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

				DSH Version	6.02	2/10/2023
A. General DSH Year Information						
1. DSH Year:	Begin 07/01/2021	End 06/30/2022				
2. Select Your Facility from the Drop-Down Menu Provided:	John D. Archbold Memorial Hosp	ital				
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 End Date(s) 09/30/2022	Must also complete a separ	ate survey file for each cos	report period listed - SE	E DSH SURVEY PART II FILES
	Data					
6. Medicaid Provider Number:	0000	000063A				
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0					
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0					
9. Medicare Provider Number:	1100	)38				

# B. DSH Qualifying Information

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

# During the DSH Examination Year:

1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to
provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital
located in a rural area, the term "obstetrician" includes any physician with staff privileges at the
hospital to perform nonemergency obstetric procedures.)

- 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer 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 (07/01/21 -
06/30/22)
Yes
,

No	
No	





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

Disclosure of Other Medicaid Payments Received:			
Madiasid Sumplemental Doumonts for Userital Services DSU Vee 0	7/04/2024 06/20/2022	\$ 2,236,401	
. Medicaid Supplemental Payments for Hospital Services DSH Year 07		\$ 2,236,401	
(Should include UPL and non-claim specific payments paid based on the	state fiscal year. However, DSH payments should NOT be included.)		
Medianid Menaned Care Sumplemental Daumante for beautial annia	f DOLL V 07/04/0004 00/20/2020	•	
. Medicaid Managed Care Supplemental Payments for hospital service		\$ -	
(Should include all non-claim specific payments for hospital services such payments, capitation payments received by the hospital (not by the MCO,		uality payments, bonus	
NOTE: Hospital portion of supplemental payments reported on DSH Surv		W havin	
NOTE: Hospital portion of supplemental payments reported on DSH Surv	rey Part II, Section E, Question 14 should be reported here if paid on a SP	Y Dasis.	
Total Medicaid and Medicaid Managed Care Non-Claims Payments for		\$ 2,236,401	
. Total medicald and medicald managed Care Non-Claims Payments in	or Hospital Services07/01/2021 - 00/30/2022	φ 2,230,401	
tification:			
incation.		Answer	
Was your hospital allowed to retain 100% of the DSH payment it rece		Yes	
Matching the federal share with an IGT/CPE is not a basis for answe hospital was not allowed to retain 100% of its DSH payments, please			
present that prevented the hospital from retaining its payments.	explain what circumstances were		
Explanation for "No" answers:			
The following certification is to be completed by the hospital's CEO	or CFO:		
I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J,	, K and L of the DSH Survey files are true and accurate to the best of our	ability, and supported by th	ne financial and other
I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, records of the hospital. All Medicaid eligible patients, including those who			
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DSH Version 8.11 2/10/2023 D. General Cost Report Year Information 10/1/2021 9/30/2022 The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey. John D. Archbold Memorial Hospital 1. Select Your Facility from the Drop-Down Menu Provided: 10/1/2021 through 9/30/2022 2. Select Cost Report Year Covered by this Survey (enter "X"): х 3. Status of Cost Report Used for this Survey (Should be audited if available): 1 - As Submitted 3a. Date CMS processed the HCRIS file into the HCRIS database: 3/10/2023

	Data	Correct?	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	
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Private	Yes	

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

	State Name	Provider No.
9. State Name & Number	FL	0102041
10. State Name & Number		
11. State Name & Number		
12. State Name & Number		
13. State Name & Number		
14. State Name & Number		
15. State Name & Number		
(list additional states on a sensure attackment)		

(List additional states on a separate attachment)

## E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2021 - 09/30/2022)

1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1)	\$ -		
2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)	\$ -		
3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)	\$ -		
4. Total Section 1011 Payments Related to Hospital Services (See Note 1)	\$-		
5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)	\$ -		
6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)	\$ -		
7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)	\$-		
8. Out-of-State DSH Payments (See Note 2)	\$-		
	Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	\$ 80,782	\$ 651,669	\$732,451
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$ 1,390,920	\$ 6,631,245	\$8,022,165
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments)	\$1,471,702	\$7,282,914	\$8,754,616
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	5.49%	8.95%	8.37%

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

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

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

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

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

No

\$.

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

F. MIUR / LIUR Qualifying Data from the Cost Report (10/01/2	2021 - 09/30/2022)						
F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Rati	o (MIUR)						
1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3		16 17 18 00 18 03 30 31 14	acc lines 5 & 6)	47,746	(See Note in Section F	-3 below)	
1. Total Hospital Days Fel Cost Neport Excluding Swing-Ded (C/K, W/S 3-3	, Ft. 1, Col. 8, Sull of Elis. 14,	10, 17, 18.00-18.03, 30, 3116	ss lines 5 & 0)	47,740	(See Note in Section P	-5, below)	
F-2. Cash Subsidies for Patient Services Received from State or Lo	and Covernments and Ch	with Caro Charges (llast	in Low Income Litilization	Defie (LULD) Colouistics)			
2. Inpatient Hospital Subsidies	ocal Governments and Cha	anty care charges (used	in Low-income offization	Ratio (LIOR) Galculation):			
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				16.896.291			
8. Outpatient Hospital Charity Care Charges				31,842,816			
9. Non-Hospital Charity Care Charges				01,012,010			
10. Total Charity Care Charges				\$ 48,739,107			
F-3. Calculation of Net Hospital Revenue from Patient Services (U	sed for LIUR) <u>(W/S G-2 and</u>	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				Contractual Adjustmen	nts (formulas below can be	e overwritten if amounts	
report data. If the hospital has a more recent version of the cost report,	Tota	Patient Revenues (Charge	es)	oona aotaan rajaotinor	are known)		
the data should be updated to the hospital's version of the cost report.		, j					
Formulas can be overwritten as needed with actual data.							
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital	\$78,320,163.00			\$ 53,121,983	\$-	\$-	\$ 25,198,180
12. Subprovider I (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00			\$-	\$ -	\$ -	\$ -
14. Swing Bed - SNF			\$0.00 \$0.00			\$ -	
15. Swing Bed - NF			\$0.00 \$4,154,843.00			\$ - \$ 2,818,093	
16. Skilled Nursing Facility 17. Nursing Facility			\$4,154,843.00			\$ 2,818,093	
18. Other Long-Term Care			\$0.00			- د	
19. Ancillary Services	\$251,126,909.00	\$499,617,659.00	φ0.00	\$ 170,331,098	\$ 338,874,176	γ - \$ -	\$ 241.539.294
20. Outpatient Services	¢201,120,000.00	\$51,397,402.00		• 110,001,000	\$ 34,861,162	φ - \$ -	\$ 16,536,240
21. Home Health Agency		401,001,102.00	\$0.00		÷ 01,001,102	\$-	÷ .0,000,240
22. Ambulance			\$ -			\$ -	

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	\$	329,447,072	\$	551,015,061	\$	4,154,843	\$ 223,453,081	\$	373,735,338	\$	2,818,093	\$
28. Total Hospital and Non Hospital				Total from Above	\$	884,616,976		Tot	al from Above	\$	600,006,512	
				(0.0.1	_	004040070						
29. Total Per Cost Report				enues (G-3 Line 1)		884,616,976	Total Cont	ractua	al Adj. (G-3 Line 2)		600,006,512	
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on work	.sheet G-3,	Line 2 (impact is	a decr	ease in net patient								
revenue)										F		
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUI	DED on wo	orksheet G-3, Line	2 (im	pact is a decrease								
in net patient revenue)												
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Rever			ot G_3	Line 2 (impact is						· —		
a decrease in net patient revenue)			el G=3	, Line 2 (impact is								
a decrease in het patient revenue)									-	F		

Unreconciled Difference (Should be \$0)

- 33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
- 34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)
- 35. Adjusted Contractual Adjustments
- 36. Unreconciled Difference

\$

283,273,714

600,006,512

\$

Unreconciled Difference (Should be \$0)

