

State of Georgia
Disproportionate Share Hospital (DSH) Examination Survey Part I
For State DSH Year 2025

DSH Version 6.02

2/10/2023

A. General DSH Year Information

1. DSH Year:

Begin	End
07/01/2024	06/30/2025

2. Select Your Facility from the Drop-Down Menu Provided:

TANNER MEDICAL CENTER-VILLA RICA

Identification of cost reports needed to cover the DSH Year:

3. Cost Report Year 1
4. Cost Report Year 2 (if applicable)
5. Cost Report Year 3 (if applicable)

Cost Report Begin Date(s)	Cost Report End Date(s)
07/01/2022	06/30/2023

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

6. Medicaid Provider Number:

7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):

8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

9. Medicare Provider Number:

Data
000002032A
0
0
110015

B. DSH Qualifying Information

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

During the DSH Examination Year:

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 non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?
- 3b. What date did the hospital open?

DSH Examination
Year (07/01/24 -
06/30/25)

Yes

No

No

Yes

7/1/1955

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2024 - 06/30/2025

\$ 5,037,779

(Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

2. Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2024 - 06/30/2025

\$ 4,325,347

(Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (FMP), supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Section E, Question 14 should be reported here if paid on a SFY basis.

3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services 07/01/2024 - 06/30/2025

\$ 9,363,126

Certification:

1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year?

Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.

Answer

Yes

Explanation for "No" answers:

The following certification is to be completed by the hospital's CEO or CFO:

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.


Hospital CEO or CFO Signature

CFO
Title


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

Carol S. Crews
Hospital CEO or CFO Printed Name

770-836-9745
Hospital CEO or CFO Telephone Number

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

Hospital Contact:
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, Zip Carrollton, GA 30117

Outside Preparer:
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 9.00

9/11/2024

D. General Cost Report Year Information 7/1/2022 - 6/30/2023

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided:

TANNER MEDICAL CENTER-VILLA RICA

7/1/2022
through
6/30/2023

2. Select Cost Report Year Covered by this Survey (enter "X"):

X

3. Status of Cost Report Used for this Survey (Should be audited if available):

1 - As Submitted

3a. Date CMS processed the HCRIS file into the HCRIS database:

6/18/2024

4. Hospital Name:

TANNER MEDICAL CENTER-VILLA RICA

5. Medicaid Provider Number:

000002032A

6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):

0

7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

0

8. Medicare Provider Number:

110015

Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):

Non-State Govt.

Correct?

Yes

Yes

Yes

Yes

Yes

Yes

If Incorrect, Proper Information

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

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)

State Name

Provider No.

E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2022 - 06/30/2023)

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)**

9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)

10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)

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)

12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

\$-

\$-

Inpatient
\$ 46,090
\$ 883,051Outpatient
\$ 403,152
\$ 4,706,517Total
\$449,242
\$5,589,568
\$6,038,810
4.96%
7.89%
7.44%13. **Did your hospital receive any Medicaid managed care payments not paid at the claim level?**

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

Yes

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

\$ 4,325,347

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

\$4,325,347

<--These payments do NOT flow to Section H, and therefore do not impact the UCC. If these payments are not already considered in the UCC and should be, include the amount reported here on line 133 of Section H.

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

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

F. MIUR / LIUR Qualifying Data from the Cost Report (07/01/2022 - 06/30/2023)

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

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6) 44,778 (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 Ratio (LIUR) Calculation):

2. Inpatient Hospital Subsidies	
3. Outpatient Hospital Subsidies	
4. Unspecified I/P and O/P Hospital Subsidies	
5. Non-Hospital Subsidies	
6. Total Hospital Subsidies	\$ -
7. Inpatient Hospital Charity Care Charges	6,375,202
8. Outpatient Hospital Charity Care Charges	14,709,470
9. Non-Hospital Charity Care Charges	
10. Total Charity Care Charges	\$ 21,084,672

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, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

