152,998) | Ŷ | 1,010,010 | Ţ | 0,000,701 | | | | | | | | | | | | s | | \$ (152,998) | |
| 138 | Other Medicaid Payments Reported on Cost Report Year (See Note C) | | | Ť | (102,000) | | | | | | | | | | | | | | | | ŝ | - | \$ (102,000) | |
| 139 | Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) | | | | | · · · · · | | · · · · · · | | s | 5.864.692 | \$ | 4,858,709 | | | | | | | | \$ | 5.864.692 | 4.858.709 | |
| 140 | Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) | | | | | | | | | · · | | - | | s | 5,144,555 | \$ 2.889.4 | 8 | | | | ŝ | 5.144.555 | \$ 2.889.408 | |
| 141 | Medicare Cross-Over Bad Debt Payments | | | | | | | | | \$ | 347,796 | \$ | 241,038 | - | | | | grees to Exhibit B and | (1 0000 | to Exhibit B and | \$ | 347,796 | \$ 241,038 | |
| 142 | Other Medicare Cross-Over Payments (See Note D) | | | | | | | | | \$ | 687,713 | \$ | 152,165 | | | | (, | B-1) | (Ağı des | B-1) | \$ | 687,713 | \$ 152,165 | |
| 143 | Payment from Hospital Uninsured During Cost Report Year (Cash Basis) | | | | | | | | | | | | | | | | \$ | 307,417 | \$ | 955,609 | | (| | 1 |
| 144 | Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from | Section E | =) | | | | | | | | | | | | | | \$ | - | \$ | - | | | | |
| | · · · · · | | | | | | | | | | | | | | r | | | | | | | | | 1 |
| 145 | Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost | \$ | 5,402,618 58% | \$ | 1,467,022 | \$ | 3,407,427 | \$ | 1,087,839 | \$ | 2,560,234 | \$ | 1,179,245 | \$ | 2,378,878 | \$ 1,105,2 | 87 \$ 9% | 11,655,340 | \$ | 10,170,653 | \$ | 13,749,157 | \$ 4,839,393 82% | |
| 146 | Calculated Payments as a Percentage of Cost | | 58% | | /6% | | 69% | | 88% | | 74% | | 83% | | 71% | 1 | 70 | 3% | 0 | 9% | | 67% | 82% | |
| 147 | Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, | Col. 6. S | um of Lns. 2. | 3. 4. 14. | 16. 17. 18 less | lines 5 á | 8,6) | | | | 22,613 | | | | | | | | | | | | | |
| 148 | Percent of cross-over days to total Medicare days from the cost report | , . | | ., ,, | ., , | | , | | | L | 15% | | | | | | | | | | | | | |

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey). Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey. Note D - Should include other Medicaicar corss-over payments not included laims data reported above. This includes a payments paid based on the Medicare corst-over ot settlement (e.g., Medicare Carduate Medical Education payments). Note E - Medicaid Managed Care payments should include differ Materiate to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

