State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2020

			DSH Version	6.00	2/17/2021
A. General DSH Year Information					
1. DSH Year:	Begin End 07/01/2019 06/30/20	20			
2. Select Your Facility from the Drop-Down Menu Provided:	JOHN D. ARCHBOLD MEMORIAL HOSPITAL]		
Identification of cost reports needed to cover the DSH Year:					
3. Cost Report Year 1 4. Cost Report Year 2 (if applicable) 5. Cost Report Year 3 (if applicable)	Cost Report Begin Date(s) Cost Report End Date(s) 10/01/2019 09/30/20	20 Must also complete a sep	arate survey file for each cos	t report period listed - SEI	E DSH SURVEY PART II FILES
	Data				
6. Medicaid Provider Number:	00000063A				
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0				
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0				
9. Medicare Provider Number:	110038				

B. DSH OB Qualifying Information

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

During the DSH Examination Year:

1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to	
provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospita	
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 (07/01/19 -
06/30/20)
Yes

No	
No	





6.00

State of Georgia Disproportionate Share Hospital (DSH) Examination Survey Part I For State DSH Year 2020

isclosure of Other Medicaid Payments Received:		
Medicaid Supplemental Payments for Hospital Services DSH (Should include UPL and non-claim specific payments paid based	Year 07/01/2019 - 06/30/2020 I on the state fiscal year. However, DSH payments should NOT be ir	\$ 1,135,046 Included.)
Medicaid Managed Care Supplemental Payments for hospital	services for DSH Year 07/01/2019 - 06/30/2020	\$ -
(Should include all non-claim specific payments for hospital servic payments, capitation payments received by the hospital (not by th	es such as lump sum payments for full Medicaid pricing (FMP), sup e MCO), or other incentive payments.	olementals, quality payments, bonus
NOTE: Hospital portion of supplemental payments reported on D	SH Survey Part II, Section E, Question 14 should be reported here if	paid on a SFY basis.
Total Medicaid and Medicaid Managed Care Non-Claims Payr	nents for Hospital Services07/01/2019 - 06/30/2020	\$ 1,135,046
fication:		
		Answer
Was your hospital allowed to retain 100% of the DSH paymer Matching the federal share with an IGT/CPE is not a basis for hospital was not allowed to retain 100% of its DSH payments present that prevented the hospital from retaining its paymer	answering this question ["] no". If your please explain what circumstances were	Yes
Explanation for "No" answers:		
The following certification is to be completed by the hospital	s CEO or CFO:	
I hereby certify that the information in Sections A, B, C, D, E, F, G records of the hospital. All Medicaid eligible patients, including the payment on the claim. I understand that this information will be us	s CEO or CFO: , H, I, J, K and L of the DSH Survey files are true and accurate to the se who have private insurance coverage, have been reported on th ed to determine the Medicaid program's compliance with federal Dis survey. These records will be retained for a period of not less than 5	e DSH survey regardless of whether the hospital received proportionate Share Hospital (DSH) eligibility and payments
I hereby certify that the information in Sections A, B, C, D, E, F, G records of the hospital. All Medicaid eligible patients, including the payment on the claim. I understand that this information will be us provisions. Detailed support exists for all amounts reported in the	, H, I, J, K and L of the DSH Survey files are true and accurate to the se who have private insurance coverage, have been reported on the ed to determine the Medicaid program's compliance with federal Dis survey. These records will be retained for a period of not less than 5	e DSH survey regardless of whether the hospital received proportionate Share Hospital (DSH) eligibility and payments i years following the due date of the survey, and will be made
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I hereby certify that the information in Sections A, B, C, D, E, F, G records of the hospital. All Medicaid eligible patients, including the payment on the claim. I understand that this information will be us provisions. Detailed support exists for all amounts reported in the available for inspection when requested.	, H, I, J, K and L of the DSH Survey files are true and accurate to the se who have private insurance coverage, have been reported on the ed to determine the Medicaid program's compliance with federal Dis survey. These records will be retained for a period of not less than 5 survey. These records will be retained for a period of not less than 5 survey. These records use the retained for a period of the set of the s	a DSH survey regardless of whether the hospital received proportionate Share Hospital (DSH) eligibility and payments i years following the due date of the survey, and will be made <u>10/27/2021</u> Date gshembree@archbold.org
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I hereby certify that the information in Sections A, B, C, D, E, F, G records of the hospital. All Medicaid eligible patients, including the payment on the claim. I understand that this information will be us provisions. Detailed support exists for all amounts reported in the available for inspection when requested. Hospital CEO or CFO Signature Greg Hembree Hospital CEO or CFO Printed Name Contact Information for individuals authorized to respond to Hospital Conta	, H, I, J, K and L of the DSH Survey files are true and accurate to the see who have private insurance coverage, have been reported on the ed to determine the Medicaid program's compliance with federal Dis survey. These records will be retained for a period of not less than 5 <u>Senior Vice President and CFO</u> <u>Title</u> (229) 228-2880 <u>Hospital CEO or CFO Telephone N</u> inquiries related to this survey: ct: me Patricia L. Barrett	a DSH survey regardless of whether the hospital received proportionate Share Hospital (DSH) eligibility and payments i years following the due date of the survey, and will be made <u>10/27/2021</u> Date <u>gshembree@archbold.org</u> Hospital CEO or CFO E-Mail Outside Preparer: Name
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DSH Version 8.00

1/28/2021

D. General Cost Report Year Information	10/1/2019 - 9/30/2020		
The following information is provided based on the information we received from of the information. If you disagree with one of these items, please provide the			
or the information. If you disagree with one of these items, please provide the	correct information along with supporting documentation v	when you submit your su	ivey.
1. Select Your Facility from the Drop-Down Menu Provided:	JOHN D. ARCHBOLD MEMORIAL HOSPITAL		7
	10/1/2019 through		
	9/30/2020		
2. Select Cost Report Year Covered by this Survey (enter "X"):	X		7
3. Status of Cost Report Used for this Survey (Should be audited if available):	1 - As Submitted		_
	3/30/2021		
3a. Date CMS processed the HCRIS file into the HCRIS database:	3/30/2021		
	Data	Correct?	lé la convect. Duc con la formation
			If Incorrect, Proper Information
4. Hospital Name:	JOHN D. ARCHBOLD MEMORIAL HOSPITAL	Yes	
5. Medicaid Provider Number:	00000063A	Yes	-
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	Yes	-
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	Yes	
8. Medicare Provider Number:	110038	Yes	
Out-of-State Medicaid Provider Number. List all states where you h	ad a Medicaid provider agreement during the cost re		
	State Name	Provider No.	
9. State Name & Number 10. State Name & Number	FL	0102041	
11. State Name & Number]
12. State Name & Number			
13. State Name & Number 14. State Name & Number			-
15. State Name & Number]
(List additional states on a separate attachment)			
E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2019 - 09/30/2020)		
4. Os eliser 4044 Deserved Delete data Usersitad Oservices de desda das Estrikita			
 Section 1011 Payment Related to Hospital Services Included in Exhibits Section 1011 Payment Related to Inpatient Hospital Services NOT Inclu 			<u> </u>
3. Section 1011 Payment Related to Outpatient Hospital Services NOT Inc	luded in Exhibits B & B-1 (See Note 1)		\$
4. Total Section 1011 Payments Related to Hospital Services (See No			\$-
 Section 1011 Payment Related to Non-Hospital Services Included in Ex Section 1011 Payment Related to Non-Hospital Services NOT Included 			<u> </u>
7. Total Section 1011 Payments Related to Non-Hospital Services (Se			\$-
8. Out-of-State DSH Payments (See Note 2)			\$
			· ·
			Inpatient Outpatient Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)			\$ 245,882 \$ 1,058,810 \$1,304,692
 Total Cash Basis Patient Payments from All Other Patients (On Exhibit I 11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Colur 	,	\ \	\$ 1,576,516 \$ 6,392,922 \$7,969,438 \$1,822,398 \$7,451,732 \$9,274,130
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash)	13.49% 14.21% 14.07%
12. Did your boositel session any Medicaid menanded are sourceste	t neid at the claim lavel?		No
 Did your hospital receive any Medicaid managed care payments no Should include all non-claim-specific payments such as lump sum payments for 	full Medicaid pricing, supplementals, quality payments, bonus pa	ayments, capitation paymen	
14. Total Medicaid managed care non-claims payments (see question 13 at	,		<u>\$</u>
15. Total Medicaid managed care non-claims payments (see question 13 at	,		<u>\$</u>
16. Total Medicaid managed care non-claims payments (see question 13 ab	oove) received		\$-
			bursement for emergency health services furnished to undocumented aliens. If your hospital re-
			d to non-hospital services (physician or ambulance services), report that amount in the section ti
"Section 1011 Payments Related to Non-Hospital Services." Otherwise report	roo percent of the lunas you received in the section relate	eu lo nospital services.	