# G. Cost Report - Cost / Days / Charges

	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 cor hosp data st	DTE: All data in this section must be verified by the pital. If data is already present in this section, it was impleted using CMS HCRIS cost report data. If the pital has a more recent version of the cost report, the should be updated to the hospital's version of the cost t. Formulas can be overwritten as needed with actual data.	Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem
	Routine Cost Centers (list below):									
1	03000 ADULTS & PEDIATRICS	\$ 42,928,017		1	\$0.00	\$ 43,572,690	40,679	\$29,647,151.00		\$ 1,071.13
2	03100 INTENSIVE CARE UNIT	\$ 14,907,294				\$ 14,907,294	4,127	\$16,165,174.00		\$ 3,612.14
3		<b>T</b>	\$ -			\$-	-	\$0.00		\$ -
4		Ŧ	\$ -			\$ -	-	\$0.00		\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	<u>\$</u> -	\$ -			\$ -	-	\$0.00		\$-
6 7	03500 OTHER SPECIAL CARE UNIT	\$ -	\$ - \$ -			\$ -	-	\$0.00		\$ -
•		φ 0,024,012	Ψ	+ .,		\$ 3,332,357	2,798	\$10,974,189.00		\$ 1,190.98
8 9		\$ 3,849,321				\$ 3,849,321	2,547	\$3,107,235.00		\$ 1,511.32 \$ -
9 10		<u>-</u> \$ 666,058	\$- \$-			\$ - \$ 666,058	- 1,152	\$0.00 \$924,754.00		Ŷ
10				<del>\$ -</del> \$ -		\$ 666,058 \$ -	1,152	\$924,754.00		\$578.18 \$-
12		\$- \$-					-	\$0.00		\$- \$-
12		⇒ - \$ -	ъ - \$ -				-	\$0.00		\$ - \$ -
13 14		<u>⊅</u> - \$-		<del>5 -</del> \$ -			-	\$0.00		\$ - \$ -
14		<del>ş -</del> \$ -	• - \$ -				-	\$0.00		\$ -
16			• - \$ -			<del>-</del> -	-	\$0.00		\$ -
17			\$			\$ -	-	\$0.00		\$ -
18	Total Routine			1	\$ -	\$ 66.327.720	51.303	\$ 60.818.503		Ψ
		φ 05,075,002	φ 040,393	φ 11,403	φ -	φ 00,327,720	51,505	φ 00,010,000	1	\$ 1,292.86
19	Weighted Average								I	\$ 1,292.86
			Hospital Observation Days - Cost Report W/S S-	Subprovider I Observation Days -	Subprovider II Observation Days -	Calculated (Per	Inpatient Charges - Cost Report	Outpatient Charges - Cost Report	Total Charges - Cost Report	Medicaid Calculated
	Observation Data (Non-Distinct)		3, Pt. I, Line 28, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Diems Above Multiplied by Days)	Worksheet C, Pt. I, Col. 6	Worksheet C, Pt. I, Col. 7	Worksheet C, Pt. I, Col. 8	Cost-to-Charge Ratio
20	Observation Data (Non-Distinct)		3, Pt. I, Line 28, Col. 8	3, Pt. I, Line 28.01,	3, Pt. I, Line 28.02,	Multiplied by Days)	Col. 6	Col. 7	Col. 8	Cost-to-Charge Ratio
20	Observation Data (Non-Distinct) 09200 Observation (Non-Distinct)		3, Pt. I, Line 28,	3, Pt. I, Line 28.01,	3, Pt. I, Line 28.02,					
20	· · · · · · · · · · · · · · · · · · ·		3, Pt. I, Line 28, Col. 8	3, Pt. I, Line 28.01,	3, Pt. I, Line 28.02,	Multiplied by Days)	Col. 6	Col. 7	Col. 8	Cost-to-Charge Ratio
20	· · · · · · · · · · · · · · · · · · ·	Cost Report Worksheet B, Part I, Col. 26	3, Pt. I, Line 28, Col. 8	3, Pt. I, Line 28.01,	3, Pt. I, Line 28.02,	Multiplied by Days)	Col. 6	Col. 7	Col. 8	Cost-to-Charge Ratio
20	· · · · · · · · · · · · · · · · · · ·	Worksheet B, Part I, Col. 26	3, Pt. I, Line 28, Col. 8 3,557 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col.2 and	3, Pt. I, Line 28.02,	Multiplied by Days) \$ 3,810,009	Col. 6 \$2,356,639.00 Inpatient Charges - Cost Report Worksheet C, Pt. I,	Col. 7 \$5,873,480.00 Outpatient Charges - Cost Report Worksheet C, Pt. I,	Col. 8 \$ 8,230,119 Total Charges - Cost Report Worksheet C, Pt. I,	Cost-to-Charge Ratio 0.462935 Medicaid Calculated
21	09200 Observation (Non-Distinct) Ancillary Cost Centers (from W/S C excluding Obser	Worksheet B, Part I, Col. 26 vation) (list below): \$22,740,163.00	3, Pt. I, Line 28, Col. 8 3,557 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col.2 and Col. 4 \$ 7,603	3, Pt. I, Line 28.02,	Multiplied by Days) \$ 3,810,009 <i>Calculated</i> \$ 22,747,766	Col. 6 \$2,356,639.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$34,208,504.00	Col. 7 \$5,873,480.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$68,859,490.00	Col. 8 \$ 8,230,119 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 103,067,994	Cost-to-Charge Ratio 0.462935 Medicaid Calculated Cost-to-Charge Ratio 0.220706
21 22	09200 Observation (Non-Distinct) Ancillary Cost Centers (from W/S C excluding Obser 5000 OPERATING ROOM 5100 RECOVERY ROOM	Worksheet B, Part I, Col. 26 vation) (list below): \$22,740,163.00 \$4,735,946.00	3, Pt. I, Line 28, Col. 8 3,557 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col.2 and Col. 4 \$ 7,603 \$ -	3, Pt. I, Line 28.02,	Multiplied by Days) \$ 3,810,009 Calculated \$ 22,747,766 \$ 4,735,946	Col. 6 \$2,356,639.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$34,208,504.00 \$2,433,612.00	Col. 7 \$5,873,480.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$68,859,490.00 \$7,719,153.00	Col. 8 \$ 8,230,119 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 103,067,994 \$ 10,152,765	Cost-to-Charge Ratio 0.462935 Medicaid Calculated Cost-to-Charge Ratio 0.220706 0.466469
21 22 23	09200 Observation (Non-Distinct) Ancillary Cost Centers (from W/S C excluding Obser 5000 OPERATING ROOM 5100 (RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM	Worksheet B, Part I, Col. 26 vation) (list below): \$22,740,163.00 \$4,735,946.00 \$4,612,345.00	3, Pt. I, Line 28, Col. 8 3,557 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY \$ - \$ - \$ - \$ -	3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col. 2 and Col. 4 \$ 7,603 \$ - \$ -	3, Pt. I, Line 28.02,	Multiplied by Days) \$ 3,810,009 Calculated \$ 22,747,766 \$ 4,735,946 \$ 4,612,345	Col. 6 \$2,356,639.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$34,208,504.00 \$2,433,612.00 \$1,444,718.00	Col. 7 \$5,873,480.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$68,859,490.00 \$7,719,153.00 \$993,236.00	Col. 8 \$ 8,230,119 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 103,067,994 \$ 10,152,765 \$ 2,437,954	Cost-to-Charge Ratio 0.462935 Medicaid Calculated Cost-to-Charge Ratio 0.220706 0.466469 1.891892
21 22 23 24	09200 Observation (Non-Distinct) Ancillary Cost Centers (from W/S C excluding Obser 5000 OPERATING ROOM 5100 RECOVERY ROOM 5200 DECUVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY	Worksheet B, Part I, Col. 26 vation) (list below): \$22,740,163.00 \$4,735,946.00 \$4,612,345.00 \$839,580.00	3, Pt. I, Line 28, Col. 8 3,557 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY \$ \$ - \$ - \$ - \$ -	3, Pt. I, Line 28.01, Col. 8 	3, Pt. I, Line 28.02,	Multiplied by Days) \$ 3,810,009 Calculated \$ 22,747,766 \$ 4,735,946 \$ 4,612,345 \$ 847,973	Col. 6 \$2,356,639.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$34,208,504.00 \$2,433,612.00 \$1,444,718.00 \$2,174,461.00	Col. 7 \$5,873,480.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$68,859,490.00 \$7,719,153.00 \$993,236.00 \$4,460,620.00	Col. 8 \$ 8,230,119 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 103,067,994 \$ 10,152,765 \$ 2,437,954 \$ 6,635,081	Cost-to-Charge Ratio 0.462935 Medicaid Calculated Cost-to-Charge Ratio 0.220706 0.466469 1.891892 0.127801
21 22 23 24 25	09200 Observation (Non-Distinct) Ancillary Cost Centers (from W/S C excluding Obser 5000 OPERATING ROOM 5100 RECOVERY ROOM 5100 RECOVERY ROOM 5200 DELIVERY ROOM 5200 DELIVERY ROOM 5200 DANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC	Worksheet B, Part I, Col. 26 vation) (list below): \$22,740,163.00 \$4,735,946.00 \$4,612,345.00	3, Pt. I, Line 28, Col. 8 3,557 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY \$ \$ - \$ - \$ - \$ -	3, Pt. I, Line 28.01, Col. 8 - Cost Report Worksheet C, Part I, Col. 2 and Col. 4 \$ 7,603 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	3, Pt. I, Line 28.02,	Multiplied by Days) \$ 3,810,009 Calculated \$ 22,747,766 \$ 4,735,946 \$ 4,612,345 \$ 847,973 \$ 5,858,928	Col. 6 \$2,356,639.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$34,208,504.00 \$2,433,612.00 \$1,444,718.00 \$2,174,461.00 \$6,628,607.00	Col. 7 \$5,873,480.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$68,859,490.00 \$7,719,153.00 \$993,236.00 \$4,460,620.00 \$21,879,516.00	Col. 8 \$ 8,230,119 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 103,067,994 \$ 10,152,765 \$ 2,437,954 \$ 6,635,081 \$ 28,508,123	Cost-to-Charge Ratio 0.462935 Medicaid Calculated Cost-to-Charge Ratio 0.220706 0.466469 1.891892 0.127801 0.205518
21 22 23 24 25 26	Operation         (Non-Distinct)           Ancillary Cost Centers (from W/S C excluding Obser           5000         OPERATING ROOM           5100         RECOVERY ROOM           5200         DELIVERY ROOM & LABOR ROOM           5300         ANESTHESIOLOGY           5400         RADIOLOGY-DIAGNOSTIC           5500         RADIOLOGY-THERAPEUTIC	Worksheet B, Part I, Col. 26 vation) (list below): \$22,740,163.00 \$4,735,946.00 \$4,612,345.00 \$839,580.00 \$5,849,802.00 \$4,512,815.00	3, Pt. I, Line 28, Col. 8 3,557 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY \$ - \$ - \$ - \$ - \$ - \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ - \$	3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col.2 and Col. 4 \$7,603 \$ - \$ 8,393 \$ - \$ 9,806	3, Pt. I, Line 28.02,	Multiplied by Days) \$ 3,810,009 Calculated \$ 22,747,766 \$ 4,735,946 \$ 4,612,345 \$ 4,612,345 \$ 4,612,345 \$ 847,973 \$ 5,858,928 \$ 4,522,621	Col. 6 \$2,356,639.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$34,208,504.00 \$2,433,612.00 \$1,444,718.00 \$2,174,461.00 \$6,628,607.00 \$1,282,146.00	Col. 7 \$5,873,480.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$68,859,490.00 \$7,719,153.00 \$993,236.00 \$4,460,620.00 \$21,879,516.00 \$23,394,698.00	Col. 8 \$ 8,230,119 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 103,067,994 \$ 10,152,765 \$ 2,437,954 \$ 6,635,081 \$ 28,508,123 \$ 24,676,844	Cost-to-Charge Ratio 0.462935 Medicaid Calculated Cost-to-Charge Ratio 0.220706 0.466469 1.891892 0.127801 0.205518 0.183274
21 22 23 24 25 26 27	Ancillary Cost Centers (from W/S C excluding Obser           5000         OPERATING ROOM           5100         RECOVERY ROOM           5200         DELIVERY ROOM & LABOR ROOM           5300         ANESTHESIOLOGY           5400         RADIOLOGY-DIAGNOSTIC           5500         RADIOLOGY-THERAPEUTIC           5600         RADIOLOSTOPE	Worksheet B, Part I, Col. 26 vation) (list below): \$22,740,163.00 \$4,735,946.00 \$4,612,345.00 \$839,580.00 \$5,849,802.00 \$4,512,815.00 \$1,328,769.00	3, Pt. I, Line 28, Col. 8 3,557 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY \$ 	3, Pt. I, Line 28.01, Col. 8 Cost Report Worksheet C, Part I, Col. 2 and Col. 4 \$7,603 \$ - \$ - \$ 8,393 \$ - \$ - \$ 8,393 \$ - \$ - \$ 8,393 \$ - \$ - \$ 8,393 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	3, Pt. I, Line 28.02,	Multiplied by Days) \$ 3,810,009 Calculated \$ 22,747,766 \$ 4,735,946 \$ 4,612,345 \$ 1,622,621 \$ 1,328,769	Col. 6 \$2,356,639.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$34,208,504.00 \$2,433,612.00 \$1,444,718.00 \$2,174,461.00 \$6,628,607.00 \$1,262,146.00 \$1,059,616.00	Col. 7 \$5,873,480.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$68,859,490.00 \$7,719,153.00 \$993,236.00 \$4,460,620.00 \$21,879,516.00 \$23,394,698.00 \$11,043,817.00	Col. 8 \$ 8,230,119 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 103,067,994 \$ 10,152,765 \$ 2,437,954 \$ 6,635,081 \$ 28,508,123 \$ 24,676,844 \$ 12,103,433	Cost-to-Charge Ratio 0.462935 Medicaid Calculated Cost-to-Charge Ratio 0.220706 0.466469 1.891892 0.127801 0.20518 0.183274 0.109784
21 22 23 24 25 26	Operation         (Non-Distinct)           Ancillary Cost Centers (from W/S C excluding Obser           5000         OPERATING ROOM           5100         RECOVERY ROOM           5200         DELIVERY ROOM & LABOR ROOM           5300         ANESTHESIOLOGY           5400         RADIOLOGY-DIAGNOSTIC           5500         RADIOLOGY-THERAPEUTIC	Worksheet B, Part I, Col. 26 vation) (list below): \$22,740,163.00 \$4,735,946.00 \$4,612,345.00 \$839,580.00 \$5,849,802.00 \$4,512,815.00	3, Pt. I, Line 28, Col. 8 3,557 Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3, Pt. I, Line 28.01, Col. 8 - Vorksheet C, Part I, Col. 2 and Col. 4 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3, Pt. I, Line 28.02,	Multiplied by Days) \$ 3,810,009 Calculated \$ 22,747,766 \$ 4,735,946 \$ 4,612,345 \$ 4,612,345 \$ 4,612,345 \$ 847,973 \$ 5,858,928 \$ 4,522,621	Col. 6 \$2,356,639.00 Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$34,208,504.00 \$2,433,612.00 \$1,444,718.00 \$2,174,461.00 \$6,628,607.00 \$1,282,146.00	Col. 7 \$5,873,480.00 Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$68,859,490.00 \$7,719,153.00 \$993,236.00 \$4,460,620.00 \$21,879,516.00 \$23,394,698.00	Col. 8 \$ 8,230,119 Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 103,067,994 \$ 10,152,765 \$ 2,437,954 \$ 6,635,081 \$ 28,508,123 \$ 24,676,844	Cost-to-Charge Ratio 0.462935 Medicaid Calculated Cost-to-Charge Ratio 0.220706 0.466469 1.891892 0.127801 0.205518 0.183274

