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

A. General DSH Year Information			DSH Version	6.02	2/10/2023
1 ₋ DSH Year:	Begin 07/01/2021	End 06/30/2022			
2_* Select Your Facility from the Drop-Down Menu Provided:	TANNER MEDICAL CENTER	R-CARROLLTON			
Identification of cost reports needed to cover the DSH Year:					
 Cost Report Year 1 Cost Report Year 2 (if applicable) Cost Report Year 3 (if applicable) 	Cost Report Begin Date(s) 07/01/2021	Cost Report End Date(s) 06/30/2022	Must also complete a separate survey file for each cos	(<mark>report</mark> period listed - S	SEE DSH SURVEY PART II FILES
6. Medicaid Provider Number:	Data	000001867A			

0

0

110011

- 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):
- 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):
- 9. Medicare Provider Number:

8. DSH Qualifying Information

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the DSH Examination Year:

- 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)
- 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer nonemergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?
- 3b. What date did the hospital open?



No	
No	

	Yes	
_	11/1/1949	-

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

C. Disclosure of Other Medicaid Payments Received:		
1, Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/20 (Should include UPL and non-claim specific payments paid based on the state f		\$ 2,871,271
 Medicaid Managed Care Supplemental Payments for hospital services for (Should include all non-claim specific payments for hospital services such as luu payments, capitation payments received by the hospital (not by the MCO), or ot NOTE: Hospital portion of supplemental payments reported on DSH Survey Par Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital 	mp sum payments for full Medicaid pricing (FMP), s her incentive payments. rt II, Section E, Question 14 should be reported her	
Certification:		
 Was your hospital allowed to retain 100% of the DSH payment it received f Matching the federal share with an IGT/CPE is not a basis for answering th hospital was not allowed to retain 100% of its DSH payments, please expla present that prevented the hospital from retaining its payments. Explanation for "No" answers: 	is question "no". If your	Answer Yes
The following certification is to be completed by the hospital's CEO or CFC);	
I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and records of the hospital. All Medicaid eligible patients, including those who have p payment on the claim. I understand that this information will be used to determin provisions. Detailed support exists for all amounts reported in the survey. These available for inspection when requested.	private insurance coverage, have been reported on the Medicaid program's compliance with federal I	the DSH survey regardless of whether the hospital received Disproportionate Share Hospital (DSH) eligibility and payments
Canal Screws Hospital CEO or CFO Signature	CFO Title	1/3/2024

Carol S. Crews Hospital CEO or CFO Printed Name

770-836-9745	
Hospital CEO	or CFO Telephone Number

Uak /

ccrews@tanner.org Hospital CEO or CFO E-Mail

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

Hospital	Contact:	
		and the factor of

Name	Carol S. Crews
Title	CFO
Telephone Number	770-836-9745
E-Mail Address	ccrews@tanner.org
Mailing Street Address	705 Dixie Street
Mailing City, State, Zic	Carroliton, GA 30117

Outside Preparer:

e - to to paron	
Name	Wilson E. Joiner, III
Title	Partner
Firm Name	Draffin & Tucker, LLP
Telephone Number	229-883-7878
E-Mail Address	bjoiner@draffin-tucker.com

DSH Version 8.11

2/10/2023

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. TANNER MEDICAL CENTER-CARROLLTON 1. Select Your Facility from the Drop-Down Menu Provided: 7/1/2021 through 6/30/2022 2. Select Cost Report Year Covered by this Survey (enter "X"): Х 3. Status of Cost Report Used for this Survey (Should be audited if available): 1 - As Submitted 3a. Date CMS processed the HCRIS file into the HCRIS database: 5/12/2023 Data Correct? If Incorrect, Proper Information TANNER MEDICAL CENTER-CARROLLTON 4. Hospital Name: Yes 5. Medicaid Provider Number: 000001867A Yes 6. Medicaid Subprovider Number 1 (Psychiatric or Rehab): Yes 7. Medicaid Subprovider Number 2 (Psychiatric or Rehab): Yes 8. Medicare Provider Number: 110011 Yes Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal): Non-State Govt. Yes Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year: State Name Provider No. 9. State Name & Number 10. State Name & Number 11. State Name & Number 12 State Name & Number 13. State Name & Number 14. State Name & Number 15. State Name & Number (List additional states on a separate attachment) E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2021 - 06/30/2022) 1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1) 2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 4. Total Section 1011 Payments Related to Hospital Services (See Note 1) \$-5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1) 6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1) 7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1) 8. Out-of-State DSH Payments (See Note 2) Inpatient Outpatient Total 187,087 839,189 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) \$1,026,276 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) 1.999.350 9 9.636.289 \$11.635.639 11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments) \$2,186,437 \$10,475,478 \$12,661,915 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments: 8.56% 8.01% 8.11% 13. Did your hospital receive any Medicaid managed care payments not paid at the claim level? No Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments. 14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services 15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services 16. Total Medicaid managed care non-claims payments (see question 13 above) received \$-

6/30/2022

7/1/2021

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

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

D. General Cost Report Year Information

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

F. MIUR	/ LIUR Qualifying Data from the Cost Report (07/01/2021 - 06/30/2022)			
	Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR) Il Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6)	61,859	(See Note in Section F-3, below)	
F-2.	Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Rati	o (LIUR) Calculation):		
3. Outr 4. Uns 5. Non	titient Hospital Subsidies patient Hospital Subsidies pecified I/P and O/P Hospital Subsidies -Hospital Subsidies Il Hospital Subsidies	\$ -		
8. Outp 9. Non	tient Hospital Charity Care Charges patient Hospital Charity Care Charges -Hospital Charity Care Charges al Charity Care Charges	18,329,069 12,798,975 		
F-3.	Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report)			

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report,	Tota	l Patient Revenues (Charges	5)	Contractual Adjustme	nts (formulas below can be are known)	overwritten if amounts	
the data should be updated to the hospital's version of the cost report.	1014	Thatent to vehice (enarged	5)				
Formulas can be overwritten as needed with actual data.							
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
	inputient noopitui	oupution noopital	Non-noopital	Inpatient noopital	ouputon noopitui	Non-noophai	Norriospital Novellae
11. Hospital	\$181,217,354.00			\$ 127,625,957	C	¢	\$ 53.591.397
12. Subprovider I (Psych or Rehab)	\$101,217,354.00			\$ 127,023,937	\$ -	φ - \$ -	\$ 33,391,397 \$ -
13. Subprovider II (Psych or Rehab)	\$0.00			- -	- -	⇒ - \$ -	- с
14. Swing Bed - SNF	\$0.00		\$0.00	• -	• -	φ - \$ -	- -
14. Swing Bed - SNF 15. Swing Bed - NF			\$0.00			\$ - \$ -	
						+	
16. Skilled Nursing Facility			\$0.00			\$ -	
17. Nursing Facility			\$0.00			\$ -	
18. Other Long-Term Care			\$0.00			\$ -	
19. Ancillary Services	\$356,728,298.00	\$442,590,596.00		\$ 251,233,059	\$ 311,703,305	\$ -	\$ 236,382,529
20. Outpatient Services		\$75,854,946.00			\$ 53,422,367	\$ -	\$ 22,432,579
21. Home Health Agency			\$7,303,162.00			\$ 5,143,398	
22. Ambulance	-	-	\$ -	-	-	\$ -	-
23. Outpatient Rehab Providers			\$0.00	\$-	\$	\$-	\$-
24. ASC	\$0.00	\$0.00		\$-	\$	\$-	
25. Hospice			\$1,637,517.00			\$ 1,153,254	
26. Other	\$0.00	\$0.00	\$0.00	\$-	\$-	\$-	\$-
27. Total	\$ 537,945,652	\$ 518,445,542	\$ 8,940,679	\$ 378,859,016	\$ 365,125,672	\$ 6,296,653	\$ 312,406,506
28. Total Hospital and Non Hospital	φ <u>337,943,032</u>	Total from Above	\$ 1,065,331,873	φ 370,039,010	Total from Above	\$ 750,281,341	\$ 312,400,300
28. Total Hospital and Non Hospital		Total from Above	\$ 1,000,331,873		Total from Above	\$ 750,281,341	
29. Total Per Cost Report	Total Patier	nt Revenues (G-3 Line 1)	1,065,331,873	Total Cont	tractual Adj. (G-3 Line 2)	746,831,351	
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on works	heet G-3, Line 2 (impact is a	decrease in net patient					
revenue)					+		
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUD	ED on worksheet G-3 Line	2 (impact is a decrease in					
net patient revenue)	ED on worksheet 0-5, Eine						
. ,					+		
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Reven	ue INCLUDED on workshee	t G-3, Line 2 (impact is a					
decrease in net patient revenue)					+	3,449,990	
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patie	nt Care Cash Subsidies INC	LUDED on worksheet G-					
3, Line 2 (impact is a decrease in net patient revenue)							
		ing O (impost is an			+		
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INC	LUDED on worksneet G-3, I	Line ∠ (impact is an					
increase in net patient revenue)					-		
35. Adjusted Contractual Adjustments						750,281,341	
36. Unreconciled Difference	Unreconciled [Difference (Should be \$0)	\$-	Unreconciled D	ifference (Should be \$0)	\$-	

G. Cost Report - Cost / Days / Charges

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

TANKED MEDICAL OFNITED CADDOLLTON
TANNER MEDICAL CENTER-CARROLLTON

	Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
hospit com hospit data sho	NOTE: All data in this section must be verified by the ospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the ospital has a more recent version of the cost report, the a should be updated to the hospital's version of the cost sort. Formulas can be overwritten as needed with actual data.		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem
	Routir	ne Cost Centers (list below):									
1		ADULTS & PEDIATRICS	\$ 81,902,179	\$-	\$ -	\$0.00	\$ 81,902,179	61,566	\$102,005,206.00		\$ 1,330.32
2		INTENSIVE CARE UNIT	\$ 18,246,556		\$ 24,888		\$ 18,271,444	5.116	\$19.067.097.00		\$ 3,571.43
3		CORONARY CARE UNIT	\$ -	-	\$ -		\$ -	-	\$0.00		\$ -
4		BURN INTENSIVE CARE UNIT	\$ -	\$-	\$ -		\$ -	-	\$0.00		\$ -
5		SURGICAL INTENSIVE CARE UNIT	\$-	\$-	\$ -		\$ -	-	\$0.00		\$ -
6	03500	OTHER SPECIAL CARE UNIT	\$ -		\$ -		\$ -	-	\$0.00		\$ -
7		SUBPROVIDER I	\$-		\$ -		\$ -	-	\$0.00		\$ -
8		SUBPROVIDER II	\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
9		OTHER SUBPROVIDER	<u> </u>	φ - \$ -	<u> </u>		\$ -		\$0.00		\$ -
10		NURSERY	\$ 3.099.072		<u> </u>		\$ 3.099.072	2.435	\$2.208.074.00		\$ 1.272.72
10			\$ <u>4.646.185</u>		- 		\$ 4,646,185	2,435	\$5,619,851.00		\$ 1,988.10
	3301		1 10 11 10	ֆ - Տ -	Ŷ		\$ 4,040,185	2,337			
12			- T	ə - \$ -			\$ -	-	\$0.00 \$0.00		
13			<u>\$</u> -	Ŷ	Ÿ			-			· ·
14			\$ -	\$-			\$ -	-	\$0.00		\$ -
15			\$ -		\$ -		\$ -	-	\$0.00		\$ -
16			\$	\$-			\$ -	-	\$0.00		\$ -
17				\$-			\$-	-	\$0.00		\$-
18		Total Routine	\$ 107,893,992	\$-	\$ 24,888	\$-	\$ 107,918,880	71,454	\$ 128,900,228		
19		Weighted Average									\$ 1,510.33
	Obsor	vation Data (Non-Distinct)		Hospital Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
		, , , , , , , , , , , , , , , , , , , ,									
20	09200	Observation (Non-Distinct)		9,595	-	-	\$ 12,764,420	\$5,832,864.00	\$17,994,712.00	\$ 23,827,576	0.535699
	Ancill	any Cost Contors (from W/S C excluding Obser	Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4		Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
21		ary Cost Centers (from W/S C excluding Obser		e 1	0		¢ 24.000.050	CAE 440 004 00	\$116 650 700 00	¢ 160.004.700	0.040044
21			\$34,090,252.00		<u>\$</u> -		\$ 34,090,252	\$45,442,024.00	\$116,652,702.00		0.210311
22		DELIVERY ROOM & LABOR ROOM	\$7,215,306.00		<u>\$</u> -		\$ 7,215,306	\$5,557,886.00	\$300.00	\$ 5,558,186	1.298140
23		RADIOLOGY-DIAGNOSTIC	\$13,060,499.00		<u>\$</u> -		\$ 13,060,499	\$7,663,595.00	\$22,726,685.00	\$ 30,390,280	0.429759
24		RADIOLOGY-THERAPEUTIC	\$4,862,566.00		<u>\$</u> -		\$ 4,862,566	\$860,902.00	\$25,566,396.00		0.183998
25		RADIOISOTOPE	\$1,583,954.00		\$ -		\$ 1,583,954	\$3,496,613.00	\$16,288,422.00		0.080058
26		CT SCAN	\$2,718,090.00		\$ -		\$ 2,718,090	\$22,923,295.00	\$63,385,292.00		0.031493
27	5800	MRI	\$1,934,201.00		\$ -		\$ 1,934,201	\$4,626,761.00	\$12,805,799.00		0.110953
28		CARDIAC CATHETERIZATION	\$7,860,601.00		\$ 5,244		\$ 7,865,845	\$17,535,961.00	\$16,052,841.00		0.234181
29		LABORATORY	\$14,126,388.00				\$ 14,149,238	\$69,078,086.00	\$39,679,641.00		0.130099
30	6500	RESPIRATORY THERAPY	\$20,654,897.00	\$-	\$ 8,502		\$ 20,663,399	\$38,928,824.00	\$27,953,082.00	\$ 66,881,906	0.308954

