#### State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2021

				DSH Version	6.01	2/10/2022
A.	. General DSH Year Information					
	1. DSH Year:	Begin         End           07/01/2020         06/30/2021				
	2. Select Your Facility from the Drop-Down Menu Provided:	TIFT REGIONAL MEDICAL CENTER		]		
	Identification of cost reports needed to cover the DSH Year:					
	<ol> <li>Cost Report Year 1</li> <li>Cost Report Year 2 (if applicable)</li> <li>Cost Report Year 3 (if applicable)</li> </ol>	Cost Report Begin Date(s) 10/01/2020 09/30/2021	Must also complete a sep	narate survey file for each co:	st report period listed -	SEE DSH SURVEY PART II FILES
		Data				
	6. Medicaid Provider Number:	000001922A				
	7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0				
	8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0				
	9. Medicare Provider Number:	110095				

# 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:

- 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?

DSH Examination
Year (07/01/20 -
06/30/21)
Yes
· · · · · · · · · · · · · · · · · · ·

No	
No	



11/1/1965

# State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2021

C. Disclosure of Other Medicaid Payments Received:			
1. Medicaid Supplemental Payments for Hospital Services DSH Ye (Should include UPL and non-claim specific payments paid based on	ear 07/01/2020 - 06/30/2021 n the state fiscal year. However, DSH payments should NOT be included.)	\$ 3,904,387	
2. Medicaid Managed Care Supplemental Payments for hospital se	ervices for DSH Year 07/01/2020 - 06/30/2021	\$ -	
(Should include all non-claim specific payments for hospital services payments, capitation payments received by the hospital (not by the l	such as lump sum payments for full Medicaid pricing (FMP), supplementals, MCO), or other incentive payments.	quality payments, bonus	
NOTE: Hospital portion of supplemental payments reported on DSH	Survey Part II, Section E, Question 14 should be reported here if paid on a S	FY basis.	
3. Total Medicaid and Medicaid Managed Care Non-Claims Payme	nts for Hospital Services07/01/2020 - 06/30/2021	\$ 3,904,387	
Certification:			
<ol> <li>Was your hospital allowed to retain 100% of the DSH payment if Matching the federal share with an IGT/CPE is not a basis for ar hospital was not allowed to retain 100% of its DSH payments, p present that prevented the hospital from retaining its payments</li> </ol>	nswering this question <sup>"</sup> no". If your lease explain what circumstances were	Answer Yes	
Explanation for "No" answers:			
records of the hospital. All Medicaid eligible patients, including those payment on the claim. I understand that this information will be used	CEO or CFO: , I, J, K and L of the DSH Survey files are true and accurate to the best of our who have private insurance coverage, have been reported on the DSH surv to determine the Medicaid program's compliance with federal Disproportiona rvey. These records will be retained for a period of not less than 5 years follow	ey regardless of whether the hospital received e Share Hospital (DSH) eligibility and payments	
Hospital CEO or CFO Signature	Title	Date	
Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-N	Mail
Contact Information for individuals authorized to respond to inc	uiries related to this survey:		
Hospital Contact:		Outside Preparer:	
	Tonia Waldrop Controller	Name Jesus F. Ruiz, CPA Title Consultant	
Telephone Number		Firm Name Reimbursement Solutions C	Group, LLC
	Tonia.Waldrop@tiftregional.com	Telephone Number 404-788-4861	
Mailing Street Address		E-Mail Address jesus.ruiz@rsgga.com	
Mailing City, State, Zip	Tifton, GA 31794		

				DSF	H Version 8.10	7/5/2022
D. General Cost Report Year Information	10/1/2020 -	9/30/2021				
The following information is provided based on the information we received fro accuracy of the information. If you disagree with one of these items, please pr					he	
accuracy of the information. If you disagree with one of these items, please pr	ovide the conect information at	ong with supporting dot	sumentation when you su	Sinit your survey.		
1. Select Your Facility from the Drop-Down Menu Provided:	TIFT REGIONAL MEDICAL C	ENTER		1		
	40/4/0000					
	10/1/2020 through					
	9/30/2021					
2. Select Cost Report Year Covered by this Survey (enter "X"):	X			]		
3. Status of Cost Report Used for this Survey (Should be audited if available):	1 - As Submitted					
3a. Date CMS processed the HCRIS file into the HCRIS database:	3/9/2022					
Sa. Date onto processed the northo the into the northo database.	5/3/2022					
	Data		Correct?	If Incorrect, Prope	r Information	
4 - 11 X-1 M			Contect:	ii incorrect, Prope	mormation	
4. Hospital Name:	TIFT REGIONAL MEDICAL C	ENTER				
5. Medicaid Provider Number:	000001922A					
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0					
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0			l		
8. Medicare Provider Number:	110095					
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Non-State Govt.					
DSH Pool Classification (Small Rural, Non-Small Rural, Urban):	Non-Small Rural					
Out-of-State Medicaid Provider Number. List all states where you		_				
0. Otsta Marsa 1. Marshar	State Nar	me	Provider No.	4		
9. State Name & Number 10. State Name & Number				•		
11. State Name & Number				1		
12. State Name & Number				-		
13. State Name & Number 14. State Name & Number				-		
15. State Name & Number				1		
(List additional states on a separate attachment)						
E. Disclosure of Medicaid / Uninsured Payments Received: (	10/01/2020 - 09/30/2021)					
1. Section 1011 Payment Related to Hospital Services Included in Exhibits	P & P 1 (See Note 1)			e		
<ol> <li>Section 1011 Payment Related to Inospital Services included in Exhibits</li> <li>Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits</li> </ol>		Note 1)		<del>\$</del> -		
3. Section 1011 Payment Related to Outpatient Hospital Services NOT Inc		Note 1)		\$		
<ol> <li>4. Total Section 1011 Payments Related to Hospital Services (See No. 5. Section 1011 Payment Related to Non-Hospital Services Included in Example.</li> </ol>				\$- \$		
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 (S	ee Note 1)			\$-		
8. Out-of-State DSH Payments (See Note 2)				\$-		
						<b>T</b>
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)				Inpatient Outpatie	739,092	Total \$2,817,943
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	3)				.675,772	\$2,817,943 \$5,588,920
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Colu	,	non-hospital portion of paym	ents)		414,864	\$8,406,863
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash				69.48%	13.65%	33.52%
13. Did your hospital receive any Medicaid managed care payments no				No		
Should include all non-claim-specific payments such as lump sum payments fo	full Medicaid pricing, supplementa	als, quality payments, bon	us payments, capitation pay	ments received by the hospital (not by the MCC	<ol><li>or other incentive</li></ol>	e payments.
14. Total Medicaid managed care non-claims payments (see question 13 a	oove) received applicable to bo	spital services		\$ -		
<ol> <li>Total Medicaid managed care non-claims payments (see question 13 a</li> <li>Total Medicaid managed care non-claims payments (see question 13 a)</li> </ol>				\$ -		
16. Total Medicaid managed care non-claims payments (see question 13 a				\$-		

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

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

F.	MIUR / LIUR Qualifying Data from the Cost Report (10/01/2020 - 09/30/2021)	
	F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)	
	1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6)	49,139 (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	on 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	14,811,045
	8. Outpatient Hospital Charity Care Charges	34,609,819
	9. Non-Hospital Charity Care Charges	-
1	0. Total Charity Care Charges	\$ 49,420,864

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

r-3. Calculation of Net Hospital Revenue from Fatient Services (05	sed for LIOR) (W/S G-2 and G	5-3 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.	Total	Patient Revenues (Charg	es)	Contractual Adjustme			
Formulas can be overwritten as needed with actual data.							
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
	inpatient nospital	Outpatient nospital	Non-nospital	inpatient nospital	Outpatient nospital	Non-mospital	Net Hospital Nevenue
11. Hospital	\$57,827,780.00			\$ 42,487,403	\$ -	\$	\$ 15,340,377
12. Subprovider I (Psych or Rehab)	\$0.00			\$ -	\$-	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00			\$-	\$-	\$ -	\$-
14. Swing Bed - SNF	\$0.00		\$0.00	Ψ	Ψ -	\$ -	Ψ -
15. Swing Bed - NF			\$0.00			\$ -	
16. Skilled Nursing Facility			\$0.00			φ	
17. Nursing Facility			\$0.00			φ - ¢	
18. Other Long-Term Care			\$0.00			 -	
19. Ancillary Services	\$336,564,070.00	\$724,613,712.00	\$0.00	\$ 247,281,380	\$ 532,390,397		\$ 281,506,005
20. Outpatient Services	\$350,504,070.00	\$67,050,554.00		⇒ 247,201,300	\$ 49,263,588		\$ 281,506,005 \$ 17,786,966
21. Home Health Agency		\$67,050,554.00	\$0.00			⇒ - \$ -	\$ 17,760,900
			\$ -			<b>*</b>	
22. Ambulance			\$ - \$			\$ -	<u></u>
23. Outpatient Rehab Providers	<b>*</b> 0.00	<b>*</b> 2.00	\$0.00	\$ -	\$ - \$ -	<u> </u>	\$-
24. ASC	\$0.00	\$0.00	<u> </u>	\$ -	5 -	<u> </u>	- -
25. Hospice	A 44 057 400 00	A407.400.050.00	\$4,456,756.00		400.007.454	\$ 3,274,481	47,505,470
26. Other	\$41,957,163.00	\$137,422,058.00	\$0.00	\$ 30,826,895	\$ 100,967,154	\$-	\$ 47,585,173
27. Total	\$ 436,349,013	\$ 929,086,324	\$ 4,456,756	\$ 320,595,678	\$ 682,621,138	\$ 3,274,481	\$ 362,218,521
28. Total Hospital and Non Hospital		Total from Above	\$ 1,369,892,093		Total from Above	\$ 1,006,491,297	
29. Total Per Cost Report	Total Patient	Revenues (G-3 Line 1)	1,369,892,093	Total Cont	tractual Adj. (G-3 Line 2)	1,006,491,297	
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on works			///////////////////////////////////////		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i></i>	
patient revenue)							
	DED on workshoot C 2 Line	2 (impact is a degraded				+	
<ol> <li>Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUE</li> <li>in patrontiant review)</li> </ol>	JED on worksneet 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 Rever	nue INCLUDED on workshee	et 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 Patie	ent Care Cash Subsidies INC	CLUDED on worksheet					
G-3, Line 2 (impact is a decrease in net patient revenue)							
						+	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INC	JLUDED on worksneet G-3,	Line ∠ (impact is an					
increase in net patient revenue)						-	
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Chari	ity Care Charges related to in	nsured patients					
INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patier	nt revenue)"					_	
35. Adjusted Contractual Adjustments						1,006,491,297	
36. Unreconciled Difference	Unreconciled Di	fference (Should be \$0)	\$ -	Unreconciled D	ifference (Should be \$0)	\$ -	
oo, emetenaida billerende	Chicocholieu Di		Ψ -	Chicocholied D		¥ -	