| I. Out-of | -State Medicaid Data: | | | | | | | | | | | | |
|--|---|--|---|--|---|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------------|-------------------------------|--|---|
| Cost Repor | rt Year (10/01/2021-09/30/2022) | HAMILTON MEDICA | L CENTER | | | | | | | | | | |
| | | | | | | Out-of-State Med | icaid Managed Care | Out-of-State Medic | are FFS Cross-Overs | Out-of-State Other I | Medicaid Eligibles (Not | | |
| | | Medicaid Per | Medicaid Cost to | Out-of-State Me | dicaid FFS Primary | Pri | mary | (with Medica | aid Secondary) | Included | Elsewhere) | Total Out-Of- | State Medicaid |
| Line # | Cost Center Description | Diem Cost for Routine Cost Centers | Charge Ratio for Ancillary Cost Centers | Inpatient | Outpatient | Inpatient | Outpatient | Inpatient | Outpatient | Inpatient | Outpatient | Inpatient | Outpatient |
| | | From Section G | From Section G | From PS&R Summary (Note A) | 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) | | |
| | ost Centers (list below): | | | Days | | Days | | Days | | Days | | Days | |
| | ULTS & PEDIATRICS ENSIVE CARE UNIT | \$ 1,074.26 \$ 2,556.72 | | 35 42 | | | | | | | | 35 42 | |
| 03200 CO | RONARY CARE UNIT | \$ - | | 42 | | | | | | | | - | |
| | RN INTENSIVE CARE UNIT RGICAL INTENSIVE CARE UNIT | \$ - \$ 3,066.73 | | 1 | | | | | | | | - 1 | |
| 03500 OTH | HER SPECIAL CARE UNIT | \$ - | | | | | | | | | | - | |
| | BPROVIDER I BPROVIDER II | \$ - \$ - | | | | | | | | | | | |
| | HER SUBPROVIDER | \$ - | | | | | | | | | | - | |
| 04300 NU | RSERY DIATRIC INTENSIVE CARE UNIT | \$ 1,816.50 \$ 999.99 | | 4 | | | | | | | | 4 21 | |
| 3201 FEL | DIATRIC INTENSIVE CARE UNIT | \$ 999.99 | | 21 | | | | | | | | - | |
| | | \$ - \$ - | | | | | | | | | | | |
| | | \$ - | | | | | | | | | | - | |
| | | \$ - \$ - | | | | | | | | | | - | |
| | | 5 - | Total Days | 103 | | | | | | | | - 103 | |
| | | | | | | | | - | | | | | |
| | | | | | | - | | - | | | | 103 | |
| Total Days | per PS&R or Exhibit Detail Unreconciled Days (| Explain Variance) | | 103 | l | | | | | | | 103 | |
| Total Days | | Explain Variance) | | 103 | | | | | | | | | |
| Rou | Unreconciled Days (utine Charges | Explain Variance) | | 103 - Routine Charges \$ 464,627 | | Routine Charges | | | | Routine Charges | | Routine Charges \$ 464,627 | |
| Rou | Unreconciled Days (| Explain Variance) | | 103 Routine Charges | | Routine Charges | | Routine Charges | | Routine Charges | | Routine Charges | |
| Rou Cale Ancillary C | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): | | | 103 - Routine Charges \$ 464,627 \$ 4,510.94 Ancillary Charges | Ancillary Charges | Routine Charges \$ Ancillary Charges | Ancillary Charges | Routine Charges | Ancillary Charges | Routine Charges S Ancillary Charges | Ancillary Charges | Routine Charges \$ 464,627 \$ 4,510.94 Ancillary Charges | Ancillary Charges |
| RoL Cale Ancillary C 09200 Obs | Unreconciled Days (utine Charges cutated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) | | 0.356522 | 103 - Routine Charges \$ 464,627 \$ 4,510.94 | 22,531 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464,627 \$ 4,510.94 | Ancillary Charges \$ 22,531 \$ 39,259 |
| RoL Cali Ancillary C 09200 Obs 5000 OPI 5100 REC | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM | | 0.356522 0.107014 0.137367 | I03 - Routine Charges \$ 464,627 \$ 4,510.94 Ancillary Charges 3,948 18,066 3,911 | 22,531 39,259 7,525 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464,627 \$ 4,510.94 Ancillary Charges \$ 3.948 \$ 18,066 \$ 3.916 | \$ 22,531 \$ 39,259 \$ 7,525 |
| Rot Cale 09200 Obs 5000 OPI 5100 RE(5200 DEI | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM | | 0.356522 0.107014 | 103 - Routine Charges \$ 464,627 \$ 4,510,94 Ancillary Charges 3,948 18,066 | 22,531 39,259 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464,627 \$ 4,510.94 Ancillary Charges \$ 3,948 \$ 18,066 | \$ 22,531 \$ 39,259 |
| Rot Cal 09200 Obs 5000 OPI 5100 REC 5200 DEI 5300 ANI 5400 RAI | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below) : servation (Non-Distinct) ERATING ROOM COVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172556 | IO3 Routine Charges \$ 404.627 \$ 405.627 \$ 405.627 \$ 405.627 \$ 405.627 \$ 405.627 \$ 405.627 \$ 3.948 18.066 3.916 26.253 7.486 28.249 | 22,531 39,259 7,525 1,712 6,817 120,705 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4,510.94 Ancillary Charges \$ 3,948 \$ 18,066 \$ 3,948 \$ 26,253 \$ 7,486 \$ 28,249 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 |