Total Patient Revenues (Charges)			Contractual Adjustments (formulas below can be overwritten if amounts are known)			Net Hospital Revenue
Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$112,248,066.00		\$ 73,375,007	\$ -	\$ -	\$ 38,873,059
12. Subprovider I (Psych or Rehab)	\$0.00		\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00		\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF		\$0.00			\$ -	
15. Swing Bed - NF		\$0.00			\$ -	
16. Skilled Nursing Facility		\$0.00			\$ -	
17. Nursing Facility		\$0.00			\$ -	
18. Other Long-Term Care		\$0.00			\$ -	
19. Ancillary Services	\$114,280,563.00	\$511,438,773.00	\$ 74,703,622	\$ 334,320,447	\$ -	\$ 216,695,267
20. Outpatient Services	\$95,914,818.00			\$ 62,698,189	\$ -	\$ 33,216,629
21. Home Health Agency		\$0.00			\$ -	
22. Ambulance		\$ -			\$ -	
23. Outpatient Rehab Providers		\$0.00			\$ -	
24. ASC	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
25. Hospice		\$0.00			\$ -	
26. Other	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
27. Total	\$ 226,528,629	\$ 607,353,591	\$ 148,078,629	\$ 397,018,636	\$ -	\$ 288,784,955
28. Total Hospital and Non Hospital		Total from Above		Total from Above	\$ 545,097,265	

29. Total Per Cost Report	Total Patient Revenues (G-3 Line 1)	833,882,220	Total Contractual Adj. (G-3 Line 2)	544,046,630
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)				
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)				
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)				
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)				1,050,635
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)				
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"				
36. Adjusted Contractual Adjustments				545,097,265
37. Unreconciled Difference	Unreconciled Difference (Should be \$0)	\$ -	Unreconciled Difference (Should be \$0)	\$ -

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2022-06/30/2023): TANNER MEDICAL CENTER-VILLA RICA

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
NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. 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

Routine Cost Centers (list below):

1	03000	ADULTS & PEDIATRICS	\$ 50,580,798	\$ -	\$ -	\$0.00	\$ 50,580,798	47,787	\$68,558,997.00	\$ 1,058.46
2	03100	INTENSIVE CARE UNIT	\$ 5,298,873	\$ -	\$ -		\$ 5,298,873	1,990	\$6,615,725.00	\$ 2,662.75
3	03200	CORONARY CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
4	03300	BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
5	03400	SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
6	03500	OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
7	04000	SUBPROVIDER I	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
8	04100	SUBPROVIDER II	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
9	04200	OTHER SUBPROVIDER	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
10	04300	NURSERY	\$ 3,054,062	\$ -	\$ -		\$ 3,054,062	1,420	\$1,330,872.00	\$ 2,150.75
11			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
12			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
13			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
14			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
15			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
16			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
17			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
18	Total Routine		\$ 58,933,733	\$ -	\$ -	\$ -	\$ 58,933,733	51,197	\$ 76,505,594	
19	Weighted Average									\$ 1,151.11

Observation Data (Non-Distinct)

20	09200	Observation (Non-Distinct)	6,419	-	-	\$ 6,794,255	\$3,909,924.00	\$12,191,144.00	\$ 16,101,068	0.421975
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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
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Ancillary Cost Centers (from W/S C excluding Observation) (list below)