# G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2021-09/30/2022) John D. Archbold Memorial Hospital

	I/P Routine I/P Days and I/P Charges and O/P Medicaid Per Di	I/P Days and I/P			RCE and Therapy Add-Back (If	Intern & Resident Costs Removed	Total Allowable	ine
10001       AddpArtAre       52       3       -       5			Total Cost			on Cost Report *	Cost	# Cost Center Description
1300       1300       1300       1       1       1         1300       1300       1300       1	4,012,205 \$8,250,794.00 \$13,475,122.00 \$ 21,725,916 0.184	\$8,250,794.00	4,012,205	-	\$-	\$-	\$4,012,205.00	5900 CARDIAC CATHETERIZATION
BADD NTRAURADUS THERAPY       \$1.40.2000 0       \$	12,126,767 \$47,845,788.00 \$54,320,748.00 \$ 102,166,536 0.118	\$47,845,788.00	12,126,767	-	\$-	\$-	\$12,126,767.00	6000 LABORATORY
B600         RESUMPTION Y THERAPY         S3500.550         9         12.233.00         5         1.0500.527           C000         LETTON CONCEPTION ORDERY         1000.200         1         5.000.200         1.0500.0				-				
0500 PMSCALTHERAPY         5.777.822         5.337.822         5.337.820         5.345.4200         5.476.727								
BADD         ELCTROCARDICLORY         3147780         \$1504.24800         \$4885.06           DOD         ELCTROCARDICLORY         3053800         \$-100         \$000         \$100.200         \$								
TOOL         ECCTOCKCCPHALORMAPHY         \$109.398.00         \$ 541.09         \$ 387.7700         \$ 38								
TOO INFIGE AL SUPPLIES CHARGED TO PATIENTS         S22.713500         S22.713501         S22.773400         S22								
2000 MPL, DEV, CHARGED TO PATENTS         \$13.03197400         \$ <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
2000         DRUGS CMARGED TO PATIENTS         #3.320/3710         3         -								
7400 FUNAL DIALYSIS       52 000 (\$ 2771 982 (\$ 2715 920 (\$ 25715 920								
7800 CAMPUC OGY         84.984.182.00         8         11.220         5         5         12.896.13.00         128.775.970         5         41.983.980           7600 OFCOCOSY         81.27.490.00         \$		1 11-1 1-1 1-1 1-1			- T			
7601         000CUOGY         5017.449.00         \$         \$         4.3335           7001         000CUOGY         \$107.240.00         \$<								
7000 DPSYCHATRIC         977,284 0         9 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
17000         AMPOINT MATION         9853.8250         \$ </td <td></td> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td>1.1 1 1.1</td> <td></td>		1.					1.1 1 1.1	
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# G. Cost Report - Cost / Days / Charges