# G. Cost Report - Cost / Days / Charges

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

	Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
hospi con hospi data sh	ital. If d npleted ital has a nould be	data in this section must be verified by the lata is already present in this section, it was using CMS HCRIS cost report data. If the a more recent version of the cost report, the e updated to the hospital's version of the cost ilas 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	\$ 48.910.970	\$	\$-	\$0.00	\$ 48.910.970	48.658	\$41,983,980.00		\$ 1.005.20
2		INTENSIVE CARE UNIT	\$ 11.025.349			φ0.00	\$ 11,025,349	6,635	\$15.843.800.00		\$ 1,661.70
3		CORONARY CARE UNIT	\$ -		\$- -		\$ -	0,000	\$0.00		\$ -
4		BURN INTENSIVE CARE UNIT	<del>)</del>		<u> </u>		\$-		\$0.00		\$ -
5	03300	SURGICAL INTENSIVE CARE UNIT	<del>,</del> ,	φ - \$ -	<u> </u>		ş - \$ -		\$0.00		\$ -
6		OTHER SPECIAL CARE UNIT	э - \$ -	ъ - \$ -	<del></del>		φ - \$ -	-	\$0.00		\$ -
о 7		SUBPROVIDER I	<del>&gt;</del> -	<del>ֆ</del> - Տ-	<del></del>		\$-	-	\$0.00		\$ -
8		SUBPROVIDER I	ъ - \$ -	<del>ֆ</del> - Տ-	<del></del>		\$- \$-	-	\$0.00		\$ -
8 9		OTHER SUBPROVIDER						-			
-			\$ -		<u>\$</u> - \$-	-	\$ -	-	\$0.00		\$ -
10	04300	NURSERY	\$ 1,555,322	\$ -	Ψ	-	\$ 1,555,322	3,504	\$3,300,870.00		\$ 443.87
11			\$ -	\$-	<u>\$</u>		\$-	-	\$0.00		\$-
12			\$-	\$-	\$ -		\$-	-	\$0.00		\$ -
13			\$-	\$ -	\$ -		\$ -	-	\$0.00		\$ -
14			\$ -	\$ -	\$ -		\$-	-	\$0.00		\$ -
15			\$-	\$-	\$-		\$-	-	\$0.00		\$-
16			\$-	\$-			\$-	-	\$0.00		\$-
17			\$-	\$-	\$-		\$-	-	\$0.00		\$-
18		Total Routine	\$ 61,491,641	\$-	\$-	\$-	\$ 61,491,641	58,797	\$ 61,128,650		
19		Weighted Average									\$ 1,045.83
		6 6									
	Obser	vation Data (Non-Distinct)		Hospital Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
20				0.050			¢ 0.700.000	644 400 400 00	£14,000,040,00	¢ 00.070.000	0.070001
20	09200	Observation (Non-Distinct)		9,658	-	-	\$ 9,708,222	\$11,109,139.00	\$14,962,943.00	\$ 26,072,082	0.372361
			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
	Ancilla	ary Cost Centers (from W/S C excluding Obser	vation) (list below):								
21		OPERATING ROOM	\$19,877,148.00		\$-		\$ 19,877,148	\$18,345,021.00	\$67,404,849.00	\$ 85,749,870	0.231804
22		RECOVERY ROOM	\$2,556,095.00		\$ -		\$ 2,556,095	\$1,979,093.00	\$7,691,833.00	\$ 9,670,926	0.264307
23	5200	DELIVERY ROOM & LABOR ROOM	\$3,740,040.00	\$-	\$ -		\$ 3,740,040	\$5,687,118.00	\$46,344.00	\$ 5,733,462	0.652318
24		ANESTHESIOLOGY	\$3,027,255.00		\$-		\$ 3,027,255	\$4,281,363.00	\$11,463,956.00	\$ 15,745,319	0.192264
25		RADIOLOGY-DIAGNOSTIC	\$11,389,702.00		<b>T</b>		\$ 11,389,702	\$13,389,967.00	\$54,206,798.00	\$ 67,596,765	0.168495
26		RADIOLOGY-THERAPEUTIC	\$6,680,198.00		\$-		\$ 6,680,198	\$132,095.00	\$13,221,461.00	\$ 13,353,556	0.500256
27		CT SCAN	\$2,192,780.00		\$-		\$ 2,192,780	\$20,355,261.00	\$62,547,619.00	\$ 82,902,880	0.026450
28		MRI	\$1.807.936.00				\$ 1,807,936	\$1,782,457.00	\$9,698,275.00	\$ 11,480,732	0.157476
29		LABORATORY	\$25,855,918.00				\$ 25,855,918	\$71.372.602.00	\$113,185,418.00	\$ 184,558,020	0.140096
30		RESPIRATORY THERAPY	\$6,873,858.00		<u> </u>		\$ 6,873,858	\$11,758,810.00	\$2,827,059.00	\$ 14,585,869	0.471268
	0000	care and a second contract of the	\$0,070,000.00	1 -	<del></del>		- 0,010,000	<i></i>	φ=,0=1,000.00	1,000,000	0.471200

# G. Cost Report - Cost / Days / Charges

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

TIFT REGIONAL MEDICAL CENTER

Line		Total Allowable	Intern & Resident Costs Removed on				I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem /
#	Cost Center Description	Cost	Cost Report *	Applicabl		Total Cost		Ancillary Charges	Total Charges	Cost or Other Ratios
6600	PHYSICAL THERAPY	\$3,862,620.00	\$ -	\$	-	\$ 3,862,620	\$4,899,362,00	\$5,473,589.00	\$ 10,372,951	0.372374
	ELECTROCARDIOLOGY	\$9,228,474.00		\$		\$ 9,228,474	\$17,623,018.00		\$ 53,250,468	0.173303
	ELECTROENCEPHALOGRAPHY		\$ -	\$		\$ 1,521,651	\$619,918.00		\$ 11,320,963	0.134410
7100	MEDICAL SUPPLIES CHARGED TO PATIENT	\$18,876,523.00	\$-	\$	-	\$ 18,876,523	\$17,450,315.00	\$15,135,519.00	\$ 32,585,834	0.579286
	IMPL. DEV. CHARGED TO PATIENTS	\$10,933,251.00		\$		\$ 10,933,251	\$8,966,625.00	\$10,000,010100	\$ 27,526,603	0.397189
	DRUGS CHARGED TO PATIENTS	\$43,398,967.00		\$		\$ 43,398,967	\$135,887,408.00		\$ 378,034,685	0.114802
	RENAL DIALYSIS	\$5,043,812.00		\$		\$ 5,043,812	\$2,033,637.00	\$54,675,243.00		0.088942
	CLINIC	\$3,521,742.00	\$ -	\$		\$ 3,521,742	\$37,883.00		\$ 3,897,746	0.903533
9100	EMERGENCY		\$ -	\$ 882		\$ 25,210,450	\$9,736,035.00		\$ 37,080,726	0.679880
		\$0.00		\$		\$ -	\$0.00	\$0.00		-
		\$0.00 \$0.00	<u>\$</u>	\$ \$		\$ -	\$0.00 \$0.00		<u>\$</u> - \$-	-
		\$0.00 \$0.00	•	\$ \$		\$ \$	\$0.00		<u> </u>	
			<del></del> 	ծ \$		<u> </u>	\$0.00		<del>5</del> - \$-	-
		\$0.00	<del></del> 	э \$		<del>\$</del> -	\$0.00		<del>3</del> - \$-	-
<u> </u>		\$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	\$-	\$	-	\$-	\$0.00	\$0.00	\$-	-
		\$0.00	\$-	\$	-	\$-	\$0.00	\$0.00	\$-	-
		\$0.00	\$ -	\$	-	\$-	\$0.00	\$0.00	\$-	-
			\$ -	\$		\$-	\$0.00		\$-	-
		\$0.00		\$		\$-	\$0.00		\$-	-
		\$0.00		\$		\$ -	\$0.00	\$0.00		-
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# G. Cost Report - Cost / Days / Charges

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

TIFT REGIONAL MEDICAL CENTER

Line		Total Allowable	Intern & Resident F 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		Total Charges	Cost or Other Ratio
		\$0.00	\$-\$	-	\$	- \$0.00	\$0.00	\$-	-
		\$0.00			\$	- \$0.00	\$0.00	\$-	-
		\$0.00			\$	φ0.00	\$0.00	\$-	-
		\$0.00			\$	- \$0.00	\$0.00	\$-	-
		\$0.00			\$	- \$0.00	\$0.00	\$ -	-
		\$0.00			\$	- \$0.00	\$0.00	\$ -	-
		\$0.00			\$	- \$0.00	\$0.00	\$ -	-
		\$0.00			\$	\$0.00	\$0.00	\$ -	-
		\$0.00			\$	- \$0.00		\$ -	-
		\$0.00			\$	- \$0.00	\$0.00	\$ -	-
		\$0.00			\$	- \$0.00 - \$0.00	\$0.00 \$0.00	<u> </u>	-
		\$0.00			\$		\$0.00	<u> </u>	
		\$0.00			\$	- \$0.00		<u></u> - \$ -	-
		\$0.00			\$	- \$0.00	\$0.00	<del>5</del> -	-
		\$0.00		,,	\$	- \$0.00	\$0.00	<u> </u>	-
		\$0.00			\$	- \$0.00	\$0.00	<del>5</del> -	-
		\$0.00			\$		\$0.00	<del>5</del> -	-
		\$0.00			\$	- \$0.00		\$ -	-
		\$0.00			\$	- \$0.00	\$0.00		-
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		\$0.00			\$	- \$0.00	\$0.00	\$ -	-
		\$0.00	\$ - \$	-	\$	- \$0.00	\$0.00	\$ -	-
		\$0.00			\$	- \$0.00	\$0.00	\$ -	-
		\$0.00	\$ - \$	-	\$	- \$0.00	\$0.00	\$ -	-
		\$0.00	\$ - \$	-	\$	- \$0.00	\$0.00	\$ -	-
	Total Ancillary	\$ 204,715,613			\$ 205,598,420	357,447,127	\$ 770,781,210	\$ 1,128,228,337	
	Weighted Average								0.19083
	Sub Totals	\$ 266,207,254	\$-\$	882,807	\$ 267,090,061	1 \$ 418,575,777	\$ 770 781 210	\$ 1,189,356,987	
	F, SNF, and Swing Bed Cost for Medicaid ( Vorksheet D, Part V, Title 19, Column 5-7, L	(Sum of applicable Cost I					· · · · · · · · · · · · · · · · · · ·	•	
	F, SNF, and Swing Bed Cost for Medicare Vorksheet D, Part V, Title 18, Column 5-7, L		Report Worksheet D-3, 1	Title 18, Column 3, I	e 200 and \$0.00	)			
N	F, SNF, and Swing Bed Cost for Other Pay	ers (Hospital must calcul	ate. Submit support for c	alculation of cost.)		]			
0	ther Cost Adjustments (support must be sul	bmitted)							
	Grand Total				\$ 267,090,061	1			
		ther Allowable Cost							

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

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

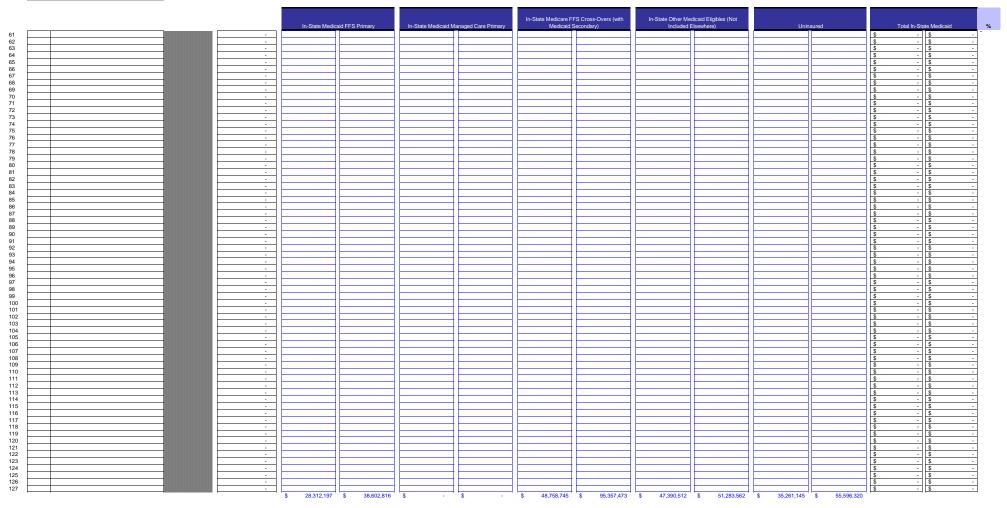
Cost Report Year (10/01/2020-09/30/2021) TIFT REGIONAL MEDICAL CENTER