21	5000	OPERATING ROOM	\$12,635,060.00	\$ -	\$ -	\$ 12,635,060	\$10,082,002.00	\$45,893,074.00	\$ 55,975,076	0.225727
22	5200	DELIVERY ROOM & LABOR ROOM	\$4,257,960.00	\$ -	\$ -	\$ 4,257,960	\$3,246,857.00	\$12,712.00	\$ 3,259,569	1.306295
23	5400	RADIOLOGY-DIAGNOSTIC	\$7,511,843.00	\$ -	\$ 6,229	\$ 7,518,072	\$16,140,246.00	\$28,833,744.00	\$ 44,973,990	0.167165
24	5500	RADIOLOGY-THERAPEUTIC	\$8,102,184.00	\$ -	\$ 93,855	\$ 8,196,039	\$12,792,627.00	\$69,721,766.00	\$ 82,514,393	0.099329
25	5600	RADIOISOTOPE	\$926,186.00	\$ -	\$ -	\$ 926,186	\$1,706,600.00	\$6,493,864.00	\$ 8,200,464	0.112943
26	6000	LABORATORY	\$5,946,581.00	\$ -	\$ 2,098	\$ 5,948,679	\$26,114,845.00	\$27,303,406.00	\$ 53,418,251	0.111360
27	6500	RESPIRATORY THERAPY	\$5,913,414.00	\$ -	\$ -	\$ 5,913,414	\$9,257,954.00	\$8,690,053.00	\$ 17,948,007	0.329475
28	6600	PHYSICAL THERAPY	\$504,328.00	\$ -	\$ -	\$ 504,328	\$1,398,752.00	\$487,143.00	\$ 1,885,895	0.267421
29	7100	MEDICAL SUPPLIES CHARGED TO PATIENT	\$3,209,250.00	\$ -	\$ -	\$ 3,209,250	\$8,438,585.00	\$3,917,457.00	\$ 12,356,042	0.259731
30	7200	IMPL. DEV. CHARGED TO PATIENTS	\$1,783,053.00	\$ -	\$ -	\$ 1,783,053	\$1,153,963.00	\$6,957,116.00	\$ 8,111,079	0.219829
31	7300	DRUGS CHARGED TO PATIENTS	\$80,458,831.00	\$ -	\$ -	\$ 80,458,831	\$32,600,674.00	\$333,086,271.00	\$ 365,686,945	0.220021

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2022-06/30/2023) TANNER MEDICAL CENTER-VILLA RICA

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 Rates
32	7600 PARTIAL HOSPITALIZATION PROGRAM	\$6,633,251.00	\$ -	\$ -	\$ 6,633,251	\$4,898.00	\$11,926,116.00	\$ 11,931,014	0.555967
33	9000 CLINIC	\$4,043,044.00	\$ -	\$ -	\$ 4,043,044	\$24,876.00	\$7,594,085.00	\$ 7,618,961	0.530656
34	9100 EMERGENCY	\$15,088,384.00	\$ -	\$ -	\$ 15,088,384	\$6,912,952.00	\$52,056,429.00	\$ 58,969,381	0.255868
35		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
36		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
37		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
38		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
39		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
40		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
41		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
42		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
43		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
44		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
45		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
46		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
47		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
48		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
49		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
50		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
51		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
52		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
53		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
54		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
55		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
56		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
57		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
58		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
59		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
60		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
61		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
62		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
63		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
64		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
65		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
66		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
67		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
68		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
69		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
70		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
71		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
72		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
73		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
74		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
75		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
76		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
77		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
78		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
79		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
80		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
81		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
82		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
83		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
84		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
85		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
86		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
87		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
88		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
89		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
90		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-
91		\$0.00	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2022-06/30/2023) TANNER MEDICAL CENTER-VILLA RICA

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
92		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
93		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
94		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
95		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
96		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
97		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
98		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
99		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
100		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
101		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
102		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
103		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
104		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
105		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
106		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
107		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
108		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
109		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
110		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
111		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
112		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
113		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
114		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
115		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
116		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
117		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
118		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
119		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
120		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
121		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
122		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
123		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
124		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
125		\$0.00	\$-	\$-	\$-	\$0.00	\$0.00	\$-	-
126	Total Ancillary	\$ 157,013,369	\$ -	\$ 102,182	\$ 157,115,551	\$ 133,785,755	\$ 615,164,380	\$ 748,950,135	
127	Weighted Average								0.218853
128	Sub Totals	\$ 215,947,102	\$ -	\$ 102,182	\$ 216,049,284	\$ 210,291,349	\$ 615,164,380	\$ 825,455,729	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$0.00				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$0.00				
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must calculate. Submit support for calculation of cost.)								
131.01	Other Cost Adjustments (support must be submitted)								
132	Grand Total				\$ 216,049,284				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost				0.00%				