| Rot Cal 09200 Obs 5000 OPI 5100 REC 5200 DEL 5300 ANI 5400 RAI | Unreconciled Days (utine Charges coulated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM ERATING ROOM LUVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN | | 0.356522 0.107014 0.137367 0.299601 0.134133 0.172586 0.029515 | Routine Charges \$ 464.627 \$ 45,510.94 Ancillary Charges 3,948 18,066 3,916 26,253 7,486 28,249 62,092 | 22,531 39,259 7,525 1,712 6,817 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464,627 \$ 4,510,94 Ancillary Charges \$ 3,948 \$ 18,066 \$ 3,916 \$ 7,486 \$ 28,249 \$ 26,092 \$ 26,092 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 165,512 |
| Rou Cale 09200 Obe 5000 OPI 5100 REG 5300 OPI 5300 ANI 5400 RAI 5700 CT 5800 MR 5900 CAI | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.029515 0.038644 | Routine Charges \$ 404.627 \$ 405.627 | 22,531 39,259 7,525 1,712 6,817 120,705 165,512 6,060 29,679 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4,510.94 Ancillary Charges \$ 18.066 \$ 26,253 \$ 7,486 \$ 28,249 \$ 62.092 \$ 10,016 \$ 79,845 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 165,512 \$ 6,060 \$ 29,679 |
| Rot Cal 09200 Obs 5000 OPI 5100 REC 5200 DEI 5300 ANI 55400 RAI 55400 CAI 5800 MAI 6000 LAE | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION 30RATORY | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172566 0.0295157 0.036644 0.090489 | Routine Charges \$ 464,627 \$ 4,510,94 Ancillary Charges 3,948 18,066 3,916 26,253 7,486 28,249 62,092 10,016 79,845 170,947 | 22,531 39,259 7,525 1,712 6,817 120,705 165,512 6,060 29,679 283,261 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464,627 \$ 4,510,94 Ancillary Charges \$ 3,948 \$ 18,066 \$ 3,916 \$ 28,249 \$ 28,249 \$ 28,249 \$ 26,092 \$ 10,016 \$ 79,845 \$ 10,016 \$ 10,016 | \$ 22,531 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 165,512 \$ 6,060 \$ 29,679 \$ 283,261 \$ |
| Rot Calc 09200 Obs 5000 OPI 5100 REG 5200 DEL 5300 ARI 5400 RAI 5700 CT 56000 RAI 6000 CAE 6500 RES 6600 PH1 | Unreconciled Days (utine Charges ciculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM LIVERY ROOM & LABOR ROOM LIVERY ROOM & LABOR ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION 30RATORY SPIRATORY THERAPY SIGCAL THERAPY | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.075157 0.036644 0.090489 0.036678 0.315821 | Routine Charges \$ 404.627 \$ 45.10.94 Ancillary Charges 18,066 3,948 18,066 3,948 18,066 3,948 18,066 3,948 18,066 3,948 18,066 3,948 18,066 3,948 19,016 26,253 7,486 28,249 62,092 10,016 79,845 170,947 116,808 21,020 | 22,531 39,259 7,525 1,712 6,817 120,705 165,512 6,060 29,679 283,261 51,231 618 | \$- | Ancillary Charges | \$- | Anciliary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4,510.94 Ancillary Charges \$ 3,948 \$ 18.066 \$ 3,948 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,2092 \$ 10,016 \$ 79,845 \$ 170.947 \$ 116,808 \$ 21,020 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 165,512 \$ 6,660 \$ 29,679 \$ 283,261 \$ 51,231 \$ 618 |
| Rot Cal 9200 Obb 5000 OPI 5100 Ret 5300 ANI 5400 RAI 5700 CT 5800 MR 5900 CAL 6000 LAE 6500 RES 6600 PH | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM COVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION 30RATORY SPIRATORY THERAPY YSICAL THERAPY SETROCARDIOLOGY | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.036644 0.090489 0.087678 0.315821 0.315821 | 103 Routine Charges \$ 464.627 \$ 4510.94 Ancillary Charges 3.948 18.066 3.916 26.253 7.486 28.249 62.092 10.016 7.9845 170.947 116.808 21.020 7.315 | 22,531 39,259 7,525 1,712 6,817 120,705 165,512 8,060 29,679 283,261 51,231 618 55 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4,510.94 Ancillary Charges \$ 3.948 \$ 18,066 \$ 3.948 \$ 28,249 \$ 10,168 \$ 17,0947 \$ 116,808 \$ 21,020 \$ 7,315 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 120,705 \$ 120,705 \$ 29,679 \$ 283,261 \$ 61,83 \$ 51,231 \$ 618 \$ 59 |