9/30/2020

-

10/1/2019

D. General Cost Report Year Information

32.532.784

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 (10/01/2019 - 09/30/2020)	
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)	55,643 (See Note in Section F-3, below)
F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization	Ratio (LIUR) Calculation):
2. Inpatient Hospital Subsidies	-
3. Outpatient Hospital Subsidies	-
4. Unspecified I/P and O/P Hospital Subsidies	-
5. Non-Hospital Subsidies	-
6. Total Hospital Subsidies	\$ -
7. Inpatient Hospital Charity Care Charges	10,862,917
8. Outpatient Hospital Charity Care Charges	21,669,867
9. Non-Hospital Charity Care Charges	-

10. Total Charity Care Charges

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

F-3. Calculation of Net Hospital Revenue from Patient Services (Use	ed for LIUR) (W/S G-2 and G-3	of Cost Report)					
NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.	Total	Patient Revenues (Charg	es)	Contractual Adjustment	overwritten if amounts are		
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital	\$66,092,836.00			\$ 43,847,583	\$-	\$-	\$ 22,245,253
12. Subprovider I (Psych or Rehab)	\$7,623,384.00			\$ 5,057,537	\$-	\$ -	\$ 2,565,847
13. Subprovider II (Psych or Rehab)	\$5,510,229.00			\$ 3,655,619	\$ -	\$ -	\$ 1,854,610
14. Swing Bed - SNF			\$0.00			\$ -	
15. Swing Bed - NF			\$0.00			\$ -	
16. Skilled Nursing Facility			\$3,917,065.00			\$ 2,598,676	
17. Nursing Facility			\$0.00			\$ -	
18. Other Long-Term Care			\$0.00			\$ -	
19. Ancillary Services	\$271,910,112.00	\$392,085,224.00		\$ 180,391,734	\$ 260,118,806	\$ -	\$ 223,484,796
20. Outpatient Services		\$48,317,160.00			\$ 32,054,771	\$ -	\$ 16,262,389
21. Home Health Agency			\$0.00			\$ -	
22. Ambulance			\$ -	-	-	\$ -	
23. Outpatient Rehab Providers			\$0.00	\$ -	\$ -	\$ -	\$ -
24. ASC	\$0.00	\$0.00		\$-	\$-	\$ -	\$-
25. Hospice			\$0.00			\$ -	
26. Other	\$0.00	\$0.00	\$0.00	\$-	\$-	\$ -	\$ -
27. Total	\$ 351,136,561	\$ 440,402,384	\$ 3,917,065	\$ 232,952,474	\$ 292.173.577	\$ 2,598,676	\$ 266.412.895
28. Total Hospital and Non Hospital	• ••••,•••,•••	Total from Above	\$ 795,456,010	+,,	Total from Above	\$ 527,724,726	+
			• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·	
 Total Per Cost Report Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksl revenue) 		t Revenues (G-3 Line 1) decrease in net patient	795,456,010	Total Con	ntractual Adj. (G-3 Line 2)	527,724,726	
 Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUD net patient revenue) 	ED on worksheet G-3, Line 2	(impact is a decrease in				+	
 Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revent decrease in net patient revenue) 	ue INCLUDED on worksheet	G-3, Line 2 (impact is a				+	
 Increase worksheet G-3, Line 2 to reverse offset of State and Local Patier 3, Line 2 (impact is a decrease in net patient revenue) 	nt Care Cash Subsidies INCL	UDED on worksheet G-				+	
 Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCl increase in net patient revenue) 	LUDED on worksheet G-3, Li	ne 2 (impact is an				_	
35. Adjusted Contractual Adjustments						527,724,726	
36. Unreconciled Difference	Unreconciled E	ifference (Should be \$0)	\$-	Unreconciled [Difference (Should be \$0)	\$ -	

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

	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
hosp comple has a m be u	TE: All data in this section must be verified by the pital. If data is already present in this section, it was eted using CMS HCRIS cost report data. If the hospital more recent version of the cost report, the data should updated to the hospital's version of the cost report. nulas can be overwritten as needed with actual data.	Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem
	Routine Cost Centers (list below):									
1	03000 ADULTS & PEDIATRICS	\$ 38,988,912	\$-	\$ 6,250	\$0.00	\$ 38,995,162	44,934	\$37,859,425.00		\$ 867.83
2	03100 INTENSIVE CARE UNIT	\$ 13,506,936	\$-	\$-		\$ 13,506,936	4,551	\$15,959,961.00		\$ 2,967.91
3	03200 CORONARY CARE UNIT	\$-		\$-		\$-	-	\$0.00		\$-
4	03300 BURN INTENSIVE CARE UNIT	\$ -		\$ -		\$ -	-	\$0.00		\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -		\$ -		\$ -	-	\$0.00		\$ -
6	03500 OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
7		\$ 3,326,770 \$ 3,605,203		\$ -		\$ 3,326,770	4,145	\$8,621,401.00		\$ 802.60
8 9	04100 SUBPROVIDER II 04200 OTHER SUBPROVIDER	\$ 3,605,203 \$ -		\$ - \$ -		\$ 3,605,203 \$ -	2,840	\$3,270,647.00		\$ 1,269.44 \$ -
9 10	04200 NURSERY	م - \$ 585.292				\$ 585.292	1,376	\$1,061,315.00		\$ <u>425.36</u>
10	04300 NORSERT	\$ 505,292	φ - \$ -			\$ 505,292	1,370	\$1,001,313.00		\$ 425.30 \$ -
12		φ - \$ -		\$ -		\$ -	-	\$0.00		\$ -
13		\$ -	Ψ	\$ -		\$ -		\$0.00		\$ -
14		\$ -		\$-		\$ -	-	\$0.00		\$-
15		\$ -		\$ -		\$ -	-	\$0.00		\$ -
16		\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
17		\$-	\$-	\$ -		\$-	-	\$0.00		\$ -
18	Total Routine	\$ 60,013,113	\$-	\$ 6,250	\$ -	\$ 60,019,363	57,846	\$ 66,772,749		
19	Weighted Average									\$ 1,037.57
	5 5									
	Observation Data (Non-Distinct)		Hospital Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
20	09200 Observation (Non-Distinct)	1	2,203			\$ 1.911.829	\$606,096.00	\$6,417,744.00	\$ 7,023,840	0.272191
20		J	2,203	-	-	φ 1,911,029	φυυυ,υ90.00	φ0,417,744.00	φ 1,023,040	0.272191
		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
	Ancillary Cost Centers (from W/S C excluding Obser			A			004 400 000 55	050 000 010 55		
21	5000 OPERATING ROOM	\$19,394,703.00	\$ -	\$0.00		\$ 19,394,703	\$34,102,399.00	\$50,629,249.00	\$ 84,731,648	0.228896
22 23	5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM	\$3,665,178.00 \$3,205,048.00	\$-	\$0.00 \$0.00		\$ 3,665,178 \$ 3,205,048	\$2,359,041.00 \$2,886,693.00	\$5,740,789.00	\$ 8,099,830 \$ 3,585,221	0.452501
23 24	5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY	\$3,205,048.00		\$0.00 \$16,739.00		\$ 3,205,048 \$ 884,458	\$2,886,693.00 \$2,151,708.00	\$698,528.00 \$3,177,138.00	\$ 3,585,221 \$ 5,328,846	0.893961 0.165976
24 25	5400 RADIOLOGY-DIAGNOSTIC	\$867,719.00		\$16,739.00		\$ 884,458 \$ 4,551,318	\$2,151,708.00	\$3,177,138.00	\$ 5,328,846 \$ 24,180,958	0.165976
26	5500 RADIOLOGY-THERAPEUTIC	\$2,827,383.00		\$2,355.00		\$ 2,829,738	\$617,133.00	\$25,616,462.00	\$ 26,233,595	0.107867
20	5600 RADIOISOTOPE		\$ -	\$0.00		\$ 1,376,864	\$2,266,147.00	\$8,019,297.00	\$ 10,285,444	0.133865
28	5700 CT SCAN	\$1,446,055.00	T	\$0.00		\$ 1,446,055	\$14,575,887.00	\$30,173,130.00	\$ 44,749,017	0.032315
29	5800 MRI	\$967,902.00		\$0.00		\$ 967,902	\$2,802,289.00	\$9,393,976.00	\$ 12,196,265	0.079361
	[]	÷==01,002.00		\$5.00			<i>,,</i> ,	++,+00,010,000	2,100,200	0.0.0001

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2019-09/30/2020) JOHN D.

JOHN D. ARCHBOLD MEMORIAL HOSPITAL

			Intern & Resident					I/P Routine		
Line #	Cost Center Description	Total Allowable Cost	Costs Removed on Cost Report *	Add-Back (If Applicable)		Total Cost	I/P Days and I/P Ancillary Charges	Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
5900 0	CARDIAC CATHETERIZATION	\$2,530,945.00		\$0.00	\$	2.530.945	\$6,532,042.00	\$10.279.963.00		0.150544
	ABORATORY	\$11,795,609.00	\$ -	\$0.00	\$	11,795,609	\$53,446,828.00	\$38,128,588.00		0.128808
	BLOOD STORING PROCESSING & TRANS.	\$1,957,247.00	\$ -	\$0.00	\$		\$3,770,829.00	\$726,564.00		0.435196
	NTRAVENOUS THERAPY	\$1,370,327.00	\$ -	\$0.00	\$	1,370,327	\$1,360,738.00	\$1,124,076.00	\$ 2,484,814	0.551481
	RESPIRATORY THERAPY	\$3,630,232.00		\$3,053.00	\$	3,633,285	\$10,118,608.00	\$2,253,322.00		0.293672
	PHYSICAL THERAPY	\$4,067,724.00	\$ -	\$0.00	\$	4,067,724	\$6,941,219.00	\$2,193,608.00		0.445298
	LECTROCARDIOLOGY	\$166,516.00	\$ -	\$0.00	\$	166,516	\$784,699.00		\$ 2,474,095	0.067304
		\$746,831.00	\$ -	\$0.00	\$	746,831	\$161,887.00		\$ 1,885,040	0.396188
	MEDICAL SUPPLIES CHARGED TO PATIENT	\$19,265,424.00	\$ -	\$0.00	\$	19,265,424	\$30,694,446.00	\$22,999,771.00		0.358799
	MPL. DEV. CHARGED TO PATIENTS	\$12,269,956.00	<u>\$</u>	\$0.00 \$0.00	\$	12,269,956	\$20,329,942.00		\$ 40,330,243 \$ 150,045,437	0.304237
	DRUGS CHARGED TO PATIENTS	\$32,412,777.00 \$2,808,829.00	Ψ	\$0.00	\$	32,412,777 2.808.829	\$54,272,133.00 \$2,776,970.00	\$96,643,304.00 \$159,892.00		0.214774 0.956405
	CARDIOLOGY	\$2,808,829.00		\$0.00	\$ \$	4.294.460	\$2,778,970.00	\$23,596,525.00		0.956405
	DNCOLOGY	\$6,067,550.00		\$0.00	\$	6,099,400	\$82,616.00		\$ 7.840.989	0.777887
	CARDIAC REHABILITATION	\$538,198.00	\$ -	\$0.00	\$	538,198	\$2,460.00	\$610,352.00		0.878243
	VOUND CARE	\$1,303,966.00	φ - \$ -	\$19,986.00	\$	1,323,952	\$7.490.00		\$ 926,334	1.429238
	MERGENCY	\$16,991,763.00	φ - \$ -	\$814,041.00	\$	17,805,804	\$10,477,464.00	\$29,536,485.00		0.444990
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G. Cost Report - Cost / Days / Charges