* 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 (07/01/2022-06/30/2023) TANNER MEDICAL CENTER-VILLA RICA

		Medicaid Per Diem Cost for Routine Cost		Medicaid Cost to Charge Ratio for Ancillary Cost		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 & with Medicaid Secondary - Exclude Medicaid Exhausted and Non-Covered)		Medicaid FFS & MCO Exhausted and Non-Covered (Not to be Included Elsewhere)		Uninsured		Total In-State Medicaid (Days Include Medicaid FFS & MCO Exhausted and Non-Covered)		% Survey to Cost Report Totals (Includes all payers)
Line #	Cost Center Description					Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	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)	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	From Hospital's Own Internal			
Routine Cost Centers (from Section G):				Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	
1	03000 ADULTS & PEDIATRICS	\$ 1,058.46		6,165	5,782			1,398		4,317				1,873		17,662				48.81%
2	03100 INTENSIVE CARE UNIT	\$ 2,662.75		93	34			118		246				180		491				34.17%
3	03200 CORONARY CARE UNIT	\$ -																		
4	03300 BURN INTENSIVE CARE UNIT	\$ -																		
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -																		
6	03500 OTHER SPECIAL CARE UNIT	\$ -																		
7	04000 SUBPROVIDER I	\$ -																		
8	04100 SUBPROVIDER II	\$ -																		
9	04200 OTHER SUBPROVIDER	\$ -																		
10	04300 NURSERY	\$ 2,150.75		85	774					125				69		984				74.15%
11		\$ -																		
12		\$ -																		
13		\$ -																		
14		\$ -																		
15		\$ -																		
16		\$ -																		
17		\$ -																		
18		\$ -																		
19			Total Days	6,343		6,590		1,516		4,688				2,122		19,137				42.82%
20	Total Days per PS&R or Exhibit Detail			6,343		6,590		1,516		4,688				-		2,122				
	Unreconciled Days (Explain Variance)			-		-		-		-				-		-				
21	Routine Charges			\$ 10,071,414		\$ 9,699,672		\$ 2,874,548		\$ 8,514,716				\$ 4,124,634		\$ 31,160,350				47.52%
21.01	Calculated Routine Charge Per Diem			\$ 1,587.80		\$ 1,471.88		\$ 1,896.14		\$ 1,816.28				\$ -		\$ 1,628.28				
Ancillary Cost Centers (from W/S C) (from Section G):				Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	
22	09200 Observation (Non-Distinct)	0.421975		272,225	346,955	220,827	799,746	234,429	343,570	714,256	1,419,586			276,368	1,247,613	\$ 1,441,737	\$ 2,909,857	37.27%		