| Roc Cai 09200 Obs 5000 OPI 5100 RE 5200 DEI 5300 DAI 5700 CT 5800 MR 5900 CAI 5900 CAI 5900 CAI 6000 NAI 6000 CAI 6000 DEI 6000 PHT 6000 PHT 6000 PHT 6000 DEI 7100 MET | Unreconciled Days (utine Charges ciculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM LIVERY ROOM & LABOR ROOM LIVERY ROOM & LABOR ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION 30RATORY SPIRATORY THERAPY SIGCAL THERAPY | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.075157 0.036644 0.090489 0.036678 0.315821 | Routine Charges \$ 404.627 \$ 45.10.94 Ancillary Charges 18,066 3,948 18,066 3,948 18,066 3,948 18,066 3,948 18,066 3,948 18,066 3,948 18,066 3,948 19,016 28,249 62,092 10,016 79,845 170,947 116,808 21,020 | 22,531 39,259 7,525 1,712 6,817 120,705 165,512 6,060 29,679 283,261 51,231 618 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4,510.94 Ancillary Charges \$ 3,948 \$ 18.066 \$ 3,948 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,2092 \$ 10,016 \$ 79,845 \$ 170.947 \$ 116,808 \$ 21,020 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 165,512 \$ 6,660 \$ 29,679 \$ 283,261 \$ 51,231 \$ 618 |
| Roci Cai Ancillary C 0 5000 Obs 5100 Rec 5200 Dei 5300 Anki 5400 Rat 5700 Ret 5800 MR 5900 CAI 5800 Ret 5800 Ret 5800 Ret 5800 Ret 5800 Ret 5800 Ret 7000 CAI 7100 ME 7200 Divisition | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM LIVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN II RDIAC CATHETERIZATION 30GATORY SPIRATORY THERAPY SPIRATORY THERAPY SETROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172566 0.029515 0.036644 0.090489 0.315821 0.315821 0.248972 0.506901 0.506901 0.215255 | 103 Routine Charges \$ 464,627 \$ 4510,94 Ancillary Charges 3,948 18,066 3,316 26,253 7,486 28,249 62,092 10,016 79,845 170,947 116,808 21,020 7,315 61,186 51 172,2446 | 22,531 39,259 7,525 1,712 6,817 120,705 165,512 8,060 29,679 283,261 51,231 618 59 22,925 - | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4,510.94 Ancillary Charges \$ \$ 3,948 \$ 18,066 \$ 3,916 \$ 26,253 \$ 7,486 \$ 28,249 \$ 62,092 \$ 100,016 \$ 79,845 \$ 70,947 \$ 116,808 \$ 21,020 \$ 7,315 \$ 61,186 \$ 61,186 \$ 61,126 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 120,705 \$ 120,705 \$ 29,679 \$ 283,261 \$ 61,83 \$ 51,231 \$ 618 \$ 59 |
| Roci Cai Ancillary C 0 5000 Obs 5100 Rec 5200 Dei 5300 Anki 5400 Rat 5700 Ret 5800 MR 5900 CAI 5800 Ret 5800 Ret 5800 Ret 5800 Ret 5800 Ret 5800 Ret 7000 CAI 7100 ME 7200 Divisition | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM EVERY ROOM LIVERY ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION 300R4TORY SPIRATORY THERAPY SICAL THERAPY SCICARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENTS NAL DIALYSIS | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172586 0.0295157 0.036644 0.090489 0.087678 0.315821 0.249972 0.50901 0.502440 | Routine Charges \$ 464.627 \$ 45.10.94 Ancillary Charges 3,948 18,066 3,916 26,253 7,486 28,249 62,092 10,016 79,845 170,947 116,608 21,020 7,315 61,186 51 | 22,531 39,259 7,525 1,712 6,817 120,705 166,512 6,060 29,679 283,261 51,231 6,183 51,231 6,183 51,231 6,185 51,232 6,185 51,235 6,195 51,235 6,195 51,235 6,195 51,235 6,195 51,235 6,195 51,235 6,195 51,235 6,195 51,235 6,195 51,235 51,2555 51,2555 51,2555 51,25555 51,255555 51,25555555555 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464 627 \$ 4,510.94 Ancillary Charges \$ 3,948 \$ 18.066 \$ 3,948 \$ 28,249 \$ 62.092 \$ 10,016 \$ 28,249 \$ 10,016 \$ 7,486 \$ 28,249 \$ 10,016 \$ 27,9845 \$ 10,017 \$ 116,808 \$ 21,020 \$ 7,315 \$ 61,186 \$ 51 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 165,512 \$ 6,060 \$ 29,679 \$ 233,261 \$ 51,231 \$ 618 \$ 59 \$ 22,925 \$. |
| Rot Cai 09200 Obs 5000 OP 5000 PE 5000 RA 6600 PH 9000 CAI 700 MP 7300 DRI 7400 RE 7400 RE | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM EVERY ROOM LIVERY ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION 300R4TORY SPIRATORY THERAPY SICAL THERAPY SCICARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENTS NAL DIALYSIS | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172566 0.038644 0.090489 0.0315821 0.248972 0.502940 0.502940 0.522440 0.215255 0.128353 0.490127 0.181525 | I03 Routine Charges \$ 464,627 \$ 4510,94 Ancillary Charges 3,948 18,066 3,316 26,253 7,486 28,249 62,092 10,016 79,845 170,947 116,808 21,020 7,315 61,186 51 172,2446 | 22,331 39,259 7,525 1,712 6,817 120,705 165,512 6,060 29,679 283,261 51,231 618 50 9 22,925 2,925 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4,510.94 Ancillary Charges \$ 3,948 \$ 18,066 \$ 3,948 \$ 12,020 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 7,486 \$ 26,253 \$ 79,845 \$ 170,947 \$ 116,808 \$ 21,020 \$ 7,315 \$ 61,186 \$ 61,186 \$ 61,186 \$ 61,186 \$ 61,186 \$ 61,186 \$ 61,186 \$ 463 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 165,512 \$ 6,060 \$ 29,679 \$ 283,261 \$ 51,231 \$ 618 \$ 599 \$ 22,925 \$ - \$ 45,102 \$ - |