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

John D. Archbold Memorial Hospital

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident F Costs Removed on Cost Report *	CE and Therapy Add-Back (If Applicable	Total Cost	I/P Days and I/P	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem
		\$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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		\$0.00 \$0.00			\$ - \$ -	\$0.00 \$0.00		\$ - \$ -	-
	<b>T</b> ( ) A (0)								-
	Total Ancillary	\$ 179,721,033	\$ 171,556 \$	1,662,022	\$ 181,554,611	\$ 267,742,290	\$ 524,254,369	\$ 791,996,659	
	Weighted Average								0.23404
	Sub Totals	\$ 245,396,695	\$ 812,151 \$	1,673,485	\$ 247,882,331	\$ 328,560,793	\$ 524,254,369	\$ 852,815,162	
	SNF, and Swing Bed Cost for Medicaid (sheet D, Part V, Title 19, Column 5-7, L	(Sum of applicable Cost R				,,	, . ,		
	SNF, and Swing Bed Cost for Medicare (sheet D, Part V, Title 18, Column 5-7, L		eport Worksheet D-3, 7	Title 18, Column 3, Line 200 a	nd \$32,747.00				
NF, S	SNF, and Swing Bed Cost for Other Pay	yers (Hospital must calcula	te. Submit support for a	alculation of cost.)					
	r Cost Adjustments (support must be su			,					
0.10	Grand Total				\$ 247,849,584				

\* 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:

		Medicaid Per	Medicaid Cost to	In-State Medic	aid FFS Primary	In-State Medicaid N	lanaged Care Primary	In-State Medicare F Medicaid S	FS Cross-Overs (with Secondary)	In-State Other Mee Included E	dicaid Eligibles (Not Elsewhere)	Unin	nsured	Total In-St	ate Medicaid	% Survey
Line #	Cost Center Description	Diem Cost for Routine Cost Centers	Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	to Cos Report Totals
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
	st Centers (from Section G):	\$ 1,071.13		Days 6,942		Days 1,301		Days 6.286		Days 1,780		Days 2,058		Days 16,309		49.66
03100 INT 03200 CO	TENSIVE CARE UNIT DRONARY CARE UNIT	\$ 3,612.14 \$ - \$ -		728		166		1,638		286		681		2,818		85.5
03400 SU 03500 OT	JRGICAL INTENSIVE CARE UNIT THER SPECIAL CARE UNIT	\$ - \$ -												-		-
04100 SU	JBPROVIDER I JBPROVIDER II THER SUBPROVIDER	\$ 1,190.98 \$ 1,511.32 \$ -														0.0 0.0
4300 NU	JRSERY	\$ 578.18 \$ -		85		660				7		48		752		69.6
		\$ - \$ - \$ -														
		\$ - \$ -												-		
		\$-	Total Days	7,755		2,127		7,924		2,073		2,787		- 19,879		44.38
lotal Days p	per PS&R or Exhibit Detail Unreconciled Days (Exp	plain Variance)		7,755		2,127		7,924		2,073		2,787				
	outine Charges	]		Routine Charges \$ 10,399,833		Routine Charges \$ 2,173,846		Routine Charges \$ 9,864,351		Routine Charges \$ 2,600,943		Routine Charges \$ 3,509,954		Routine Charges \$ 25,038,973		47.1
	alculated Routine Charge Per Diem ost Centers (from W/S C) (from Section G	3):		\$ 1,341.05 Ancillary Charges	Ancillary Charges	\$ 1,022.02 Ancillary Charges	Ancillary Charges	\$ 1,244.87 Ancillary Charges	Ancillary Charges	\$ 1,254.68 Ancillary Charges	Ancillary Charges	\$ 1,259.40 Ancillary Charges	Ancillary Charges	\$ 1,259.57 Ancillary Charges	Ancillary Charges	
09200 Ob	bservation (Non-Distinct) PERATING ROOM		0.462935 0.220706	234,382	420,564 2,430,843	221,715 2,141,198	646,822 3,839,683	1,092,435 5,569,569	1,279,353 8,884,101	244,957 889,306	782,624	46,061 1,955,736	97,640 3,043,878	\$ 1,793,489 \$ 10,873,207	\$ 3,129,363 \$ 17,934,982	62.15
5100 RE	ECOVERY ROOM						3,039,003	5,509,509								
			0.466469	164,831	347,142	145,155	589,282	387,721	853,637	63,923	253,927	143,889	326,148	\$ 761,630	\$ 2,043,988	
5300 AN	ELIVERY ROOM & LABOR ROOM		1.891892	75,217	55,689	808,252	520,535	585	7,500	16,052	5,000	21,558	49,689	\$ 900,106	\$ 588,724	64.0
5400 RA	NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC		1.891892 0.127801 0.205518	75,217 138,535 548,032	55,689 180,197 958,123	808,252 110,777 207,984	520,535 269,490 1,554,377	585 331,680 1,302,689	7,500 427,814 2,444,208	16,052 56,521 251,803	5,000 168,918 927,330	21,558 119,687 361,647	49,689 214,783 1,738,631	\$ 900,106 \$ 637,513 \$ 2,310,508	\$ 588,724 \$ 1,046,419 \$ 5,884,038	64.0 30.4 36.3
5400 RA 5500 RA	NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC		1.891892 0.127801 0.205518 0.183274	75,217 138,535 548,032 311,612	55,689 180,197 958,123 1,493,256	808,252 110,777 207,984 15,304	520,535 269,490 1,554,377 419,381	585 331,680 1,302,689 50,330	7,500 427,814 2,444,208 3,047,742	16,052 56,521 251,803 168,119	5,000 168,918 927,330 1,099,462	21,558 119,687 361,647 14,265	49,689 214,783 1,738,631 868,194	\$ 900,106 \$ 637,513 \$ 2,310,508 \$ 545,365	\$ 588,724 \$ 1,046,419 \$ 5,884,038 \$ 6,059,841	64.0 30.4 36.3 30.3
5400 RA 5500 RA	NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE		1.891892 0.127801 0.205518	75,217 138,535 548,032	55,689 180,197 958,123 1,493,256 310,733 1,777,303	808,252 110,777 207,984	520,535 269,490 1,554,377 419,381 186,673 2,210,453	585 331,680 1,302,689	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324	16,052 56,521 251,803	5,000 168,918 927,330	21,558 119,687 361,647	49,689 214,783 1,738,631	\$ 900,106 \$ 637,513 \$ 2,310,508	\$ 588,724 \$ 1,046,419 \$ 5,884,038	64.0 30.4 36.3 30.3 26.4
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR	VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI		1.891892 0.127801 0.205518 0.183274 0.109784 0.029326 0.062763	75,217 138,535 548,032 311,612 85,533	55,689 180,197 958,123 1,493,256 310,733	808,252 110,777 207,984 15,304 12,332 394,410 96,042	520,535 269,490 1,554,377 419,381 186,673 2,210,453 821,584	585 331,680 1,302,689 50,330 258,150 3,370,810 544,919	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,631,314	16,052 56,521 251,803 168,119 24,744 632,268 131,822	5,000 168,918 927,330 1,099,462 200,012 1,260,195 454,163	21,558 119,687 361,647 14,265 64,301 416,932 299,839	49,689 214,783 1,738,631 868,194 410,203 5,509,165 539,096	\$ 900,106 \$ 637,513 \$ 2,310,508 \$ 545,365 \$ 380,759 \$ 5,823,409 \$ 1,016,756	\$ 588,724 \$ 1,046,419 \$ 5,884,038 \$ 6,059,841 \$ 2,349,623 \$ 10,104,275 \$ 3,578,175	64.0 30.4 36.3 30.3 26.4 38.6 32.7
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA	VESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLSOTOPE F SCAN R RDIAC CATHETERIZATION BORATORY		1.891892 0.127801 0.205518 0.183274 0.029326 0.062763 0.184674 0.118696	75,217 138,535 548,032 311,612 85,533 1,425,921 243,973 - -	55,689 180,197 958,123 1,493,256 310,733 1,777,303	808,252 110,777 207,984 15,304 12,332 394,410	520,535 269,490 1,554,377 419,381 186,673 2,210,453 821,584 220,260 5,532,151	585 331,680 1,302,689 50,330 258,150 3,370,810	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324	16,052 56,521 251,803 168,119 24,744 632,268	5,000 168,918 927,330 1,099,462 200,012 1,260,195 454,163 301,096 2,998,666	21,558 119,687 361,647 14,265 64,301 416,932 299,839 719,072 3,005,286	49,689 214,783 1,738,631 868,194 410,203 5,509,165	\$ 900,106 \$ 637,513 \$ 2,310,508 \$ 545,365 \$ 380,759 \$ 5,823,409	\$ 588,724 \$ 1,046,419 \$ 5,884,038 \$ 6,659,841 \$ 2,349,623 \$ 10,104,275 \$ 3,578,175 \$ 16,349,888 \$ 16,349,888	64.0 30.4 36.3 30.3 26.4 38.6 32.7 22.7 41.4
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL0	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC DIOLOGY-THERAPEUTIC ADIOISOTOPE SCAN RI RRDMC CATHETERIZATION BORATORY .000 STORING PROCESSING & TRANS.		1.891892 0.127801 0.205518 0.183274 0.109784 0.029326 0.062763 0.184674 0.118696 0.393639	75,217 138,535 548,032 311,612 85,533 1,425,921 243,973 - 4,853,703 398,695	55.689 180.197 958.123 1,493.256 310,733 1,777.303 671,114 - - 3,106,442 167,691	808,252 110,777 207,984 15,304 12,332 394,410 96,042 95,774 1,962,441 61,868	\$20,535 269,490 1,554,377 419,381 186,673 2,210,453 821,584 220,260 5,532,151 37,263	585 331,680 1,302,689 50,330 258,150 3,370,810 544,919 1,191,343 9,001,648 790,737	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,631,314 1,324,582 4,712,629 302,016	16,052 56,521 251,803 168,119 24,744 632,268 131,822 224,534 1,881,864 153,965	5,000 168,918 927,330 1,099,462 200,012 1,260,195 454,163 301,096 2,998,666 55,028	21,558 119,687 361,647 14,265 64,301 416,932 299,839 719,072 3,005,286 225,322	49,689 214,783 1,738,631 868,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490	\$ 900,106 \$ 637,513 \$ 2,310,508 \$ 545,365 \$ 380,759 \$ 5,823,409 \$ 1,016,756 \$ 1,511,651 \$ 1,405,265 \$ 1,405,265	\$ 588,724 \$ 1,046,419 \$ 5,884,038 \$ 6,059,841 \$ 2,349,623 \$ 10,104,275 \$ 3,576,175 \$ 1,845,938 \$ 16,349,888 \$ 561,998	64.0 30.4 36.3 30.3 26.4 38.6 32.7 22.7 41.4 40.0
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL0 6400 INT 6500 RE	IESTHESIOLOGY ADIOLOGY-DAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE I SCAN RI RAFOLAC CATHETERIZATION RAFOLAC CATHETERIZATION AROLAC CATHETERIZATION COOD STORING PROCESSING & TRANS. TRAVENOUS THERAPY SEPIRATORY THERAPY		1.891892 0.127801 0.205518 0.183274 0.029326 0.062763 0.184674 0.393639 0.393639 0.585604 0.358880	75,217 138,535 548,032 311,612 85,533 1,425,921 243,973 - 4,853,703 398,695 242,180 693,254	55,689 180,197 958,123 1,493,256 310,733 1,777,303 671,114 - - 3,106,442 167,691 1,207,479 87,292	808,252 110,777 207,984 15,304 15,332 394,410 96,042 95,774 1,962,441 61,868 44,162 121,319	\$20,535 269,490 1,554,377 419,381 186,673 2,210,453 821,584 220,260 5,532,151 37,263 11,018 127,262	585 331,680 1,302,689 50,330 258,150 3,370,810 544,919 1,191,343 9,001,648 790,737 425,399 2,068,717	7,500 427,814 2,444,208 3,047,742 1,652,205 4,855,324 1,324,582 4,712,629 302,016 70,879 203,230	16,052 56,521 251,803 168,119 24,744 632,268 131,822 224,534 1,881,864 153,965 83,544 388,939	5,000 168,918 927,330 1,099,462 200,012 1,260,195 454,163 3,01,096 2,998,666 55,028 46,423 66,547	21,558 119,687 361,647 44,265 64,301 446,932 299,839 719,072 3,005,286 235,322 119,217 394,121	49,689 214,783 1,738,631 868,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,762 225,166	\$ 900.106 \$ 637.513 \$ 2.310.508 \$ 545.365 \$ 380.759 \$ 5.823.409 \$ 1.016.756 \$ 1.511.651 \$ 17.699.656 \$ 1.405.265 \$ 795.285 \$ 3.272.229	\$ 568,724 \$ 1,046,419 \$ 5,884,038 \$ 6,059,841 \$ 2,349,623 \$ 10,104,275 \$ 3,578,175 \$ 1,845,938 \$ 16,349,888 \$ 561,998 \$ 1,335,799 \$ 484,331	64.0 30.4 36.3 30.3 26.4 38.6 32.7 22.7 41.4 40.0 89.4 41.4