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2021-06/30/2022) TANNER MEDICAL CENTER-CARROLLTON

Line		Total Allowable	Intern & Resident Costs Removed on	RCE and Therapy Add-Back (If			I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem /
#	Cost Center Description	Cost	Cost Report *	Applicable		Total Cost	Ancillary Charges	Ancillary Charges	Total Charges	Cost or Other Ratios
	PHYSICAL THERAPY	\$2,362,188.00		\$-	\$		\$5,983,722.00	\$1,162,246.00		0.330562
	MEDICAL SUPPLIES CHARGED TO PATIENT	\$6,233,870.00		\$ -	\$		\$29,575,746.00	\$20,043,232.00		0.125635
	IMPL. DEV. CHARGED TO PATIENTS	\$27,946,851.00		\$ -	9		\$20,987,025.00	\$47,414,486.00		0.408571
	DRUGS CHARGED TO PATIENTS	\$22,171,156.00		\$ - \$-	9		\$102,577,369.00	\$51,429,220.00		0.143962
	PARTIAL HOSPITALIZATION PROGRAM CARDIAC REHABILITATION	\$3,328,458.00 \$886,908.00		\$- \$621	9		\$0.00 \$609.00	\$7,557,131.00 \$694,545.00		0.440439
	HYPERBARIC OXYGEN THERAPY	\$000,900.00		\$ 021 \$ -	4		\$609.00	\$1,325,931.00		0.114472
	CLINIC	\$89,164.00		• -	4		\$0.00	\$0.00		0.114472
	WOUND CARE	\$953,760.00		\$ -	9		\$59,015.00	\$3.812.846.00		0.246331
	EMERGENCY	\$17,976,567.00		\$ -	9		\$12,839,980.00	\$48,533,587.00		0.292904
		\$0.00		\$ -	9		\$0.00	\$0.00		-
		\$0.00		\$ -	\$		\$0.00	\$0.00		-
		\$0.00	\$-	\$-	\$	- 3	\$0.00	\$0.00	\$ -	-
		\$0.00	\$-	\$-	\$		\$0.00	\$0.00		-
		\$0.00		\$-	\$		\$0.00	\$0.00		-
		\$0.00		\$-	\$		\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -	9		\$0.00	\$0.00		-
		\$0.00		\$ -	9		\$0.00	\$0.00		-
		\$0.00		\$ -			\$0.00	\$0.00		-
		\$0.00		\$ -	9		\$0.00	\$0.00		-
		\$0.00 \$0.00		<u>\$</u> - \$-			\$0.00 \$0.00	\$0.00 \$0.00		-
		\$0.00		- \$-	4		\$0.00	\$0.00		-
		\$0.00		- \$-	4		\$0.00	\$0.00		-
		\$0.00		\$ -	4		\$0.00	\$0.00		
		\$0.00		\$ -			\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -			\$0.00	\$0.00		-
		\$0.00		\$-	9		\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -	\$		\$0.00	\$0.00	\$ -	-
		\$0.00	\$-	\$-	\$	-	\$0.00	\$0.00	\$-	-
		\$0.00		\$-	\$		\$0.00	\$0.00		-
		\$0.00		\$ -	\$		\$0.00	\$0.00		-
		\$0.00		\$-	\$		\$0.00	\$0.00		-
		\$0.00		\$ -	9		\$0.00	\$0.00		-
		\$0.00		\$ -	9		\$0.00	\$0.00		-
		\$0.00		\$ -	99		\$0.00	\$0.00		-
		\$0.00 \$0.00		\$ - \$-			\$0.00 \$0.00	\$0.00 \$0.00		-
		\$0.00			4		\$0.00	\$0.00		-
		\$0.00	γ - \$ -	• -	4		\$0.00	\$0.00		-
		\$0.00		\$ -	4		\$0.00	\$0.00		
		\$0.00		\$ -	9		\$0.00	\$0.00		-
			\$-	\$-	9		\$0.00	\$0.00		-
		\$0.00	\$-	\$ -	9		\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -	\$	- 3	\$0.00	\$0.00	\$ -	-
		\$0.00	\$-	\$-	\$	-	\$0.00	\$0.00	\$-	-
		\$0.00		\$-	\$		\$0.00	\$0.00		-
		\$0.00		\$-	\$		\$0.00	\$0.00		-
		\$0.00		\$-	\$		\$0.00	\$0.00		-
		\$0.00	\$ -	\$ -	9		\$0.00	\$0.00		-
\mid		\$0.00		\$ -	9		\$0.00	\$0.00		-
		\$0.00		\$ -	9		\$0.00	\$0.00		-
		\$0.00	\$ -	\$ - \$-	9		\$0.00	\$0.00		-
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		\$0.00		<mark>\$ -</mark> \$ -	3		\$0.00	\$0.00		-
\vdash		\$0.00		s - \$ -	4		\$0.00	\$0.00		-
		\$0.00		• - \$ -	4		\$0.00	\$0.00		-
		\$0.00		\$ -	9		\$0.00	\$0.00		-
		\$0.00					\$0.00	\$0.00		-
		ψ0.00	Ψ -	Ψ =	4	-	ψ0.00	ψ0.00	÷ -	-

G. Cost Report - Cost / Days / Charges

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

TANNER MEDICAL CENTER-CARROLLTON

			Intern & Resident				I/P Routine		
Line #	Cost Center Description	Total Allowable Cost	Costs Removed on Cost Report *	Add-Back (If Applicable	Total Cost	I/P Days and I/P Ancillary Charges	Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem Cost or Other Ratio
		\$0.00	\$ - 5	ş -	\$-	\$0.00	\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -		\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -		\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ - \$ -	\$0.00 \$0.00	\$0.00 \$ \$0.00 \$	-	-
		\$0.00 \$0.00			\$ - \$ -	\$0.00	\$0.00 \$ \$0.00 \$	-	-
		\$0.00			\$ <u>-</u> \$-	\$0.00	\$0.00 \$	-	
		\$0.00			\$ -		\$0.00 \$		
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -		\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -		\$0.00 \$	-	-
		\$0.00	\$ - !	5 -	\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00	\$ - !	\$ -	\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00	\$ - !	ş -	\$ -	\$0.00	\$0.00	-	-
		\$0.00	\$ - !	ş -	\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -		\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -		\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -		\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			<u>\$</u> - \$-		\$0.00 \$	-	-
		\$0.00 \$0.00				\$0.00 \$0.00	\$0.00 \$ \$0.00 \$	-	-
		\$0.00			\$ - \$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$		-
		\$0.00			\$ <u>-</u>		\$0.00 \$		
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
	Total Ancillary	\$ 190,207,458			\$ 190,244,675			935,049,373	I
	Weighted Average	¢ 100,201,100	·	, 01,211	¢ 100,211,010	\$ 000,010,211	φ οτι,στο,σοο φ	000,010,010	0.21701
	Sub Totals	\$ 298,101,450			\$ 298,163,555	\$ 522,870,505	\$ 541,079,096 \$	1,063,949,601	
	NF, SNF, and Swing Bed Cost for Medicaid (Worksheet D, Part V, Title 19, Column 5-7, L		Report Worksheet D-3, 7	Title 19, Column 3,	e 200 and \$0.00				
	NF, SNF, and Swing Bed Cost for Medicare (Worksheet D, Part V, Title 18, Column 5-7, L		Report Worksheet D-3,	Title 18, Column 3,	ne 200 and \$0.00]			
	NF, SNF, and Swing Bed Cost for Other Pay	ers (Hospital must calcula	ate. Submit support for a	calculation of cost.)]			
	Other Cost Adjustments (support must be sul	bmitted)							
	Grand Total	,			\$ 298,163,555				