23	5000 OPERATING ROOM	0.225727		470,066	1,120,577	1,504,000	5,112,420	502,988	586,709	1,189,686	3,145,235			874,270	1,927,980	\$ 3,666,750	\$ 9,964,941			
24	5200 DELIVERY ROOM & LABOR ROOM	1.306295		71,049	-	1,518,285	-	17,326	-	481,224	6,356			58,087	-	\$ 2,087,884	\$ 6,356			
25	5400 RADIOLOGY-DIAGNOSTIC	0.167165		195,305	562,619	648,505	2,745,990	623,379	488,938	1,725,431	2,496,877			1,412,288	2,211,385	\$ 3,192,820	\$ 6,294,424			
26	5500 RADIOLOGY-THERAPEUTIC	0.099329		944,571	3,027,568	517,528	5,340,024	496,758	1,504,880	1,292,967	5,373,941			1,306,507	6,908,254	\$ 3,251,822	\$ 15,246,413	48.45%		
27	5600 RADIOISOTOPE	0.112943		93,862	201,681	195,159	48,840	181,992	181,992	236,913	565,629			160,474	337,923	\$ 399,599	\$ 1,144,462	63.32%		
28	6000 LABORATORY	0.111360		2,433,523	1,423,058	2,394,626	3,988,900	1,267,125	610,164	3,329,905	2,531,617			2,308,158	3,607,895	\$ 9,425,179	\$ 8,553,739	54.16%		
29	6500 RESPIRATORY THERAPY	0.329475		1,463,285	699,290	293,546	738,974	483,977	212,356	1,341,054	843,250			679,162	749,854	\$ 3,581,862	\$ 2,493,870	9.24%		
30	6600 PHYSICAL THERAPY	0.267421		86,648	1,501	19,586	14,955	80,055	16,659	195,301	57,031			78,204	25,346	\$ 381,590	\$ 80,546	7.17%		
31	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.259731		507,696	119,851	755,498	431,785	372,985	84,712	1,108,605	365,526			583,098	209,706	\$ 2,744,783	\$ 1,001,874	8.64%		
32	7200 IMPL. DEV. CHARGED TO PATIENTS	0.219829		78,161	14,694	27,671	379,668	48,840	88,540	129,357	332,741			84,349	209,670	\$ 284,034	\$ 815,643	8.60%		
33	7300 DRUGS CHARGED TO PATIENTS	0.220021		2,131,458	14,713,972	2,210,766	10,268,937	1,720,890	9,718,769	4,301,162	20,938,877			2,943,096	10,564,465	\$ 10,364,276	\$ 55,640,555	435.20%		
34	7600 PARTIAL HOSPITALIZATION PROGRAM	0.555967		3,695	634,875	78,306	5,669,452	-	69,365	1,920	607,613			19,388	136,824	\$ 83,921	\$ 6,981,308	58.58%		
35	9000 CLINIC	0.530656		-	-	16,419	-	-	77,957	-	162,572			-	375,401	\$ 375,401	\$ 256,948	8.20%		
36	9100 EMERGENCY	0.255868		692,654	2,386,066	569,606	11,813,077	326,271	755,776	796,222	3,843,494			640,276	8,697,585	\$ 2,384,753	\$ 18,798,413	8.60%		
37		-		-										-		\$ -	\$ -	0.00%		
38		-		-										-		\$ -	\$ -	0.00%		
39		-		-										-		\$ -	\$ -	0.00%		
40		-		-										-		\$ -	\$ -			
41		-		-										-		\$ -	\$ -			
42		-		-										-		\$ -	\$ -			
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72		-		-										-		\$ -	\$ -			
73		-		-										-		\$ -	\$ -			