JOHN D. ARCHBOLD MEMORIAL HOSPITAL Cost Report Year (10/01/2019-09/30/2020)

Line		Total Allowable	Intern & Resident Costs Removed on	RCE and Therapy Add-Back (If			I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem
#	Cost Center Description	Cost	Cost Report *	Applicable)		Total Cost	Ancillary Charges	Ancillary Charges	Total Charges	Cost or Other Ratio
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		\$0.00	Ŧ	\$0.00	\$		\$0.00		<u> </u>	
	Total Ancillary	\$ 160.520.524			\$	161,408,548				
	Weighted Average	φ 100,320,324	φ	φ 000,024	ψ	101,400,340	φ 204,000,720	φ 410,552,575	φ /01,001,295	0.232
	weighted Average									0.232
	Sub Totals	\$ 220,533,637	\$ - 3	\$ 894,274	\$	221,427,911	\$ 351,461,469	\$ 416,992,573	\$ 768,454,042	
	NF, SNF, and Swing Bed Cost for Medicaid (S D, Part V, Title 19, Column 5-7, Line 200)	um of applicable Cost Re	port Worksheet D-3, Tit	tle 19, Column 3, Line	200 and Worksheet	\$0.00				
	NF, SNF, and Swing Bed Cost for Medicare (S Worksheet D, Part V, Title 18, Column 5-7, Lir		port Worksheet D-3, Ti	tle 18, Column 3, Line	200 and	\$18,816.00				
	NF, SNF, and Swing Bed Cost for Other Paye	,	 Submit support for ca 	alculation of cost)						
			. cashin support for ou							
	Other Cost Adjustments (support must be sub	mittea)								
	Grand Total				\$	221,409,095				
	Total Intern/Resident Cost as a Percent of Oth					0.00%				

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

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

Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

				In-State Medic	aid FFS Primary	In-State Medicaid N	Managed Care Primary		FS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unir	nsured	Total In-S	tate Medicaid	%
Line # Cost C	Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	Surve to Cos Repor Totals
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
Routine Cost Centers (fr				Days		Days		Days		Days		Days		Days	1	48.58
03000 ADULTS & PED 03100 INTENSIVE CAP 03200 CORONARY CA	RE UNIT	\$ 867.83 \$ 2,967.91 \$ -		7,928 827		1,432		6,809 1,178		1,818 356		2,670 680		17,987		48.58
03300 BURN INTENSI		\$ - \$ -												-		
03500 OTHER SPECIA 04000 SUBPROVIDER	AL CARE UNIT	\$ - \$ 802.60												-		0.0
04100 SUBPROVIDER 04200 OTHER SUBPR		\$ 1,269.44 \$ -												-		0.0
04300 NURSERY		\$ 425.36 \$ -		51		847		-		21		47		919		70.4
		\$ - \$ -												-		
		s - s -												-		
		\$ -	Total Days	8,806		2,373		7,987		2,195		3,397		21,361		43.0
Total Days per PS&R or E	Exhibit Detail		Total Days	8.806		2,373		7,987		2,195		3,397		21,301	1	43.0
	Unreconciled Days (Ex	cplain Variance)						-								
Routine Charges	!S]		Routine Charges \$ 11,003,321		Routine Charges \$ 2,160,747		Routine Charges \$ 9,223,760		Routine Charges \$ 2,711,917		Routine Charges \$ 3,969,949		Routine Charges \$ 25,099,745]	43.7
	tine Charge Per Diem (from W/S C) (from Section)	0)-		\$ 1,249.53 Ancillary Charges	Ancillary Charges	\$ 910.55 Ancillary Charges	Ancillary Charges	\$ 1,154.85 Ancillary Charges	Ancillary Charges	\$ 1,235.50 Ancillary Charges	Ancillary Charges	\$ 1,168.66 Ancillary Charges	Ancillary Charges	\$ 1,175.03 Ancillary Charges	Ancillary Charges	
09200 Observation (No 5000 OPERATING RC	on-Distinct)		0.272191 0.228896	92,481 2.637,513	371,645 2,146,272	149,885 1.706,728	652,001 2,854.893	671,872 4.694.897	914,190 6,501,405	114,468 567,343	171,563 881.089	66,373 2.043.678	29,941 2.883.672	\$ 1,028,706 \$ 9,606.481	\$ 2,109,399 \$ 12,383.659	46.1
5100 RECOVERY RO 5200 DELIVERY RO	MOC		0.452501	183,177	267,090	136,906	458,427	303,645	666,588	41,693	105,769	156,881 70,854	328,104 13,128	\$ 665,421 \$ 1.707,232	\$ 1,497,874 \$ 432,550	4 32.8
5300 ANESTHESIOLO 5400 RADIOLOGY-DI	.OGY	-	0.165976	156,332 709,189	145,613	90,415	200,879	291,928	315,128 1,922,071	32,295	66,482 304,448	148,319	191,738	\$ 570,970	\$ 728,102 \$ 4.048.670)2 30.4
5500 RADIOLOGY-TH	HERAPEUTIC	_	0.107867	100,203	1,408,446	-	504,331	64,646	3,232,730	228,317 15,122	170,205	54,401	1,966,141	\$ 2,293,725 \$ 179,971	\$ 5,315,712	2 28
5600 RADIOISOTOPE 5700 CT SCAN	E	-	0.133865 0.032315	40,067 1,561,196	362,459 1,572,736	10,531 301,618	133,460 1,339,702	126,992 2,282,472	1,108,476 3,495,561	43,523 425,505	58,078 292,923	71,296 486,475	541,782 4,721,000	\$ 221,113 \$ 4,570,791	\$ 1,662,473 \$ 6,700,922	
5800 MRI 5900 CARDIAC CATH		_	0.079361 0.150544	287,626	544,880	46,878 67,775	400,065	410,752 851,706	1,115,341	74,422	162,154 139,665	208,602 634,238	620,350 1.005.996	\$ 819,678 \$ 1.033,735	\$ 2,222,440 \$ 1,422,503	
6000 LABORATORY	NG PROCESSING & TRANS.	-	0.128808	6,079,891 423,963	2,477,375	1,643,596	3,321,509	8,511,485	3,952,725	2,057,945	1,250,976	3,580,965	4,364,415	\$ 18,292,917	\$ 11,002,585	40.1
6400 INTRAVENOUS	S THERAPY		0.435196	262,954	72,251 925,759	129,903 21,786	25,887 3,924	374,301	292,913	120,805 103,319	7,851 3,857	233,614 122,940	80,291 2,368	\$ 1,256,980 \$ 762,360	\$ 201,629 \$ 1,226,453	53 85.6
6500 RESPIRATORY 6600 PHYSICAL THE		-	0.293672 0.445298	1,061,044 527,393	142,174 103,541	112,656 38,584	162,023 104,193	1,736,779 684,713	301,737 260,907	380,656 168,666	40,419 117,819	502,744 281,859	386,021 80,815	\$ 3,291,135 \$ 1,419,356	\$ 646,353 \$ 586,460	
6900 ELECTROCARE 7000 ELECTROENCE			0.067304 0.396188	78,420 20,689	84,662 222,758	13,674 2,156	66,976 167,795	139,808 32,676	191,828 193,351	27,560 3,773	37,346 32,177	26,231 5,390	206,558 44,011	\$ 259,462 \$ 59,294	\$ 380,812 \$ 616,081	
7100 MEDICAL SUPPL	ARGED TO PATIENTS		0.358799	2,566,453	1,238,244 873,876	1,052,450	1,269,976	4,504,318 3,096,233	3,297,639	733,387 209,125	407,528	1,843,577 812.963	1,978,274	\$ 8,856,608 \$ 5,281,791	\$ 6,213,387 \$ 4,361,694	35.3
7300 DRUGS CHARG	GED TO PATIENTS		0.214774	6,220,996	6,108,753	1,342,250	3,046,989	7,894,686	12,532,658	1,945,809	460,281 862,815	3,466,064	3,356,686	\$ 17,403,741	\$ 22,551,215	5 31.
7400 RENAL DIALYS 7600 CARDIOLOGY		-	0.956405 0.116823	221,522 1,199,151	- 1 048 877	- 429,660	- 515,512	- 2,129,820	- 2,780,520	- 391,255	- 300,656	- 1,111,740	- 1.945.003	\$ 221,522 \$ 4,149,886	\$ 4 645 565	- 7. 35 32.
7601 ONCOLOGY 7603 CARDIAC REHA			0.777887 0.878243	-	125,898	-	186,512 3,280	20,833 205	454,213 18,040	1,977	100,674 53,937	-	400,817 2,679	\$ 22,810 \$ 205	\$ 867,297 \$ 75,257	97 16.
9001 WOUND CARE			1.429238		220,320	4,411	6,015	8,604	322,458	2,540	183,169	127	86,550	\$ 15,555	\$ 731,962	62 90.
9100 EMERGENCY		-	0.444990	1,503,685	1,548,423	241,283	3,632,106	2,026,088	2,801,534	435,856	457,056	11,466	7,428,022	\$ 4,206,912 \$ -	\$ 8,439,119 \$	- 50.0
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