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

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

Cost Report Year (07/01/2021-06/30/2022) TANNER MEDICAL CENTER-CARROLLTON

		Medicaid Per	Medicaid Cost to	In-State Medica	id FFS Primary	In-State Medicaid M	anaged Care Primary	In-State Medicare FI Medicaid S	FS Cross-Overs (with Secondary)	In-State Other Med Included E	dicaid Eligibles (Not Isewhere)	Unin	isured	Total In-St	ate 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 (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	Survey to Cost Report Totals
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
03000 AD 03100 INT 03200 CC 03300 BU	It Centers (from Section G): ULTS & PEDIATRICS ENSIVE CARE UNIT RONARY CARE UNIT RN INTENSIVE CARE UNIT	\$ 1.330.32 \$ 3,571.43 \$ - \$ -		Days 3.615 375		Days 2,128 97		Days 6,513 623		Days 3.910 191		Days 2,880 271		Days 16,166 1,286 - -		37.439 31.559
13500 OT 14000 SU 14100 SU 14200 OT 14300 NU		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		146		1,157				126		37				60.375
3301 NE	ONATAL INTENSIVE CARE UNIT	\$ 1,988.10 \$ - \$ - \$ - \$ - \$ - \$ - \$ -		140		1,203		-				35		<u> </u>		64.319
otal Days pe	er PS&R or Exhibit Detail Unreconciled Days ((Explain Variance)	Total Days	4,276		4,585		7,136		4,348		3,223		20,345		33.659
	utine Charges culated Routine Charge Per Diem			Routine Charges \$ 9,022,263 \$ 2,109,98		Routine Charges \$ 9,760,759		Routine Charges \$ 15,584,944		Routine Charges \$ 7,415,815		Routine Charges		Routine Charges \$ 41,783,781		38.56
				\$ 2,109.98		\$ 2,128.85		\$ 2,183.99		\$ 1,705.57		\$ 2,129.26		\$ 2,053.76		
200 Ob	st Centers (from W/S C) (from Section servation (Non-Distinct) ERATING ROOM	n G):	0.535699	\$ 2,109.98 Ancillary Charges 398,755 2,543,402	Ancillary Charges	Ancillary Charges	Ancillary Charges 540,265 7,091,002	\$ 2,183.99 Ancillary Charges 603,896 4 040 429	Ancillary Charges 2,095,958 6,946,804	Ancillary Charges 368,175	Ancillary Charges 1,072,513 2,402,340	Ancillary Charges	Ancillary Charges 1,619,586 3,946,278	Ancillary Charges \$ 1,622,035	\$ 4,641,904	35.62
200 Ob 5000 OP 5200 DE 5400 RA	servation (Non-Distinct) ERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC	n G):	0.210311 1.298140 0.429759	Ancillary Charges 398,755 2,543,402 197,672 524,173	933,168 3,093,955 - 946,368	Ancillary Charges	540,265 7,091,002 9,014 1,693,486	Ancillary Charges 603,896 4,040,429 1,220 899,184	2,095,958 6,946,804 - 1,211,243	Ancillary Charges 368,175 2,114,275 737,140 342,046	1,072,513 2,402,340 2,183 941,523	Ancillary Charges	1,619,586 3,946,278 - 1,546,741	Ancillary Charges \$ 1,622,035 \$ 10,938,982 \$ 3,446,755 \$ 2,064,760	\$ 4,641,904 \$ 19,534,100 \$ 11,197 \$ 4,792,620	4 35.62 23.55 7 63.53) 29.51
200 Ob 5000 OP 5200 DE 5400 RA 5500 RA 5600 RA	servation (Non-Distinct) ERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOISOTOPE	n G):	0.210311 1.298140 0.429759 0.183998 0.080058	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358	933,168 3,093,955 - 946,368 969,592 383,034	Ancillary Charges 251,209 2,240,876 2,510,723 299,357 - 72,811	540,265 7,091,002 9,014 1,693,486 517,109 329,822	Ancillary Charges 603,896 4,040,429 1,220 899,184 76,242 390,004	2,095,958 6,946,804 1,211,243 3,099,434 1,474,867	Ancillary Charges 368,175 2,114,275 737,140 342,046 54,053 180,395	1,072,513 2,402,340 2,183 941,523 219,806 307,340	Ancillary Charges 260,403 2,800,033 68,231 395,192 - 220,596	1,619,586 3,946,278 1,546,741 771,448 893,375	Ancillary Charges \$ 1,622,035 \$ 10,938,982 \$ 3,446,755 \$ 2,064,760 \$ 224,065 \$ 876,568	\$ 4,641,904 \$ 19,534,100 \$ 11,197 \$ 4,792,620 \$ 4,805,941 \$ 2,495,063	4 35.63 2 3.55 7 63.53 0 29.5 1 22.13 3 23.25 1 23.25 1 23.25 1 23.25 1 23.25 1 23.25 1 23.55 1 23.55 2 3.55 1 23.55 2 3.55 2
00 Ob 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5700 CT 5800 MR	servation (Non-Distinct) ERATING ROOM UNERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-THEAPPUTIC DIOLOGY-THEAPPUTIC DIOISOTOPE SCAN J	n G):	0.210311 1.298140 0.429759 0.183998 0.080058 0.031493 0.110953	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770	933,168 3,093,955 - 946,368 969,592	Ancillary Charges 251,209 2,240,876 2,510,723 299,357 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146	Ancillary Charges 603,896 4,040,429 1,220 899,184 76,242 390,004 2,712,842 438,883	2,095,958 6,946,804 1,211,243 3,099,434 1,474,867 5,726,137 1,093,914	Ancillary Charges 368,175 2,114,275 737,140 342,046 54,053 180,395 1,182,210 135,579	1,072,513 2,402,340 2,183 941,523 219,806 307,340 1,725,277 422,984	Ancillary Charges 260,403 2,800,033 68,231 395,192 - 220,596 1,549,478 487,631	1,619,586 3,946,278 1,546,741 771,448 893,375 7,365,855 649,252	Ancillary Charges \$ 1,622,035 \$ 10,938,982 \$ 3,446,755 \$ 2,064,760 \$ 224,065 \$ 876,568 \$ 5,928,294 \$ 962,160	\$ 4,641,904 \$ 19,534,100 \$ 11,197 \$ 4,792,620 \$ 4,805,941 \$ 2,495,063 \$ 13,654,950 \$ 2,494,599	4 35.6 0 23.5 7 63.5 0 29.5 1 22.1 3 23.2 0 33.7 0 27.0
200 Ob 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5500 CT 5800 MR 5900 CA	servation (Non-Distinct) ERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOISOTOPE SCAN	n G):	0.210311 1.298140 0.429759 0.183998 0.080058 0.031493	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581	933,168 3,093,955 - 946,368 969,592 383,034 2,610,800	Ancillary Charges 251,209 2,240,876 2,510,723 299,357 - - 72,811 376,662	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737	Ancillary Charges 603,896 4,040,429 1,220 899,184 76,242 390,004 2,712,842	2,095,958 6,946,804 1,211,243 3,099,434 1,474,867 5,726,137	Ancillary Charges 368,175 2,114,275 737,140 342,046 54,053 180,395 1,182,210	1,072,513 2,402,340 2,183 941,523 219,806 307,340 1,725,277	Ancillary Charges 260,403 2,800,033 68,231 395,192 - 220,596 1,549,478	1,619,586 3,946,278 1,546,741 771,448 893,375 7,365,855	Ancillary Charges \$ 1,622,035 \$ 10,938,982 \$ 3,446,755 \$ 2,064,760 \$ 224,065 \$ 8,76,568 \$ 5,928,294	\$ 4,641,904 \$ 19,534,100 \$ 11,197 \$ 4,792,620 \$ 4,805,941 \$ 2,495,063 \$ 13,654,950 \$ 2,494,599 \$ 2,010,582	4 35.62 0 23.55 7 63.53 0 29.51 1 22.13 3 23.25 0 33.71 9 27.02 2 21.75
200 Ob 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5700 CT 5800 MR 5900 CA 6000 LA 6500 RE	servation (Non-Distinct) ERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOISOTOPE SCAN I ROJAC CATHETERIZATION BORATORY SPIRATORY THERAPY	n G):	0.210311 1.298140 0.429759 0.183998 0.080058 0.031493 0.234181 0.130999 0.308954	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 292,482 5,085,816 3,164,663	933,168 3,093,955 946,368 969,552 383,034 2,610,800 520,555 	Anciliary Charges 251,209 2,240,876 3,510,723 299,357 72,811 376,662 95,215 445,559 2,786,038 590,894	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782	Ancillary Charges 603,896 4,040,429 1,220 899,184 76,242 390,004 2,712,842 438,883 1,337,332 7,903,684 4,847,134	2.095.988 6.946,804 1.211,243 3.099.434 1.474,867 5.726,137 1.093,914 1.131,705 3.061,943 2.615,588	Ancillary Charges 368,175 2,114,275 737,140 342,046 54,053 180,395 1,182,210 135,579 394,147 3,717,414 1,907,235	1,072,513 2,402,340 2,183 941,523 219,806 307,340 1,725,277 422,984 310,387 1,525,335 651,805	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303	1,619,586 3,946,278 	Ancillary Charges \$ 1,622,035 \$ 10,938,982 \$ 3,446,755 \$ 2,064,760 \$ 224,065 \$ 5,528,294 \$ 962,160 \$ 2,177,039 \$ 19,492,962 \$ 10,509,926	\$ 4,641,904 \$ 19,534,100 \$ 11,197 \$ 4,792,620 \$ 4,805,941 \$ 2,495,063 \$ 13,654,950 \$ 2,494,599 \$ 2,010,582 \$ 9,265,223 \$ 5,682,248	4 35.60 0 23.55 7 63.55 0 29.55 1 22.11 3 23.25 0 33.77 0 27.00 2 21.73 3 34.47 3 29.90
200 Ob 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5700 CT 5800 MR 5900 CA 6000 LA 6500 RE 6600 PH 7100 ME	servation (Non-Distinct) FRATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY DIAGNOSTIC DIOLOGY DIAGNOSTIC DIOLOGY THERAPEUTIC DIOLOGY.THERAPEUTIC SCAN I ROIAC CATHETERIZATION SIGRATORY SIGRATORY SIGAL THERAPY DICLA SUPPLIES CHARGED TO PATIEN		0.210311 1.298140 0.429759 0.080058 0.080058 0.031493 0.234181 0.30099 0.306954 0.300562 0.125635	Ancillary Charges 396,755 2,643,402 197,672 524,173 93,770 233,358 1,656,581 232,482 - 5,065,816 3,164,663 401,361 1,430,721	933.168 3,093,955 946,362 966,592 3383.034 2,610,800 520,555 - - 1,937,206 1,432,272 4,944 504,329	Ancillary Charges 251,209 2,240,876 2,510,723 299,357 - 72,811 376,662 95,215 445,559 2,766,038	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239	Ancillary Charges 603.896 4.040.429 1.220 899.184 76.242 390.004 2.712.842 1.337.332 7.903.695 4.647.134 785.323 2.807.600	2,065,958 6,946,804 1,211,243 3,099,434 1,474,867 5,726,137 1,093,914 1,131,705 3,061,943 2,615,588 1,75,584 1,467,443	Ancillary Charges 368.175 2.114.275 737.140 342.046 54.053 180.995 1.182.210 135.579 394.147 3.717.414 1.907.235 288.359 1.103.352	1.072.513 2.402.340 2.183 941.523 219.806 307.340 1.725.277 422.984 310.367 1.525.835 651.605 31.676 342.339	Ancillary Charges 260,403 2,800,033 68,231 3965,192 220,596 1,549,473 487,631 1,849,473 1,849,473 1,849,473 1,845,430 1,798,303 2,226,312 1,329,402	1,619,586 3,946,278 1,546,741 7,71,448 893,375 7,365,855 6,49,252 7,84,192 4,020,527 1,558,736 36,461 5,31,971	Ancillary Charges \$ 1,622,035 \$ 10,938,982 \$ 3,446,755 \$ 2,064,760 \$ 224,065 \$ 376,568 \$ 5,928,294 \$ 962,160 \$ 2,177,039 \$ 10,942,962 \$ 10,509,926 \$ 1,543,852 \$ 6,349,467	\$ 4,641,904 \$ 19,534,100 \$ 11,197 \$ 4,792,620 \$ 4,805,941 \$ 2,495,063 \$ 2,495,063 \$ 2,495,063 \$ 2,494,599 \$ 2,404,599 \$ 2,494,599 \$ 2,642,248 \$ 5,682,248 \$ 2,24,455 \$ 3,806,331	4 35.67 23.58 23.58 7 63.57 0 29.57 1 22.13 2 23.28 0 33.77 0 27.00 2 21.79 3 34.47 3 29.99 2 28.98 1 24.77
00 Obs 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LAI 6500 RE 6600 PH 7100 ME 7200 IMF	servation (Non-Destinct) ERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGO-VJAGRANOSTIC DIOLOGO-VTHERAPEUTIC DIOLOGO-VTHERAPEUTIC DIOLSOTOPE SCAN BIOLSOTOPE SIL ROIAC CATHETERIZATION SORATORY THERAPY SICAL THEERAPY		0.210311 1.298140 0.429759 0.183998 0.080058 0.031493 0.110953 0.234181 0.130099 0.300954 0.330562	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 292,482 5,085,816 3,164,683 401,361	933,168 3,093,955 946,368 969,592 383,034 2,610,800 520,555 	Ancillary Charges 251,209 2,240,876 2,510,723 299,357 - 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810	540,265 7,991,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251	Ancillary Charges 603.896 4,040,429 1,220 899,184 76,242 390,004 2,712.842 438.883 1,337,332 7,903.695 4,847,134 785,323	2,095,958 6,946,804 1,211,243 3,099,434 1,474,867 5,726,137 1,093,914 1,131,705 3,061,943 2,615,588 175,584	Ancillary Charges 366.175 2,114.275 737.140 342,046 54,053 180,395 1,182,210 135,579 394,147 3,717,414 1,907,235 288,359	1,072,513 2,402,340 2,183 941,523 219,806 307,340 1,725,277 422,984 310,367 1,525,835 651,605 31,676	Ancillary Charges 260.403 2,800.033 68.231 395.192 - 220.596 1.549.478 487.631 1.880.251 3.855.430 1.798.303 2225.312	1,619,586 3,946,278 	Ancillary Charges \$ 1,622,035 \$ 10,938,982 \$ 3,446,755 \$ 2,064,760 \$ 272,065 \$ 876,568 \$ 962,160 \$ 19,492,962 \$ 10,509,926 \$ 19,438,527	\$ 4,641,904 \$ 19,534,100 \$ 11,197 \$ 4,792,620 \$ 4,805,941 \$ 2,495,063 \$ 13,654,950 \$ 2,494,599 \$ 2,010,582 \$ 9,265,223 \$ 5,682,248 \$ 224,455 \$ 3,806,931 \$ 3,527,746	4 35.6 2 23.5 7 63.5 0 29.5 1 22.1 3 23.2 0 33.7 0 27.0 2 21.7 3 34.4 3 29.9 5 28.9 1 24.7 5 12.4