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL0 6400 INT 6500 RE 6600 PH	IESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI RI ARDIAC CATHETERIZATION BIORATORY JOOD STORING PROCESSING & TRANS. TRAVENUGS THERAPY YISICAL THERAPY		1.891992 0.127801 0.205518 0.183274 0.09784 0.029326 0.029326 0.029326 0.184674 0.118696 0.339339 0.585604 0.356880 0.579497	75,217 138,535 548,032 81,1612 85,533 1,425,921 - 4,853,703 398,695 242,180 693,254 360,148	55.689 180.197 958,123 1,493.256 310.733 1,777.303 671.114 	808,252 110,777 207,984 15,304 12,332 394,410 96,042 95,774 1,962,441 61,868 44,162 121,319 32,262	520,535 269,490 1,554,377 419,381 186,673 2,210,453 821,584 220,260 5,532,151 37,263 11,018 127,262 191,392	585 331,680 1,302,689 50,330 258,150 3,370,810 544,919 1,191,343 9,001,648 790,737 425,399 2,068,717 758,021	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,133,1314 1,324,582 302,016 70,879 203,230 367,888	16,052 56,521 251,803 168,119 24,744 632,268 131,822 224,534 153,965 83,544 386,939 313,249	5.000 168.918 927,330 1,099,462 200,012 1,260,195 454,163 301,096 2,998,666 55,028 46,423 66,547 162,301	21,558 119,687 361,647 14,265 64,301 416,932 299,839 719,072 3,005,286 235,322 119,217 394,121 238,963	49,689 214,783 1,736,631 868,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,762 225,166 140,379	\$ 900.106 \$ 637.513 \$ 2.310.508 \$ 545.365 \$ 380.759 \$ 5.823.409 \$ 1.016.756 \$ 1.511.651 \$ 17.699.656 \$ 1.405.265 \$ 795.285 \$ 3.272.229 \$ 1.463.680	\$ 568,724 \$ 1,046,419 \$ 5,884,038 \$ 6,059,841 \$ 2,349,623 \$ 10,104,275 \$ 3,578,175 \$ 1,845,938 \$ 16,349,888 \$ 561,998 \$ 1,335,799 \$ 484,331 \$ 226,837	64.0 30.4 36.3 30.3 26.4 38.6 32.7 22.7 41.4 40.0 89.4 41.4 26.7
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL 6400 INT 6500 RE 6600 PH	IESTHESIOLOGY ADIOLOGY-DAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE I SCAN RI RAFOLAC CATHETERIZATION RAFOLAC CATHETERIZATION AROLAC CATHETERIZATION COOD STORING PROCESSING & TRANS. TRAVENOUS THERAPY SEPIRATORY THERAPY		1.891892 0.127801 0.205518 0.183274 0.029326 0.062763 0.184674 0.393639 0.393639 0.585604 0.358880	75,217 138,535 548,032 311,612 85,533 1,425,921 243,973 - 4,853,703 398,695 242,180 693,254	55,689 180,197 958,123 1,493,256 310,733 1,777,303 671,114 - - 3,106,442 167,691 1,207,479 87,292	808,252 110,777 207,984 15,304 15,332 394,410 96,042 95,774 1,962,441 61,868 44,162 121,319	\$20,535 269,490 1,554,377 419,381 186,673 2,210,453 821,584 220,260 5,532,151 37,263 11,018 127,262	585 331,680 1,302,689 50,330 258,150 3,370,810 544,919 1,191,343 9,001,648 790,737 425,399 2,068,717	7,500 427,814 2,444,208 3,047,742 1,652,205 4,855,324 1,324,582 4,712,629 302,016 70,879 203,230	16,052 56,521 251,803 168,119 24,744 632,268 131,822 224,534 1,881,864 153,965 83,544 388,939	5,000 168,918 927,330 1,099,462 200,012 1,260,195 454,163 3,01,096 2,998,666 55,028 46,423 66,547	21,558 119,687 361,647 44,265 64,301 446,932 299,839 719,072 3,005,286 235,322 119,217 394,121	49,689 214,783 1,738,631 868,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,762 225,166	\$ 900.106 \$ 637.513 \$ 2.310.508 \$ 545.365 \$ 380.759 \$ 5.823.409 \$ 1.016.756 \$ 1.511.651 \$ 17.699.656 \$ 1.405.265 \$ 795.285 \$ 3.272.229	\$ 568,724 \$ 1,046,419 \$ 5,884,038 \$ 6,059,841 \$ 2,349,623 \$ 10,104,275 \$ 3,578,175 \$ 1,845,938 \$ 16,349,888 \$ 561,998 \$ 1,335,799 \$ 484,331	64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL0 6400 INT 6500 RE 6600 PH 6900 EL 7000 EL 7100 ME	IESTHESIOLOGY ADIOLOGY-DAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE FSCAN RI ARCALCATHETERIZATION ARCALCATHETERIZATION ARCALCATHETERIZATION ARCALCATHETERIZATION ACOLOS STORING PROCESSING & TRANS. TRAVENOUS THERAPY SIGAL THERAPY LECTROCARDIOLOGY ECTROCENCEPHALOGRAPHY EDICAL SUPPLES CHARGED TO PATIENT		1.891992 0.127801 0.205518 0.109784 0.109784 0.109784 0.118696 0.393369 0.585604 0.358860 0.579497 0.034306 0.272663 0.374399	75217 138535 548.032 85533 1.425,921 243,973 - - - 4.853,703 398,695 242,180 693,254 360,148 128,375 9,942 1,868,031	56.689 180.197 958,123 310,733 1,777,303 677,114 	808.252 110,777 207.984 15.304 12.332 394.410 96,042 95,774 1.962.441 61.868 44,152 121.319 32.262 37.950 1,306 1.378.578	520,535 269,490 1,554,377 4,19,381 166,673 2,210,453 821,584 220,260 5,532,151 37,263 11,018 127,262 191,392 155,237 322,908 1,526,508	585 331,680 1,302,689 50,330 258,150 544,919 1,191,343 9,001,648 790,737 425,399 2,068,717 758,021 3,27,861 2,9,118 4,938,278	7,500 427,814 2,444,208 1,652,205 4,856,324 4,712,629 302,016 70,879 203,230 357,888 368,716 363,816 4,316,314	16,052 56,521 251,803 168,119 24,744 632,268 131,822 224,534 18,864 153,965 83,544 388,939 313,249 71,984 7,1984 5,224 9008,807	5.000 168,918 927,330 1,099,462 200,012 1,260,196 4,54,163 301,096 2,998,666 55,028 46,423 66,547 162,301 155,661 85,666 1,230,847	21,558 119,887 361,947 44,265 64,301 416,932 299,839 719,072 3,005,286 235,322 119,217 304,121 239,863 364,066 13,713 1,339,844	49,689 214,783 1,738,631 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,762 225,166 140,379 397,705 67,895 2,013,780	\$ 900,106 \$ 637,513 \$ 2,310,508 \$ 45,365 \$ 380,759 \$ 5,823,409 \$ 1,016,756 \$ 1,511,651 \$ 17,699,656 \$ 1,405,265 \$ 795,285 \$ 3,272,229 \$ 1,463,680 \$ 5,664,70 \$ 44,790 \$ 9,091,694	\$ 588,724 \$ 1.046,419 \$ 5.884,038 \$ 6.059,841 \$ 2,349,623 \$ 10,104,275 \$ .3,578,175 \$ .1,845,938 \$ 16,349,888 \$ 561,998 \$ .684,988 \$ .684,988 \$ .684,988 \$ .684,988 \$ .684,885 \$ .848,854 \$ .848,854 \$ .848,854	64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 31.4 31.4
5400 RA 5500 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL 6400 IN 6500 RE 6600 PH 6900 EL 7000 EL 7100 ME 7200 IM	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY JODO STORING PROCESSING & TRANS. TRAVENUGS THERAPY YISICAL THERAPY HEIRAPY LECTROCARDIOLOGY LECTROCARDIOLOGY		1.8191892 0.127801 0.205518 0.183274 0.029326 0.029326 0.029326 0.029326 0.380639 0.385604 0.385604 0.355604 0.355889 0.05579497	75.217 138.535 548.032 311.612 85.533 1.425.921 243.973 4.853.703 398.696 242.180 693.254 360.148 128.375 9.142	55.689 180.197 955.123 1.493.256 310.733 1.777.303 671,114 3.106,422 1.67,691 1.207,479 87.292 1.16,256 1.77,1913 3.51,708	808,252 110,777 207,984 15,304 12,332 394,410 96,042 95,774 1,962,441 61,868 44,162 121,319 32,262 37,960 1,306	520,535 260,490 1,554,377 419,381 186,673 2,210,453 2,210,453 2,210,453 2,200,260 5,532,151 3,7,263 11,018 127,262 197,392 155,237 3,229,00	585 331.680 1,302,689 50,330 255,150 3,370,810 544,919 1,191,343 9,001,648 790,737 425,399 2,068,717 759,021 327,681 227,811	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 4,712,629 302,016 70,879 203,230 357,888 368,716 363,816	16,052 56,521 251,803 166,119 24,744 632,268 131,822 224,534 1,881,864 153,965 83,544 368,939 313,249 71,984 5,224	5.000 168,918 927,330 1,099,462 200,012 1,260,195 454,163 301,096 2,998,666 55,028 46,423 66,547 162,301 155,861 85,666	21,558 119,687 361,647 14,265 64,301 416,032 209,839 719,072 3,005,266 235,322 119,217 394,121 238,663 36,406 13,713	49,689 214,783 1,738,631 4,68,194 4,10,203 5,509,165 6,590,095 6,590,005 4,920,848 104,490 22,762 225,166 140,379 397,705 67,895	\$ 900,106 \$ 637,513 \$ 2,310,508 \$ 545,365 \$ 380,759 \$ 5,823,409 \$ 1,016,756 \$ 1,511,651 \$ 1,511,651 \$ 1,652,255 \$ 795,285 \$ 3,272,229 \$ 1,463,680 \$ 566,170 \$ 44,790	\$ 568,724 \$ 1.046,419 \$ 5,884,038 \$ 6,059,841 \$ 2,349,623 \$ 10,104,275 \$ 3,578,175 \$ 1,845,938 \$ 16,349,888 \$ 561,988 \$ 561,988 \$ 1,335,799 \$ 484,331 \$ 282,837 \$ 283,837 \$	64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.7 31.4 31.4 31.4 34.7