			In-State Medic	aid FFS Primary	In-State Medicaid M	anaged Care Primary	In-State Medicare FI Medicaid S	FS Cross-Overs (with		edicaid Eligibles (Not Elsewhere)	Linin	isured	Total In-Str	ate Medicaid	%
Line # Cost Cer	Medicaid Per Diem Cost for Routine Cost enter Description Centers	r Charge Ratio for	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	Survey to Cos Report Totals
	From Section 0	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			
Routine Cost Centers (from			Days		Days		Days		Days		Days		Days		
03000 ADULTS & PEDIA 03100 INTENSIVE CARE			3,166				5,897 731		<u>6,624</u> 74		4,697		15,687 1,821		52.45 27.87
03200 CORONARY CARI 03300 BURN INTENSIVE	E UNIT \$ -												-		
03400 SURGICAL INTEN	NSIVE CARE UNIT \$ -														
03500 OTHER SPECIAL 04000 SUBPROVIDER I	\$ -														
04100 SUBPROVIDER II 04200 OTHER SUBPROV															
04300 NURSERY	\$ 443.6		166						253		54		419		13.5
	\$ - \$ -	-											-		
	\$ -														
													-		
	\$ - \$ -	-													
		Total Days	4,348		-		6,628		6,951		4,779		17,927		38.7
Total Days per PS&R or Exhi			4,348		-		6,628		6,951	]	4,779				
	Unreconciled Days (Explain Variance)		<u> </u>		<u> </u>		<u> </u>		<u> </u>		·				
Routine Charges			Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges \$ 22,443,400		46.4
Calculated Routine	e Charge Per Diem		\$ 1,260.71		\$-		\$ 1,251.82		\$ 1,246.55		\$ 1,230.13		\$ 1,251.93		46.48
	om W/S C) (from Section G):	0.070004	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges \$ 4.984.556	Ancillary Charges	
09200 Observation (Non-E 5000 OPERATING ROO		0.372361	1,122,391	1,223,374			2,319,709							\$ 5.358.737	45.8
	JM	0.231804	1,052,012	1,990,574			2,170,185	6,267,359	2,420,952	4,608,601	1,809,221	3,786,489	\$ 5,643,149	\$ 12,866,534	28.1
5100 RECOVERY ROOM	M	0.264307	115,586	293,894			2,170,185 241,605	6,267,359 780,439	2,420,952 242,130	4,608,601 641,381	1,809,221 224,341	3,786,489 544,127	\$ 5,643,149 \$ 599,321	\$ 12,866,534 \$ 1,715,714	¥ 31.9
5100 RECOVERY ROOM 5200 DELIVERY ROOM 5300 ANESTHESIOLOG	0M 1 & LABOR ROOM GY	0.264307 0.652318 0.192264	115,586 146,483 247,654	293,894 - 437,186			2,170,185 241,605 14,927 542,501	6,267,359 780,439 1,040,545	2,420,952 242,130 878,568 545,072	4,608,601 641,381 700 903,247	1,809,221 224,341 84,519 435,297	3,786,489 544,127 1,445 784,168	\$ 5,643,149 \$ 599,321 \$ 1,039,978 \$ 1,335,227	\$ 12,866,534 \$ 1,715,714 \$ 700 \$ 2,380,978	31.9 20.0 3 31.3
5100 RECOVERY ROOM 5200 DELIVERY ROOM	M I & LABOR ROOM GY GNOSTIC	0.264307 0.652318 0.192264 0.168495	115,586 146,483	293,894			2,170,185 241,605 14,927	6,267,359 780,439	2,420,952 242,130 878,568	4,608,601 641,381 700	1,809,221 224,341 84,519	3,786,489 544,127 1,445	\$ 5,643,149 \$ 599,321 \$ 1,039,978 \$ 1,335,227 \$ 5,157,682	\$ 12,866,534 \$ 1,715,714 \$ 700 \$ 2,380,978 \$ 13,854,471	31.9 20.0 3 31.3 38.8
5100 RECOVERY ROOM 5200 DELIVERY ROOM 5300 ANESTHESIOLOG 5400 RADIOLOGY-DIAC 5500 RADIOLOGY-THE 5700 CT SCAN	M I & LABOR ROOM GY GNOSTIC	0.264307 0.652318 0.192264 0.168495 0.500256 0.026450	115,586 146,483 247,654 1,151,488 51,862 1,617,056	293,894 			2,170,185 241,605 14,927 542,501 2,028,631 18,963 3,044,469	6,267,359 780,439 - 1,040,545 6,280,273 2,138,419 7,327,234	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,788,219	4,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856	1,809,221 224,341 84,519 435,297 1,458,131 - - 2,948,647	3,786,489 544,127 1,445 784,168 5,709,871 17,585 10,271,262	\$ 5,643,149 \$ 599,321 \$ 1,039,978 \$ 1,335,227 \$ 5,157,682 \$ 97,668 \$ 7,449,744	\$ 12,866,534 \$ 1,715,714 \$ 700 \$ 2,380,978 \$ 13,854,471 \$ 2,675,246 \$ 16,526,706	31.9           20.0           31.3           38.8           20.9           45.1
5100         RECOVERY ROOM           5200         DELIVERY ROOM           5300         ANESTHESIOLOG           5400         RADIOLOGY-DIAC           5500         RADIOLOGY-THEI           5700         CT SCAN           5800         MRI           6000         LABORATORY	M 1 & LABOR ROOM GY GNOSTIC :RAPEUTIC	0.264307 0.652318 0.192264 0.168495 0.500256 0.026450 0.157476 0.140096	115,586 146,483 247,654 1,151,488 51,862 1,617,056 185,900 6,274,537	293,894 437,186 2,154,390 518,352 2,955,616 440,027 6,283,091			2,170,185 241,605 14,927 542,501 2,028,631 18,963 3,044,469 263,103 10,437,175	6,267,359 780,439 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,788,219 241,349 10,246,065	4,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 922,058 9,555,946	1,809,221 224,341 84,519 435,297 1,458,131 - - 2,948,647 228,712 7,695,952	3,786,489 544,127 1,445 784,168 5,709,871 17,585 10,271,262 827,598 12,898,407	\$ 5,643,149 \$ 599,321 \$ 1,039,978 \$ 1,335,227 \$ 5,157,682 \$ 97,668 \$ 7,449,744 \$ 690,352 \$ 26,957,777	\$ 12,866,534 \$ 1,715,714 \$ 700 \$ 2,380,978 \$ 13,854,471 \$ 2,675,246 \$ 16,526,706 \$ 2,547,642 \$ 24,144,582	31.9           20.0           31.3           38.8           20.9           45.1           37.5           38.9
5100         RECOVERY ROOI           5200         DELIVERY ROOM           5300         ANESTHESIOLOG           5400         RADIOLOGY-DIAC           5500         RADIOLOGY-THEI           5700         CT SCAN           5800         MRI           6000         LABORATORY           6800         RESPIRATORY TR	M I A LABOR ROOM GY GNOSTIC RAPEUTIC HERAPY	0.264307 0.652318 0.192264 0.188495 0.500256 0.026450 0.157476 0.140096 0.417268	115,586 146,483 247,654 1,151,488 51,862 1,617,056 185,900 6,274,537 1,057,762	293,894 437,186 2,154,390 518,352 2,955,616 440,027 6,283,091 206,342			2,170,185 241,605 14,927 542,501 2,028,631 18,963 3,044,469 263,103 10,437,175 1,587,354	6,267,359 780,439 - - - 2,138,419 7,327,234 - 1,185,557 8,305,545 531,907	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,788,219 241,349 10,246,065 359,870	4,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,22,058 9,555,946 270,427	1,809,221 224,341 84,519 435,297 1,458,131 	3,786,489 544,127 1,445 784,168 5,709,871 17,585 10,271,262 827,598 12,898,407 128,157	\$ 5,643,149 \$ 599,321 \$ 1,039,978 \$ 1,335,227 \$ 5,157,682 \$ 97,668 \$ 7,449,744 \$ 690,352 \$ 26,957,777 \$ 3,004,986	\$ 12,866,534 \$ 1,715,714 \$ 7000 \$ 2,380,978 \$ 13,854,471 \$ 2,675,246 \$ 16,526,706 \$ 2,547,642 \$ 3,008,675 \$ 3,008	1         31.9           20.0         31.3           3         31.3           38.8         20.9           5         45.1           2         37.5           2         38.9           5         29.5
5100 RECOVERY ROOI 5200 DELIVERY ROOM 5300 ANESTHESICLOC 5400 RADIOLOGY-DIAG 5500 RADIOLOGY-DIAG 5500 CT SCAN 6000 LABORATORY 6500 RESPIRATORY TH 6600 PHYSICAL THERA 6900 ELECTROCARDIC	M I LABOR ROOM GY GNOSTIC RRAPEUTIC HERAPY APY OLOGY	0.264307 0.652318 0.19224 0.500256 0.026450 0.157476 0.471268 0.372374 0.173303	115,586 146,483 247,654 1,151,488 51,862 1,617,056 185,900 6,274,537 1,057,762 381,312 714,720	293,894 437,186 2,154,390 518,352 2,955,616 440,027 6,283,091 206,342 6,457 709,583			2,170,185 241,605 14.927 542,501 2,028,631 18,963 3,044,469 263,103 10,437,175 1,587,354 864,634 1,981,598	6,267,359 780,439 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 205,514 4,901,262	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,788,219 241,349 10,246,065 359,870 713,273 2,286,305	4,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 922,058 922,058 9255,946 270,427 169,201 2,936,076	1,809,221 224,341 84,519 435,297 1,458,131 - - 2,948,647 228,712 7,695,952 172,552 319,519 1,745,265	3,786,489 544,127 1,445 784,168 5,709,871 17,585 10,271,282 827,598 12,898,407 128,157 59,859 2,377,037	\$ 5,643,149 \$ 599,321 \$ 1,039,978 \$ 1,335,227 \$ 5,157,682 \$ 7,449,744 \$ 690,352 \$ 26,957,777 \$ 3,004,986 \$ 1,959,219 \$ 4,952,623	\$ 12,866,534 \$ 1,715,714 \$ 700 \$ 2,380,978 \$ 13,854,471 \$ 2,675,246 \$ 16,526,706 \$ 2,547,642 \$ 24,144,582 \$ 1,008,676 \$ 381,172 \$ 8,546,921	4         31.9           20.0         31.3           38.8         38.8           20.9         345.1           20.9         37.5           20.9         36.9           20.9         36.9           20.9         37.5           20.9         36.9           20.9         36.9           20.9         37.5           20.9         36.9           30.9         37.5           20.9         36.9           30.2         36.9           30.3         31.1
5100 RECOVERY ROO 5200 DEL/UERY ROOM 5300 ANESTHESIOLOC 5400 RADIOLOGY-DAG 5400 RADIOLOGY-DAG 5700 CT SCAN 6600 RESPIRATORY TH 6600 RESPIRATORY TH 6600 RESPIRATORY TH 6600 PHYSICAL THERA 6900 ELECTROCANDIC 7100 MEDICAL SUPPLE	M Is LABOR ROOM GY GNOSTIC GROSTIC IRAPEUTIC HERAPY APY OLOGY PHALOGRAPHY SS CHARGED TO PATIENT	0.264307 0.652318 0.192264 0.050256 0.026450 0.157476 0.140096 0.372374 0.372374 0.173303 0.1334410 0.579286	115.866 146.483 247.654 1.151.488 51.862 1.617.056 1.85.900 6.274.537 1.057.762 381.312 714.720 22.052 1.377.694	293,894 437,186 2,154,390 518,352 2,955,816 440,027 6,283,091 206,342 6,457 709,583 28,767 539,233			2,170,185 2,41,605 14,927 5,42,501 2,028,631 19,963 3,044,469 2,63,103 10,437,175 1,587,354 4,654,549 7,70,227 2,584,063	6,267,363 780,439 	2,420,952 242,130 878,568 545,072 1,977,563 2,6,843 2,768,219 2,41,349 10,246,065 359,870 7,13,273 2,286,305 6,68,823 1,608,526	4,608,601 641,381 700 903,247 5,419,508 18,475 6,243,856 9,555,946 2,270,427 169,201 2,396,076 1,088,550 1,381,582	1,809,221 224,341 84,519 435,297 1,458,131 2,948,647 228,712 7,665,952 172,552 319,519 1,745,265 38,077 1,031,712	3,766,489 544,127 1,445 7,764,168 5,709,871 17,585 10,271,582 827,598 12,898,407 128,157 59,859 2,377,037 895,340 1,072,812	\$ 5,643,149 \$ 599,321 \$ 1,039,978 \$ 1,335,227 \$ 5,157,682 \$ 7,449,744 \$ 690,352 \$ 26,957,777 \$ 3,004,986 \$ 1,959,219 \$ 4,952,623 \$ 4,952,623 \$ 5,159,028 \$	\$ 12,866,534 \$ 1,715,714 \$ 700 \$ 2,380,978 \$ 13,854,471 \$ 2,675,246 \$ 16,526,706 \$ 2,547,642 \$ 24,144,582 \$ 1,008,676 \$ 3,811,172 \$ 8,546,921 \$ 2,242,966 \$ 4,010,772	4         31.9           20.0         31.3           38.8         31.3           38.8         36           20.9         345.1           2         37.5           2         38.9           3         29.5           2         26.2           33.1         31.0           3         31.3           3         31.3           3         31.3           3         31.3           3         31.3           3         31.3           3         31.0           2         35.9
5100         RECOVERY ROO           5200         DEL/NERY ROOM           5200         DEL/NERY ROOM           5300         ANESTHESIOLOC           5400         RADIOLOGY-DIAC           5500         RADIOLOGY-DIAC           5500         RADIOLOGY-DIAC           5600         RADIOLOGY-THE           6000         LABORATORY           6500         RESPIRATORY THE           6600         ELECTROCARDIC           7000         ELECTROCARDIC           7000         ELECTROCARDIC           7000         ELECTROCANDIC           7200         IMPLIE           7200         INPLIE           7200         INPLIE	M A LABOR ROOM GY KNOSTIC RAPEUTIC HERAPY APY OLOGY PHALOGRAPHY SS CHARGED TO PATIENT SGED TO PATIENTS	0.264307 0.652316 0.0192264 0.192264 0.0202650 0.0202650 0.157476 0.157476 0.157476 0.157476 0.1757476 0.37733 0.134410 0.579266 0.397189	115,586 146,483 247,654 1,151,489 51,462 1,617,056 185,900 6,274,537 1,057,762 381,312 714,77,694 4,2,100	293,894 437,186 2,154,390 518,352 2,355,816 440,027 6,283,091 206,342 6,637 709,583 28,767 539,233 33,121			2,170,188 241,005 14,927 542,501 10,963 3,044,469 265,103 10,437,175 1,587,354 864,634 1,351,599 70,227 2,584,063 922,648	6,267,369 780,439 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 5,31,907 205,514 4,901,262 1,307,249 2,2689,957 2,848,841	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,788,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316	4608,601 641,381 700 903,247 5,419,808 16,475 6,243,556 9,555,946 2,270,427 169,201 2,396,076 1,088,550 1,381,582 1,885,507	1,809,221 224,341 84,519 435,297 1,458,131 2,948,647 2,28,712 7,695,952 172,552 319,519 1,745,265 38,077 1,031,712 222,815	3,728,489 5,44,127 7,445 7,64,168 5,709,871 17,585 10,271,282 8,27,598 12,598,407 128,157 56,859 2,377,037 8,95,340 1,072,812 7,64,228	\$         5,643,149           \$         599,321           \$         1,039,978           \$         1,335,227           \$         5,157,682           \$         97,688           \$         7,449,744           \$         690,352           \$         26,957,777           \$         3,004,986           \$         1,959,219           \$         159,102           \$         5,570,283           \$         2,066,064	\$ 12,866,534 \$ 1,715,714 \$ 700 \$ 2,380,978 \$ 13,854,471 \$ 2,675,246 \$ 16,526,706 \$ 2,247,642 \$ 24,144,562 \$ 10,08,676 \$ 3811,72 \$ 8,564,921 \$ 2,424,966 \$ 4,010,772 \$ 4,757,469	
5100         RECOVERY ROOM           5200         DELVERY ROOM           5300         ANESTHESIOLOG           5400         RADIOLOGY-THE           5700         CT SCAN           5800         MAIDIOLOGY-THE           5700         CT SCAN           6800         MRI           6800         LABCRATORY TH           6600         HABCRATORY TH           6600         PLSPIRATORY TH           6900         ELECTROCARDIC           7000         ELECTROCARDIC           7000         ELECTROCARDIC           7000         PLOECTRONCER           7000         DEV.CHARGE           7400         REMAL DIALVISS	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGEY HALOGRAPHY SIG CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.182495 0.500256 0.026450 0.471268 0.471268 0.372374 0.173303 0.134410 0.579286 0.397189 0.114802 0.088942 0.088942	115,586 146,483 247,654 1,151,488 51,862 1,617,056 185,590 6,274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 217,768	293,894 437,86 2,154,390 518,352 2,955,816 440,027 6,283,091 206,342 6,637 7709,583 28,767 539,233 39,121 18,621,352			2,170,185 241,005 14,927 542,501 10,963 3,044,469 265,103 10,437,175 1,567,554 864,634 1,057,554 864,634 1,057,554 864,634 1,7551,643 922,648	6,267,393 780,439 1,040,545 6,280,273 2,138,473 7,327,234 1,185,567 8,306,545 5,31,907 2,05,514 4,901,262 1,307,249 2,069,957 2,248,841 44,965,855 1,468	2,420,952 242,130 878,568 545,072 1,977,563 2,6843 2,768,219 2,41,549 10,246,665 359,870 7113,273 2,286,305 66,823 1,608,526 7013,316 18,821,044 543,820	4,608,601 (641,381 (700) 903,247 5,419,608 16,475 6,243,556 9,255,546 2,270,427 163,201 2,336,076 1,088,550 1,381,582 1,865,507 11,172,276 1,468	1,809,221 224,341 44,519 435,297 1,458,131 2,948,647 7,2948,647 7,295,552 319,519 1,745,265 38,077 1,031,712 222,815 14,852,667 85,132	3,766,489 5,44,127 7,445 7,64,168 5,709,871 1,7,585 10,271,262 827,585 12,889,407 128,157 50,859 2,377,037 8,95,340 1,072,812 7,64,228 8,105,432 4,403	\$ 5.643.149 \$ 599.321 \$ 1.039.978 \$ 1.335.227 \$ 7.668 \$ 7.449.744 \$ 680.325 \$ 26.957.777 \$ 3.004.986 \$ 1.969.219 \$ 4.962.623 \$ 155.102 \$ 5.570.283 \$ 2.066.064 \$ 47.663.975 \$ 1.329.827 \$ 3.2827 \$ 3.842.857 \$ 3.2827 \$ 5.570.283 \$ 3.2827 \$ 5.570.283 \$ 3.2827 \$ 3.282	\$         12,866,534           \$         1,715,714           \$         700           \$         2,380,978           \$         13,854,471           \$         2,675,246           \$         16,526,706           \$         2,547,642           \$         1,416,547           \$         2,547,642           \$         1,006,676           \$         381,172           \$         8,469,21           \$         2,424,966           \$         4,757,483           \$         2,336           \$         2,336           \$         2,336	4         31.9           20.0         31.3           38.8         38.8           20.0         31.3           38.8         20.9           2         34.5           2         37.5           2         36.2           33.1         38.9           3         38.9           3         29.5           2         26.2           3         31.0           3         31.0           2         35.9           3         38.5           3         38.5