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

Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

	Totals / Paymonts		In-State Medio	aid FFS	S Primary	In-Sta	te Medicaid M	anaged	Care Primary	In-	-State Medicare FF Medicaid Se			h	n-State Other Medicai Included Elsev			Unins	ured		Total In-State Me	edicaid	%
128	Total Charges (includes organ acquisition from Section J)	\$	38,641,236	\$	22,821,935	\$	11,775,517	\$	21,046,213	\$	51,886,144	\$	50,514,207	\$	10,995,205 \$	6,687,818	\$ 20,32		\$ 35,358,171	\$	113,298,102 \$	101,070,173	35.27%
																	(Agrees to Exh	bit A)	(Agrees to Exhibit A)				
129	Total Charges per PS&R or Exhibit Detail	\$	38,641,236	\$	22,821,935	\$	11,775,517	\$	21,046,213	\$	51,886,144	\$	50,514,207	\$	10,995,205 \$	6,687,818	\$ 20,32	8,477	\$ 35,358,171				
130	Unreconciled Charges (Explain Variance)		-		-		-		-									-	-				
131	Total Calculated Cost (includes organ acquisition from Section J)	\$	15.820.806	s	5,486,310	s	5.130.540	s	5.464.819	s	19.170.960	s	11.399.894	\$	4.509.174 \$	1.794.772	\$ 7.91	8.039	\$ 8.302.285	\$	44.631.480 \$	24,145,795	38 54%
101		Ψ	10,020,000	Ŷ	0,100,010	Ŷ	0,100,010	Ψ	0,101,010	Ψ	10,110,000	Ŷ	11,000,004	Ŷ	4,000,114	1,104,112	φ 1,01	5,000	¢ 0,002,200	Ŷ	41,001,100	24,140,700	00.0410
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$	10,918,044	\$	4,621,349	\$	3,901,877	\$	5,239,267	\$	558,084	\$	838,571	\$	38,947 \$	43,149				\$	15,416,952 \$	10,742,336	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$	-	\$		\$	-	\$	-	\$	-	\$	-	\$	- \$	-				\$	- \$	-	
134	Private Insurance (including primary and third party liability)	\$	-	\$		\$	-	\$	-	\$	-	\$	5,707	\$	3,254 \$	372				\$	3,254 \$	6,079	
135	Self-Pay (including Co-Pay and Spend-Down)	\$	-	\$		\$	-	\$	-	\$	918	\$	7,468	\$	93 \$	13,753				\$	1,011 \$	21,221	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	10,918,044	\$	4,621,349	\$	3,901,877	\$	5,239,267														
137	Medicaid Cost Settlement Payments (See Note B)	\$	-	\$	(150,776)	\$	-	\$	-											\$	- \$	(150,776)	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$	-	\$	-	\$	-	\$	-											\$	- \$	-	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)	_								\$	15,021,067	\$	8,688,474	\$	- \$	-				\$	15,021,067 \$	8,688,474	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$	-	\$	-	\$	3,433,717 \$	1,451,160				\$	3,433,717 \$	1,451,160	
141	Medicare Cross-Over Bad Debt Payments									\$	397,907	\$	244,568	\$	- \$	-	(Agrees to Exhibi	Band	(Agrees to Exhibit B and	\$	397,907 \$	244,568	
142	Other Medicare Cross-Over Payments (See Note D)									\$	-	\$	-	\$	- \$	-	B-1)		B-1)	\$	- \$	-	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)																\$ 24	5,882	\$ 1,058,810				
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from	Sectio	n E)														\$	-	\$-				
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$	4,902,762 69%	\$	1,015,737 81%	\$	1,228,663 76%	\$	225,552 96%	\$	3,192,984 83%	\$	1,615,106 86%	\$	1,033,163 77%	286,338 84%	\$ 7,67	2,157 3%	\$ 7,243,475 13%	\$	10,357,572 \$ 77%	3,142,733 87%	
147 148	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Percent of cross-over days to total Medicare days from the cost report	, Col. 6	Sum of Lns. 2, 3	3, 4, 14,	16, 17, 18 less li	nes 5 & 6)				32,916 24%												

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey). Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R). Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey. Note D - Should include other Medicaicar corse-voer payments not included laims data reported above. This includes a payments paid based on the Medicare corse-voer opayments not include laim (and all claims data reported above. This includes a payments paid based on the Medicare corse-voer opayments not include I Medicare Corse-voer payments not claims faid claims data reported above. This includes a payments paid based on the Medicare corse-worts estimater (e.g., Medicare Carduate Medical Education payments). Note E - Medicaid Managed Care payments should include diff Medicare dotse payments should be not payments.

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

| | | | Medicaid Cost to | Out-of-State Medicaid FFS Primary | |

 | caid Managed Care
nary | | are FFS Cross-Overs
id Secondary) | | Medicaid Eligibles (Not
Elsewhere) | Total Out-Of-State Medicaid | | | | | | | | | | | | | | | | |
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Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient				