200 Ob/ 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5500 RA 5700 CT 5800 MR 5900 CA 6000 LA 6500 RE 6600 PH 7100 ME 7200 IMF 7300 DR 7600 PA	servation (Non-Destinct) ERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGO-VJAGRANOSTIC DIOLOGO-VIAGNOSTIC DIOLOGO-VIAGNOSTIC DIOLOGO-VTHERAPEUTIC DIOLOGO-VTHERAPEUTIC DIOLOGO-VTHERAPEUTIC DIOLOGO-VTHERAPEUTIC SIGAL THERAPY SIGLAL THERAPY SIGLAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS	47	0.210311 1.238140 0.429750 0.0133998 0.080058 0.01463 0.110953 0.234181 0.130059 0.308554 0.430562 0.430562 0.430562 0.440439	Ancillary Charges 398.755 2,543,402 197.672 524.173 93,770 233.356 1.656.581 292.482 - 5.085.816 3.164.683 401.361 1.430,721 882.559	933.168 3.093.955 	Ancillary Charges 251,209 2,240,876 2,510,723 299,357 72,811 376,662 95,215 445,559 2,786,038 590,894 66,810 1,007,793 4,029,940	540,265 7,091,002 9,014 1,693,485 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,762 12,251 1,492,819	Ancillary Charges 603.896 4,040,429 1,220 899.184 76,242 390.004 2,712.842 438.883 1,337.332 7,903.695 4,847.134 785.323 2,807.600 1,748.840	2,095,958 6,946,804 1,211,243 3,099,434 1,474,867 5,722,137 1,093,914 1,131,705 3,061,943 2,615,588 1,467,443 3,166,901 5,340,485 1,532,255	Ancillary Charges 368,175 2,114,275 737,140 342,046 54,053 180,395 1,182,210 135,579 394,147 3,717,414 1,907,235 288,359 1,103,352 698,602	1.072,513 2.402,340 2.183 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 661,605 31,676 342,339 355,626 1.634,167 339,4682	Ancillary Charges 260,403 2,800,033 68,231 399,192 220,596 1.549,478 487,631 1,880,251 3,855,430 1,798,303 228,312 1,329,402 652,427	1,619,586 3,946,278 1,546,741 771,448 893,375 7,368,855 649,252 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,202	Ancillary Charges \$ 1,622,035 \$ 10,938,982 \$ 3,446,755 \$ 2,064,760 \$ 224,065 \$ 876,568 \$ 962,160 \$ 19,492,962 \$ 10,308,922 \$ 19,492,962 \$ 1,543,852 \$ 6,349,467 \$ 3,330,100	\$ 4,641,904 \$ 19,534,100 \$ 11,97 \$ 4,792,620 \$ 4,805,941 \$ 2,495,063 \$ 13,654,950 \$ 2,494,509 \$ 2,010,582 \$ 9,265,223 \$ 5,662,248 \$ 224,455 \$ 3,806,931 \$ 3,527,746 \$ 11,303,465 \$ 11,902,633 \$ 11,902,6	4 35.6 0 23.5 7 63.5 0 29.5 1 22.1 3 23.2 0 33.7 0 27.0 2 21.7 3 34.4 3 29.9 5 28.9 1 24.7 5 28.4 1 24.4 3 14.8
200 Ob/ 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5600 RA 5700 CT 5800 MR 6500 CA 6600 LAI 6500 RE 6600 PH 7100 ME 7200 IMF 7300 DR 7600 PA 7697 CA 7698 HY	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGO-VJAGNOSTIC DIOLOGO-VJAGNOSTIC DIOLOGO-VJAGNOSTIC DIOLOGO-VTHERAPEUTIC DIOISOTOPE SCAN BOIRTORY BOIRTORY THERAPY SICAL THERAPY VSICAL THERAPY VSICAL THERAPY UCAL SUPPLIES CHARGED TO PATIENTS UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS TUAL HOSPITALZATION PROGRAM RDIAC REHABILITATION	47	0.2(10311) 1.288140 0.429759 0.133998 0.080058 0.031403 0.234181 0.300552 0.130089 0.300552 0.405571 0.143962 0.44039 1.276737 0.114472	Ancillary Charges 398,755 2,843,402 197,672 524,173 93,770 233,359 1,856,581 292,482 5,086,818 3,164,663 401,361 1,430,721 882,559 6,579,192	933,188 3,093,955 946,368 966,562 383,034 2,610,800 520,555 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 299,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 -	540,265 7,091,002 9,014 1,693,486 517,109 3292,822 3,592,737 457,146 566,510 2,740,239 982,782 1,492,819 2,327,506 379,710	Ancillary Charges 603.896 4,040,429 1,220 899.184 76,242 390.004 2,712.842 438.883 1,337.332 7,903.695 4,847.134 785.323 2,807.600 1,748.840	2,055,958 6,946,804 1,211,243 3,009,434 1,474,867 5,726,137 1,033,914 1,131,705 3,061,943 2,615,588 1,75,584 1,467,443 3,166,901 5,340,485	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 1,182.210 135.579 394.147 3,717.414 1,907.235 268.359 1,103.352 609.602 5,241.379	1.072,513 2.402,340 2.183 9.941,523 2.198,806 307,340 1.725,277 4.22,864 310,367 1.525,835 6.61,605 31,676 342,339 355,626 1.634,167	Ancillary Charges 260,403 2,800,033 66,231 3995,192 220,596 1,549,478 487,631 1,880,251 1,3855,430 1,798,303 226,312 1,329,402 652,427 5,090,237	1,619,586 3,946,278 1,546,741 771,448 893,375 7,365,855 649,252 784,192 4,020,527 74,192 4,020,527 78,4192 4,020,527 74,987,36 36,461 531,971 949,107 4,780,349 35,202	Ancillary Charges \$ 1,622,035 \$ 10,938,982 \$ 3,446,755 \$ 2,064,760 \$ 224,065 \$ 876,568 \$ 962,160 \$ 19,492,962 \$ 10,308,922 \$ 19,492,962 \$ 1,543,852 \$ 6,349,467 \$ 3,330,100	\$ 4,641,904 \$ 19,534,100 \$ 11,197 \$ 4,792,620 \$ 4,805,941 \$ 2,495,063 \$ 2,495,063 \$ 2,495,063 \$ 2,605,923 \$ 2,605,223 \$ 5,682,248 \$ 2,24,455 \$ 3,806,931 \$ 3,527,746 \$ 1,303,465	4 35.6 0 23.5 7 63.5 0 29.5 1 22.1 3 23.2 0 33.7 0 27.0 2 21.7 3 34.4 3 29.9 5 28.9 1 24.7 5 12.4 5 32.4 3 14.8 3 14.8 5 3.4.3
00 Obs 5000 OP 5200 DE 5200 DE 5400 RA 5500 RE 6600 PH 7100 ME 7200 IMF 7300 DR 7600 PA 7607 CA 7608 HY 9000 CL 9000 CL 9000 CL 9001 MC	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SIGAL THERAPEUTIC VICAL THERAPY VICAL THERAPY VICAL THERAPY UGS CHARGED TO PATIENTS RTAL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC UND CARE	47	0.210311 1.298140 0.429759 0.183998 0.0301493 0.234181 0.130099 0.308654 0.234181 0.130099 0.308654 0.25635 0.408571 0.130999 0.408571 0.143962 0.440439 1.276737	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,303.695 4,947.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,576 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges § 10.233, 982 § 10.933, 982 § 10.933, 982 § 2.046, 760 § 2.24, 065 § 76, 568 § 5.928, 294 § 19.622, 160 § 1.77, 539 § 1.542, 925 § 1.543, 852 § 3.330, 100 § 2.7549, 104 § - § - § - § - § - § - § - § - § - § - § - § -	\$ 4,641,904 \$ 19,534,100 \$ 11,534,100 \$ 4,792,820 \$ 4,405,941 \$ 2,496,503 \$ 13,654,950 \$ 2,494,599 \$ 2,2010,582 \$ 9,266,223 \$ 5,682,244 \$ 224,455 \$ 3,306,931 \$ 3,327,746 \$ 11,302,465 \$ 1,086,263 \$ 10,925 \$ 10,925 \$ 10,925 \$ 10,925 \$ 10,925 \$ 3,282,746 \$ 11,303,465 \$ 10,925 \$ 10,955 \$ 10,955	4 35.6 0 23.5 7 63.5 0 29.5 1 22.1 3 23.2 1 22.1 3 23.2 0 33.7 9 27.0 2 21.7 8 34.4 5 28.6 1 24.7 6 12.4 5 32.4 5 28.6 1 24.7 5 32.4 5 28.5 1 24.7 5 32.4 4.5 32.4 5 12.4 5 32.4 4.5 32.4
200 Ob 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5500 CT 5800 MR 5900 CA 6000 LA 6500 RE 6600 PH 7100 ME 7200 IMF 7300 DR 7300 DR 7609 RA 7697 CA 7697 CA 7698 HY 9000 CL	servation (Non-Distinct) ERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAPANOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIORSOTOPE SCAN BOINC CATHETERIZATION BORACOATHETERIZATION BORACOATHETERIZATION SORATORY SIGAL THERAPY SIGAL THERAPY SIGAL THERAPY USE CHARGED TO PATIENTS USE CHARGED TO PATIENTS RTIAL HOSPITALIZATION PROGRAM ROIAC REHABULITATION PERBARIC OXYGEN THERAPY NIC	47	0.210311 1.298140 0.429759 0.133998 0.0301493 0.234181 0.130099 0.308654 0.234181 0.130099 0.308654 0.408571 0.135635 0.408571 0.143962 0.440439 1.276737	Ancillary Charges 398,755 2,843,402 197,672 524,173 93,770 233,358 1,856,581 292,482 508,816 3,164,683 401,381 1,430,721 882,559 6,579,192 -	933,168 3,099,955 946,368 960,592 383,034 2,610,800 5,20,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 299,357 72,2611 376,662 95,215 445,559 2,780,659 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,659 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 445,559 2,780,559 4,790,5590,559	540,265 7,991,002 9,014 1,693,465 517,109 3,592,737 457,746 566,510 2,740,239 982,782 1,2,251 1,422,819 - 2,327,508 3,79,710	Ancillary Charges 603.896 4.040.429 1.220 899.184 76.242 390.004 2.712.842 4.38.883 1.337.332 7.903.6855 4.647.134 785.323 2.807.600 1.749.940 1.1,699.594 -	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,278,137 1,093,914 1,131,705 3,061,943 2,615,588 1,75,584 1,467,443 3,3,66,901 5,340,485 1,53,255 3,3,247 1,68,516	Ancillary Charges 368,175 2,114,275 737,140 342,046 54,053 188,240 1,182,210 3,717,414 1,907,235 288,359 1,103,352 696,602 5,241,379 -	1.072,513 2.402,340 2.183 9.411,523 2.19,806 307,340 1.725,277 4.22,984 3.10,367 3.10,367 3.1,675 3.31,676 3.34,387 3.55,626 1.634,167 3.34,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 66,231 3995,192 220,596 1,549,478 487,631 1,880,251 1,3855,430 1,798,303 226,312 1,329,402 652,427 5,090,237	1,619,586 3,946,278 1,546,741 771,1448 899,375 7,365,855 660,252 7,84,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,202 19,354	Ancillary Charges \$ 1.02033 982 \$ 1.0233 982 \$ 2.04760 \$ 224065 \$ 76588 \$ 528244 \$ 539244 \$ 5394467 \$ 53330100 \$ 27,549,104 \$ 5282444 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$ 4,641,904 \$ 19,534,100 \$ 11,534,100 \$ 4,792,820 \$ 4,405,941 \$ 2,496,503 \$ 13,654,950 \$ 2,494,599 \$ 2,2010,582 \$ 9,266,223 \$ 5,682,244 \$ 224,455 \$ 3,306,931 \$ 3,327,746 \$ 11,302,465 \$ 1,086,263 \$ 10,925 \$ 10,925 \$ 10,925 \$ 10,925 \$ 10,925 \$ 3,282,746 \$ 11,303,465 \$ 10,925 \$ 10,955 \$ 10,955	4 35.6 0 23.5 7 63.5 1 22.1 3 23.5 1 22.1 3 23.5 1 22.1 3 23.5 2 21.7 3 23.5 2 21.7 3 24.7 3 29.5 2 21.7 3 34.4 3 29.5 28.5 28.6 1 24.7 5 28.6 1 24.7 5 28.6 2 13.1 - 2 3 14.8 5 2 2 13.1 - 3
200 Ob/ 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5500 RA 5500 CT 5800 MR 5900 CA 6500 RE 6500 RE 6500 RE 6500 RE 6600 PH 7100 ME 7200 IM 7300 DR 7600 PA 7609 CA 7697 CA 7697 CA	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SIGAL THERAPEUTIC VICAL THERAPY VICAL THERAPY VICAL THERAPY UGS CHARGED TO PATIENTS RTAL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC UND CARE	47	0.210311 1.298140 0.429759 0.133998 0.0301493 0.214181 0.130099 0.308654 0.234181 0.130099 0.308654 0.408571 0.13092 0.42633 1.276737 0.114472 0.246331 0.22204	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,487.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,767 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges § 1.622.035 § 1.09.38.982 § 3.446.785 § 2.24045760 § 2.24045760 § 2.2404576 § 2.2404576 § 2.247059 § 1.0542982 § 1.05429	\$ 4,641,900 \$ 19,534,100 \$ 19,534,100 \$ 4,792,820 \$ 4,805,941 \$ 2,496,063 \$ 13,654,950 \$ 2,494,599 \$ 2,201,0582 \$ 9,265,223 \$ 5,882,244 \$ 2,24,455 \$ 3,905,931 \$ 3,527,746 \$ 11,003,465 \$ 11,003,465 \$ 11,003,465 \$ 11,003,465 \$ 11,003,465 \$ 11,003,465 \$ 1,082,263 \$ 10,925 \$ 7,0399 \$ 16,265,341 \$	4 35. 0 23.3 7 63.0 1 22.2 3 23.3 1 22.2 3 23.3 3 23.3 3 23.3 3 23.3 3 24.1 3 24.3 3 14.4 5 28.3 14.4 14.5 2 13. - - - - - -
200 Ob 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5500 CT 5800 MR 5900 CA 6000 LA 6500 RE 6600 PH 7100 ME 7200 IMF 7300 DR 7300 DR 7609 RA 7697 CA 7697 CA 7698 HY 9000 CL	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SIGAL THERAPEUTIC VICAL THERAPY VICAL THERAPY VICAL THERAPY UGS CHARGED TO PATIENTS RTAL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC UND CARE	47	0.210311 1.288140 0.429759 0.133998 0.080058 0.031493 0.204181 0.30854 0.30852 0.408571 0.143962 0.44039 1.276737 0.114472 0.24631	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,947.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,767 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges § 10.233, 982 § 10.933, 982 § 10.933, 982 § 2.046, 760 § 2.24, 065 § 76, 568 § 5.928, 294 § 19.622, 160 § 1.77, 539 § 1.542, 925 § 1.543, 852 § 3.330, 100 § 2.7549, 104 § - § - § - § - § - § - § - § - § - § - § - § -	\$ 4,641,904 \$ 19,534,100 \$ 11,534,100 \$ 4,792,620 \$ 4,405,941 \$ 2,496,503 \$ 13,654,950 \$ 2,494,599 \$ 2,2010,582 \$ 9,266,223 \$ 5,682,244 \$ 224,455 \$ 3,306,931 \$ 3,327,746 \$ 11,303,465 \$ 1,086,263 \$ 10,925 \$ 10,925 \$ 10,925 \$ 10,925 \$ 10,925 \$ 3,267,745 \$ 10,925 \$ 10,955 \$ 10,9555 \$ 10,9555 \$ 10,9555	4 35.6 0 23.5 7 63.5 1 22.1 3 23.5 1 22.1 3 23.5 1 22.1 3 23.5 2 21.7 3 23.5 2 21.7 3 24.7 3 29.5 2 21.7 3 34.4 3 29.5 28.5 28.6 1 24.7 5 28.6 1 24.7 5 28.6 2 13.1 - 2 3 14.8 5 2 2 13.1 - 3
200 Ob 5000 OP 5200 DP 5200 DP 5400 RA 5500 RA 5500 RA 5700 CA 6000 LA 6500 RE 7200 MR 5900 CA 6600 PH 7200 MR 7200 MR 7200 MR 7200 MR 7200 MR 7400 PA 7697 CA 7697 CA	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SIGAL THERAPEUTIC VICAL THERAPY VICAL THERAPY VICAL THERAPY UGS CHARGED TO PATIENTS RTAL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC UND CARE	47	0.210311 1.288140 0.429759 0.133998 0.080058 0.031493 0.234181 0.110853 0.234181 0.330652 0.428551 0.44039 1.276737 0.114472 0.246331 0.286351 0.246331 0.286351 0.286555555555555555555555555555555555555	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,947.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,767 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges § 10.233, 982 § 10.933, 982 § 2.044, 760 § 2.24, 065 § 7.67, 568 § 5.928, 294 § 10.509, 926 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.201 § 1.201 § 1.201 § 1.201 §	\$ 4,641,904 19,534,100 \$ 19,534,100 \$ 4,722,820 \$ 4,805,941 \$ 2,4495,063 \$ 13,654,950 \$ 2,444,599 \$ 2,2010,582 \$ 9,265,223 \$ 0,565,223 \$ 0,565,224 \$ 11,303,465 \$ 1,089,263 \$ 10,925 \$ 17,3952 \$ 10,255,341 \$ 16,255,341 \$ 7,3099 \$ 7,3099 \$ 16,255,341 \$ 7,3099 \$ 7,3099 \$ 16,255,341 \$ 7,3099 \$	4 35.6 0 23.5 7 63.5 1 22.1 3 23.5 1 22.1 3 23.5 1 22.1 3 23.5 2 21.7 3 23.5 2 21.7 3 24.7 3 29.5 2 21.7 3 34.4 3 29.5 28.5 28.6 1 24.7 5 28.6 1 24.7 5 28.6 2 13.1 - 2 3 14.8 5 2 2 13.1 - 3