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

Cost Report Year (07/01/2022-06/30/2023) TANNER MEDICAL CENTER-VILLA RICA

					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 & with Medicaid Secondary - Exclude Medicaid Exhausted and Non-Covered)		Medicaid FFS & MCO Exhausted and Non-Covered (Not to be Included Elsewhere)		Uninsured		Total In-State Medicaid (Days Include Medicaid FFS & MCO Exhausted and Non-Covered)		% Survey to Cost Report										
74				-													\$	-	-										
75				-													\$	-	-										
76				-													\$	-	-										
77				-													\$	-	-										
78				-													\$	-	-										
79				-													\$	-	-										
80				-													\$	-	-										
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125				-													\$	-	-										
126				-													\$	-	-										
127				-													\$	-	-										
					\$	9,444,197	\$	25,253,107	\$	10,778,732	\$	47,515,506	\$	6,224,069	\$	14,740,390	\$	16,844,012	\$	42,690,346	\$	-	\$	-	\$	11,423,795	\$	37,209,901	

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

Cost Report Year (07/01/2022-06/30/2023) TANNER MEDICAL CENTER-VILLA RICA

															In-State Medicaid FFS Primary	In-State Medicaid Managed Care Primary	In-State Medicare FFS Cross-Over (with Medicaid Secondary)	In-State Other Medicaid Eligibles (Not Included Elsewhere & with Medicaid Secondary - Exclude Medicaid Exhausted and Non-Covered)	Medicaid FFS & MCO Exhausted and Non-Covered (Not to be Included Elsewhere)	Uninsured	Total In-State Medicaid (Days Include Medicaid FFS & MCO Exhausted and Non-Covered)	% Survey to Cost Report												
Totals / Payments																																		
128	Total Charges (includes organ acquisition from Section J)																	\$ 19,515,611	\$ 25,253,107	\$ 20,478,404	\$ 47,515,506	\$ 9,098,617	\$ 14,740,390	\$ 25,358,728	\$ 42,690,346	\$ -	\$ -	\$ 15,548,429	\$ 37,209,901	\$ 74,451,360	\$ 130,199,349	31.83%		
129	Total Charges per PS&R or Exhibit Detail																	\$ 19,515,611	\$ 25,253,107	\$ 20,478,404	\$ 47,515,506	\$ 9,098,617	\$ 14,740,390	\$ 25,358,728	\$ 42,690,346	\$ -	\$ -	(Agrees to Exhibit A)	(Agrees to Exhibit A)					
130	Unreconciled Charges (Explain Variance)																	-	-	-	-	-	-	-	-	-	-	\$ 15,548,429	\$ 37,209,901					
131	Total Calculated Cost (includes organ acquisition from Section J)																	\$ 8,980,299	\$ 5,441,513	\$ 11,699,927	\$ 11,832,976	\$ 3,079,826	\$ 3,124,662	\$ 9,467,842	\$ 9,089,949	\$ -	\$ -	\$ 4,877,898	\$ 7,636,967	\$ 33,227,891	\$ 29,489,100	35.57%		
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)																	\$ 5,498,260	\$ 6,411,872											\$ 5,498,260	\$ 6,411,872			
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)																			\$ 7,585,824	\$ 9,461,177									\$ 7,585,824	\$ 9,461,177			
134	Private Insurance (including primary and third party liability)																	\$ 14,496	\$ 4,402					\$ 3,672,957	\$ 5,506,260					\$ 3,687,453	\$ 5,510,662			
135	Self-Pay (including Co-Pay and Spend-Down)																				\$ 5,214		\$ 700	\$ 1,632	\$ 11,357					\$ 1,632	\$ 17,271			
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)																	\$ 5,512,756	\$ 8,416,274	\$ 7,585,824	\$ 9,466,391													
137	Medicaid Cost Settlement Payments (See Note B)																		\$ (183,999)												\$ -	\$ (183,999)		
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)																															\$ -	\$ -	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) (See Note F)																					\$ 2,259,850	\$ 3,407,548	\$ 60,213	\$ 170,268					\$ 2,320,063	\$ 3,577,816			
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)																							\$ 4,267,435	\$ 6,813,126					\$ 4,267,435	\$ 6,813,126			
141	Medicare Cross-Over Bad Debt Payments																					\$ -	\$ 10,879								\$ -	\$ 10,879		
142	Other Medicare Cross-Over Payments (See Note D)																					\$ 575,454	\$ 464,778	\$ 3,836	\$ 67,679			(Agrees to Exhibit B and B-1)	(Agrees to Exhibit B and B-1)	\$ 579,290	\$ 532,457			
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)																											\$ 46,090	\$ 403,152					
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)																											\$ -	\$ -					
145	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)																	\$ 3,467,540	\$ (790,762)	\$ 4,114,103	\$ 2,366,585	\$ 244,522	\$ (759,243)	\$ 1,461,769	\$ (3,478,741)	\$ -	\$ -	\$ 4,831,808	\$ 7,233,815	\$ 9,287,934	\$ (2,662,161)			
146	Calculated Payments as a Percentage of Cost																	61%	115%	65%	80%	92%	124%	85%	138%	0%	0%	1%	5%	72%	109%			
147	Total Medicare Days from WIS S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6																											13,053						
148	Percent of cross-over days to total Medicare days from the cost report																											12%						

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 payment
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.
Note F - Medicare payments reported in FFS, MCO, MCD Exhausted/Non-covered, and uninsured payor buckets should only include Medicare Part B payments for inpatient, Medicaid primary claims with Medicare Part B only coverage for Medicaid covered ancillary services. Such claims should not have Medicare Part A benefits (due to no coverage or exhausted benefits).