 | Outpatient | Inpatient | Outpatient | Inpatient | Outpatient | Inpatient | Outpatient
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\$ 10,790</td><td>\$ 7,75 18,37 5 18,37 5 5,84 5 2,94 5 93 5 18,87 5 5 5 74,45 5 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32</td></td></tr><tr><td>Rc
Ca
09200 Oc
5000 OC
5000 OC
5100 RE
5200 DE
5400 RA
5500 RA
5500 RA
5500 RA
5500 RA
5600 RA
6000 CA
6300 BL</td><td>Unreconciled Days (E)
outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELUVERY ROOM & LABOR ROOM
ELUVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY
I SCAN
IRI
ARDIAC CATHETERIZATION
ABORATORY
LOOD STORING PROCESSING & TRANS.</td><td>kplain Variance)</td><td>0.272191
0.228896
0.452501
0.165976
0.165976
0.1388219
0.107867
0.133865
0.032315
0.079361
0.150544
0.150544
0.150544
0.435196</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Acutine Charges \$ 133.278 \$ 1,189.98 Ancillary Charges 251 33.601 2,484 7,011 1,563 9,832 - 15,534 6,191 13,266 11,189.98</td><td>6.660
10,714
4,253
1.131
6,26
16,148
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4,355
\$ 871.00
Ancillary Charges
-
-
-
-
-
-
-
-
-
-
-
-
-</td><td>1,098
7,641
1,592
1,811
3(1)
2,725
-
-
7,174
-
-</td><td>\$ 137,633
\$ 1,176,35
Ancillary Charges
\$ 251
\$ 44,192
\$ 3,040
\$ 7,011
\$ 2,416
\$ 9,832
\$ -
\$ 18,913
\$ 6,191
\$ 13,285
\$ 110,790
\$ 11,419</td><td>\$ 7,75 8 18,35 \$ 5,84 \$ 2,94 \$ 93 \$ 93 \$ 18,87 \$ \$ \$ 8 8 74,45 \$ \$ 97,32 \$ 97,32 \$ 2,33 \$ 2,33 \$</td></tr><tr><td>Rc
Ca
09200 OF
5100 RE
5200 DF
5200 DF
5300 AN
5400 R4
5500 R4
5500 R4
5500 R4
5500 CA
6000 LA
6000 LA
6300 BL</td><td>Unreconciled Days (E)
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DAGNOSTIC
ADIOLOGY-DAGNOSTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ABORATORY</td><td>xplain Variance)</td><td>0.272191
0.22896
0.452501
0.893961
0.185276
0.13865
0.023315
0.032315
0.032315
0.150544
0.150544
0.150544
0.435196
0.435196</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Routine Charges \$ 133,278 \$ 1,189,98 Ancillary Charges 251 33,801 2,484 7,011 1,969 9,832 - - 15,534 6,191 13,285 106,388</td><td>6 660
10,714
4,253
1,131
626
16,148
-
-
859
67,283
-
-</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -<!--</td--><td>1,098
7,641
1,592
1,811
313
2,725
-
-
-
7,174
-
13,769</td><td>\$ 137.633 1,176.35 Ancillary Charges 251 4.192 3.040 7,011 2.416 9.9832 5 - 5 10,700 1,1419 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 11,419 5 12,787 5 10,790 5 10,790 5 11,419 5 12,787 5 5 10,790 5 10,790 5 11,419 5 12,787 5 5 10,790 5 10,790 5 11,419 5 12,787 5 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10,790 5 10</td><td>\$ 7.75 \$ 18.35 \$ 5.84 \$ 2.94 \$ 93 \$ 18.87 \$ 18.87 \$ 93 \$ 18.87 \$ 74.45 \$ 97.32 \$ 2.33 \$ 40</td></td></tr><tr><td>Rc
Ga
Ancillary (
99200 OC
5000 OF
5200 DE
5300 AN
5400 R2
5500 R2
5500 R2
5500 C
6000 LA
6300 BL
6400 IN
6500 R2
6600 R2</td><td>Unreconciled Days (E)
outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOSTOPE
T SCAN
IRI
ARDIAC CATHETERIZATION
ABORATORY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
HYSICAL THERAPY</td><td>kplain
Variance)</td><td>0.272191
0.228896
0.452501
0.165976
0.165976
0.1388219
0.107867
0.133865
0.032315
0.079361
0.150544
0.150544
0.150544
0.435196</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Routine Charges \$ 133,278 \$ 133,278 \$ 1,189,98 Ancillary Charges 251 33,801 2,484 7,011 1,9,832 - 15,534 6,191 13,285 106,368 11,419 12,787 7,046 4,549</td><td>6.660
10,714
4,253
1,131
626
16,148
-
-
859
67,283
-
-
-
-
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-
-</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 566 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -</td><td>1,098
7,641
1,592
1,811
313
2,725
-
-
-
7,174
-
-
-
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-
-</td><td>\$ 137.633 Ancillary Charges 251 \$ 251 \$ 44.192 \$ 3.040 \$ 7.011 \$ 2.416 \$ 9.832 \$ - \$ 18.913 \$ 6.191 \$ 110.790 \$ 110.790 \$ 11.419 \$ 12.787 \$ 7.250 \$ 4.549</td><td>\$ 775 \$ 18,35 \$ 5,84 \$ 2,94 \$ 93 \$ 18,87 \$ 18,87 \$ 5 \$ 74,45 \$ 97,32 \$ 2,33 \$ 40 \$ 6,35 \$ 24</td></tr><tr><td>Rc Ca Ca Ca 09200 5000 5100 F 5200 5300 5400 7500 7500 5500 700 5900 6000 6400 6500 6600 6600 6600</td><td>Unreconciled Days (E)
outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
DIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPY
ESPIRATORY THERAPY
ESPIRATORY THERAPY
HYSICAL THERAPY
ESPIRATORY THERAPY
HYSICAL THERAPY
ECTROCARDIOLOGY</td><td>kplain Variance)</td><td>0.272191
0.28896
0.452501
0.833961
0.168976
0.138865
0.073981
0.13865
0.023315
0.073981
0.150544
0.150544
0.150544
0.551481
0.293672
0.455298
0.067304</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Routine Charges \$ 133.278 \$ 1,189.98 Ancillary Charges 251 33.801 2,484 7,011 1,969 9.9,832 - - 115,534 6,191 13,285 106,368 11,419 12,787 7,048 4,549 1,484</td><td>6 660
10,714
4,253
1,131
626
16,148
-
859
67,283
-
-
-
83,558
2,334
406
5,020
-
-
2,120</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - <t< td=""><td>1,098
7,641
1,592
1,811
313
2,725
-
-
-
7,174
-
13,769
-
1,333
2,400
4,240</td><td>\$ 137.633 \$ 1,176.35 Ancillary Charges \$ 251 \$ 44.192 \$ 3.040 \$ 7.011 \$ 2.416 \$ 9.832 \$ \$ 18.913 \$ 6,191 \$ 13.285 \$ 10.790 \$ 11.419 \$ 12.787 \$ 7.250 \$</td><td>\$ 775 \$ 18,35 \$ 5,84 \$ 2,94 \$ 93 \$ 18,87 \$ 18,87 \$ 5 \$ 74,45 \$ 97,32 \$ 2,33 \$ 40 \$ 6,35 \$ 24</td></t<></td></tr><tr><td>Rc
Ca
09200 Ob
50000 Cb
5100 RE
52000 Dc
53000 AN
5400 R2
5700 CT
5700 CT
5700 CT
58000 M2
6400 IN
6400 IN
6500 RE
6600 PE
6600 EL
7000 EL</td><td>Unreconciled Days (E)
outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ECOVERY ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY
T SCAN
IRI
ARDIAC CATHETERIZATION
ABORATORY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
ESPIRATORY THERAPY
HYSICAL THERAPY
ECTROCARDIOLOGY
LECTROENCEPHALOGGRAPHY</td><td>xplain Variance)</td><td>0.272191
0.228896
0.452501
0.165976
0.188219
0.107867
0.138865
0.032315
0.073861
0.150544
0.150544
0.150544
0.435196
0.435196
0.435196
0.435196
0.435298
0.45298
0.067304
0.396188</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Routine Charges \$ 133.278 \$ 133.278 \$ 1,189.98 Ancillary Charges 251 33.801 2,484 7,011 15,534 6,191 13,285 106,686 11,419 12,787 7,048 4,549 1,484</td><td>6.660
10,714
4.253
1.131
6.26
16,148
-
-
-
-
-
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-
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-
-
-
-
-
-
-
-
-
-
-</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4 555 \$ 871.00 Ancillary Charges - - - - 10.391 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - <t< td=""><td>1,098
7,641
1,592
1,811
313
2,725
-
-
-
7,774
-
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-
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-
-
-
-
-</td><td>\$ 137.633 Ancillary Charges 251 \$ 251 \$ 251 \$ 241 \$ 2,416 \$ 9,832 \$ - \$ 10,790 \$ 11,2265 \$ 10,790 \$ 11,2265 \$ 11,2265 \$ 11,419 \$ 12,787 \$ 12,787 \$ 12,787 \$ 12,787 \$ 12,787 \$ 12,787 \$ 12,787 \$ 12,787 \$ 12,787 \$ 1,484 \$ 1,484</td><td>\$ 7.75 \$ 18.35 \$ 5.84 \$ 2.94 \$ 93 \$ 18.87 \$ 18.87 \$ 85 \$ 74.45 \$ 97.32 \$ 2.33 \$ 40 \$ 6.33 \$ 2.54 \$ 2.54</td></t<></td></tr><tr><td>Roc Ca Ca 09200 5000 5100 7500 5200 5300 5400 700 700 700 6000 6000 6300 6400 6600 6600 7000
7000</td><td>Unreconciled Days (E)
outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-THERAPUTIC
ADIOLOGY-THERAPUTIC
ADIOLOGY
ESPIRATORY THERAPY
HYSICAL THERAPY
HYSICAL THERAPY
HYSICAL THERAPY
ELECTROCARDIOLOGY</td><td>kplain Variance)</td><td>0.272191
0.22896
0.452501
0.893961
0.165976
0.138627
0.13865
0.032315
0.079361
0.150544
0.150544
0.150544
0.4551461
0.239672
0.445298
0.067304
0.356748
0.356789</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Routine Charges \$ 133.278 \$ 1,189.98 Ancillary Charges 251 33.801 2,484 7,011 1,969 9,932 - 115,534 6,191 13,285 106,338 11,419 12,277 7,048 4,549 1,484 - 32,602</td><td>6 660
10,714
4,253
1,131
628
16,148
-
859
67,283
-
-
83,558
2,334
406
5,020
-
2,120
-
12,092</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4 355 \$ 871.00 Ancillary Charges - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -<td>1,098
7,641
1,592
1,811
313
2,725
-
-
-
7,174
-
-
1,333
240
424
2,628</td><td>\$ 137.633 Ancillary Charges \$ \$ 1,176.35 Ancillary Charges \$ \$ 251 \$ 44.192 \$ 3.040 \$ 7,011 \$ 2.416 \$ 9.832 \$ - \$ 6.191 \$ 18,913 \$ 6.191 \$ 110.790 \$ 110.790 \$ 112.787 \$ 7.250 \$ 4.549 \$ 1.484 \$ - \$ 37.307</td><td>\$ 7,75 \$ 18,35 \$ 5,44 \$ 2,94 \$ 39 \$ 18,87 \$ 55 \$ 74,45 \$ 97,32 \$ 97,32 \$ 2,33 \$ 40 \$ 2,54 \$ 2,54</td></td></tr><tr><td>Rc
Ca
09200 Ob
5000 Ob
5100 RE
5200 DE
5300 AN
5400 RA
5500 RA
500 RA
700 RA
500 RA
50</td><td>Unreconciled Days (E)
outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELOVERY ROOM
ELOVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ESPIRATORY THERAPY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
ESPIRATORY THERAPY
HYSICAL THERAPY
ELCTROCARDIOLOGY
LECTROCARDIOLOGRAPHY
EDICAL SUPPLIES CHARGED TO PATIENTS</td><td>kplain Variance)</td><td>0.272191
0.228896
0.452501
0.165976
0.185976
0.1388219
0.107867
0.13885
0.032315
0.073861
0.150544
0.150544
0.435196
0.435196
0.435196
0.455298
0.067304
0.396188
0.386799
0.394237</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Accillary Charges \$ 133,278 \$ 133,278 \$ 1,189,98 Ancillary Charges 2511 33,801 2,484 7,011 1,5534 6,191 13,285 106,388 11,419 12,787 7,048 4,549 1,484 - 32,602 5,883</td><td>6 6600
10,714
4,253
1,131
626
16,148
</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -<!--</td--><td>1,098
7,641
1,592
1,811
313
2,725
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-</td><td>\$ 137.633 \$ 1,176.35 Ancillary Charges \$ 251 \$ 44.192 \$ 3,040 \$ 7,011 \$ 2.416 \$ 9,832 \$ - \$ - \$ 13,285 \$ 11,419 \$ 13,285 \$ 10,790 \$ 11,419 \$ 4,549 \$ 1,484 \$ 37,307 \$ 37,307 \$ 37,307</td><td>\$ 7.75 \$ 18,35 \$ 5,844 \$ 2,944 \$ 933 \$ 18,87 \$ 18,87 \$ 85 \$ 74,45 \$ 97,32 \$ 2,33 \$ 400 \$ 6,35 \$ 2,44 \$ 2,43 \$ 2,44 \$ 2,44 \$ 2,43 \$ 2,43 \$ 2,44 \$ 2,44 \$ 2,44 \$ 2,44 \$ 2,44 \$ 2,54 \$ 14,72 \$ 14,72</td></td></tr><tr><td>Rc
Ca
2000 Ob
5000 OF
5100 RE
5200 DE
5300 AN
5400 RA
5500 RA
5500 RA
5500 RA
5500 RA
5500 RA
5500 RA
5500 RA
5500 RA
5500 RA
6000 LA
6400 IN
6500 RA
6500 RA
700 RA
700</td><td>Unreconciled Days (E)
aduline Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELVERY ROOM & LABOR ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOSOTOPE
T SCAN
IRI
ARDIAC CATHETERIZATION
ABORATORY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
HYSICAL THERAPY
HEICATOCARDIOLOGY
LECTROROCEPHALOGRAPHY
EDICAL SUPPLIES CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS</td><td>xplain Variance)</td><td>0.272191
0.228866
0.452501
0.839961
0.165976
0.138865
0.032315
0.079361
0.138865
0.032315
0.079361
0.150544
0.150544
0.455196
0.455196
0.455196
0.455196
0.45529
0.45529
0.358799
0.3368799
0.3368799</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Routine Charges \$ 133,278 \$ 1,189,98 Ancillary Charges 251 33,801 2,484 7,011 9,832 - 15,534 6,191 13,285 100,386 11,419 12,787 7,048 4,549 1,484 - 32,602 5,983 93,36</td><td>6 660
10,714
4,253
1,131
626
16,148
-
-
-
-
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-
-
-
-
-
-
-</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4 355 \$ 871.00 Ancillary Charges - 10.391 - 566 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 - - - - - - - - - - - - - - - - - - -</td><td>1,098
7,641
1,592
1,811
313
2,725
-
-
-
-
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-
-</td><td>\$ 137.633 Ancillary Charges \$ \$ 1,176.35 Ancillary Charges \$ \$ 251 \$ 44.192 \$ 3.040 \$ 7,011 \$ 2.416 \$ 9.832 \$ - \$ 6.191 \$ 18,913 \$ 6.191 \$ 110.790 \$ 110.790 \$ 112.787 \$ 7.250 \$ 4.549 \$ 1.484 \$ - \$ 37.307</td><td>\$ 7.75 \$ 18.35 \$ 5.84 \$ 2.94 \$ 93 \$ 18.87 \$ 18.87 \$ 85 \$ 74.45 \$ 97.32 \$ 2.33 \$ 400 \$ 6.35 \$ 2.44 \$ 2.44 \$ 2.44 \$ 2.44 \$ 2.44 \$ 2.44 \$ 2.54 \$ 14.72 \$ 14.72</td></tr><tr><td>Rc Cr Cr Cr Cr Cr Cr Cr S000 OF S100 RF S200 DF S500 RF S500 RF S500 RF S600 RF G6000 LA G6000 LA G6000 RF G6000 RF G6000 RF G6000 PC T000 RE 7000 RF 7000 RF 700 RF</td><td>Unreconciled Days (E)
outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPY
ESPIRATORY THERAPY
ESPIRATORY THERAPY
ESPIRATORY THERAPY
ECTROENCEPHALOGRAPHY
ELCTROENCEPHALOGRAPHY
ELCTROENCEPHALOGRAPHY
ELCICAL SUPPLIES CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS</td><td>kplain Variance)</td><td>0.272191
0.22896
0.452501
0.893961
0.165976
0.138219
0.107867
0.138865
0.032315
0.032315
0.133865
0.032315
0.133865
0.032315
0.1551441
0.239672
0.445298
0.067304
0.3551481
0.356799
0.304237
0.214774</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Routine Charges \$ 133.278 \$ 1,189.98 Ancillary Charges 251 33.801 2.484 7,011 1,969 9.832 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -<</td><td>6 660
10,714
4,253
1,131
626
16,148
-
859
67,283
-
-
83,558
2,334
406
5,020
-
2,120
-
12,092
-
20,854
-</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -<!--</td--><td>1,098
7,641
1,592
1,811
313
2,725
-
-
-
7,174
-
13,769
-
-
1,333
2,400
4,240
-
2,628
-
-
2,628
-
-
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-
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-
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-
-</td><td>\$ 137.633 \$ 1,176.35 Ancillary Charges \$ \$ 251 \$ 44.192 \$ 3.040 \$ 7.011 \$ 2.416 \$ 9.832 \$ - \$ 6.191 \$ 6.191 \$ 11.790 \$ 110.790 \$ 110.790 \$ 11.419 \$ 7.250 \$ 4.549 \$ - \$ 3.307 \$ 5.983 \$ 9.7531</td><td>Ancillary Charges
\$ 7,755
\$ 18,355
\$ 2,944
\$ 933
\$ 18,877
\$ 933
\$ 18,877
\$ 97,327
\$ 74,457
\$ 74,457
\$ 97,327
\$ 2,544
\$ 400
\$ 6,355
\$ 2,544
\$ 400
\$ 6,355
\$ 2,544
\$ 14,720
\$ 2,544
\$ 2,944
\$ 2,544
\$ 2,544
\$ 2,544
\$ 2,944
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\$ 2,544
\$ 2,544
\$ 2,944
\$ 2,544
\$ 3,565
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\$ 3,576
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\$ 3,5766
\$ 3,5766
\$ 3,5766
\$ 3,57666
\$ 3,576666
\$ 3,57666666666666666666666666666666666666</td></td></tr><tr><td>Rc
Ca
09200 Ob
5000 Ob
5100 RE
5200 DE
5300 AN
5400 R2
5700 CT
5700 CT
5700 CT
5700 CT
5800 Mi
5900 C2
6400 IX
6400 IX
6500 RE
6600 PE
7100 ME
7200 MI
7300 DF
7400 RE</td><td>Unreconciled Days (E)
aduline Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELVERY ROOM & LABOR ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOSOTOPE
T SCAN
IRI
ARDIAC CATHETERIZATION
ABORATORY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
HYSICAL THERAPY
HEICATOCARDIOLOGY
LECTROROCEPHALOGRAPHY
EDICAL SUPPLIES CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS</td><td>kplain Variance)</td><td>0.272191
0.228866
0.452501
0.839961
0.165976
0.138865
0.032315
0.079361
0.138865
0.032315
0.079361
0.150544
0.150544
0.455196
0.455196
0.455196
0.455196
0.45529
0.45529
0.358799
0.3368799
0.3368799</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Routine Charges \$ 133,278 \$ 1,189,98 Ancillary Charges 251 33,801 2,484 7,011 9,832 - 15,534 6,191 13,285 100,386 11,419 12,787 7,048 4,549 1,484 - 32,602 5,983 93,36</td><td>6 660
10,714
4,253
1,131
626
16,148
-
-
-
-
-
-
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-
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-
-
-</td><td>Routine Charges</td><td>Ancillary Charges</td><td>§ 4.355 § 871.00 Ancillary Charges - 10.391 - 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -</td><td>1,098
7,641
1,592
1,811
313
2,725
-
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-
-</td><td>\$ 137.633 \$ 1,176.35 Ancillary Charges \$ 251 \$ 44.192 \$ 3,040 \$ 7,011 \$ 2.416 \$ 9,832 \$ - \$ - \$ 13,285 \$ 11,419 \$ 13,285 \$ 10,790 \$ 11,419 \$ 4,549 \$ 1,484 \$ 37,307 \$ 37,307 \$ 37,307</td><td>\$ 7.75 \$ 18.35 \$ 5.84 \$ 2.94 \$ 93 \$ 18.87 \$ 18.87 \$ 85
 \$ 74.45 \$ 97.32 \$ 2.33 \$ 400 \$ 6.35 \$ 2.44 \$ 2.44 \$ 2.44 \$ 2.44 \$ 2.44 \$ 2.44 \$ 2.54 \$ 14.72 \$ 14.72</td></tr><tr><td>Rc
Ca
Ca
5000 OF
5100 RE
5200 DE
5200 DE
5300 AA
5400 R4
5500 R4
5500 R4
5500 R4
5500 R4
5500 R4
5500 R4
6000 LA
6000 LA
6300 BL
6400 IN
6500 R2
6000 CA
7700 EL
7700 KE
7200 IM
7200 IM
7200 IM
7200 CA
7700 CE</td><td>Unreconciled Days (E)
aculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ECOVERY ROOM
ELIVERY ROOM & LABOR ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY THERAPEUTIC
ADIOLOGY THERAPEUTIC
ESPIRATORY HERAPY
HYSICAL THETERIZATION
ABORATORY
LECTROCARDIOLOGY
ELCTROECEPHALOGRAPHY
EDICAL SUPPLIES CHARGED TO PATIENT
RUGS CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS
ENAL DIALYSIS
CADIOLOGY</td><td>xplain Variance)</td><td>0.272191
0.228896
0.452501
0.165976
0.165976
0.1388219
0.107867
0.133865
0.032315
0.079361
0.150544
0.150544
0.150544
0.435196
0.435196
0.435196
0.435196
0.435199
0.345298
0.3867899
0.345278
0.345278
0.214774
0.214774
0.956405
0.116823</td><td>Routine Charges</td><td>Ancillary Charges</td><td>Routine Charges \$ 133,278 \$ 133,278 \$ 1,189,98 Ancillary Charges 2511 33,601 2,484 7,011 15,534 6,191 13,260 - - - 15,534 6,191 13,285 106,368 11,419 12,787 7,048 4,549 - 32,602 5,983 93,136 - 9,436</td><td>6 6600
10,714
4,253
1,131
6,26
16,148
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-</td><td>Routine Charges</td><td>Ancillary Charges</td><td>\$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -<!--</td--><td>1,098
7,641
1,592
1,811
313
2,725
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-</td><td>\$ 137.633 \$ 1,176.35 Ancillary Charges \$ \$ 251 \$ 44.192 \$ 3.040 \$ 7.011 \$ 2.416 \$ 9.832 \$ - \$ 6.191 \$ 6.191 \$ 11.790 \$ 110.790 \$ 110.790 \$ 11.419 \$ 7.250 \$ 4.549 \$ - \$ 3.307 \$ 5.983 \$ 9.7531</td><td>\$ 7.75 \$ 18,35 \$ 5,84 \$ 2,94 \$ 93 \$ 18,87 \$ 18,87 \$ 18,87 \$ 74,45 \$ 74,45 \$ 2,33 \$ 400 \$ 6,35 \$ 2,54 \$ 2,54 \$ 14,72 \$ 23,90 \$ 23,90</td></td></tr></tr> | 6,660
10,714
4,253
1,131
626
16,148
 | Routine Charges | Ancillary Charges | \$ 4,355
\$ 871.00
Ancillary Charges
 | 1,098
7,641
1,592
1,811
313
2,725
-
-
-
7,174
- | \$ 137,633
\$ 1,176,35
Ancillary Charges
\$ 251
\$ 44,192
\$ 3,040
\$ 7,011
\$ 2,416
\$ 9,832
\$ -
\$ 18,913
\$ 6,191
 | \$ 7,75 \$ 18,35 \$ 5,84 \$ 2,94 \$ 93 \$ \$ 18,87 \$ \$ \$ \$ 8 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 | Rc
Ca
09200 Ob
5000 RE
5100 RE
5200 DE
5300 AN
5500 RA
5500 RA
5500 RA
5500 CA
5500 CA | Unreconciled Days (E)
outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOSTOPE
T SCAN
RI
ARDIAC CATHETERIZATION | xplain Variance) | 0.272191
0.228896
0.452501
0.165976
0.165976
0.13862
0.138865
0.032315
0.073861
0.150544 | Routine Charges | Ancillary Charges | Routine Charges \$ 133,278 \$ 1,189,98 Ancillary Charges 251 33,801 2,484 7,011 1,969 9,832 - - 15,534 6,191 13,285 | 6,660
10,714
4,253
1,131
626
16,148
-
859
67,283
-
- | Routine Charges | Ancillary Charges | \$ 4.355 \$ 871.00 Ancillary Charges - 10.391 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - | 1,098
7,641
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3(1)
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-
-
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-
- | \$ 137.633 Ancillary Charges 251 \$ 44.192 \$ 3.040 \$ 7.011 \$ 2.416 \$ 9.832 \$ \$. \$. \$. \$ 18.913 \$ 6.191 \$ 13.2285 \$. \$. \$. \$. \$. \$. \$. \$. \$. \$ | \$ 7,75 8 18,33 8 5,84 8 9,94 8 9,94 8 9,94 8 9,94 8 9,94 8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | Ro
Ca
09200 Ot
5000 OT
5100 RE
5200 DE
5300 AN
5400 RA
5500 RA
5500 RA
5500 RA
5500 CI
5600 RA
5500 CI
5600 CA
6000 LA | Unreconciled Days (E)
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DAGNOSTIC
ADIOLOGY-DAGNOSTIC
ADIOLOGY-DAGNOSTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ABORATORY | kplain Variance) | 0.272191
0.228966
0.452501
0.839961
0.165976
0.138219
0.107867
0.133865
0.032315
0.073361
0.150544
0.150544
 | Routine Charges | Ancillary Charges | Routine Charges \$ 133,278 \$ 1,189,98 Ancillary Charges 251 33,801 2,484 7,011 1,969 9,832 - - 15,534 6,191 13,285 106,388 | 6 660
10,714
4,253
1,131
626
16,148
-
-
859
67,283
-
- | Routine Charges | Ancillary Charges | \$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - </td <td>1,098
7,641
1,592
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13,769</td> <td>\$ 137.633
\$ 1,176.35
Ancillary Charges
\$ 251
\$ 44.192
\$ 3,040
\$ 7,011
\$ 2,416
\$ 9,832
\$ -
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\$ 6.191
\$ 13,285
\$ 10,790</td> <td>\$ 7,75 18,37 5 18,37 5 5,84 5 2,94 5 93 5 18,87 5 5 5 74,45 5 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32 5 97,32</td> | 1,098
7,641
1,592
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13,769 | \$ 137.633
\$ 1,176.35
Ancillary Charges
\$ 251
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outine Charges
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Cost
Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELUVERY ROOM & LABOR ROOM
ELUVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-THERAPEUTIC
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I SCAN
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alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
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ELIVERY ROOM & LABOR ROOM
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ADIOLOGY-DAGNOSTIC
ADIOLOGY-DAGNOSTIC
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ADIOLOGY-THERAPEUTIC
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ABORATORY | xplain Variance) | 0.272191
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- | Routine Charges | Ancillary Charges | \$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 556 - - - - - - - - - - - - - - - - - -
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outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
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ADIOLOGY-THERAPEUTIC
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T SCAN
IRI
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ABORATORY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
HYSICAL THERAPY | kplain Variance) | 0.272191
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Ca Ca 09200 5000 5100 F 5200 5300 5400 7500 7500 5500 700 5900 6000 6400 6500 6600 6600 6600 | Unreconciled Days (E)
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Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
DIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPY
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ESPIRATORY THERAPY
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ECTROCARDIOLOGY | kplain Variance) | 0.272191
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outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ECOVERY ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
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T SCAN
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ABORATORY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
ESPIRATORY THERAPY
HYSICAL THERAPY
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LECTROENCEPHALOGGRAPHY | xplain Variance) | 0.272191
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alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
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ELVERY ROOM & LABOR ROOM
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ADIOLOGY-DIAGNOSTIC
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ADIOLOGY-DIAGNOSTIC
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 | Routine Charges | Ancillary Charges | \$ 4 355 \$ 871.00 Ancillary Charges - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - <td>1,098
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outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELOVERY ROOM
ELOVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ESPIRATORY THERAPY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
ESPIRATORY THERAPY
HYSICAL THERAPY
ELCTROCARDIOLOGY
LECTROCARDIOLOGRAPHY
EDICAL SUPPLIES CHARGED TO PATIENTS | kplain Variance) | 0.272191
0.228896
0.452501
0.165976
0.185976
0.1388219
0.107867
0.13885
0.032315
0.073861
0.150544
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0.394237 | Routine Charges | Ancillary Charges | Accillary Charges \$ 133,278 \$ 133,278 \$ 1,189,98 Ancillary Charges 2511 33,801 2,484 7,011 1,5534 6,191 13,285 106,388 11,419 12,787 7,048 4,549 1,484 - 32,602 5,883 | 6 6600
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626
16,148