200 Ob 5000 OP 5200 DP 5200 DP 5400 RA 5500 RA 5500 RA 5700 CA 6000 LA 6500 RE 7200 MR 5900 CA 6600 PH 7200 MR 7200 MR 7200 MR 7200 MR 7200 MR 7400 PA 7697 CA 7697 CA	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SIGAL THERAPEUTIC VICAL THERAPY VICAL THERAPY VICAL THERAPY UGS CHARGED TO PATIENTS RTAL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC UND CARE	47	0.210311 1.298140 0.429759 0.133998 0.0301493 0.214181 0.130099 0.308654 0.330652 0.125635 0.440439 1.276737 0.114472 0.246331 0.22204 - - -	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,947.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,767 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges § 1.622.035 \$ 1.0338.982 \$ 3.446.785 \$ 2.040.780 \$ 2.24.065 \$ 5.928.294 \$ 9.62.160 \$ 2.177.039 \$ 1.0429.982 \$ 1.043.952 \$ 3.330.100 \$ 2.749.104 \$ 2.24.94.104 \$ -	\$ 4,641,904 \$ 19,534,100 \$ 19,534,100 \$ 4,792,820 \$ 4,205,941 \$ 2,496,063 \$ 13,654,950 \$ 2,494,599 \$ 2,010,582 \$ 9,265,223 \$ 5,682,244 \$ 2,24,455 \$ 1,030,465 \$ 1,030,465 \$ 1,030,465 \$ 1,030,465 \$ 1,030,465 \$ 1,030,465 \$ 1,032,65 \$ 1,032,65 \$ 1,032,65 \$ 1,082,65 \$ 1,082,65	4 35.6 0 23.5 7 63.5 1 22.1 3 23.5 1 22.1 3 23.5 1 22.1 3 23.5 2 21.7 3 23.5 2 21.7 3 24.7 3 29.5 2 21.7 3 34.4 3 29.5 28.5 28.6 1 24.7 5 28.6 1 24.7 5 28.6 2 13.1 - 2 3 14.8 5 2 2 13.1 - 3
200 Ob 5000 OP 5200 DE 5400 RA 5500 RA 5500 RA 5500 CA 6600 CA 6600 CA 6600 PH 7100 ME 7200 IMF 7300 DR 7400 PA 7697 CA 7697 CA 7698 HY 9000 CL	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SIGAL THERAPEUTIC VICAL THERAPY VICAL THERAPY VICAL THERAPY UGS CHARGED TO PATIENTS RTAL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC UND CARE	47	0.210311 1.298140 0.429759 0.133998 0.0301493 0.309854 0.330652 0.224181 0.130099 0.300652 0.125635 0.4008571 0.130099 1.276737 0.114472 0.246331 0.282204 	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,947.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,767 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges	\$ 4,641,900 \$ 19,534,100 \$ 19,534,100 \$ 4,792,620 \$ 4,805,941 \$ 2,496,063 \$ 13,654,950 \$ 2,494,599 \$ 2,2010,582 \$ 9,265,223 \$ 9,265,223 \$ 5,882,244,559 \$ 2,24,455 \$ 3,269,6931 \$ 3,262,753 \$ 10,822 \$ 10,826 \$ 11,303,465 \$ 11,303,465 \$ 11,303,465 \$ 11,303,465 \$ 11,303,465 \$ 1,224,455 \$ 3,269,6931 \$ 3,262,753 \$ 10,822 \$ 10,822 \$ 10,822 \$ 10,822 \$ 10,825 \$ 10,855 \$ 1	4 35.6 23.5 7 63.5 29.5 22.1 29.5 22.1 33.7 33.7 20.2 22.1.7 33.7 34.4 32.9 5 28.9 6 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 2.3 9 2.3
2200 Ob 5000 OP 5200 DP 5200 DP 5200 RA 5500 RA 5500 RA 5700 CA 5900 CA 6000 LA 6000 CA 6600 PH 7200 IM 7300 DR 7400 DR 7697 CA 7697 CA	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SIGAL THERAPEUTIC VICAL THERAPY VICAL THERAPY VICAL THERAPY UGS CHARGED TO PATIENTS RTAL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC UND CARE	47	0.210311 1.298140 0.429759 0.133998 0.0301493 0.2110953 0.224181 0.130099 0.308954 0.330562 0.125635 0.408571 0.130099 0.308954 0.404039 1.276737 0.114472 0.226331 0.22204 	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,487.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,676 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges S 1.02.035 S 1.0.038.982 S 3.446.785 S 2.044.760 S 224.065 S 876.568 S 5.028.294 S 5.028	\$ 4,641,900 \$ 19,534,100 \$ 19,534,100 \$ 4,792,620 \$ 4,805,941 \$ 2,4965,063 \$ 13,654,950 \$ 2,494,599 \$ 2,2015,822 \$ 9,265,223 \$ 9,265,225 \$ 9,265,225	4 35.6 23.5 7 63.5 29.5 22.1 29.5 22.1 33.7 33.7 20.2 22.1.7 33.7 34.4 32.9 5 28.9 6 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 2.3 9 2.3
200 Ob 5000 OP 5200 DP 5200 DP 5400 RA 5500 RA 5500 RA 5700 CA 6000 LA 6500 RE 7200 MR 5900 CA 6600 PH 7200 MR 7200 MR 7200 MR 7200 MR 7200 MR 7400 PA 7697 CA 7697 CA	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SIGAL THERAPEUTIC VICAL THERAPY VICAL THERAPY VICAL THERAPY UGS CHARGED TO PATIENTS RTAL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC UND CARE	47	0.210311 1.288140 0.429759 0.133998 0.080058 0.031493 0.224181 0.130099 0.330682 0.125535 0.43052 0.43052 0.440439 1.26737 0.14472 	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,487.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,676 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges § 10.838,982 § 3.038,982 § 2.044,760 § 2.24,065 § 7.676,568 § 5.928,294 § 9.822,160 § 1.717,039 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.543,852 § 1.201 § 1.201 § 1.201 § . § . § . § . § . § . § . § . </td <td>\$ 4,641,904 19,534,100 \$ 19,534,100 \$ 4,722,820 \$ 4,805,941 \$ 2,4485,063 \$ 13,654,950 \$ 2,444,599 \$ 2,2010,582 \$ 9,265,223 \$ 0,562,224 \$ 13,804,959 \$ 13,262,455 \$ 3,300,931 \$ 3,322,746 \$ 11,303,465 \$ 1,099,263 \$ 10,925 \$ 17,3952 \$ 17,3952 \$ 17,3952 \$ 16,255,341 \$. \$. \$. \$. \$. \$. \$. \$.</td> <td>4 35.6 23.5 23.5 7 63.5 22.1 33.7 3 23.2 33.7 33.7 2 21.7 3 34.4 3 24.7 5 124.7 5 124.4 5 124.4 5 124.4 5 124.4 5 12.4 5 12.4 5 12.4 5 12.4 5 22.4 5 22.4 5 12.4 5 22.4 5 22.4 5 12.4 5 4.3 2 2.3</td>	\$ 4,641,904 19,534,100 \$ 19,534,100 \$ 4,722,820 \$ 4,805,941 \$ 2,4485,063 \$ 13,654,950 \$ 2,444,599 \$ 2,2010,582 \$ 9,265,223 \$ 0,562,224 \$ 13,804,959 \$ 13,262,455 \$ 3,300,931 \$ 3,322,746 \$ 11,303,465 \$ 1,099,263 \$ 10,925 \$ 17,3952 \$ 17,3952 \$ 17,3952 \$ 16,255,341 \$. \$. \$. \$. \$. \$. \$. \$.	4 35.6 23.5 23.5 7 63.5 22.1 33.7 3 23.2 33.7 33.7 2 21.7 3 34.4 3 24.7 5 124.7 5 124.4 5 124.4 5 124.4 5 124.4 5 12.4 5 12.4 5 12.4 5 12.4 5 22.4 5 22.4 5 12.4 5 22.4 5 22.4 5 12.4 5 4.3 2 2.3
2200 Ob 5000 OP 5200 DP 5200 DP 5200 RA 5500 RA 5500 RA 5700 CA 5900 CA 6000 LA 6000 CA 6600 PH 7200 IM 7300 DR 7400 DR 7697 CA 7697 CA	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SIGAL THERAPEUTIC VICAL THERAPY VICAL THERAPY VICAL THERAPY UGS CHARGED TO PATIENTS RTAL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC UND CARE	47	0.210311 1.288140 0.429759 0.133998 0.0301493 0.224181 0.130099 0.389854 0.330582 0.125835 0.125835 0.408571 0.43052 0.43052 0.426331 0.246345 0.246345 0.246345 0.246345 0.246355 0.246355 0.2463555 0.2463555555555555555555555555555555555555	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,487.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,676 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges § 10.838,982 \$ 10.938,982 \$ 2.046,760 \$ 2.24,065 \$ 7.6568 \$ 5.508,294 \$ 9.82,160 \$ 11,509,926 \$ 15,43852 \$ 15,43,852 \$ 15,43,852 \$ 1,543,852 \$ 1,543,852 \$ 1,543,852 \$ 1,543,852 \$ 1,543,852 \$ 1,559,544 \$ \$ \$ 1,201 \$ 3,559,554 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 4,641,904 \$ 19,534,100 \$ 19,534,100 \$ 11,137 \$ 4,722,820 \$ 4,805,941 \$ 2,445,063 \$ 1,3,654,950 \$ 2,4445,508 \$ 2,444,559 \$ 2,24,455 \$ 3,306,931 \$ 3,262,746 \$ 1,032,465 \$ 1,032,465 \$ 1,032,465 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 10,925 \$ 7,099 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ <td>4 35.6 23.5 7 63.5 29.5 22.1 29.5 22.1 33.7 33.7 20.2 22.1.7 33.7 34.4 32.9 5 28.9 6 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 2.3 9 2.3</td>	4 35.6 23.5 7 63.5 29.5 22.1 29.5 22.1 33.7 33.7 20.2 22.1.7 33.7 34.4 32.9 5 28.9 6 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 12.4 5 2.3 9 2.3
200 Ob 5000 OP 5200 DP 5200 DP 5400 RA 5500 RA 5500 RA 5700 CA 6000 LA 6500 RE 7200 MR 5900 CA 6600 PH 7200 MR 7200 MR 7200 MR 7200 MR 7200 MR 7400 PA 7697 CA 7697 CA	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPE SCAN BOIRTORY THERAPY SICAL THERAPY SICAL THERAPY SICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS TALLENCY-THERAPY UGS CHARGED TO PATIENTS TALL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC	47	0.210311 1.298140 0.429759 0.133998 0.0301493 0.309854 0.330652 0.224181 0.130099 0.300654 0.330652 0.125635 0.408571 0.130099 1.276737 0.114472 0.246331 0.282204 	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,487.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,676 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges § 1.022.035 \$ 1.033.982 \$ 3.033.982 \$ 2.046.760 \$ 2.24.065 \$ 5.028.294 \$ 9.02.160 \$ 2.177.039 \$ 1.049.926 \$ 1.049.926 \$ 1.049.926 \$ 5.449.467 \$ 3.330.100 \$ 2.177.039 \$ 3.330.100 \$ 2.147.049 \$ 5.449.467 \$ 3.330.100 \$ 2.177.549.104 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 4,641,904 \$ 19,554,100 \$ 19,554,100 \$ 1,729,202 \$ 4,805,941 \$ 2,496,063 \$ 13,554,950 \$ 2,494,599 \$ 2,2010,582 \$ 3,202,745 \$ 3,202,745	4 35.6 0 23.5 7 63.5 1 22.1 3 23.5 1 22.1 3 23.5 1 22.1 3 23.5 2 21.7 3 23.5 2 21.7 3 24.7 3 29.5 2 21.7 3 34.4 3 29.5 28.5 28.6 1 24.7 5 28.6 1 24.7 5 28.6 2 13.1 - 2 3 14.8 5 2 2 13.1 - 3
9200 Ob 5000 OP 5200 DP 5400 RA 5500 RA 5600 RA 5600 RA 5600 RA 5700 CT 5800 MR 5900 CA 6600 LA 6500 RE 7200 MR 7200 MR 7200 MR 7200 MR 7200 MR 7697 CA 7697 CA	servation (Non-Destinct) ERATING ROOM LINERY ROOM & LABOR ROOM DIOLOGY-DIARONGSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPE SCAN BOIRTORY THERAPY SICAL THERAPY SICAL THERAPY SICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS TALLENCY-THERAPY UGS CHARGED TO PATIENTS TALL HOSPITALZATION PROGRAM ROIAC REHABILITATION PERBARIC OXYGEN THERAPY INIC	47	0.210311 1.288140 0.429759 0.133998 0.0301493 0.224181 0.130099 0.389854 0.330582 0.125835 0.125835 0.408571 0.43052 0.43052 0.426331 0.246345 0.246345 0.246345 0.246345 0.246355 0.246355 0.2463555 0.2463555555555555555555555555555555555555	Ancillary Charges 398,755 2,543,402 197,672 524,173 93,770 233,358 1,656,581 3,164,663 4,01,361 1,430,721 882,559 6,579,192 - - - - - - - - - - - - -	933,168 3,099,955 946,368 966,592 383,034 2,610,800 520,555 1,937,206 1,432,272 4,944 504,329 7,219 2,001,305 161,616	Ancillary Charges 251,209 2,240,876 2,510,723 2,99,357 72,811 376,662 95,215 445,559 2,786,038 590,894 68,810 1,007,793 4,029,940 - - - - - - - - - - - - -	540,265 7,091,002 9,014 1,693,486 517,109 329,822 3,592,737 457,146 568,510 2,740,239 982,782 12,251 1,492,819 2,327,508 379,710 2 24,006	Ancillary Charges 603.896 4,040.429 1,220 899.184 76.242 399.004 2,712.842 438.883 1,337.332 7,390.695 4,487.134 785.323 2,807.600 1,748.940 11,698.594 1,598.594 1,598.594 328 328 328 328 328 328 328 328 328 328	2,095,988 6,948,804 1,211,243 3,099,434 1,474,867 5,728,137 1,093,914 1,131,705 3,061,943 2,2615,588 175,584 1,467,443 3,166,901 5,540,485 153,255 3,247 168,516	Ancillary Charges 366.175 2,114.275 737.140 342.046 54.053 180.395 1,182.210 133.579 394.147 3,717.414 1,907.235 288.359 1,103.352 696,602 5,241.379 - - - - - - - - - - - - -	1.072,513 2.402,340 2.183 9.941,523 2.19,806 307,340 1.725,277 4.22,984 310,367 1.525,835 651,605 314,676 342,339 355,626 1.634,167 394,682 7,678 5,436	Ancillary Charges 260,403 2,800,033 68,231 395,192 220,596 1,549,478 487,631 1,880,251 3,855,430 1,798,303 226,312 1,329,402 652,427 5,090,237 - - - - - - - -	1,619,586 3,946,278 1,546,741 771,448 893,375 7,366,855 642,52 784,192 4,020,527 1,598,736 36,461 531,971 949,107 4,780,349 35,502 19,354 	Ancillary Charges § 10.233, 982 § 10.933, 982 § 2.044, 760 § 2.24, 065 § 7.65, 688 § 5.928, 294 § 9.82, 160 § 1.77, 039 § 1.444, 755 § 1.624, 926 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.543, 852 § 1.201 § 1.201 § 1.201 § 1.53 § 1 § 1 § 1 § 1 § 1 § 1 § 1 § 1 § <td< td=""><td>\$ 4,641,904 \$ 19,534,100 \$ 19,534,100 \$ 11,137 \$ 4,722,820 \$ 4,805,941 \$ 2,445,063 \$ 1,3,654,950 \$ 2,4445,508 \$ 2,444,559 \$ 2,24,455 \$ 3,306,931 \$ 3,262,746 \$ 1,032,465 \$ 1,032,465 \$ 1,032,465 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 10,925 \$ 7,099 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$</td></td<> <td>4 35. 23. 23. 7 63. 1 22. 3 23. 1 22. 3 23. 3 23. 3 23. 3 23. 3 24. 3 24. 3 12. 5 28. 1 24. 3 14. 5 2. 3 14. 5 2. 3 2.</td>	\$ 4,641,904 \$ 19,534,100 \$ 19,534,100 \$ 11,137 \$ 4,722,820 \$ 4,805,941 \$ 2,445,063 \$ 1,3,654,950 \$ 2,4445,508 \$ 2,444,559 \$ 2,24,455 \$ 3,306,931 \$ 3,262,746 \$ 1,032,465 \$ 1,032,465 \$ 1,032,465 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 1,032,455 \$ 10,925 \$ 7,099 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	4 35. 23. 23. 7 63. 1 22. 3 23. 1 22. 3 23. 3 23. 3 23. 3 23. 3 24. 3 24. 3 12. 5 28. 1 24. 3 14. 5 2. 3 14. 5 2. 3 2.