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

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2022-06/30/2023) TANNER MEDICAL CENTER-VILLA RICA

Line #	Cost Center Description	Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Over (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere & with Medicaid Secondary)		Total Out-Of-State Medicaid	
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
				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 Section G	From Section G										
Routine Cost Centers (list below):				Days		Days		Days		Days		Days	
1	03000 ADULTS & PEDIATRICS	\$ 1,058.46		391						265		656	
2	03100 INTENSIVE CARE UNIT	\$ 2,662.75		4						5		9	
3	03200 CORONARY CARE UNIT	\$ -										-	
4	03300 BURN INTENSIVE CARE UNIT	\$ -										-	
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -										-	
6	03500 OTHER SPECIAL CARE UNIT	\$ -										-	
7	04000 SUBPROVIDER I	\$ -										-	
8	04100 SUBPROVIDER II	\$ -										-	
9	04200 OTHER SUBPROVIDER	\$ -										-	
10	04300 NURSERY	\$ 2,150.75										-	
11		\$ -										-	
12		\$ -										-	
13		\$ -										-	
14		\$ -										-	
15		\$ -										-	
16		\$ -										-	
17		\$ -										-	
18			Total Days	395		-		-		270		665	
19	Total Days per PS&R or Exhibit Detail			395		-		-		270			
20	Unreconciled Days (Explain Variance)			-		-		-		-			
21	Routine Charges			Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
21.01	Calculated Routine Charge Per Diem			\$ 618,634		\$ -		\$ -		\$ 451,135		\$ 1,069,769	
				\$ 1,566.16						\$ 1,670.87		\$ 1,608.68	
Ancillary Cost Centers (from W/S C) (list below):				Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges
22	09200 Observation (Non-Distinct)	0.421975		15,601	46,466					32,208	31,367	\$ 47,809	\$ 77,833
23	5000 OPERATING ROOM	0.225727		20,165	90,530					55,025	96,411	\$ 75,190	\$ 186,941
24	5200 DELIVERY ROOM & LABOR ROOM	1.306295		-	-					-	-	\$ -	\$ -
25	5400 RADIOLOGY-DIAGNOSTIC	0.167165		14,283	102,061					53,555	41,311	\$ 67,838	\$ 143,372
26	5500 RADIOLOGY-THERAPEUTIC	0.099329		28,969	190,488					59,668	127,401	\$ 88,637	\$ 317,890
27	5600 RADIOISOTOPE	0.112943		6,638	-					5,783	9,225	\$ 12,421	\$ 9,225
28	6000 LABORATORY	0.111360		143,458	102,884					158,051	58,581	\$ 301,509	\$ 161,465
29	6500 RESPIRATORY THERAPY	0.329475		34,732	22,123					43,388	23,094	\$ 78,120	\$ 45,217
30	6600 PHYSICAL THERAPY	0.267421		1,421	-					9,524	1,379	\$ 10,945	\$ 1,379
31	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.259731		10,474	13,990					30,615	18,563	\$ 41,089	\$ 32,553
32	7200 IMPL. DEV. CHARGED TO PATIENTS	0.219829		-	28,339					1,575	22,675	\$ 1,575	\$ 51,013
33	7300 DRUGS CHARGED TO PATIENTS	0.220021		86,334	1,268,858					87,417	613,814	\$ 173,751	\$ 1,882,672
34	7600 PARTIAL HOSPITALIZATION PROGRAM	0.555967		-	-					-	16,876	\$ -	\$ 16,876
35	9000 CLINIC	0.530656		-	17,531					-	15,013	\$ -	\$ 32,544
36	9100 EMERGENCY	0.255868		52,687	252,618					35,444	93,025	\$ 88,131	\$ 345,643
37		-		-	-					-	-	\$ -	\$ -
38		-		-	-					-	-	\$ -	\$ -
39		-		-	-					-	-	\$ -	\$ -
40		-		-	-					-	-	\$ -	\$ -
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49		-		-	-					-	-	\$ -	\$ -