 | Routine Charges | Ancillary Charges | \$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - </td <td>1,098
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aduline Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELVERY ROOM & LABOR ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOSOTOPE
T SCAN
IRI
ARDIAC CATHETERIZATION
ABORATORY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
HYSICAL THERAPY
HEICATOCARDIOLOGY
LECTROROCEPHALOGRAPHY
EDICAL SUPPLIES CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS | xplain Variance) | 0.272191
0.228866
0.452501
0.839961
0.165976
0.138865
0.032315
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0.150544
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10,714
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 | Routine Charges | Ancillary Charges | \$ 4 355 \$ 871.00 Ancillary Charges - 10.391 - 566 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - | 1,098
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outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
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ADIOLOGY-THERAPY
ESPIRATORY THERAPY
ESPIRATORY THERAPY
ESPIRATORY THERAPY
ECTROENCEPHALOGRAPHY
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ELCICAL SUPPLIES CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS | kplain Variance) | 0.272191
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7200 MI
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7400 RE | Unreconciled Days (E)
aduline Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELVERY ROOM & LABOR ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOSOTOPE
T SCAN
IRI
ARDIAC CATHETERIZATION
ABORATORY
LOOD STORING PROCESSING & TRANS.
ITRAVENOUS THERAPY
HYSICAL THERAPY
HEICATOCARDIOLOGY
LECTROROCEPHALOGRAPHY
EDICAL SUPPLIES CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS | kplain Variance) | 0.272191
0.228866
0.452501
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0.3368799 | Routine Charges | Ancillary Charges | Routine Charges \$ 133,278 \$ 1,189,98 Ancillary Charges 251 33,801 2,484 7,011 9,832 - 15,534 6,191 13,285 100,386 11,419 12,787 7,048 4,549 1,484 - 32,602 5,983 93,36 | 6 660
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- | Routine Charges | Ancillary Charges | §
 4.355 § 871.00 Ancillary Charges - 10.391 - 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - | 1,098
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6000 CA
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aculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ECOVERY ROOM
ELIVERY ROOM & LABOR ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY-THERAPEUTIC
ADIOLOGY THERAPEUTIC
ADIOLOGY THERAPEUTIC
ESPIRATORY HERAPY
HYSICAL THETERIZATION
ABORATORY
LECTROCARDIOLOGY
ELCTROECEPHALOGRAPHY
EDICAL SUPPLIES CHARGED TO PATIENT
RUGS CHARGED TO PATIENTS
RUGS CHARGED TO PATIENTS
ENAL DIALYSIS
CADIOLOGY | xplain Variance) | 0.272191
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0.079361
0.150544
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0.116823 | Routine Charges | Ancillary Charges | Routine Charges \$ 133,278 \$ 133,278 \$ 1,189,98 Ancillary Charges 2511 33,601 2,484 7,011 15,534 6,191 13,260 - - - 15,534 6,191 13,285 106,368 11,419 12,787 7,048 4,549 - 32,602 5,983 93,136 - 9,436 | 6 6600
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- | Routine Charges | Ancillary Charges | \$ 4.355 \$ 871.00 Ancillary Charges - - - 10.391 556 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - </td <td>1,098
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-</td> <td>\$ 137.633 \$ 1,176.35 Ancillary Charges \$ \$ 251 \$ 44.192 \$ 3.040 \$ 7.011 \$ 2.416 \$ 9.832 \$ - \$ 6.191 \$ 6.191 \$ 11.790 \$ 110.790 \$ 110.790 \$ 11.419 \$ 7.250 \$ 4.549 \$ - \$ 3.307 \$ 5.983 \$ 9.7531</td> <td>\$ 7.75 \$ 18,35 \$ 5,84 \$ 2,94 \$ 93 \$ 18,87 \$ 18,87 \$ 18,87 \$ 74,45 \$ 74,45 \$ 2,33 \$ 400 \$ 6,35 \$ 2,54 \$ 2,54 \$ 14,72 \$ 23,90 \$ 23,90</td> | 1,098
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 | Routine Charges | Ancillary Charges | \$ 4,355
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Ancillary Charges
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Ancillary Charges
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 | Rc
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5000 RE
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5200 DE
5300 AN
5500 RA
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5500 CA | Unreconciled Days (E)
outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-DIAGNOSTIC
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ADIOSTOPE
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ARDIAC CATHETERIZATION | xplain Variance) | 0.272191
0.228896
0.452501
0.165976
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 | 6,660
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- | Routine Charges | Ancillary Charges | \$ 4.355 \$ 871.00 Ancillary Charges - 10.391 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - | 1,098
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- | \$ 137.633 Ancillary Charges 251 \$ 44.192 \$ 3.040 \$ 7.011 \$ 2.416 \$ 9.832 \$ \$. \$. \$. \$ 18.913 \$ 6.191 \$ 13.2285 \$. \$. \$. \$. \$. \$. \$. \$. \$. \$ | \$ 7,75 8 18,33 8 5,84 8 9,94 8 9,94 8 9,94 8 9,94 8 9,94 8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | Ro
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alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DAGNOSTIC
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ADIOLOGY-DAGNOSTIC
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Cost Centers (from W/S C) (list below):
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ELUVERY ROOM & LABOR ROOM
NESTHESIOLOGY
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Cost Centers (from W/S C) (list below):
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PERATING ROOM
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NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
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LOOD STORING PROCESSING & TRANS.
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ESPIRATORY THERAPY
HYSICAL THERAPY
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ADIOLOGY-DIAGNOSTIC
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LOOD STORING PROCESSING & TRANS.
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ABORATORY
LOOD STORING PROCESSING & TRANS.
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EDICAL SUPPLIES CHARGED TO PATIENTS
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outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
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NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
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T SCAN
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alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
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ELIVERY ROOM & LABOR ROOM
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ADIOLOGY-DAGNOSTIC
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ADIOLOGY-THERAPEUTIC
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outine Charges
alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELUVERY ROOM & LABOR ROOM
ELUVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DIAGNOSTIC
ADIOLOGY-THERAPEUTIC
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I SCAN
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alculated Routine Charge Per Diem
Cost Centers (from W/S C) (list below):
bservation (Non-Distinct)
PERATING ROOM
ELIVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-DAGNOSTIC
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PERATING ROOM
ELVERY ROOM & LABOR ROOM
NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
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ITRAVENOUS THERAPY
HYSICAL THERAPY | kplain Variance) | 0.272191
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Cost Centers (from W/S C) (list below):
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PERATING ROOM
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NESTHESIOLOGY
ELIVERY ROOM & LABOR ROOM
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HYSICAL THERAPY
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ELECTROCARDIOLOGY | kplain Variance) | 0.272191
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NESTHESIOLOGY
ADIOLOGY-THERAPEUTIC
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ESPIRATORY THERAPY
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EDICAL SUPPLIES CHARGED TO PATIENTS | kplain Variance) | 0.272191
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I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