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

Cost Report Year (07/01/2021-06/30/2022) TANNER MEDICAL CENTER-CARROLLTON

	 	In-State Medicaid FFS Primary	In-State Medicaid Managed Care Primary	In-State Medicare FFS Cross-Overs (with Medicaid Secondary)	In-State Other Medicaid Eligibles (Not Included Elsewhere)	Uninsured	Total In-State Medicaid
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2021-06/30/2022) TANNER MEDICAL CENTER-CARROLLTON

	Totals / Payments	In-State Medica	d FFS Primary	In-State Medicaid	Managed Ca	are Primary	In-State Medicare Medicaio	FFS Cross-Overs (v Secondary)	ith	In-State Other Medi Included El		Unir	isured	Total In-Sta	ate Medicaid	%
	Totals / Faymenta															
128	Total Charges (includes organ acquisition from Section J)	\$ 33,438,931	\$ 18,347,467	\$ 24,893,49	7 \$	30,983,463	\$ 57,491,260	\$ 42,496	930 \$	26,546,958	\$ 14,026,743	\$ 28,328,879 (Agrees to Exhibit A)	\$ 38,115,878 (Agrees to Exhibit A)	\$ 142,370,646	\$ 105,854,603	30.25%
												(Agrees to Exhibit A)	(Agrees to Exhibit A)			
129	Total Charges per PS&R or Exhibit Detail	\$ 33,438,931	\$ 18,347,467	\$ 24,893,49	7 S	30,983,463	\$ 57,491,260	\$ 42,496	.930 \$	26,546,958	\$ 14,026,743	\$ 28,328,879	\$ 38,115,878			
130	Unreconciled Charges (Explain Variance)	· .				-			-		-	-	-			
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 11.495.752	\$ 3.858.476	\$ 12.546.85	s	6.707.896	\$ 18.953.083	\$ 9.005	374 \$	10.741.464	\$ 3.234.255	\$ 9.011.551	\$ 7,784,894	\$ 53,737,155	\$ 22,806,001	31.98%
	······································		• • • • • • •				*] [• • • • • •								1
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 6,583,533	\$ 3,209,456				\$ 481,365	\$ 519	,017		\$ 3,567			\$ 7,064,898	\$ 3,732,040]
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			\$ 5,777,59	7 \$	5,236,435	\$-	\$	-					\$ 5,777,597	\$ 5,236,435	
134	Private Insurance (including primary and third party liability)	\$ 103,851	\$ 2,402	\$ 29,00	3 \$	12,501	\$ 1,400	\$ 21	616 \$	3,324,664	\$ 3,648,761			\$ 3,458,923	\$ 3,685,280	1
135	Self-Pay (including Co-Pay and Spend-Down)			\$ 1	3 \$	3	\$-				\$ 75			\$ 13	\$ 78	1
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 6,687,384	\$ 3,211,858	\$ 5,806,61	3 \$	5,248,939										4
137	Medicaid Cost Settlement Payments (See Note B)		\$ 139,441											\$-	\$ 139,441	1
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)													\$-	\$ -	1
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)						\$ 11,283,387	\$ 5,538	538 \$	2,312,114	\$ 204,577			\$ 13,595,501	\$ 5,743,115	1
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)								\$	1,707,824	\$ 611,473			\$ 1,707,824	\$ 611,473	1
141	Medicare Cross-Over Bad Debt Payments						\$ 10,736	\$ 17	863			(Agrees to Exhibit B and	(Agrees to Exhibit B and	\$ 10,736	\$ 17,863	1
142	Other Medicare Cross-Over Payments (See Note D)						\$ 445,580	\$1	193 \$	68,744	\$ 29	B-1)	B-1)	\$ 514,324	\$ 1,222	1
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)											\$ 187,087	\$ 839,189	i		-
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Se	ction E)										\$-	\$-	1		
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$ 4,808,368 58%	\$ 507,177 87%	\$ 6,740,23 46		1,458,957 78%	\$ 6,730,615 64%		.147 \$ 68%	3,328,118 69%	\$ (1,234,227) 138%	\$ 8,824,464 2%	\$ 6,945,705 11%	\$ 21,607,339 60%	\$ 3,639,054 84%	
147 148	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Percent of cross-over days to total Medicare days from the cost report	Col. 6, Sum of Lns. 2, 3, 4,	14, 16, 17, 18 less line	s 5 & 6)			34,656 21%]								

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey). Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (FA summary or PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claim Boeific payments. DSH payments should NOT be included. UPL payments made on a state faces large tasks ishould be reported in Section C of the survey. Note D - Should Include other Medicare corses-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Granduate Medical Education payments). Note E - Medicaid Managed Care payments should hort payments related to the services provided, including, but includes payments.

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2021-06/30/2022) TANNER MEDICAL CENTER-CARROLLTON