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6400 INT 6500 RE 6600 PH 6600 PH 6900 ELI 7000 ELI 7100 ME 7200 IM 7200 RE 7400 RE	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY COD STORING PROCESSING & TRANS. TRAVENUGI THERAPY SERIRATORY THERAPY VISICAL THERAPY MISICAL THERAPY ECTROCARDIOLOGY ECTROCARDIOLOGY EDICAL SUPPLIES CHARGED TO PATIENT SUGS CHARGED TO PATIENTS SUGS CHARGED TO PATIENTS SUGS CHARGED TO PATIENTS		1.8191892 0.127801 0.205518 0.183274 0.029326 0.029326 0.029326 0.04674 0.398639 0.585604 0.585604 0.585604 0.595497 0.034306 0.0272663 0.374399 0.306757 0.207549 1.078067	75.217 138.535 548.032 311.612 85.533 243.973 243.973 398.9695 242.180 693.264 360.148 128.375 9.142 1.668.031 762.425 4.679.207 223.950	55.689 180.197 955.123 1.493.256 310.733 1.777.303 671,114 	808,252 110,777 207,984 15,304 12,332 96,042 96,042 95,774 1,962,441 61,868 44,162 121,319 32,262 37,950 1,378,578 185,704 1,364,388	520,535 260,490 1,554,377 419,381 166,673 2,210,453 2,210,453 2,210,453 4,220,260 5,532,151 37,263 11,018 127,262 191,392 155,237 322,908 1,522,506 573,498 3,962,022	585 331,680 1,302,689 50,330 256,150 1,191,343 9,001,645 790,737 425,399 2,068,717 756,021 327,861 29,118 4,936,278 2,329,886 8,950,399	7,500 427,814 2,444,208 3,047,742 1,652,205 4,653,324 1,324,562 4,712,629 302,016 70,879 203,230 357,888 366,716 363,816 4,316,314 3,951,310 17,201,534	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 1681.864 153.865 83.544 368.939 313.249 71.984 5.224 906.807 492.563 1.307.990	5,000 168,918 927,330 1,099,462 200,012 1,260,195 301,096 2,098,866 55,028 46,423 66,547 162,301 155,861 1,230,847 1,422,181 3,240,357 3,240,357	21,558 119,687 361,647 14,265 64,301 416,332 229,839 719,072 3,005,286 235,322 119,217 394,121 239,663 36,406 13,713 4,439,644 802,301 2,865,817	49,689 214,783 1,738,631 4 (10,203 5,509,165 539,096 4,920,848 1,04,490 22,762 225,166 1,40,379 397,705 67,895 2,013,780 9,938,847 3,218,623	\$         900,106           \$         637,513           \$         2,310,508           \$         545,365           \$         360,769           \$         545,365           \$         360,769           \$         582,3409           \$         1016,766           \$         1,405,265           \$         785,285           \$         3,272,229           \$         1,463,680           \$         4,4790           \$         6,091,694           \$         3,770,778           \$         16,301,984           \$         2,32,390	\$         588.724           1.046.419         5.584.038           \$         0.509.841           \$         2.346.823           \$         0.104.275           \$         3.578.175           \$         1.645.938           \$         0.659.841           \$         2.346.823           \$         0.104.275           \$         3.578.175           \$         1.645.938           \$         561.986           \$         4.64.313           \$         825.837           \$         8.57.272           \$         1.24.2088           \$         6.443.032           \$         6.443.032           \$         0.320.967	64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 31.4 31.4 32.9 8.0 8.0
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL 6500 RE 6600 PH 7000 EL 7100 ME 7200 IM 7300 DR 7400 RE 7400 RE	IESTHESIOLOGY ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOLOGY REAL ARDIAC CATHETERIZATION IBORATORY ADD STORING PROCESSING & TRANS. COD STORING PROCESSING & TRANS. DOD STORING PROCESSING & TRANS. TRAVENOUS THERAPY ESTIMATORY THERAPY INSIGAL THERAPY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY ECTROCARDIOLOGY AUGS CHARGED TO PATIENTS		1.8191692           0.127801           0.205518           0.13274           0.109784           0.029326           0.0262763           0.184674           0.339339           0.585604           0.358880           0.272663           0.34306           0.3274399           0.306757           0.207549	75,217 138,535 548,032 311,612 85,533 1,425,921 243,973 398,695 242,180 683,254 380,148 128,375 9,142 1,888,031 762,425 4,679,207	55.689 180.197 955.123 1.493.256 310.733 671,114 	808,252 110,777 207,994 15,304 12,332 96,042 96,042 96,072 96,074 1,962,441 61,868 44,162 121,319 32,262 37,950 1,378,578 185,704	520,535 269,490 1,554,377 419,381 186,673 221,584 220,280 5,532,151 37,263 11,018 127,262 191,392 155,237 322,908 1,522,506 573,498	588 331,680 1,302,689 50,330 258,150 1,191,343 9,001,648 790,737 425,399 2,068,717 756,021 327,861 29,118 4,336,278 2,328,886	7,500 427,814 2,444,208 3,047,742 1,652,205 4,656,324 4,712,629 302,016 70,879 203,230 365,7888 366,716 363,816 363,816 4,316,314 3,951,310	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 1.881.864 153.965 83.544 368.939 313.249 71.984 5.224 908.807 492.563	5,000 168,918 927,330 1,099,462 200,012 1,260,195 454,163 301,096 2,996,666 55,029 46,423 66,547 162,301 155,861 1,230,847 1,422,181	21,558 119,687 361,647 14,265 64,301 416,032 299,839 719,072 3,005,266 235,322 119,217 394,121 238,663 36,406 13,713 1,439,844 602,301	49,689 214,783 1,738,631 4,68,194 4,10,203 5,509,165 5,509,165 6,539,096 4,920,848 104,490 22,762 225,166 140,379 397,705 67,895 2,013,780 933,847	\$         900,106           \$         637,513           \$         2,310,506           \$         545,365           \$         360,759           \$         360,759           \$         360,759           \$         360,759           \$         360,759           \$         1,611,651           \$         1,611,651           \$         705,782,859           \$         3,272,229           \$         1,463,680           \$         5,001,664           \$         9,001,694           \$         9,001,694           \$         1,70,578           \$         16,30,786,170	\$         588.724           \$         1.046.419           \$         5.884.038           \$         6.059.841           \$         2.349.623           \$         1.0104.275           \$         3.577.175           \$         1.845.938           \$         56.1980           \$         361.939           \$         484.331           \$         828.837           \$         8.456.654           \$         6.443.082           \$         6.443.082	64.0 30.4 36.3 30.3 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 34.7 28.8 32.9 8.0 31.4
5400 RA 5500 RA 5600 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6400 INI 6400 NI 6400 NI 6400 NI 6500 RE 6600 PH 6900 EL 7100 ME 7100 ME 7200 IM 7200 M 7400 RE 7400 RE 7601 ON 7601 ON	VESTHESIOLOGY ADIOLOGY-DAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOLOGY REPORTORY ARDMAC CATHETERIZATION BIORATORY ADIOLOGY		1.8191692           0.127801           0.205518           0.13274           0.109784           0.029326           0.0262763           0.184674           0.393539           0.585604           0.358880           0.272663           0.306757           0.207549           1.078067           0.272653           0.591166           1.97499           0.691166           1.974992	75,217 138,535 548,032 311,612 85,533 1,425,921 243,973 398,695 242,180 6693,254 360,148 128,375 9,142 1,868,031 762,425 4,679,207 223,950 872,280	55.689 180.197 955.123 1.493.256 310.733 671.114 	608,252           110,777           207,994           15,304           15,304           12,332           394,410           96,042           95,774           1,962,441           61,868           44,162           32,262           37,950           1,336,578           185,704           1,364,368           -449,001	520,535 260,490 1,554,377 4 (19,381 106,673 2,210,453 821,584 220,260 5,532,151 11,018 127,262 191,392 155,237 322,908 1,522,508 5,73,498 3,962,022 789,518	585 331,680 1,302,689 50,330 258,150 3,370,810 554,919 1,191,343 9,001,648 790,737 425,399 2,066,717 758,021 327,861 229,118 4,936,278 2,328,886 6,950,399 2,002,698	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,1324,582 3,020,16 70,879 203,230 3,57,888 3,68,716 3,384,716 3,385,1310 17,201,534 1,083,073 1,083,073	16.052 56.521 251.803 168.119 24.744 632.268 131.822 224.534 1.881.864 153.965 33.544 388.939 