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2022-06/30/2023) TANNER MEDICAL CENTER-VILLA RICA

				Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere & with Medicaid Secondary)		Total Out-Of-State Medicaid	
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Cost Report Year (07/01/2022-06/30/2023)	TANNER MEDICAL CENTER-VILLA RICA
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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 PSR 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 PSBR).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

L. Provider Tax Assessment Reconciliation / Adjustment

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

Cost Report Year (07/01/2022-06/30/2023) TANNER MEDICAL CENTER-VILLA RICA

Worksheet A Provider Tax Assessment Reconciliation:

	Dollar Amount	W/S A Cost Center Line
1 Hospital Gross Provider Tax Assessment (from general ledger)*	\$ 1,803,581	
1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Expense	02.9900.8510 (WTB Account #)
2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)	\$ 1,803,581	5.00 (Where is the cost included on w/s A?)
3 Difference (Explain Here ----->)	\$ -	
Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)		
4 Reclassification Code		(Reclassified to / (from))
5 Reclassification Code		(Reclassified to / (from))
6 Reclassification Code		(Reclassified to / (from))
7 Reclassification Code		(Reclassified to / (from))
DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments(from w/s A-8 of the Medicare cost report)		
8 Reason for adjustment		(Adjusted to / (from))
9 Reason for adjustment		(Adjusted to / (from))
10 Reason for adjustment		(Adjusted to / (from))
11 Reason for adjustment		(Adjusted to / (from))
DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments(from w/s A-8 of the Medicare cost report)		
12 Reason for adjustment		
13 Reason for adjustment		
14 Reason for adjustment		
15 Reason for adjustment		
16 Total Net Provider Tax Assessment Expense Included in the Cost Report	\$ 1,803,581	

DSH UCC Provider Tax Assessment Adjustment:

17 Gross Allowable Assessment Not Included in the Cost Report	\$ -
Apportionment of Provider Tax Assessment Adjustment to All Medicaid Eligible & Uninsured:	
18 Medicaid Eligible*** Charges Sec. G	210,012,116
19 Uninsured Hospital Charges Sec. G	52,758,331
20 Total Hospital Charges Sec. G	825,455,729
21 Medicaid Eligible Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***	25.44%
22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	6.39%
23 Medicaid Eligible Provider Tax Assessment Adjustment to DSH UCC***	\$ -
24 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ -
25 Provider Tax Assessment Adjustment to DSH UCC Including all Medicaid eligibles***	\$ -
Apportionment of Provider Tax Assessment Adjustment to Medicaid Primary & Uninsured:	
26 Medicaid Primary*** Charges Sec. G	115,931,912
27 Uninsured Hospital Charges Sec. G	52,758,331
28 Total Hospital Charges Sec. G	825,455,729
29 Medicaid Primary Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***	14.04%
30 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	6.39%
31 Medicaid Primary Provider Tax Assessment Adjustment to DSH UCC***	\$ -
32 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ -
33 Medicaid Primary 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.

***For state plan rate years (SPRY) beginning on or after October 1, 2021, Medicaid UCC includes only Medicaid primary cost and payments, unless a provider qualifies for 97th percentile exception and it benefits them. The exception is based on SPRY. For cost report periods overlapping SPRYs beginning on or after effective date, the Medicaid primary tax assessment adjustment to DSH UCC (line 33, above) will be utilized unless the provider qualifies for the 97th percentile exception and the SPRY UCC is greater utilizing total Medicaid eligible population. In which case, the provider tax assessment adjustment to DSH UCC including all Medicaid eligibles (line 25, above) will be utilized.