5100         RECOVERY ROO           5200         DEL/VERY ROOM           5300         ANESTHESIOLOC           5400         RADIOLOGY-DAG           5400         RADIOLOGY-DAG           5600         RADIOLOGY-DAG           5600         RADIOLOGY-THEI           5700         CT SCAN           5800         RADIOLOGY-THEI           6000         LABORATORY Th           6000         RESPIRATORY Th           6000         ELECTROCANCY           7000         REDICAL SUPPLIE           7000         INDICAL SUPPLIE           7000         INDICAL SUPPLIE	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGEY HALOGRAPHY SIG CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.166495 0.500256 0.026450 0.157476 0.147028 0.372374 0.173303 0.1334410 0.579266 0.37789 0.114802	115.586 146.483 247.654 1.151.486 51.862 1.617.056 6.274.537 1.057.762 381.312 714.720 2.2.052 1.377.694 4.42.100 11.191.288	293,894 437,186 2,154,390 518,352 2,355,816 440,027 6,283,091 206,342 6,637 709,583 28,767 539,233 33,121			2,170,185 241,605 14,827 542,501 2,028,631 10,983 3,044,469 263,103 10,437,175 1,587,354 866,634 1,051,599 770,227 2,584,663 922,648 17,651,643	6,267,369 780,439 	2,420,952 2,42,130 878,566 5,45,072 1,977,563 2,6,843 2,788,219 10,246,065 3,59,870 7113,273 2,286,305 6,68,223 1,608,526 10,85,264 18,821,044	1,608,601 641,381 700 903,247 5,418,808 18,475 6,224,585 9,555,946 2,70,427 169,201 2,936,076 1,088,950 1,381,582 1,869,507 11,172,276	1,809,221 224,341 84,519 435,297 1,458,131 	3,768,489 544,127 1,445 5,709,871 17,585 10,271,582 827,588 12,898,407 128,157 509,859 2,377,037 895,340 1,072,812 764,228 8,105,432	\$ 5.643.149 \$ 5.99.321 \$ 1.039.976 \$ 1.335.227 \$ 5.157.682 \$ 97.688 \$ 7.449.744 \$ 690.352 \$ 26.95.7777 \$ 3.004.986 \$ 1.959.219 \$ 4.852.623 \$ 159.102 \$ 5.770.283 \$ 2.066.064 \$ 47.668.3975	\$ 12,866,534 \$ 1,715,714 \$ 700 \$ 2,380,378 \$ 13,85,471 \$ 2,675,246 \$ 16,526,706 \$ 2,547,642 \$ 1,008,676 \$ 2,547,642 \$ 1,008,676 \$ 2,414,582 \$ 1,008,676 \$ 3,811,172 \$ 4,757,469 \$ 74,757,483	4         31.5           20.0         31.3           38.8         38.8           6         20.6           6         20.8           6         20.8           6         20.8           6         20.8           6         20.8           7.5         38.9           2         36.2           3         31.6           3         31.6           3         31.6           3         31.6           3         31.6           3         31.6           3         31.6           3         31.6           3         35.9           3         38.5           3         38.5           3         38.5           7         5.5
5100         RECOVERY ROOM           5200         DEL/VERY ROOM           5300         ANESTHESIGLOC           5400         RADIOLOGY-HE           5700         TS GAN           6000         LABORATORY           6000         LABORATORY           6000         LABORATORY           6000         LABORATORY           6000         LECTROCANCIO           7000         ELECTROCANCIO           7000         ELECTROCANCIO           7000         MELOCAL SUPPUE           7300         DRUGS CHARGEI           7400         RENAL DIALYSIS           9400         ELUNIC	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.1962955 0.500256 0.025650 0.025640 0.140066 0.471268 0.372374 0.140066 0.471268 0.37789 0.173303 0.134410 0.579266 0.397189 0.114802 0.088942 0.089342 0.903533 0.679880 -	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,249 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,408 18,475 6,243,856 9,555,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 349,717 1,031,712 223,615 14,852,667 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	\$ 5.643,149           \$ 5.99321           \$ 1.039,978           \$ 1.385,227           \$ 5.157,682           \$ 7.449,744           \$ 690,327           \$ 7.449,744           \$ 690,327           \$ 26,957,777           \$ 3.004,896           \$ 1.959,219           \$ 4.952,623           \$ 5.570,283           \$ 2.966,064           \$ 4.952,623           \$ 3.749,329           \$ 3.749,329           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120           \$ 3.759,120	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         3.4172           \$         4.940.0772           \$         4.957.498           \$         7.4759.483           \$         2.08.978           \$         2.08.989           \$         2.08.997	4         31.9           20.0         31.3           38.8         38.8           6         20.9           5         45.1           2         37.5           2         37.5           2         37.5           2         36.2           3         31.0           2         36.2           3         31.0           2         36.9           3         38.5           3         38.5           3         38.5           3         38.5           5         2.5
5100         RECOVERY ROOM           5200         DELVERY ROOM           5300         ANESTHESIGLOC           5400         RADIOLOGY-HE           5700         TS CAN           5800         RADIOLOGY-HE           5700         TS CAN           6800         MRI           6800         LABORATORY           6800         LECTRATORY TH           6800         ELECTRATORY TH           7800         TRECTROCAPUC           7800         DELECTROCAPUC           7800         DRUGS CHARGE           7300         DRUGS CHARGE           7400         RENAL DIALYSIS           9900         CLINIC	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.1962955 0.500256 0.026450 0.026450 0.027476 0.3723743 0.140066 0.3723743 0.14006 0.377189 0.377189 0.114802 0.088942 0.088942 0.903533 0.679880 	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,249 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,408 18,475 6,243,856 9,555,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 349,717 1,031,712 223,615 14,852,667 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	\$         5.643.149           \$         5.99.321           \$         1.038.976           \$         1.038.976           \$         1.038.976           \$         5.157.682           \$         7.449.744           \$         680.352           \$         7.449.744           \$         26.957.777           \$         3.004.986           \$         1.959.219           \$         1.959.213           \$         1.959.213           \$         1.959.213           \$         1.959.213           \$         1.959.219           \$         1.959.219           \$         2.066.064           \$         4.768.3975           \$         5.370.283           \$         3.783.585           \$         .           \$         .           \$         .           \$         .	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         3.4172           \$         4.940.0772           \$         4.957.498           \$         7.4759.483           \$         2.08.978           \$         2.08.989           \$         2.08.997	4         31.9           20.0         31.3           38.8         38.8           6         20.9           5         45.1           2         37.5           2         37.5           2         37.5           2         36.2           3         31.0           2         35.9           3         35.9           3         38.5           3         38.5           3         38.5           3         35.5
5100         RECOVERY ROO           5200         DELVERY ROOM           5300         ANESTHESIGLOC           5400         RADIOLOGY-HE           5700         TSCAN           5600         MADIOLOGY-HE           5700         TSCAN           6800         NACIOLOGY-THE           6900         LABORATORY T           6800         RECITROCANCE           7000         DELCTROCANCE           7100         MEDICAL SUPPLIC           7300         DRUGS CHARGE           7400         RENAL DIALYSIS           9400         CLINIC	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.108495 0.500256 0.26450 0.471268 0.471268 0.471268 0.372374 0.173303 0.174476 0.372374 0.173403 0.173441 0.579286 0.397189 0.114802 0.088942 0.903533 0.679880 0.679880 0.578577 0.578577 0.578577 0.578577 0.5785777 0.5785777 0.57857777777777777777777777	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,249 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,255,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 349,717 1,031,712 223,615 14,852,667 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	\$ 5.643,149           \$ 5.99321           \$ 1.039,978           \$ 1.385,227           \$ 5.157,682           \$ 7.449,744           \$ 690,327           \$ 7.449,744           \$ 690,327           \$ 26,957,777           \$ 3.004,896           \$ 1.959,219           \$ 4.952,623           \$ 5.570,283           \$ 2.966,064           \$ 4.952,623           \$ 3.496,3975           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.2066,064           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077           \$ 3.208,077 <t< td=""><td>\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         3.4172           \$         4.940.0772           \$         4.957.498           \$         7.4759.483           \$         2.08.978           \$         2.08.989           \$         2.08.997</td><td>4         31.9           20.0         31.3           38.8         38.8           6         20.9           5         45.1           2         37.5           2         37.5           2         37.5           2         36.2           3         31.0           2         35.9           3         35.9           3         38.5           3         38.5           3         38.5           3         35.5</td></t<>	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         3.4172           \$         4.940.0772           \$         4.957.498           \$         7.4759.483           \$         2.08.978           \$         2.08.989           \$         2.08.997	4         31.9           20.0         31.3           38.8         38.8           6         20.9           5         45.1           2         37.5           2         37.5           2         37.5           2         36.2           3         31.0           2         35.9           3         35.9           3         38.5           3         38.5           3         38.5           3         35.5
5100         RECOVERY ROO           5200         DELVERY ROOM           5300         ANESTHESIGLOC           5400         RADIOLOGY-HE           5700         TSCAN           5600         MADIOLOGY-HE           5700         TSCAN           6800         NACIOLOGY-THE           6900         LABORATORY T           6800         RECITROCANCE           7000         DELCTROCANCE           7100         MEDICAL SUPPLIC           7300         DRUGS CHARGE           7400         RENAL DIALYSIS           9400         CLINIC	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.196495 0.500256 0.026450 0.471268 0.471268 0.372374 0.173303 0.174474 0.173303 0.174474 0.173303 0.173441 0.579286 0.397189 0.114802 0.088942 0.903533 0.679880 0.679880 0.679880 0.773474 0.7747474 0.7747474 0.7	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,269 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,255,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 338,077 1,031,712 223,615 14,852,687 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	S         5.643,140           5         599,321           1         1.039,978           1         3.135,227           2         5.157,682           3         3.835,227           3         5.167,682           4         7.409,744           4         600,352           5         26,957,777           5         3.004,986           5         1.959,219           3         4.952,623           15         3.2066,064           5         3.793,535           5         3.739,3535           5         3.739,3535           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         1.006.767           \$         4.910.772           \$         4.910.772           \$         4.757.469           \$         7.4759.483           \$         2.08.797	4         31.9           20.0         31.3           38.8         38.8           6         20.9           5         45.1           2         37.5           2         37.5           2         37.5           2         36.2           3         31.0           2         35.9           3         35.9           3         38.5           3         38.5           3         38.5           3         35.5
5100         RECOVERY ROO           5200         DEL/NERY ROOM           5200         ALEVERY ROOM           5400         ANESTHESIGLOC           5400         RADIOLOGY-HE           5700         T SCAN           5600         ABORATORY           6600         LABORATORY           6600         LABORATORY THE           6600         LABORATORY THE           6600         PHYSICAL THERA           6900         ELECTROCANDICAL SUPPLIC           7100         MEDICAL SUPPLIC           7300         DRUGS CHARGEI           7400         RENAL DIALYSIS           7400         RENAL DIALYSIS	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.196495 0.500256 0.26450 0.471268 0.471268 0.471268 0.372374 0.173303 0.134410 0.579286 0.397189 0.114802 0.088942 0.903533 0.679880 -	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,269 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,255,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 338,077 1,031,712 223,615 14,852,687 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	S         5.643,140           5         599,321           1         1.039,978           1         3.135,227           2         5.167,682           3         7.469,744           4         640,0352           5         2.99,621           5         1.95,9219           5         3.004,966           5         2.066,064           5         3.793,535           5         3.733,535           5         -      5         -           <	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         1.006.767           \$         4.910.772           \$         4.910.772           \$         4.757.469           \$         7.4759.483           \$         2.08.797	4         31.9           20.0         31.3           38.8         38.8           20.9         345.1           345.1         38.8           20.9         32.9           237.5         237.5           237.5         24.2           33.10         31.0           35.9         28.3           38.8         38.5           33.3         38.5           5.5         5.5