District Distrint District District Distr				Out-of-State Medicaid FFS Primary	Out-of-State Medicaid Managed Care Primary	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	Total Out-Of-State Medicaid
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	108							\$ - \$ -
	109							\$ - \$ -

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

	Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL									
		Out-of-State Medicaid FFS Primary		caid Managed Care nary	Out-of-State Medicare FFS Cross-Ov (with Medicaid Secondary)	rs Out	t-of-State Other M Included E	ledicaid Eligibles (Not Isewhere)	Total Out-Of-	State Medicaid
110	· · ·								\$-	\$-
111	·								\$ -	\$ -
112									\$ -	\$ -
113 114									\$ - ¢	\$ - ¢
114									ş - \$ -	s -
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123									ş - S -	ş -
125									\$ -	\$ -
126									\$ -	\$ -
127									\$-	\$-
		\$ - \$ -	\$ 402,126	\$ 352,849	\$ - \$	\$	33,249	\$ 64,140		
	Totals / Payments									
128	Total Charges (includes organ acquisition from Section K)	\$-\$-	\$ 535,404	\$ 352,849	\$ - \$	\$	37,604	\$ 64,140	\$ 573,008	\$ 416,989
129	Total Charges per PS&R or Exhibit Detail	\$ - \$ -	\$ 535,404	\$ 352,849	\$ - \$	- \$	37,604	\$ 64,140		
130	Unreconciled Charges (Explain Variance)		-	-	-	-	-	-		
131	Total Calculated Cost (includes organ acquisition from Section K)	s <u> s</u> .	\$ 222.174	\$ 88.015	2	s	12.528	\$ 17.943	\$ 234,702	\$ 105,958
		ţ	Ψ	\$ 00,010	Ŷ	, v	12,020	¢ 11,010	¢ 201,102	¢ 100,000
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)		\$-	\$-		\$	-	\$-	\$-	\$-
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)		\$ 74,855	\$ 34,324		\$	-	\$-	\$ 74,855	\$ 34,324
134	Private Insurance (including primary and third party liability)		\$-	\$ -		\$	-	\$-	\$ -	\$-
135	Self-Pay (including Co-Pay and Spend-Down)		\$-	\$ 113		\$	-	\$-	\$ -	\$ 113
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ - \$ -	\$ 74,855	\$ 34,437						
137	Medicaid Cost Settlement Payments (See Note B)								\$-	\$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)		\$-	\$ -					\$ -	\$ -
139 140	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)					- \$	-	5 - c	\$ - ¢	\$ - ¢
140 141	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles) Medicare Cross-Over Bad Debt Payments					¢	-	э - с	э - с	\$ -
141	Other Medicare Cross-Over Bad Debt Payments Other Medicare Cross-Over Payments (See Note D)							 e	ə -	э - с
142	Outer Miculare Cross-Over Fayments (See Note D)					Φ	-	φ -	φ -	φ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ - \$ -	\$ 147,319	\$ 53,578	\$ - \$	\$	12,528	\$ 17,943	\$ 159,847	\$ 71,521
143	Calculated Payment Shortian / (Eorgian) (PKIOK TO SOPPLEMENTAL PATMENTS AND DSh)	0% 0%	34%	39%	0%	0%	0%	9 17,943 0%	32%	33%
		2 070	01.00	0070			570	0.0	0270	5070

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

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

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

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

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

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

Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

	Total			Revenue for	Total	In-State Media	aid FFS Primary	In-State Medicaid N	fanaged Care Primary		FFS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	sured
	Organ Acquisition Cos	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 v Tatal Cast	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt: III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
Organ Acquisition Cost Centers (list below):															
Lung Acquisition	\$0.00	s -	\$ -		0										
Kidney Acquisition	\$0.00	s -	\$-		0										
Liver Acquisition	\$0.00	s -	\$ -		0										
Heart Acquisition	\$0.00	s -	\$-		0										
Pancreas Acquisition	\$0.00	s -	\$ -		0										
Intestinal Acquisition	\$0.00	s -	\$-		0										
Islet Acquisition	\$0.00	\$ -	\$ -		0										
	\$0.00	s -	\$ -		0										
Totals	\$ -	ş -	\$ -	\$-		ş -	-	\$ -	-	\$ -	-	\$ -	-	\$-	-
	_														
Total Cost							-		-		-		-		-

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

Cost Report Year (10/01/2019-09/30/2020) JOHN D. ARCHBOLD MEMORIAL HOSPITAL

q

		Total			Revenue for	Total	Out-of-State Med	dicaid FFS Primary	Out-of-State Medicaid	d Managed Care Primar		care FFS Cross-Overs aid Secondary)		Medicaid Eligibles (Not Elsewhere)
		Organ Acquisition Cost	Additional Add-In Intern/Resident Cost		Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Facto on Section G, Line 133 x Total Cost Report Organ Acquisition Cost		Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicater with Medicatid/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)							
Or	gan Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$ -	s -	\$ -	\$ -	0								
12	Kidney Acquisition	\$ -	s -	\$ -	\$ -	0								
13	Liver Acquisition	\$-	s -	\$ -	\$ -	0								
14	Heart Acquisition	\$-	s -	\$ -	\$ -	0								
15	Pancreas Acquisition	\$ -	s -	\$ -	\$ -	0								
16	Intestinal Acquisition	\$-	\$ -	\$-	\$ -	0								
17	Islet Acquisition	\$-	\$ -	\$-	\$ -	0								
18		\$-	\$ -	\$ -	\$ -	0								
19	Totals	\$-	\$ -	\$ -	\$-		\$-	-	\$-	-	\$-	-	\$-	-
20	Total Cost - These amounts must agree to your inpatier				//f			-		-		-		-

e (if not, use hospital's logs a Note B: Enter Organ Acquisition Payments in Section I as part of your Out-of-State Medicaid total payments.

L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital removed part or all 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 (10/01/2019-09/30/2020)

JOHN D. ARCHBOLD MEMORIAL HOSPITAL

Worksheet A Pro	ovider Tax Assessment Recond	iliation:		
1a Workin 2 Hospita 3 Differen	al Gross Provider Tax Assessment In nce (Explain Here>)	om general ledger)* count # that includes Gross Provider Tax Assessment cluded in Expense on the Cost Report (W/S A, Col. 2) 	S 3,530,228 Expense \$ 3,530,228 \$ 3,530,228 \$	W/S A Cost Center Line 18700-711478 (WTB Account #) 5.00 (Where is the cost included on w/s A?)
4 5 6 7	Reclassification Code Reclassification Code Reclassification Code Reclassification Code			(Reclassified to / (from)) (Reclassified to / (from)) (Reclassified to / (from)) (Reclassified to / (from))
8 9 10 11 DSH U 12 13 14 15	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment	x Assessment Adjustments (from w/s A-8 of the Medicare cost report		(Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from))
17 Gross	der Tax Assessment Adjustmen Allowable Assessment Not Included i	n the Cost Report	\$	
18 19 20 21 22 23 24	Medicaid Hospital Cha Uninsured Hospital Cha Total Hospital Cha Percentage of Provider Tax Ass	ment Adjustment to DSH UCC	215,358,272 55,686,648 768,454,042 28,02% 7,25% \$ - \$ - \$ - \$ -	

* 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.