				Out-of-State Medicaid FFS Primary Primary (with Medicai		ire FFS Cross-Overs d Secondary)	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total O	Total Out-Of-State Medicaid				
Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient		Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)			
	ost Centers (list below):			Days		Days		Days		Days		Days		
	OULTS & PEDIATRICS	\$ 1,330.32		408									408	
	TENSIVE CARE UNIT	\$ 3,571.43		57									57	
	RONARY CARE UNIT	\$-											-	
	IRN INTENSIVE CARE UNIT	\$ -											-	
	IRGICAL INTENSIVE CARE UNIT	\$ -											-	
	HER SPECIAL CARE UNIT	\$ -											-	
	IBPROVIDER I	\$ -											-	
		\$ -											-	
	HER SUBPROVIDER	\$ -											-	
		\$ 1,272.72		4									4	
SUI NEC	ONATAL INTENSIVE CARE UNIT	\$ 1,988.10		4									4	
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otal Days p	per PS&R or Exhibit Detail			473		-		-		-				
otal Days p	per PS&R or Exhibit Detail Unreconciled Days ((Explain Variance)		473		-				-				
otal Days p		(Explain Variance)		Routine Charges		- 		Routine Charges		Routine Charges		Routine Char	ges	
		(Explain Variance)		·		- - Routine Charges		Routine Charges				\$ 1,058	,793	
Rou	Unreconciled Days	(Explain Variance)		- Routine Charges		Routine Charges		Routine Charges		Routine Charges		\$ 1,058		
Rou Calo	Unreconciled Days utine Charges Iculated Routine Charge Per Diem			Routine Charges \$ 1,058,793 \$ 2,238.46		\$ -		\$ -		\$ -		\$ 1,058 \$ 2,23	,793 8.46	
Rou Calo	Unreconciled Days (utine Charges Iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below):				Ancillary Charges	Routine Charges \$ Ancillary Charges	Ancillary Charges	Routine Charges \$ Ancillary Charges	Ancillary Charges		Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha	,793 8.46 rges A	Incillary Charge
Rou Calo cillary C 200 Obs	Unreconciled Days (utine Charges loulated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct)		0.535699	Routine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,308	297,290	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46	,793 8.46 rges Ai ,308 \$	297,290
Rou Calo cillary C 200 Obs	Unreconciled Days (utine Charges iculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM		0.210311	Routine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,308 532,239	297,290 424,136	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532	,793 8.46 rges A ,308 \$,239 \$	uncillary Charge: 297,290 424,136
Rou Calo 200 Obs 200 OPE 200 DEL	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): iservation (Non-Distinct) "ERATING ROOM LUVERY ROOM & LABOR ROOM		0.210311 1.298140	Routine Charges \$ 1,058,793 2,238.46 Ancillary Charges 46,308 532,239 4,739	297,290 424,136	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4	,793 8.46 ,308 \$,239 \$,739 \$	297,29 424,13
Rou Calo Calo Calo Calo Color Calo Calo Calo Calo Calo Calo Calo Calo	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM :LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC		0.210311 1.298140 0.429759	Routine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,308 532,239 4,739 68,851	297,290 424,136 - 99,913	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4	,793 8.46 rges A ,308 \$,239 \$	297,29 424,13 99,91
Rou Calo 200 Obs 200 OPE 200 DEL 400 RAL 500 RAL	Unreconciled Days (utine Charges loulated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC		0.210311 1.298140 0.429759 0.183998	Routine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,308 532,239 4,739 68,851	297,290 424,136 - 99,913 47,586	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4 \$ 68 \$,793 8.46 ,308 \$,239 \$,739 \$,851 \$ - \$	297,29 424,13 99,91 47,58
Rou Calo 00 Obs 000 OPE 200 DEL 400 RAL 500 RAL 500 RAL	Unreconciled Days (utine Charges loulated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM & LABOR ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-E		0.210311 1.298140 0.429759 0.183998 0.080058	Routine Charges \$ 1.058.793 \$ 2,238.46 Ancillary Charges 46,308 552.239 4,739 68,851 - - 24,831	297,290 424,136 - 99,913 47,586 88,937	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4 \$ 68 \$ \$ 24	,793 8.46 ,308 \$,239 \$,739 \$,851 \$,831 \$	297,29 424,13 99,91 47,58 88,93
Rou Calo 200 Obs 200 OPE 200 DEL 400 RAL 500 RAL 500 RAL 700 CT	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below); servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC		0.210311 1.298140 0.429759 0.183998 0.080058 0.031493	Routine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,309 52,239 4,739 68,851 24,831 227,729	297,290 424,136 99,913 47,586 88,937 366,579	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4 \$ 68 \$ \$ \$ 24 \$ 227	,793 Ai 8.46 \$,308 \$,239 \$,739 \$,851 \$	297,29 424,13 99,91 47,58 88,93 366,57
Rou Calc Collection Colo Observed Colo OPE Colo	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN 81		0.210311 1.298140 0.429759 0.183998 0.080058 0.031493 0.110953	Anotine Charges \$ 1.056,793 \$ 2.238.46 Ancillary Charges 463.08 532,239 4,739 68,851 - 24,831 227,729 38,425	297,290 424,136 99,913 47,586 88,937 366,579 78,112	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4 \$ 68 \$ \$ 244 \$ 227 \$ 38	.793 8.46 rges Ai ,308 \$,239 \$,851 \$,851 \$,831 \$,729 \$,425 \$	297,29 424,13 99,91 47,58 88,93 366,57 78,11
Rou Cala Collary C 200 Obs 000 OPE 200 Dbs 200 Dbs 200 Dbs 200 Dbs 200 Dbs 500 RAL 500 RAL 600 RAL 700 CT 800 MRI 900 CAF	Unreconciled Days (utine Charges loulated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN RI RODAC CATHETERIZATION		0.210311 1.298140 0.429759 0.183998 0.080058 0.031493 0.110953 0.234181	Routine Charges \$ 1.058.793 \$ 2,238.46 Ancilary Charges 46,308 532.239 4,739 68,851 - - 24,831 227.729 38,425 255,397	297,290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4 \$ 68 \$ \$ 24 \$ 227 \$ 38 \$ 255	.793 8.46 rges Ai .308 \$.239 \$.739 \$.851 \$.851 \$.851 \$.831 \$.729 \$.425 \$.397 \$	297,29 424,13 99,91 47,58 88,93 366,57 78,11 196,63
Rou Cala Cala 200 Obs 200 Obs 200 DEL 400 RAL 500 RAL 600 RAL 600 RAL 600 RAL 900 CAR 900 CAR	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY DIOLOGY-THERAPEUTIC DIOLOGY D		0.210311 1.298140 0.429759 0.183998 0.080058 0.031493 0.110953 0.234181 0.130099	Acutine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,308 532,239 4,739 68,851 - 24,831 227,729 38,425 255,397 510,254	297,290 424,136 99,913 47,586 88,937 366,579 78,112 196,631 280,140	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4 \$ 68 \$ \$ 227 \$ 38 \$ 227 \$ 38 \$ 225 \$ 510	,793 8.46 rges Ai ,308 \$,239 \$,739 \$,851 \$,831 \$,729 \$,425 \$,397 \$,254 \$	297,29 424,13 99,91 47,58 88,93 366,57 78,11 196,63 280,14
Rou Cala 200 Obs 000 OPE 200 DEL 400 RAL 500 RAL 600 RAL	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) "ERATING ROOM LIVERY ROOM & LABOR ROOM		0.210311 1.298140 0.429759 0.183998 0.080058 0.031493 0.110963 0.234181 0.130099 0.308954	Routine Charges \$ 1,056,793 \$ 2,238.46 Ancillary Charges 46,308 532,239 4,739 68,851 	297,290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 552 \$ 4 \$ 68 \$ \$ 24 \$ 227 \$ 38 \$ 24 \$ 225 \$ 510 \$ 299	.793 8.46 rges Ai ,308 \$,239 \$,739 \$,851 \$,831 \$,729 \$,425 \$,254 \$,529 \$	297,29 424,13 99,91 47,58 88,93 366,57 78,11 196,63 280,14 152,68
Rou Cala Color 2000 2000 2000 2000 4000 RAL 5000 RAL 6000 RAL 6000 RAL 6000 RAL 6000 RAL 6000 RAL 6000 CAL 6000 RAL 6000 RAL 6000 RAL 6000 CAL 6000 RAL 6000 RAL 6000 6000 RAL 6000 RAL 6000 6000 6000 6000 6000	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below); servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN 81 RODAC CATHETERIZATION BORATORY SPIRATORY THERAPY TSICAL THERAPY		0.210311 1.298140 0.429759 0.080058 0.080058 0.031493 0.109953 0.234181 0.130099 0.308954 0.330562	Acutine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,308 52,239 4,739 68,851 - 227,729 38,425 255,397 510,254 299,529 36,938	297,290 424,136 99,913 47,586 88,937 78,112 196,631 280,140 152,686 2,789	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4 \$ 68 \$ 24 \$ 227 \$ 38 \$ 224 \$ 227 \$ 38 \$ 225 \$ 510 \$ 299 \$ 36	7.793 8.46 rges Ai 3.008 \$ 3.239 \$ 7.739 \$ 8.851 \$ - \$ 8.831 \$ - \$ 8.831 \$ - \$ 8.831 \$ - \$ 8.831 \$ - \$ 8.831 \$ - \$ 8.831 \$ 5.29 \$ 5.29 \$ 9.38 \$	297,29 424,13 99,91 47,58 88,93 366,57 78,11 196,63 280,14 152,68 2,78
Rou Calo Calo Colo Colo <	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SPIRATORY THERAPY VISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIEN		0.210311 1.298140 0.429759 0.183998 0.080058 0.031493 0.110953 0.234181 0.130099 0.309954 0.330562 0.125635	Anotine Charges \$ 1.056,793 \$ 2.238.46 Ancillary Charges 463.08 532.239 4,739 68.851 - 248.831 227,725 38,425 255,397 510,254 209,529 36,938 188,993	297.290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4 \$ 68 \$ \$ 244 \$ 227 \$ 388 \$ 245 \$ 244 \$ 227 \$ 388 \$ 245 \$ 245 \$ 245 \$ 245 \$ 245 \$ 245 \$ 245 \$ 245 \$ 245 \$ 46 \$ 66 \$ 532 \$ 245 \$ 46 \$ 66 \$ 532 \$	An 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 307 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 328 \$ 938 \$	297,29 424,13 99,91 47,58 88,93 366,57 77,8,11 196,63 280,14 152,68 2,78 84,36
Rou Calc Calc Color	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM LIVERY ROOM LIVERY ROOM & LABOR ROOM LIVERY R		0.210311 1.298140 0.429759 0.080058 0.031493 0.234181 0.130099 0.330562 0.125635 0.426571	Routine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,308 532,239 46,308 532,239 4,739 68,851 - - 24,831 227,729 38,425 255,397 510,254 299,529 36,938 188,993 49,574	297.290 424,136 99,913 47,586 88,937 366,579 78,112 196,631 280,140 152,686 2,789 84,369 16,618	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2,23 Ancillary Cha \$ \$ 46 \$ 532 \$ 48 \$ 68 \$ 227 \$ 227 \$ 38 \$ 255 \$ 510 \$ 227 \$ 38 \$ 255 \$ 510 \$ 299 \$ 38 \$ 188 \$ 49	Ai 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 3097 \$ 529 \$ 938 \$ 938 \$ 5,529 \$ 938 \$ 5,574 \$	297,29 424,13 99,91 47,58 88,93 366,57 78,11 196,63 280,14 152,68 2,78 84,36 (16,61)
Rou Calc 200 Obs 200 Obs 200 Obs 200 DPI 400 RAL 500 RAL 500 RAL 600 RES	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN RI RORATORY THERAPY SISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS UNGS CHARGED TO PATIENTS UNGS CHARGED TO PATIENTS		0.210311 1.298140 0.429759 0.183998 0.080058 0.031493 0.234181 0.130099 0.30954 0.330562 0.125635 0.428571 0.133962	Acutine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,308 532,239 4,739 68,851 - 24,831 227,729 38,425 255,397 510,254 299,529 36,938 188,993 49,574 733,163	297,290 424,136 99,913 47,586 88,937 366,579 78,112 199,631 280,140 152,686 2,789 84,369 16,678	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1,058 \$ 2,23 Ancillary Cha \$ 46 \$ 532 \$ 4 \$ 68 \$ 2 \$ 225 \$ 227 \$ 38 \$ 224 \$ 227 \$ 38 \$ 24 \$ 500 \$ 299 \$ 36 \$ 188 \$ 49 \$ 188 \$ 49 \$ 188 \$ 49 \$ 188 \$	An 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 307 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 327 \$ 328 \$ 938 \$	297,29 424,13 99,911 47,58 88,93 366,57 78,11 196,63 280,144 152,68 2,78 84,366 16,611
Rou Cala Collary C 200 Obs 200 DEL 200 DEL 400 RAL 500 RAL 500 RAL 600 RAL 500 PAH 500 RAL 500 RAL 500 RAL 500 RAL 500 RAL	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR R		0.210311 1.298140 0.429759 0.080058 0.080058 0.080058 0.031493 0.110953 0.234181 0.308954 0.308954 0.3089562 0.125635 0.408571 0.139962 0.440439	Anotine Charges \$ 1.056,793 \$ 2.238.46 Ancillary Charges 463.08 52,239.46 463.08 68,851 - 24,831 225,397 510,254 299,529 36,938 148,993 49,574 733,163	297.290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2,23 Ancillary Cha \$ \$ 46 \$ 532 \$ 48 \$ 68 \$ 227 \$ 227 \$ 38 \$ 255 \$ 510 \$ 227 \$ 38 \$ 255 \$ 510 \$ 299 \$ 38 \$ 188 \$ 49	Ai 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 3097 \$ 529 \$ 938 \$ 938 \$ 5,529 \$ 938 \$ 5,574 \$	297,29 424,13 99,911 47,58 88,93 366,57 78,11 196,63 280,144 152,68 2,78 84,366 16,611
Rou Cala Collary C 200 Obs 000 OPP 200 DEL 400 RAL 500 RAL 500 RAL 600 RAL 600 RAL 500 RAL 600 RAL 500 DH1 100 MEL 200 IMP 300 DRU 600 PAP 600 PAP 600 PAP 600 PAP	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below); servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY SCAN RUDAC CATHETERIZATION BORATORY SIPIRATORY THERAPY DICAL SUPPLIES CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS RITAL HOSPITALIZATION PROGRAM. RDIAC REHABILITATION		0.210311 1.298140 0.429759 0.080058 0.0001493 0.109953 0.234181 0.130099 0.308954 0.308954 0.308954 0.308954 0.408571 0.143962 0.440439 1.276737	Acutine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,309 52,239 4,739 68,851 - 227,729 38,425 255,397 510,254 299,529 36,938 48,993 49,574 733,163 -	297.290 424,136 - - - - - - - - - - - - - - - - - - -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2,23 Ancillary Cha 6 \$ 46 \$ 532 \$ 46 \$ 68 \$ 227 \$ 28 \$ 227 \$ 38 \$ 255 \$ 5101 \$ 269 \$ 36 \$ 108 \$ 733 \$ 5 \$ 733	793 8.46 739 239 239 8.51 8.308 739 8.31 8.31 8.331 8.331 8.331 8.331 8.331 8.331 8.331 9.331 5.529 9.338 5.574 5. 1.63 - 5.	297,29 424,13 99,911 47,58 88,93 366,57 78,11 196,63 280,144 152,68 2,78 84,366 16,611
Rou Cala Coll 200 200 200 200 200 400 700	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC SCAN RUL USC CHARGED TO PATIENTS INGS CHARGEN CHARGED TO PATIENTS INGS C		0.210311 1.298140 0.429759 0.080058 0.080058 0.234181 0.130099 0.309854 0.330562 0.126635 0.428571 0.143962 0.440439 1.276737 0.114472	Austine Charges \$ 1,058,793 \$ 2,238.46 Ancillary Charges 46,308 532,239 4,739 68,851 - 24,831 227,729 38,425 255,397 510,254 29,529 36,938 188,993 49,574 733,163 - -	297,290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2.23 Ancillary Cha \$ \$ 46 \$ 532 \$ 48 \$ 68 \$ 28 \$ 28 \$ 28 \$ 28 \$ 28 \$ 299 \$ 306 \$ 188 \$ 49 \$ 733 \$ \$	793 8.46 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 309 \$ 851 \$ - \$ 831 \$ - \$ 397 \$ 397 \$ 529 \$ 574 \$ 574 \$ - \$ - \$	297,29 424,13 99,911 47,58 88,93 366,57 78,11 196,63 280,144 152,68 2,78 84,366 16,611
Rou Calc Calc 200 Obs 200 RAI 500 RAI 500 RAI 500 RAI 600 MRI 900 CAF 500 RAI 600 PAF 698 HYF 000 CLI	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below); servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPY DIOLOGY-DIAGNOSTIC DIOL		0.210311 1.298140 0.429759 0.080058 0.080058 0.031493 0.110963 0.234181 0.130099 0.300952 0.125635 0.408571 0.13962 0.404539 1.276737 0.114472	Routine Charges \$ 1,058,793 \$ 2,238.40 Ancillary Charges 46,308 532,239 47,39 68,512 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,772 - 38,425 - 25,397 - - - - - - - - - - - - -	297.290 424,136 - - - - - - - - - - - - - - - - - - -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2,23 Ancillary Cha 6 \$ 46 \$ 532 \$ 46 \$ 68 \$ 227 \$ 28 \$ 227 \$ 38 \$ 255 \$ 5101 \$ 269 \$ 36 \$ 108 \$ 733 \$ 5 \$ 733	793 8.46 739 239 239 8.51 8.308 739 8.31 8.31 8.331 8.331 8.331 8.331 8.331 8.331 8.331 9.331 5.529 9.338 5.574 5. 1.63 - 5.	297.29 424,13 99,91: 47,58 88,93 3366,577 78,11: 196,63 280,14 152,68 2,78 84,36 16,61: 468,27
Rouge Cala 000 Obs 000 RAI 000 RAI 000 CAI 000 MAI 000 MAI 000 PAI	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM ELIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY SIGAL THERAPY SIGAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS UNGS CHARGED TO PATIENTS RTIAL HOSPITALIZATION PROGRAM RDIAC REHABLITATION PERBARIC OXYGEN THERAPY INIC		0.210311 1.298140 0.429759 0.080058 0.080058 0.031493 0.109953 0.234181 0.130099 0.30954 0.330562 0.125635 0.408571 0.143962 0.440439 1.276737 0.114472 		297,290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2.23 Ancillary Cha \$ \$ 46 \$ 532 \$ 48 \$ 68 \$ 28 \$ 28 \$ 28 \$ 28 \$ 28 \$ 28 \$ 299 \$ 36 \$ 188 \$ 49 \$ 733 \$ \$ \$ \$ \$ \$	793 8.46 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 3851 \$ 3851 \$ 387 \$ 397 \$ 397 \$ 529 \$ 574 \$ 574 \$ \$ \$ - \$ - \$ - \$ - \$	297.299 424,13 99,91: 47,584 88,93 366,57 78,11: 196,63 280,144 152,684 2,787 84,361 16,61: 468,27
Rouge Cala 000 Obs 000 RAI 000 RAI 000 CAI 000 MAI 000 MAI 000 PAI	Unreconciled Days (utine Charges liculated Routine Charge Per Diem Cost Centers (from W/S C) (list below); servation (Non-Distinct) PERATING ROOM LIVERY ROOM & LABOR ROOM LIVERY ROOM & LABOR ROOM DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPY DIOLOGY-DIAGNOSTIC DIOL		0.210311 1.298140 0.429759 0.080058 0.080058 0.031493 0.110963 0.234181 0.130099 0.300952 0.125635 0.408571 0.13962 0.404539 1.276737 0.114472	Routine Charges \$ 1,058,793 \$ 2,238.40 Ancillary Charges 46,308 532,239 47,39 68,512 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,831 - 24,772 - 38,425 - 25,397 - - - - - - - - - - - - -	297.290 424,136 - - - - - - - - - - - - - - - - - - -	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2,23 Ancillary Cha \$ \$ 46 \$ 532 \$ 48 \$ 68 \$ 2,27 \$ 38 \$ 227 \$ 38 \$ 255 \$ 510 \$ 299 \$ 36 \$ 49 \$ 733 \$ \$ \$ \$ \$ 98	793 A rges Ai 3088 S 2399 S 2397 S 881 S 7729 S 8831 S 7729 S 3977 S 5299 S 9388 S 5574 S 163 S - S - S - S - S - S - S - S - S - S - S - S - S	297.299 424,13 99,91: 47,584 88,93 366,57 78,11: 196,63 280,144 152,684 2,787 84,361 16,61: 468,27
Rouge Cala 000 Obs 000 Ope 000 CAI 000 CAI 000 CAI 000 PAI	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM ELIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY SIGAL THERAPY SIGAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS UNGS CHARGED TO PATIENTS RTIAL HOSPITALIZATION PROGRAM RDIAC REHABLITATION PERBARIC OXYGEN THERAPY INIC		0.210311 1.298140 0.429759 0.080058 0.080058 0.031493 0.234181 0.130099 0.300562 0.125635 0.430562 0.430562 0.440439 1.276737 0.114472 - 0.246331 0.292944		297,290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2.23 Ancillary Cha \$ \$ 46 \$ 532 \$ 48 \$ 68 \$ 28 \$ 28 \$ 28 \$ 28 \$ 28 \$ 28 \$ 299 \$ 36 \$ 188 \$ 49 \$ 733 \$ \$ \$ \$ \$ \$	793 8.46 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 308 \$ 3851 \$ 3851 \$ 387 \$ 397 \$ 397 \$ 529 \$ 574 \$ 574 \$ \$ \$ - \$ - \$ - \$ - \$	297.299 424,13 99,91: 47,584 88,93 366,57 78,11: 196,63 280,144 152,684 2,787 84,361 16,61: 468,27
Rouge Cala 000 Obs 000 Ope 000 CAI 000 CAI 000 CAI 000 PAI	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM ELIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY SIGAL THERAPY SIGAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS UNGS CHARGED TO PATIENTS RTIAL HOSPITALIZATION PROGRAM RDIAC REHABLITATION PERBARIC OXYGEN THERAPY INIC		0.210311 1.298140 0.429759 0.080058 0.080058 0.031493 0.109953 0.234181 0.130099 0.309562 0.125635 0.408571 0.143962 0.40459 1.276737 0.114472 - 0.246331 0.292904 -		297,290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2,23 Ancillary Cha \$ \$ 46 \$ 532 \$ 48 \$ 68 \$ 2,27 \$ 38 \$ 227 \$ 38 \$ 255 \$ 510 \$ 299 \$ 36 \$ 49 \$ 733 \$ \$ \$ \$ \$ 98	793 A rges Ai 3088 S 2399 S 2397 S 881 S 7729 S 8831 S 7729 S 3977 S 5299 S 9388 S 5574 S 163 S - S - S - S - S - S - S - S - S - S - S - S - S	297,290 424,130 99,911 47,586 88,933 366,577 78,112 196,63
Rouge Cala 000 Obs 000 Ope 000 CAI 000 CAI 000 CAI 000 PAI	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM ELIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY SIGAL THERAPY SIGAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS UNGS CHARGED TO PATIENTS RTIAL HOSPITALIZATION PROGRAM RDIAC REHABLITATION PERBARIC OXYGEN THERAPY INIC		0.210311 1.298140 0.429759 0.080058 0.080058 0.031493 0.110963 0.234181 0.130099 0.300952 0.125635 0.408571 0.13962 0.4040439 1.276737 0.114472 - 0.246331 0.292944 - -		297,290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2,23 Ancillary Cha \$ \$ 46 \$ 522 \$ 4 \$ 68 \$ 227 \$ 38 \$ 227 \$ 38 \$ 227 \$ 38 \$ 255 \$ 5100 \$ 298 \$ 366 \$ 188 \$ 49 \$ 733 \$ 38 \$ 5 \$ 5 \$ 5 \$ 5 \$ 98 \$ 5 \$ 5 \$ 98 \$ 5 \$ \$	793 8.46 rges All 3.08 \$ 2.239 \$ 2.39 \$ 7.739 \$ 8.46 \$ 8.81 \$ 8.31 \$ 8.31 \$ 3.397 \$ 3.397 \$ 5.229 \$ 5.2529 \$ 9.938 \$. \$	297.299 424,13 99,91: 47,584 88,93 366,57 78,11: 196,63 280,144 152,684 2,787 84,361 16,61: 468,27
Rou cillary C 200 Obs 3000 OPE 4400 RAI 5000 CAF 6000 LAE 6000 LAE 6000 PAP 6000 PAP 697 CAF 6000 CLII 0000 CLII 0000 CLII 0000 CLII	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM ELIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY SIGAL THERAPY SIGAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS UNGS CHARGED TO PATIENTS RTIAL HOSPITALIZATION PROGRAM RDIAC REHABLITATION PERBARIC OXYGEN THERAPY INIC		0.210311 1.298140 0.429759 0.031493 0.031493 0.109953 0.234181 0.130099 0.308954 0.308954 0.308954 0.308954 0.4040571 0.143962 0.440439 1.276737 0.114472 - - 0.246331 0.22904 - - - -		297,290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2.23 Ancillary Cha \$ \$ 46 \$ 532 \$ 48 \$ 68 \$ 28 \$ 28 \$ 28 \$ 28 \$ 28 \$ 28 \$ 299 \$ 36 \$ 188 \$ 49 \$ 36 \$ 188 \$ 36 \$ 98 \$ 98 \$ \$ \$ 98 \$ \$ \$ \$	793 8.46 3.306 \$ 3.239 \$ 2.739 \$ 8.851 \$ 8.851 \$ 8.851 \$ 8.851 \$ 8.831 \$ 9.397 \$ 5.229 \$ 9.3397 \$ 5.529 \$ 5.529 \$ 9.933 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	297.299 424,13 99,91: 47,584 88,93 366,57 78,11: 196,63 280,144 152,684 2,787 84,361 16,61: 468,27
Rou ccillary C 200 Obs 5000 OPE 5200 DEL 5200 RAE 5500 RAE 5500 RAE 5500 RAE 5600 RAE 5600 RAE 5600 RES 5600 RES 5600 RES 5600 PHY 100 MEE 5600 PAF 6600 PAF 697 CAF 697 CAF 5000 CLII 5000 CLII 5000 CLII	Unreconciled Days (utine Charges loculated Routine Charge Per Diem Cost Centers (from W/S C) (list below): servation (Non-Distinct) TERATING ROOM ELIVERY ROOM & LABOR ROOM DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPEUTIC DIOLOGY-THERAPY SIGAL THERAPY SIGAL THERAPY DICAL SUPPLIES CHARGED TO PATIENTS UNGS CHARGED TO PATIENTS RTIAL HOSPITALIZATION PROGRAM RDIAC REHABLITATION PERBARIC OXYGEN THERAPY INIC		0.210311 1.298140 0.429759 0.080058 0.080058 0.031493 0.110963 0.234181 0.130099 0.300952 0.125635 0.408571 0.13962 0.4040439 1.276737 0.114472 - 0.246331 0.292944 - -		297,290 424,136 	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ -	Ancillary Charges	\$ 1.058 \$ 2,23 Ancillary Cha \$ \$ 46 \$ 522 \$ 4 \$ 68 \$ 227 \$ 38 \$ 227 \$ 38 \$ 227 \$ 38 \$ 255 \$ 5100 \$ 298 \$ 366 \$ 188 \$ 49 \$ 733 \$ 38 \$ 5 \$ 5 \$ 5 \$ 5 \$ 98 \$ 5 \$ 5 \$ 98 \$ 5 \$ \$	793 8.46 rges All 3.08 \$ 2.239 \$ 2.39 \$ 7.739 \$ 8.46 \$ 8.81 \$ 8.31 \$ 8.31 \$ 3.397 \$ 3.397 \$ 5.229 \$ 5.2529 \$ 9.938 \$. \$	297.299 424,13 99,91: 47,584 88,93 366,57 78,11: 196,63 280,144 152,684 2,787 84,361 16,61: 468,27