5100         RECOVERY ROOM           5200         DEL/VERY ROOM           5300         ANESTHESIGLOC           5400         RADIOLOGY-HE           5700         TSCAN           6000         LABORATORY           6000         LABORATORY           6000         PHYSICAL           6000         LABORATORY           6000         LECTROCANCINCEP           7100         MELOCAL SUPPUE           7200         INCOLAL SUPPUE           7300         DRUGS CHARGEI           7400         RENAL DIALYSIS           9000         CLINIC	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.1962955 0.500256 0.026450 0.026450 0.474768 0.471268 0.372374 0.37247476 0.372474 0.37247476 0.37247476 0.37247476 0.37247476 0.37247476 0.37247476 0.37247476 0.37247476 0.3727476 0.3727476 0.3727476 0.3727476 0.3727476 0.3727476 0.3727476 0.3727476 0.3727476 0.37277777777777777777777777777777777777	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,269 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,255,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 338,077 1,031,712 223,615 14,852,687 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	S         5.643,140           5         599,321           1         1.039,978           1         3.135,227           2         5.157,682           3         3.835,227           3         5.167,682           4         7.409,744           4         600,352           5         26,957,777           5         3.004,986           5         1.959,219           3         4.952,623           15         3.2066,064           5         3.793,535           5         3.739,3535           5         3.739,3535           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         1.006.767           \$         4.910.772           \$         4.910.772           \$         4.757.469           \$         7.4759.483           \$         2.08.797	4         31.9           20.0         31.3           38.8         38.8           20.9         345.1           345.1         38.8           20.9         32.9           237.5         237.5           237.5         24.2           33.10         31.0           35.9         28.3           38.8         38.5           33.3         38.5           5.5         5.5
5100         RECOVERY ROO           5200         DEL/NERY ROOM           5300         ANESTHESIOLOC           5400         RADIOLOGY-THE           5700         T SCAN           5600         NADIOLOGY-THE           6700         LABORATORY TH           6600         LABORATORY TH           6600         LABORATORY TH           6600         LABORATORY TH           6600         PHYSICAL THERA           6900         ELECTROCENCEP           7100         MEDICAL SUPPLIC           7300         DRUGS CHARGET           7400         RENAL DIALYSIS           7400         RENAL DIALYSIS	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.1684955 0.500256 0.026450 0.026450 0.471268 0.471268 0.372374 0.17303 0.372374 0.372374 0.372374 0.372374 0.372374 0.372374 0.372374 0.372199 0.371268 0.397199 0.397199 0.397199 0.397199 0.397199 0.114802 0.086942 0.090353 0.679880 - - - - - - - - - - - - -	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,269 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,255,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 338,077 1,031,712 223,615 14,852,687 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	S         5.643.140           5         599.321           5         1.033.976           5         1.335.227           5         5.157.682           2         9.7.668           5         7.49.744           6         600.352           5         26.957.777           5         3.004.986           5         2.95.70.283           5         2.066.064           5         3.204.875           5         3.206.054           5         3.793.535           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -           5         -	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         1.006.767           \$         4.910.772           \$         4.910.772           \$         4.757.469           \$         7.4759.483           \$         2.08.797	4         31.9           20.0         31.3           38.8         38.8           20.9         345.1           345.1         38.8           20.9         32.9           237.5         237.5           237.5         24.2           33.10         31.0           35.9         28.3           38.8         38.5           33.3         38.5           5.5         5.5
5100         RECOVERY ROO           5200         DELVERY ROOM           5300         ANESTHESIGLOC           5400         RADIOLOGY-HE           5700         TSCAN           5600         MADIOLOGY-HE           5700         TSCAN           6800         NACIOLOGY-THE           6900         LABORATORY T           6800         RECITROCANCE           7000         DELCTROCANCE           7100         MEDICAL SUPPLIC           7300         DRUGS CHARGE           7400         RENAL DIALYSIS           9400         CLINIC	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.198495 0.500256 0.026450 0.471268 0.471268 0.372374 0.173303 0.134410 0.579286 0.377189 0.114802 0.088942 0.903533 0.679880 0.679880 0.679880 0.67987 0.100000000000000000000000000000000000	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,269 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,255,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 338,077 1,031,712 223,615 14,852,687 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	S         5.643.140           5         599.321           1         1.039.978           1         3.135.227           2         5.167.682           3         7.469.744           4         650.352           2         8.97.688           5         7.449.744           4         650.352           2         8.957.777           3         3.004.986           5         5.570.283           1.959.219         1.329.8270           3         2.066.064           3         2.086.077           3         3.034.986           5         3.793.535           5            5            5            5            5            5            5            5            5            5            5            5            5            5       5	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         1.006.767           \$         4.910.772           \$         4.910.772           \$         4.757.469           \$         7.4759.483           \$         2.08.797	4         31.9           20.00         31.33           38.83         38.83           20.93         345.12           345.12         37.56           237.56         29.51           237.57         33.10           2         36.29           33.10         31.00           2         36.93           33.59         28.33           38.55         2.55           7         5.55
5100         RECOVERY ROO           5200         DEL/NERY ROOM           5300         ANESTHESIGLOC           5400         RADIOLOGY-THE           5700         TS CAN           5000         LABIORATORY THE           6000         LABIORATORY THE           6000         LABIORATORY THE           6000         LABIORATORY THE           6000         LECTROCATORY THE           6000         LECTROCATORY THE           7000         ELECTROCANDICAL SUPPLIE           7100         MEDICAL SUPPLIE           7200         IMUGS CHARGET           7400         RENAL DIALYSIS           7400         RENAL DIALYSIS	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.198265 0.500256 0.026450 0.471268 0.471268 0.372374 0.173303 0.1344100 0.579286 0.377474 0.37739 0.114802 0.038942 0.903533 0.679880 0.679880 0.679880 0.67987 0.100000000000000000000000000000000000	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,269 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,255,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 338,077 1,031,712 223,615 14,852,687 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	S         5.643.140           5         599.321           1         1.039.978           1         3.135.227           2         5.167.682           3         7.469.744           4         650.352           2         8.97.688           5         7.449.744           4         650.352           2         8.957.777           3         3.004.986           5         5.570.283           1.959.219         1.329.8270           3         2.066.064           3         2.086.077           3         3.034.986           5         3.793.535           5            5            5            5            5            5            5            5            5            5            5            5            5            5       5	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         1.006.767           \$         4.910.772           \$         4.910.772           \$         4.757.469           \$         7.4759.483           \$         2.08.797	4         31.9           20.00         31.33           38.83         38.83           20.93         345.12           345.12         37.56           237.56         29.51           237.57         33.10           2         36.29           33.10         31.00           2         36.93           33.59         28.33           38.55         2.55           7         5.55
5100         RECOVERY ROO           5200         DEL/NERY ROOM           5300         ANESTHESIOLOC           5400         RADIOLOGY-THE           5700         T SCAN           5600         NADIOLOGY-THE           6700         LABORATORY TH           6600         LABORATORY TH           6600         LABORATORY TH           6600         LABORATORY TH           6600         PHYSICAL THERA           6900         ELECTROCENCEP           7100         MEDICAL SUPPLIC           7300         DRUGS CHARGET           7400         RENAL DIALYSIS           7400         RENAL DIALYSIS	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGGY HALOGRAPHY Si CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.198265 0.500256 0.026450 0.471268 0.471268 0.372374 0.173303 0.134410 0.579286 0.377189 0.114802 0.903533 0.679880 0.679880 0.679880 0.67987 0.154410 0.088942 0.903533 0.679880 0.679880 0.757476 0.75747	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,269 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,255,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 338,077 1,031,712 223,615 14,852,687 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	S         5.643.140           5         5.99.321           1         1.039.978           1         3.135.227           2         5.167.682           3         3.05.927           3         5.167.682           5         1.97.688           5         7.449.744           4         690.352           5         8.957.777           3         3.004.996           5         4.952.423           5         5.570.823           5         5.701.823           5         3.206.6645           3         2.066.664           5         3.783.535           5            5            5            5            5            5            5            5            5            5            5            5            5            5            5	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         1.006.767           \$         4.910.772           \$         4.910.772           \$         4.757.469           \$         7.4759.483           \$         2.08.797	k         31.91           20.06         31.33           38.83         38.84           20.90         34.512           345.12         37.56           237.56         29.58           20.80         31.02           33.16         31.02           33.16         31.02           235.90         28.38           33.65         33.59           28.38         38.55           25.55         2.55
5100         RECOVERY ROO           5200         DELVERY ROOM           5300         ANESTHESIGLOC           5400         RADIOLOGY-HE           5700         TSCAN           5600         MADIOLOGY-HE           5700         TSCAN           6800         NACIOLOGY-THE           6900         LABORATORY T           6800         RECITROCANCE           7000         DELCTROCANCE           7100         MEDICAL SUPPLIC           7300         DRUGS CHARGE           7400         RENAL DIALYSIS           9400         CLINIC	M I LABOR ROOM GY BOOSTIC GROSTIC ERAPEUTIC HERAPY APY DOLGAR HALOGRAPHY SIG CHARGED TO PATIENT GED TO PATIENTS D TO PATIENTS	0.264307 0.652318 0.192264 0.1684955 0.500256 0.026450 0.026450 0.474768 0.471268 0.471268 0.372374 0.17303 0.134410 0.0379286 0.397189 0.377374 0.134410 0.038542 0.038542 0.038542 0.0397880 	115.586 146,483 247,654 1.151,488 51,882 1617,055 165,000 6.274,537 1,057,762 381,312 714,720 22,052 1,377,694 442,100 11,191,288 2,17,968 5,138	233,894 437,186 2,154,390 518,352 2,955,516 440,027 709,583 28,657 709,583 28,767 533,233 39,121 18,621,352 18,7407			2,170,185 241,605 14,927 542,501 2,026,631 10,927 10,947,175 1,587,354 864,634 1,951,598 70,227 2,2584,063 9,22,644 17,651,643 568,039 521	6,267,369 780,439 780,439 7,222,34 1,040,545 6,280,273 2,138,419 7,327,234 1,185,557 8,305,545 531,907 2005,514 4,907,249 2,069,957 2,2648,841 4,496,855 1,468 20,943	2,420,952 242,130 878,568 545,072 1,977,563 26,843 2,768,219 241,349 10,246,065 359,870 713,273 2,286,305 66,823 1,608,526 701,316 18,821,044 543,820 727	1,608,601 641,381 700 903,247 5,419,808 18,475 6,243,856 9,255,946 2,20,58 9,555,946 1,088,950 1,381,582 1,889,507 11,172,276 1,489,507	1,009,221 224,341 84,519 435,297 1,458,131 - 2,2948,647 7,695,952 172,552 339,519 1,745,265 338,077 1,031,712 223,615 14,852,687 85,132 600	3,786,489 5,44,127 1,445 7,784,166 5,709,871 17,585 10,271,482 827,598 22,898,407 128,157 59,859 2,2377,037 895,340 1,072,812 7,64,228 8,105,432 4,403 6,650	S         5.643.140           5         599.321           1         1.039.978           1         3.135.227           2         5.167.682           3         7.469.744           4         650.352           2         8.97.688           5         7.449.744           4         650.352           2         8.957.777           3         3.004.986           5         5.570.283           1.959.219         1.329.8270           3         2.066.064           3         2.086.077           3         3.034.986           5         3.793.535           5            5            5            5            5            5            5            5            5            5            5            5            5            5       5	\$         12.865.534           \$         1.715.714           \$         700           \$         2.380.978           \$         13.854.471           \$         2.675.246           \$         16.526.706           \$         2.414.582           \$         1.008.676           \$         2.414.4582           \$         1.006.767           \$         4.910.772           \$         4.910.772           \$         4.757.469           \$         7.4759.483           \$         2.08.797	4         31.9           20.00         31.33           38.83         38.83           20.93         345.12           345.12         37.56           237.56         29.51           237.57         33.10           2         36.29           33.10         31.00           2         36.93           33.59         28.33           38.55         2.55           7         5.55