| Rot Cai 09200 Obs 5000 OP 5000 PE 5000 RA 6600 PH 9000 CAI 700 MP 7300 DRI 7400 RE 7400 RE | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM EVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION 30RATORY SPIRATORY THERAPY YSICAL THERAPY SETROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UAL YSIS INC | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.036644 0.090489 0.087678 0.315821 0.35824 0.090489 0.087678 0.315825 0.245972 0.506901 0.502440 0.215255 0.128353 0.490127 | 103 Routine Charges \$ 464.627 \$ 4510.94 Ancillary Charges 3.948 18.066 3.916 26.253 7.486 28.249 62.092 10.016 7.9.845 116.808 21,020 7.315 61.186 51 172.446 8.463 2 | 22,531 39,259 7,525 1,712 6,817 120,705 166,512 8,660 29,679 283,261 51,231 618 55 22,925 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4.510.94 Ancillary Charges \$ 3.948 \$ 18.066 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 10.016 \$ 79.845 \$ 10.016 \$ 79.845 \$ 10.016 \$ 70.947 \$ 116.808 \$ 116.808 \$ 116.808 \$ 117.947 \$ 112.446 \$ 8.4663 \$ 2.2446 \$ 2.2446 \$ 2.246 3.246 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 165,512 \$ 6,060 \$ 29,679 \$ 233,261 \$ 6,17 \$ 6,17 \$ 233,261 \$ 5,512 \$ 6,060 \$ 29,679 \$ 233,261 \$ 5,512 \$ 6,060 \$ 232,267 \$ 5,512 \$ 6,060 \$ 232,675 \$ 232,261 \$ 5,512 \$ 6,060 \$ 232,261 \$ 5,512 \$ 6,060 \$ 232,261 \$ 5,512 \$ 6,060 \$ 232,261 \$ 5,512 \$ 6,060 \$ 229,679 \$ 233,261 \$ 5,52 \$ 5,52 |
| Rot Cai 09200 Obs 5000 OP 5000 PE 5000 RA 6600 PH 9000 CAI 700 MP 7300 DRI 7400 RE 7400 RE | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM EVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION 30RATORY SPIRATORY THERAPY YSICAL THERAPY SETROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UAL YSIS INC | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.075157 0.036644 0.090489 0.037678 0.315821 0.248972 0.505901 0.502440 0.215255 0.128353 0.490127 0.181525 - | 103 Routine Charges \$ 464.627 \$ 4510.94 Ancillary Charges 3.948 18.066 3.916 26.253 7.486 28.249 62.092 10.016 7.9.845 116.808 21,020 7.315 61.186 51 172.446 8.463 2 | 22,531 39,259 7,525 1,712 6,817 120,705 166,512 8,660 29,679 283,261 51,231 618 55 22,925 | \$- | Ancillary Charges | \$- | Ancillary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4.510.94 Ancillary Charges \$ 3.948 \$ 18.066 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 28.249 \$ 10.016 \$ 79.845 \$ 10.016 \$ 79.845 \$ 10.016 \$ 70.947 \$ 116.808 \$ 116.808 \$ 116.808 \$ 117.947 \$ 112.446 \$ 8.4663 \$ 2.2446 \$ 2.2446 \$ 2.246 3.246 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 165,512 \$ 6,060 \$ 29,679 \$ 233,261 \$ 6,17 \$ 6,17 \$ 233,261 \$ 5,512 \$ 6,060 \$ 29,679 \$ 233,261 \$ 5,512 \$ 6,060 \$ 232,267 \$ 5,512 \$ 6,060 \$ 232,675 \$ 232,261 \$ 5,512 \$ 6,060 \$ 232,261 \$ 5,512 \$ 6,060 \$ 232,261 \$ 5,512 \$ 6,060 \$ 232,261 \$ 5,512 \$ 6,060 \$ 229,679 \$ 233,261 \$ 5,52 \$ 5,52 |
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| Rot Cai 09200 Obs 5000 OP 5000 Ref 6000 Lek 6600 Ref 7000 Mer 7200 Mer 7300 DRI 7400 Ref | Unreconciled Days (utine Charges culated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) ERATING ROOM COVERY ROOM EVERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC SCAN I RDIAC CATHETERIZATION 30RATORY SPIRATORY THERAPY YSICAL THERAPY SETROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UAL YSIS INC | | 0.356522 0.107014 0.137367 0.209601 0.134133 0.172586 0.029515 0.075157 0.036644 0.090489 0.037678 0.315821 0.248972 0.505901 0.502440 0.215255 0.128353 0.490127 0.181525 - | 103 Routine Charges \$ 464.627 \$ 4510.94 Ancillary Charges 3.948 18.066 3.916 26.253 7.486 28.249 62.092 10.016 7.9.845 116.808 21,020 7.315 61.186 51 172.446 8.463 2 | 22,531 39,259 7,525 1,712 6,817 120,705 166,512 8,660 29,679 283,261 51,231 618 55 22,925 | \$- | Ancillary Charges | \$- | Anciliary Charges | \$- | Ancillary Charges | Routine Charges \$ 464.627 \$ 4.510.94 Ancillary Charges \$ 3.948 \$ 18.066 \$ 28,253 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,249 \$ 28,10,016 \$ 79,845 \$ 10,016 \$ 7,315 \$ 116,808 \$ 112,446 \$ 3 | \$ 22,531 \$ 39,259 \$ 7,525 \$ 1,712 \$ 6,817 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 120,705 \$ 165,512 \$ 6,060 \$ 29,679 \$ 233,261 \$ 6,17 \$ 6,17 \$ 233,261 \$ 5,512 \$ 6,060 \$ 29,679 \$ 233,261 \$ 5,512 \$ 6,060 \$ 232,267 \$ 5,512 \$ 6,060 \$ 232,675 \$ 232,261 \$ 5,512 \$ 6,060 \$ 232,261 \$ 5,512 \$ 6,060 \$ 232,261 \$ 5,512 \$ 6,060 \$ 232,261 \$ 5,512 \$ 6,060 \$ 229,679 \$ 233,261 \$ 5,52 \$ 5,52 |