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I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2021-06/30/2022) TANNER MEDICAL CENTER-CARROLLTON

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I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2021-06/30/2022) TANNER MEDICAL CENTER-CARROLLTON

		Out-of-State Medi	caid FFS Primary		icaid Managed Care mary		are FFS Cross-Overs aid Secondary)	Out-of-State Other M Included E	fedicaid Eligibles (Not Elsewhere)	Total Out-	Of-State Medicaid
112	· · ·									\$	- \$ -
113	· · ·									\$	- \$ -
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		\$ 3,115,907	\$ 3,002,731	\$-	\$-	\$-	\$-	\$-	\$-		
	Totals / Payments										
128	Total Charges (includes organ acquisition from Section K)	\$ 4,174,700	\$ 3,002,731	\$ -	\$ -	\$ -	\$-	\$ -	\$-	\$ 4,174,70	0 \$ 3,002,731
129	Total Charges per PS&R or Exhibit Detail	\$ 4,174,700	\$ 3,002,731	\$-	\$-	\$-	\$-	\$-	\$-		
130	Unreconciled Charges (Explain Variance)	<u> </u>	-	-	-		<u> </u>				
101		A 4054704		^				^	۹		
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 1,354,761	\$ 659,438	\$ -	\$ -	\$ -	\$-	\$ -	\$-	\$ 1,354,76	1 \$ 659,438
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 548.552	\$ 128,879							\$ 548,55	2 \$ 128,879
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	¢ 010,002	φ 120,010							\$ 0.0,00	- \$ -
134	Private Insurance (including primary and third party liability)									ŝ	- \$ -
135	Self-Pay (including Co-Pay and Spend-Down)		\$ 62							\$	- \$ 62
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 548,552	\$ 128,941	s -	s -						
137	Medicaid Cost Settlement Payments (See Note B)									\$	- \$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)									\$	- \$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									\$	- \$ -
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$	- \$ -
141	Medicare Cross-Over Bad Debt Payments									\$	- \$ -
142	Other Medicare Cross-Over Payments (See Note D)									\$	- \$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 806,209	\$ 530,497	\$-	\$-	\$-	\$ -	\$ -	\$-	\$ 806,20	
144	Calculated Payments as a Percentage of Cost	40%	20%	0%	0%	0%	0%	0%	0%	40	% 20%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey). Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.

Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments). Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

L. Provider Tax Assessment Reconciliation / Adjustment

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

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

TANNER MEDICAL CENTER-CARROLLTON

Worksheet A Pi	rovider Tax Assessment Reconciliation:		
1a Worki 2 Hospi 3 Differe	tal Gross Provider Tax Assessment (from general ledger)* <i>ing Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment</i> tal Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2) ence (Explain Here>)	S 4,381,822 Expense \$ \$ 4,381,822 \$ 4,381,822	W/S A Cost Center Line 9900.85 (WTB Account #) 5.00 (Where is the cost included on w/s A?)
4	der Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report) Reclassification Code		(Reclassified to / (from))
4	Reclassification Code		(Reclassified to / (from)) (Reclassified to / (from))
5	Reclassification Code		(Reclassified to / (from)) (Reclassified to / (from))
7	Reclassification Code		(Reclassified to / (from))
'	Reclassification code		(Reclassified to / (itohij)
8 9 10 11 12 13 14 15 16 Total	UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report) Reason for adjustment Reason for adjustment	\$ 4,381,822	(Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from))
17 Gross	Allowable Assessment Not Included in the Cost Report	\$ -	
Арро 18	rtionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured: Medicaid Hospital Charges Sec. G	255,402,680	
19	Uninsured Hospital Charges Sec. G	66,444,757	
20	Total Hospital Charges Sec. G	1,063,949,601	
21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC	24.01%	
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	6.25%	
23	Medicaid Provider Tax Assessment Adjustment to DSH UCC	\$ -	
24	Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ -	
25 Provid	der Tax Assessment Adjustment to DSH UCC	\$ -	

* 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.