Page 6

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

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



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

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

	Totals / Payments	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
128	Total Charges (includes organ acquisition from Section J)	\$ 33,793,747 \$ 38,602,816	\$	\$ 57,055,815 \$ 95,357,473	\$ 56,055,292 \$ 51,283,562	\$ 41,139,940 \$ 55,596,320 (Agrees to Exhibit A) (Agrees to Exhibit A)	\$ 146,904,854 \$ 185,243,851 36.15%
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 33,793,747 \$ 38,602,816	\$	\$ 57,055,815 \$ 95,357,473	\$ 56,055,292 \$ 51,283,562	\$ 41,139,940 \$ 55,596,320	
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 10,637,968 \$ 6,928,241	\$ - \$ -	\$ 16,985,078 \$ 17,151,161	\$ 15,863,404 \$ 9,920,368	\$ 10,858,958 \$ 11,529,688	\$ 43,486,450 \$ 33,999,770 37.50%
132 133 134 135 136 137 138 139 140 141 142 143 144	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E) Private Insurance (including primary and third party liability) Self-Pay (including Co-Pay and Spend-Down) Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments) Medicaid Cost Settlement Payments (See Note B) Other Medicaid Payments Reported on Cost Report Year (See Note C) Medicare Traditional (non-HNO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Debt Payments Other Medicare Cross-Over Payments (See Note D) Payment from Hoopital Uninsured During Cost Report Year (Cash Basis) Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Sec	\$ 6.257.562 \$ 4.732.030 \$ 142.136 \$ 3.271 \$ 6.399.698 \$ 4.735.301 \$ 744.327 tion E)	\$ . \$ .	\$ 338.547         \$ 1,204,449           \$ 1,929         \$ 13,138           \$ 1,929         \$ 13,138           \$ 12,243.642         \$ 11,451,654           \$ 308,157         \$ 204,494	\$         238,766         \$         406,223           \$         231,671         \$         130,313           \$         4,032,069         \$         2,360,478           \$         1,718         \$         13,834           \$         20,543         \$         5,4806           \$         12,087,999         \$         5,711,793	(Agrees to Exhibit 8 and (Agrees to Exhibit 8 and 8-1) 8-1) \$ 2,078,851 \$ 739,092 \$ . \$ .	\$         6.834.875         \$         6.342.702           \$         231.671         \$         130.313           \$         4.032.069         \$         2.360.478           \$         145.783         \$         30.243           \$         -         \$         744.327           \$         -         \$         -           \$         12.264.185         \$         11.506.460           \$         12.087.999         \$         5.711.793           \$         308.157         \$         204.494           \$         -         \$         -
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$ 4,238,270 \$ 1,448,613 60% 79%	\$ 0% 0%	\$ 4,092,803 76% \$ 4,277,426 75%	\$ (749,362) \$ 1,242,921 105% 87%	\$ 8,780,107 \$ 10,790,596 19% 6%	\$ 7,581,711 \$ 6,968,960 83% 80%
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, C Percent of cross-over days to total Medicare days from the cost report	ol. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less line	is 5 & 6)	23,746 28%			