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I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2021-09/30/2022) 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 |
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I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2021-09/30/2022) 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 |
|-------------------|-----------------------------------|---|--|---|-----------------------------|
| 110 - | | | | | \$ - \$ - |
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| | \$ 856,158 \$ 1,255,442 | <u>s</u> - <u>s</u> - | <u>s</u> - <u>s</u> - | s - s - | |
| | | | | | |
| Totals / Payments | | | | | |

| 128 | Total Charges (includes organ acquisition from Section K) | \$ | 1,320,785 | \$ 1,255,44 | 2 \$ | - | \$ - | \$ | 6 - | \$- | \$- | \$ - | \$ 1,320,785 | \$ 1,255,442 |
|-----|--|----|-----------|--------------|------|----|------|-----|-----|------|------|---------|--------------|-----------------|
| 129 | Total Charges per PS&R or Exhibit Detail | \$ | 1,320,785 | \$ 1,255,442 | 2 \$ | - | \$- | \$ | δ - | \$ - | \$- | \$ - | | |
| 130 | Unreconciled Charges (Explain Variance) | | - | | | | | | | | | - | | |
| 131 | Total Calculated Cost (includes organ acquisition from Section K) | \$ | 311,041 | \$ 176,51 | 9 | - | \$- | \$ | 6 - | \$- | \$ - | \$ - | \$ 311,041 | \$ 176,519 |
| | | | | | | | | | | | | | | |
| 132 | Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) | \$ | 51,675 | \$ 61,50 | 0 | | | IL | | | | | \$ 51,675 | \$ 61,500 |
| 133 | Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) | | | | | | | IL | | | | | \$ - | \$ - |
| 134 | Private Insurance (including primary and third party liability) | | | | | | | L | | | | | \$- | \$ - |
| 135 | Self-Pay (including Co-Pay and Spend-Down) | | | \$ 3,47 | 1 | | | 1 🗆 | | | | | \$ - | \$ 3,471 |
| 136 | Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) | \$ | 51,675 | \$ 64,97 | 1 \$ | - | \$- | | | | | | | |
| 137 | Medicaid Cost Settlement Payments (See Note B) | | | | | | | - | | | | | \$- | \$ - |
| 138 | Other Medicaid Payments Reported on Cost Report Year (See Note C) | | | | | | | 1 | | | | Ē | \$ - | \$ - |
| 139 | Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) | | | | | | | 'г | | | | | \$ - | \$ - |
| 140 | Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) | | | | | | | | | | | | \$ - | \$ - |
| 141 | Medicare Cross-Over Bad Debt Payments | | | | | | | | | | | | \$ - | \$ - |
| 142 | Other Medicare Cross-Over Payments (See Note D) | | | | | | | | | | | | \$ - | \$ - |
| | | | | | | | | | | · | | | | |
| 143 | Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) | \$ | 259,366 | \$ 111,54 | в \$ | - | \$ - | \$ | - 6 | \$ - | \$- | \$ - | \$ 259,366 | \$ 111,548 |
| 144 | Calculated Payments as a Percentage of Cost | - | 17% | 37 | % | 0% | 0% | | 0% | 0% | 0% | 0% | 17% | 37% |