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

Note P - Insee an advocation table depending on pagenets and outpagenet meducation page using and cannot summary. For managed or cannot choose and connect enginees, use of enginees to be in Cannot and cannot be summary or the managed or cannot choose and connect enginees. The summary or PSRN, Note B - Medicaid dotted and the payments such as Outliers and Non-Claim Specific payments. DSH payments should ND to 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 Medicaid conserver payments include and include on the paid claims data reported advoce. This includes payments paid as on any constrained section constrained and constr

	port Year (10/01/2020-09/30/2021)		DICAL CENTER										
				Out-of-State Med	licaid FFS Primary		caid Managed Care mary	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)				lot 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)		
	Cost Centers (list below):			Days		Days		Days		Days		Days	
	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	\$ 1,005.20 \$ 1.661.70		70								70	
03200	CORONARY CARE UNIT	\$ -										-	
	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	\$ - \$ -										-	
	OTHER SPECIAL CARE UNIT SUBPROVIDER I	\$ - \$ -										-	
04100 \$	SUBPROVIDER II	s -										-	
04200	OTHER SUBPROVIDER NURSERY	\$ - \$ 443.87										- 2	
04300	NURSERT	\$ 443.87 \$ -		2								- 2	
		\$ - \$ -										-	
		ş -										-	
		\$ - \$ -										-	
		\$ -											
			Total Days	72		-		-		-		72	
Total Da	ays per PS&R or Exhibit Detail			72		-		-		-			
	Unreconciled Days (E	Explain Variance)		<u> </u>				<u> </u>		<u> </u>			
F	Routine Charges	7		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges \$ 88,890	
(	Calculated Routine Charge Per Diem			\$ 1,234.58		\$-		\$-		\$ -		\$ 1,234.58	
	y Cost Centers (from W/S C) (list below): Observation (Non-Distinct)		0.372361	Ancillary Charges 11.040	Ancillary Charges 26,749	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges \$ 11,040	Ancillary Charges \$ 26,749
5000 0	OPERATING ROOM		0.231804	18,372	5,000							\$ 18,372	\$ 5,000
	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	-	0.264307 0.652318	1,862 23,585	353							\$ 1,862 \$ 23,585	\$ 353
5300 A	ANESTHESIOLOGY		0.192264	3,857	302							\$ 3,857	\$ 302
	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	-	0.168495 0.500256	16,581	40,485							\$ 16,581	\$ 40,485 \$
5700 0	CT SCAN												
	NBI		0.026450	48,578	- 160,905							\$ 48,578	\$ 160,905
5800 M	MRI LABORATORY											\$ 48,578 \$ 10,841 \$ 129,210	\$ 160,905 \$ - \$ 131,749
6000 L	LABORATORY RESPIRATORY THERAPY		0.026450 0.157476 0.140096 0.471268	48,578 10,841 129,210	160,905 - 131,749 176							\$ 10,841 \$ 129,210 \$ -	\$
6000 L 6500 F 6600 F	LABORATORY		0.026450 0.157476 0.140096	48,578 10,841 129,210	160,905 - 131,749							\$ 10,841	\$ \$ 131,749
6000 L 6500 F 6600 F 6900 E 7000 E	LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY		0.026450 0.157476 0.140096 0.471268 0.372374 0.173303 0.134410	48,578 10,841 129,210 - 1,915 20,274 793	160,905 - 131,749 176 948 17,669 793							\$ 10,841 \$ 129,210 \$ - \$ 1,915 \$ 20,274 \$ 793	\$
6000 L 6500 F 6600 F 6900 E 7000 E 7100 N 7200 I	LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS		0.026450 0.157476 0.140096 0.471268 0.372374 0.173303 0.134410 0.579286 0.397189	48,578 10,841 129,210 - - 1,915 20,274 793 7,492	160,905 - 131,749 176 948 17,669 793 6,590							\$ 10,841 \$ 129,210 \$ - \$ 1,915 \$ 20,274 \$ 793 \$ 7,492 \$ -	\$ 131,749 \$ 1766 \$ 948 \$ 17,669 \$ 793 \$ 6,590 \$ 0,590
6000 L 6500 F 6600 F 6900 E 7100 N 7200 I 7300 C	LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROBCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS		0.026450 0.157476 0.140096 0.471268 0.372374 0.173303 0.134410 0.579286 0.397189 0.114802	48,578 10,841 129,210 	160,905 - 131,749 176 948 17,669 793 6,590 - - 68,438							\$ 10,841 \$ 129,210 \$ - \$ 1,915 \$ 20,274 \$ 793	\$
6000 L 6500 F 6600 F 6900 E 7100 N 7200 I 7300 C	LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCACEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS		0.026450 0.157476 0.140096 0.471268 0.372374 0.173303 0.134410 0.579286 0.397189	48,578 10,841 129,210 - - 1,915 20,274 793 7,492 - - 145,512 - - 34	160,905 							\$ 10,841 \$ 129,210 \$ - \$ 1,915 \$ 20,274 \$ 793 \$ 7,492 \$ - \$ 145,512 \$ - \$ 34	\$ 131,749 \$ 1766 \$ 948 \$ 17,669 \$ 793 \$ 6,590 \$ 0,590
6000 L 6500 F 6600 F 7000 E 7100 N 7200 I 7300 C 7400 F 9000 C	LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCACEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS		0.026450 0.157476 0.140096 0.471268 0.372374 0.173303 0.134410 0.579286 0.397189 0.114802 0.088942 0.088942	48,578 10,841 129,210  1,915 20,274 793 7,492  145,512	160,905  131,749  948  733  6,590  - - - - - - - - - -							\$ 10,841 \$ 129,210 \$ - \$ 1,915 \$ 20,274 \$ 7933 \$ 7,492 \$ - \$ 145,512 \$ -	\$ 131,749 \$ 1766 \$ 948 \$ 17,669 \$ 793 \$ 6,590 \$ 0,590
6000 L 6500 F 6600 F 7000 E 7100 N 7200 I 7300 C 7400 F 9000 C	LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS CLINIC		0.026450 0.157476 0.140096 0.471268 0.372374 0.173303 0.134410 0.579286 0.397189 0.114802 0.088942 0.903533	48,578 10,841 129,210 - - 1,915 20,274 793 7,492 - - 145,512 - - 34	160,905 							\$ 10,841 \$ 129,210 \$ - \$ 1,915 \$ 20,274 \$ 793 \$ 7,492 \$ - \$ 145,512 \$ - \$ 34	\$ \$ 131,749 \$ 131,749 \$ 1766 \$ 944 \$ 17,669 \$ 7933 \$ 6,590 \$ 6,590 \$ 5 \$ 68,438 \$ 5 \$ 68,438 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 6,590 \$ 5 \$ 6 \$ 7 \$ 6 \$ 7 \$ 6 \$ 7 \$ 6 \$ 7 \$ 7 \$ 6 \$ 7 \$ 7 \$ 6 \$ 7 \$ 7 \$ 7 \$ 7 \$ 6 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7
6000 L 6500 F 6600 F 7000 E 7100 N 7200 I 7300 C 7400 F 9000 C	LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS CLINIC		0.026450 0.157476 0.140096 0.471268 0.372374 0.173303 0.134410 0.579286 0.397189 0.114802 0.088942 0.903533 0.679880	48,578 10,841 129,210 - - 1,915 20,274 793 7,492 - - 145,512 - - 34	160,905 							\$ 10.841 \$ 129,210 \$ . \$ 1.915 \$ 202,74 \$ 7,492 \$ . \$ 145,512 \$ . \$ 34 \$ 23,221 \$ . \$ . \$ . \$ . \$ . \$ . \$ . \$ . \$ . \$ .	\$ \$ 131,749 \$ 176 \$ 948 \$ 17,669 \$ 793 \$ 6,590 \$ \$ 68,433 \$ \$ 96,504 \$ \$ 96,504 \$ \$ 96,504 \$
6000 L 6500 F 6600 F 7000 E 7100 N 7200 I 7300 C 7400 F 9000 C	LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS CLINIC		0.026450 0.157476 0.140096 0.471268 0.372374 0.173303 0.134410 0.579286 0.397189 0.114802 0.088942 0.903533 0.679880	48,578 10,841 129,210 - - 1,915 20,274 793 7,492 - - 145,512 - - 34	160,905 							\$ 10,841 \$ 129,210 \$ - \$ 1,915 \$ 20,274 \$ 793 \$ 7,492 \$ - \$ 145,512 \$ - \$ 34	\$ \$ 131,749 \$ 131,749 \$ 1766 \$ 944 \$ 17,669 \$ 7933 \$ 6,590 \$ 6,590 \$ 5 \$ 68,438 \$ 5 \$ 68,438 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 6,590 \$ 5 \$ 6 \$ 7 \$ 6 \$ 7 \$ 6 \$ 7 \$ 6 \$ 7 \$ 7 \$ 6 \$ 7 \$ 7 \$ 6 \$ 7 \$ 7 \$ 7 \$ 7 \$ 6 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7

I. Out-of-State Medicaid Data:

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# I. Out-of-State Medicaid Data:

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

				dicaid FFS Primary	Out-of-State Medi Pri	icaid Managed Care mary	Out-of-State Medica (with Medica	are FFS Cross-Overs id Secondary)	Out-of-State Other M Included E	ledicaid Eligibles (Not Isewhere)		State Medicaid
49												\$ -
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51		-	_								\$-	\$ -
52			_								\$-	\$ -
53 54											\$ -	\$ -
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96 97								L	<b>├</b> ────┤		\$ - \$ -	\$ - \$ -
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101 102								L	<b>├</b> ────┤		\$ - \$ -	<u>-</u> \$-
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111		-									\$-	\$ -

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

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

Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)