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.

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

Cost Report Year (10/01/2021-09/30/2022) HAMILTON MEDICAL CENTER

| | | Total | | | | | Revenue for | Total | In-State Medic | aid FFS Primary | In-State Medicaid N | lanaged Care Primary | | FS Cross-Overs (with Secondary) | | edicaid Eligibles (Not Elsewhere) | Unir | sured |
|----------|---|--|--|---|--|---|---|---|---|---|---|---|---|---|--|--|------|-------|
| | | Organ Acquisition Cost | Additional Add-In Intern/Resident 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 | 400 ··· 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 | | |
| Orga | an Acquisition Cost Centers (list below): | | | | | | | | | | | | | | | | | |
| | Lung Acquisition | \$0.00 | | \$- | | 0 | | | | | | | | | | | | |
| | Kidney Acquisition | \$0.00 | | \$- | | 0 | | | | | | | | | | | | |
| | Liver Acquisition | \$0.00 | s - | \$ - | | 0 | | | | | | | | | | | | |
| | Heart Acquisition | \$0.00 | s - | \$- | | 0 | | | | | | | | | | | | |
| | Pancreas Acquisition | \$0.00 | s - | \$ - | | 0 | | | | | | | | | | | | |
| | Intestinal Acquisition | \$0.00 | s - | \$ - | | 0 | | | | | | | | | | | | |
| | Islet Acquisition | \$0.00 | s - | \$- | | 0 | | | | | | | | | | | | |
| | | \$0.00 | \$ - | \$- | | 0 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | Totals | \$ - | s - | \$ - | \$- | - | \$- | - | \$- | - | \$- | - | \$- | - | \$- | - | | |
| Note A - | Total Cost These amounts must agree to your inpatier | t and outpatient M | ladicaid naid claims | eummany if available | lif not use hernital's lo | as and submit w | ith survey) | | | | | | | | | | | |

transplanted into such patients.

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

Cost Report Year (10/01/2021-09/30/2022) HAMILTON MEDICAL CENTER

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| | | Total Organ Additional Add-In Total Adjusted Acquisition Cost Cost Cost Cost | | Revenue for | Total | Out-of-State Medicaid FFS Primary | | Out-of-State Medicaid Managed Care Primar | | Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary) | | Out-of-State Other Medicaid Eligibles (Not Included Elsewhere) | | |
|------|---|---|--|---|---|---|---|---|---|--|---|---|---|--|
| | | | | Medicaid/ Cross- Over / Uninsured Organs Sold | Useable Organs (Count) | Charges | Useable Organs (Count) | Charges | Useable Organs (Count) | Charges | Useable Organs (Count) | Charges | Useable Organ (Count) | |
| | | Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61 | Add-On Cost Factor 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, In 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 Claim Data or Provider Logs (Note A) |
| Orga | an Acquisition Cost Centers (list below): | | | | | | | | | | | | | |
| | Lung Acquisition | \$ - | s - | \$- | s - | 0 | | | | | | | | |
| | Kidney Acquisition | s - | s - | \$- | s - | 0 | | | | | | | | |
| | Liver Acquisition | \$ - | \$ - | \$- | \$- | 0 | | | | | | | | |
| | Heart Acquisition | \$ - | \$ - | \$- | \$- | 0 | | | | | | | | |
| | Pancreas Acquisition | s - | s - | \$- | s - | 0 | | | | | | | | |
| | Intestinal Acquisition | s - | s - | \$- | s - | 0 | | | | | | | | |
| | Islet Acquisition | \$ - | \$ - | \$- | \$- | 0 | | | | | | | | |
| | | \$- | \$ - | \$- | \$- | 0 | | | | | | | | |
| | | 1. | 1. | | | | | | | | | | | |
| | Totals | \$ - | \$ - | \$- | \$- | | \$- | - | \$- | - | \$- | - | \$ - | I |
| | Total Cost | 7 | | | | | | | | | | | | |

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 (10/01/2021-09/30/2022)

HAMILTON MEDICAL CENTER

| Worksheet A P | Provider Tax Assessment F | econciliation: | | | | |
|---------------|---------------------------------|---|--|------------------------------|-------------------------|---------------------|
| | | | | | W/S A Cost Center | |
| | | | | Dollar Amount | Line | |
| 1 Hosp | ital Gross Provider Tax Assess | ment (from general ledger)* | | \$ 3,630,734 | | |
| 1a Work | king Trial Balance Account Type | and Account # that includes Gross Provi | Expense | 55000-560100 (WTB Account #) | | |
| 2 Hosp | ital Gross Provider Tax Assess | ment Included in Expense on the Cost Re | port (W/S A, Col. 2) | \$ 3,630,734 | 5.01 (Where is the cost | included on w/s A?) |
| | | | | | | |
| 3 Differ | rence (Explain Here>) | | | \$ - | | |
| _ | | | | | | |
| Prov | | ifications (from w/s A-6 of the Medica | e cost report) | | (De ala a site da da | fra |
| 4 | Reclassification Code | | | | (Reclassified to / (| <i>''</i> |
| 5 | Reclassification Code | | | | (Reclassified to / (| |
| 0 | Reclassification Code | | | | (Reclassified to / (| |
| 1 | Reclassification Code | | | | (Reclassified to / (| rom)) |
| DSH | UCC ALLOWABLE - Provider | Tax Assessment Adjustments (from w | /s A-8 of the Medicare cost report) | | | |
| 8 | Reason for adjustment | | | | (Adjusted to / (from | n)) |
| 9 | Reason for adjustment | | | | (Adjusted to / (from | n)) |
| 10 | Reason for adjustment | | | | (Adjusted to / (from | |
| 11 | Reason for adjustment | | | | (Adjusted to / (from | |
| | 2 | | | | | |
| DSH | UCC NON-ALLOWABLE Prov | ider Tax Assessment Adjustments (fro | m w/s A-8 of the Medicare cost report) | | | |
| 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 | | \$ 3,630,734 | | |
| | | | | | | |
| DSH UCC Prov | vider Tax Assessment Adju | stment: | | | | |
| 17 Cross | s Allowable Assessment Not In | huded in the Cast Report | | \$ - | | |
| 17 Glos | s Allowable Assessment Not In | cided in the Cost Report | | ə - | | |
| Appo | ortionment of Provider Tax As | sessment Adjustment to Medicaid & U | ninsured: | | | |
| 18 | Medicaid Hospital | Charges Sec. G | | 347,895,107 | | |
| 19 | Uninsured Hospital | Charges Sec. G | | 131,721,714 | | |
| 20 | Total Hospital | Charges Sec. G | | 1,440,825,429 | | |
| 21 | | Tax Assessment Adjustment to include in | DSH Medicaid UCC | 24.15% | | |
| 22 | | Tax Assessment Adjustment to include in | | 9.14% | | |
| 23 | | ssessment Adjustment to DSH UCC | | \$ - | | |
| 24 | | Assessment Adjustment to DSH UCC | | \$ - | | |
| | ider Tax Assessment Adjustmer | • | | ÷ \$ - | | |
| | | | | | | |

* 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.