		Out-of-State Med	licaid FFS Primary		caid Managed Care mary		care FFS Cross-Overs aid Secondary)		ner Medicaid Eligibles (Not led Elsewhere)	т	otal Out-Of-State	e Medicaid
112	-									\$	- \$	-
113										\$	- \$	-
114	-									\$	- \$	-
115	<u>-</u>									\$	- \$	-
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123										ŝ	- \$	-
124										\$	- \$	-
125	-									\$	- \$	-
126										\$	- \$	-
127	-									\$	- \$	-
		\$ 463,167	\$ 556,661	\$-	\$-	\$-	\$-	\$	\$-			
	Totals / Payments											
128	Totals / Payments Total Charges (includes organ acquisition from Section K)	\$ 552,057	\$ 556,661	\$-	\$-	\$	\$-	\$	\$ -	\$	552,057 \$	556,661
	Total Charges (includes organ acquisition from Section K)	\$ 552,057 \$ 552,057	\$ 556,661 \$ 556,661	\$ \$	\$ \$	\$	\$ <u>-</u>	\$	- \$ -	\$	552,057 \$	556,661
128 129 130				\$ \$	\$ \$	\$ - \$ -		\$ \$	\$	\$	552,057 \$	556,661
129 130	Total Charges (includes organ acquisition from Section K) Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 552,057	\$ 556,661	\$ \$	\$- \$-	\$	\$	\$	- \$ -			
129	Total Charges (includes organ acquisition from Section K) Total Charges per PS&R or Exhibit Detail			\$ \$	\$ - \$ - \$ \$ -	\$ - \$ - \$ -		\$ \$ \$	\$    	\$  \$	552,057 \$	
129 130	Total Charges (includes organ acquisition from Section K) Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 552,057	\$ 556,661	\$	\$	\$	\$	\$ \$	- \$ -			
129 130 131	Total Charges (includes organ acquisition from Section K) Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Total Calculated Cost (includes organ acquisition from Section K)	\$ 552,057 	\$ 556,661 \$ 121,696	\$	\$	\$	\$	\$ \$ \$	- \$ -		161,324 \$	121,696
129 130 131 132	Total Charges (includes organ acquisition from Section K) Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Total Calculated Cost (includes organ acquisition from Section K) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 552,057 	\$ 556,661 \$ 121,696	\$	\$	\$	\$	\$ \$ \$	- \$ -		161,324 \$ 49,773 \$	121,696 34,684 -
129 130 131 132 133	Total Charges (includes organ acquisition from Section K) Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance) Total Calculated Cost (includes organ acquisition from Section K) Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down) Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ 552,057 	\$ 556,661 \$ 121,696 \$ 34,684 \$ 1,193	\$	\$	\$	\$	\$ \$ \$	- \$ -		161,324 \$ 49,773 \$ - \$	121,696 34,684 -
129 130 131 132 133 134	Total Charges (includes organ acquisition from Section K)         Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)         Total Calculated Cost (includes organ acquisition from Section K)         Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)         Private Insurance (including primary and third party liability)         Self-Pay (including Co-Pay and Spend-Down)         Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 552,057 	\$ 556,661 \$ 121,696 \$ 34,684	\$	\$	\$	\$	\$ \$	- \$ -		161,324 \$ 49,773 \$ - \$ - \$	121,696 34,684 -
129 130 131 132 133 134 135	Total Charges (includes organ acquisition from Section K)         Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)         Total Calculated Cost (includes organ acquisition from Section K)         Total Calculated Cost (includes organ acquisition from Section K)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)         Private Insurance (including primary and third party liability)         Self-Pay (including Co-Pay and Spend-Down)         Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)         Medicaid Cost Settlement Payments (See Note B)	\$ 552,057 	\$ 556,661 \$ 121,696 \$ 34,684 \$ 1,193	\$	\$	\$	\$	\$ \$ \$	- \$ -		161,324 \$ 49,773 \$ - \$ - \$ - \$ - \$	121,696 34,684 - - 1,193
129 130 131 132 133 134 135 136 137 138	Total Charges (includes organ acquisition from Section K)         Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)         Total Calculated Cost (includes organ acquisition from Section K)         Total Calculated Cost (includes organ acquisition from Section K)         Total Calculated Cost (includes organ acquisition from Section K)         Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)         Private Insurance (including co-Pay and Spend-Down)         Self-Pay (including Co-Pay and Spend-Down)         Self-Pay (including Co-Pay and Spend-Down)         Total Allowed Amount (rom Medicaid PS&R or RA Detail (All Payments)         Medicaid Cost Settlement Payments (See Note B)         Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ 552,057 	\$ 556,661 \$ 121,696 \$ 34,684 \$ 1,193	\$	\$	\$	\$	\$ \$ \$	- \$ -		161,324 \$ 49,773 \$ - \$ - \$ - \$ - \$ - \$ - \$	121,696 34,684 - - 1,193 - -
129 130 131 132 133 134 135 136 137 138 139	Total Charges (includes organ acquisition from Section K)         Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)         Total Calculated Cost (includes organ acquisition from Section K)         Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Induction (including primary and third party liability)         Self-Pay (including co-Pay and Spend-Down)         Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)         Medicaid Cost Settlement Payments (See Note B)         Other Medicaid Payments Reported on Cost Report Year (See Note C)         Medicaird Paidional (non-HMO) Paid Amount (excludes coinsurance/deductibles)	\$ 552,057 	\$ 556,661 \$ 121,696 \$ 34,684 \$ 1,193	\$	\$	\$	\$	\$ \$	- \$ -		161,324 \$ 49,773 \$ - \$ - \$ - \$ - \$ - \$ - \$	121,696 34,684 - - 1,193 - -
129 130 131 132 133 134 135 136 137 138 139 140	Total Charges (includes organ acquisition from Section K)         Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)         Total Calculated Cost (includes organ acquisition from Section K)         Total Calculated Cost (includes organ acquisition from Section K)         Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Self-Pay (including Co-Pay and Spend-Down)         Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)         Medicaid Cost Settlement Payments (See Note B)         Other Medicaid Payments Reported on Cost Report Year (See Note C)         Medicaid Canaged Care (HMO) Paid Amount (excludes coinsurance/deductibles)         Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)	\$ 552,057 	\$ 556,661 \$ 121,696 \$ 34,684 \$ 1,193	\$	\$	\$	\$	\$ \$ \$	- \$ -		161,324 \$ 49,773 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	121,696 34,684 - - 1,193 - - - -
129 130 131 132 133 134 135 136 137 138 139 140 141	Total Charges (includes organ acquisition from Section K)         Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)         Total Calculated Cost (includes organ acquisition from Section K)         Total Calculated Cost (includes organ acquisition from Section K)         Total Calculated Cost (includes organ acquisition from Section K)         Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)         Private Insurance (including co-Pay and Spend-Down)         Self-Pay (including Co-Pay and Spend-Down)         Total Allowed Amount (encluding Co-Pay and Spend-Down)         Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)         Medicaid Cost Settlement Payments (See Note B)         Other Medicaid Payments Reported on Cost Report Year (See Note C)         Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)         Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)         Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)         Medicare Traditional (cost-Pay and Payments	\$ 552,057 	\$ 556,661 \$ 121,696 \$ 34,684 \$ 1,193	\$	\$	\$	\$		- \$ -		161,324 \$ 49,773 \$ -	121,696 34,684 - - - 1,193 - - - - - -
129 130 131 132 133 134 135 136 137 138 139 140	Total Charges (includes organ acquisition from Section K)         Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)         Total Calculated Cost (includes organ acquisition from Section K)         Total Calculated Cost (includes organ acquisition from Section K)         Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)         Self-Pay (including Co-Pay and Spend-Down)         Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)         Medicaid Cost Settlement Payments (See Note B)         Other Medicaid Payments Reported on Cost Report Year (See Note C)         Medicaid Canaged Care (HMO) Paid Amount (excludes coinsurance/deductibles)         Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)	\$ 552,057 	\$ 556,661 \$ 121,696 \$ 34,684 \$ 1,193	\$	\$	\$	\$	\$ \$	- \$ -		161,324 \$ 49,773 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	121,696 34,684 - - - 1,193 - - - - - -

0%

\$

111,551 \$ 144 Calculated Payments as a Percentage of Cost 29% 0% 31%

85,819 \$

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.

143

111,551 \$

31%

85,819

29%

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

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

		Total			Revenue for	Total	In-State Medic	aid FFS Primary	In-State Medicaid N	fanaged Care Primary		FS Cross-Overs (with Secondary)		id Eligibles (Not Included where)	Unit	nsured
		Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	400 Tatal Cast	r Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicadr Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
Org	gan Acquisition Cost Centers (list below):															
1	Lung Acquisition	\$0.00		\$ -		0										
2	Kidney Acquisition	\$0.00		\$ -		0										
3	Liver Acquisition	\$0.00		\$ -		0										
4	Heart Acquisition	\$0.00		\$ -		0										
5	Pancreas Acquisition Intestinal Acquisition	\$0.00		· · ·		0										
7	Islet Acquisition	\$0.00		· · ·		0										
<i>'</i>	Islet Acquisition	\$0.00				0	-									
•	1	\$0.00	· • ·	ş -		U		L	L		ļļ		L	I		·
9	Totals	\$-	\$ -	\$ -	ş .	-	\$-		ş -	-	\$-		\$-		\$-	
10	Total Cost									-		-				-

Out-of-State Medicare FFS Cross-Overs (with

Useable Organs

Medicaid Secondary

Out-of-State Other Medicaid Eligibles (Not

Useable Organs

Included Elsewhe

accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

# K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid Cost Report Year (10/01/2020-09/30/2021) TIFT REGIONAL MEDICAL CENTER

Total Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross- Over / Uninsured Organs Sold	Total Useable Organs (Count)	Out-of-State Med	ficaid

	Acquisition Cost	Cost	Cost	Organs Sold	(Count)	Charges	(Count)	Charges	(Count)	Charges	(Count)	Charges	(Count)
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicate with Medicatd/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)							
Organ Acquisition Cost Centers (list below):													
Lung Acquisition	\$-	\$ -	ş -	ş -	0								
Kidney Acquisition	\$-	\$-	s -	ş .	0								
Liver Acquisition	\$-	\$-	s -	s -	0								
Heart Acquisition	\$-	\$-	s -	s -	0								
Pancreas Acquisition	\$-	\$ -	ş -	ş -	0								
Intestinal Acquisition	\$-	s -	s -	s -	0								
Islet Acquisition	s -	s -	s -	s -	0								
	s -	s -	s -	s -	0								
			+ · · · · · · · · · · · · · · · · · · ·										
								-		-		-	

<u>Total Cost</u>
 Total Cost
 Total Cost

FFS Prima

Useable Organs

Out-of-State Medicaid Managed Care Prir

Useable Organs

# 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 and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital'S DSH examination surveys.

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

TIFT REGIONAL MEDICAL CENTER

Vorksheet A Pro	ovider Tax Assessment Reconciliation	on:			
			Dollar Amount	W/S A Cost Center Line	
1 Hospit	al Gross Provider Tax Assessment (from g	eneral ledger)*			
1a Workir	ng Trial Balance Account Type and Accour	nt # that includes Gross Provider Tax Assessment			(WTB Account # )
2 Hospit	al Gross Provider Tax Assessment Include	d in Expense on the Cost Report (W/S A, Col. 2)			(Where is the cost included on w/s A?)
3 Differe	ence (Explain Here>)		s -		
Provid	Reclassification Code	rom w/s A-6 of the Medicare cost report)	<b>_</b>		(Reclassified to / (from))
4	Reclassification Code				
5			-		(Reclassified to / (from))
6	Reclassification Code		-		(Reclassified to / (from)) (Reclassified to / (from))
1	Reclassification Code				(Reclassified to / (from))
DSH U	JCC ALLOWABLE - Provider Tax Assess	ment 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))
10	Reason for adjustment				(Adjusted to / (from))
••	neuson for adjustment				
DSH U	JCC NON-ALLOWABLE Provider Tax As	sessment 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 N	Net Provider Tax Assessment Expense Inc	luded in the Cost Report	\$ -		
SH UCC Provid	der Tax Assessment Adjustment:				
17 Gross	Allowable Assessment Not Included in the	Cost Report	\$ -		
Appor	tionment of Provider Tax Assessment A	diustment to Medicaid & Uninsured:			
18	Medicaid Hospital Charges		333,257,423		
19	Uninsured Hospital Charges		96.736.260		
20	Total Hospital Charges		1,189,356,987		
21	-	nent Adjustment to include in DSH Medicaid UCC	28.02%		
21		nent Adjustment to include in DSH Uninsured UCC	8.13%		
22	Medicaid Provider Tax Assessment	-	¢.1376		
23	Uninsured Provider Tax Assessment		<del>\$ -</del> \$ -		
		-	φ - ¢		
25 Provid	er Tax Assessment Adjustment to DSH U0		ə -		

\* 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.