313.249 971.984 5.224 9008.607 492.563 1.307.990 463.873	5,000 168,918 927,330 1,099,462 2200,012 1,260,195 454,163 301,096 55,028 46,423 66,547 162,301 155,861 85,666 1,230,847 1,421,181 3,240,357 976,883 418,670	21,558 119,687 361,647 14,265 64,301 416,332 229,839 719,072 3,005,286 235,322 119,217 394,121 239,663 36,406 13,713 4,439,644 802,301 2,865,817	49,689 214,783 1,738,631 4,783,631 4,10,203 5,500,165 533,096 4,920,848 104,490 22,762 2225,166 140,379 397,705 67,895 2,013,780 933,847 3,216,623 	\$         900,106           \$         637,513           \$         2,310,508           \$         546,385           \$         340,789           \$         5,823,409           \$         1,016,756           \$         1,016,756           \$         1,016,756           \$         1,016,756           \$         1,403,800           \$         1,403,800           \$         1,463,800           \$         9,091,694           \$         1,403,800           \$         9,091,694           \$         1,700,758           \$         1,603,01,694           \$         1,63,01,964           \$         1,63,01,964           \$         3,300,8652	\$         588.724           \$         1,046.419           \$         5,884.038           \$         6,059.841           \$         2,349.623           \$         1,0104.275           \$         1,376.175           \$         1,6,349.886           \$         16,549.886           \$         66.1998           \$         484.331           \$         851.727           \$         1,240.982           \$         0,307.691           \$         5,307.691           \$         2,307.691           \$         2,307.691           \$         2,348.192	64.0 30.4 36.3 30.3 26.4 38.6 32.7 22.7 41.4 41.4 26.7 38.1 31.4 31.4 34.7 28.8 32.9 8.0 31.4 31.4 31.4 31.4 34.7 28.8 32.9 8.0 31.4 33.5 2 8.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL 6300 BL 6400 INT 6500 RE 6600 PH 6500 RE 7000 EL 7000 MR 7300 DR 7400 RE 7400 RE 7400 CR 7400 CR 7600 CA 7600 CA 7700 CA 7700C	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY SIDERATORY THERAPY SIDERATORY THERAPY VISICAL THERAPY VISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT EXTROGED TO PATIENTS RUSS CHARGED TO PATIENTS RUSS COGY P PSYCHIATRIC RUSALC REHABILITATION		1.8191892 0.127801 0.205518 0.183274 0.029326 0.029326 0.029326 0.029326 0.029326 0.039539 0.039539 0.039539 0.039539 0.039539 0.039539 0.039539 0.039539 0.039539 0.039539 0.039577 0.207549 0.039539 0.0306757 0.207549 1.078067 0.121733 0.691166 0.954962 0.639373	75,217 138,535 548,032 311,612 85,533 243,973 243,973 398,695 242,180 0693,284 360,148 128,375 9,142 1,668,031 762,425 4,679,207 223,950 629	55.689 180.197 955.123 1.493.256 0.77,303 671,114 671,114 1.207,479 87,292 115,256 177,913 351,708 1,384.987 997,103 5,517,084 1,053.837 305.800	808,252 110,777 207,984 15,304 12,332 96,042 96,042 96,074 1,962,441 96,042 96,774 1,962,441 1,976,748 1,976	520,535 269,490 1,554,377 419,381 186,673 2,210,453 220,260 5,552,151 37,263 11,018 222,506 5,522,506 1,522,506 5,524,51 32,2908 1,522,506 5,73,498 3,962,022 - - - - - - - - - - - - - - - - - -	588 331.680 1,302.689 50.330 258.150 1,191.443 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 2,022.648 6,321 - - -	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,531,314 1,324,582 4,712,829 3,02,016 70,879 2,03,230 3,67,788 3,66,716 3,65,816 3,65,816 3,65,816 3,65,816 3,45,310 1,72,01,534 1,083,073 2,012	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 153.965 83.544 336.939 311.249 71.964 5.224 906.807 402.563 1.307.990 - -	5,000 168,918 927,330 1,099,462 200,012 1,220,0195 454,163 3,301,096 5,5028 46,623 166,547 1,62,301 155,861 8,5666 1,230,847 1,422,181 3,240,357 - 976,883 418,670 - 2,1012	21,558 119,687 361,647 14,265 64,301 416,332 299,839 719,072 3,005,286 2,235,322 119,217 394,121 239,663 36,406 13,713 1,439,844 602,301 2,865,617 -	49,689 214,783 1,738,631 4,68,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,762 225,166 140,379 39,7705 67,895 2,013,780 939,847 3,218,623 	\$         900.106           \$         637.513           \$         2.310.508           \$         545.365           \$         360.769           \$         545.365           \$         360.769           \$         582.3409           \$         1.016.766           \$         1.167.608           \$         1.405.285           \$         3.272.229           \$         1.463.680           \$         3.4705.785           \$         3.608.522           \$         3.4770.578           \$         16.301.964           \$         2.32.950           \$         3.808.552           \$         1.45.544           \$         1.45.542	\$         588.724           \$         1.046.419           \$         5.884.038           \$         0.505.841           \$         2.349.623           \$         1.0104.275           \$         1.844.593           \$         1.6349.885           \$         1.6349.885           \$         6.6349.885           \$         6.444.302           \$         0.427.53           \$         1.444.935           \$         6.444.342           \$         6.444.342           \$         6.444.302           \$         0.320.967           \$         6.307.691           \$         2.344.192           \$         2.344.192           \$         2.344.192           \$         2.344.192           \$         2.344.192	64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 31.4 31.4 32.5 8.0 31.4 33.5 0.0 12.2 12.2
5400 RA 5500 RA 5600 RA 5700 CT 5800 CM 5800 CM 6300 LA 6300 LA 6300 LA 6300 RE 6600 PH 6500 RE 6600 PH 6500 RE 7700 ME 7700 ME 7700 DR 7400 RE 7400 CR 7400 CR 7400 CR 7600 CA 7600 CA 7700 C	VESTHESIOLOGY ADIOLOGY-DAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOLOGY REPORTORY ARDMAC CATHETERIZATION BIORATORY ADIOLOGY		1.8191892 0.127801 0.205518 0.193274 0.092736 0.092736 0.092736 0.399539 0.399539 0.399539 0.399539 0.399539 0.399539 0.399539 0.374399 0.36757 0.207549 0.374399 0.36757 0.207549 1.078067 0.121733 0.691166 1.954962 0.693873 0.644830 0.448300	75,217 138,535 548,032 311,612 85,533 1,425,921 243,973 398,695 242,180 6693,254 360,148 128,375 9,142 1,868,031 762,425 4,679,207 223,950 872,280	55.689 180.197 955.123 1.493.256 310.733 671.114 	608,252           110,777           207,994           15,304           15,304           12,332           394,410           96,042           95,774           1,962,441           61,868           44,162           32,262           37,950           1,336,578           185,704           1,364,368           -449,001	520,535 260,490 1,554,377 4 (19,381 106,673 2,210,453 821,584 220,260 5,532,151 11,018 127,262 191,392 155,237 322,908 1,522,508 5,73,498 3,962,022 789,518	585 331,680 1,302,689 50,330 258,150 3,370,810 554,919 1,191,343 9,001,648 790,737 425,399 2,066,717 758,021 327,861 229,118 4,936,278 2,328,886 6,950,399 2,002,698	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,1324,582 3,020,16 70,879 203,230 3,57,888 3,68,716 3,384,716 3,385,1310 17,201,534 1,725,1534	16.052 56.521 251.803 168.119 24.744 632.268 131.822 224.534 1.881.864 153.965 33.544 388.939 313.249 971.984 5.224 9008.607 492.563 1.307.990 463.873	5,000 168,918 927,330 1,099,462 2200,012 1,260,195 454,163 301,096 55,028 46,423 66,547 162,301 155,861 85,666 1,230,847 1,421,181 3,240,357 976,883 418,670	21,558 119,687 361,647 14,265 64,301 416,332 229,839 719,072 3,005,286 235,322 119,217 394,121 238,663 36,406 13,713 4,439,644 802,301 2,865,817	49,689 214,783 1,738,631 4,783,631 4,10,203 5,500,165 533,096 4,920,848 104,490 22,762 2225,166 140,379 397,705 67,895 2,013,780 933,847 3,216,623 	\$         900,106           \$         637,513           \$         2,310,508           \$         546,385           \$         340,789           \$         5,823,409           \$         1,016,756           \$         1,016,756           \$         1,016,756           \$         1,016,756           \$         1,403,800           \$         1,403,800           \$         1,463,800           \$         9,091,694           \$         1,403,800           \$         9,091,694           \$         1,700,758           \$         1,603,01,694           \$         1,63,01,964           \$         1,63,01,964           \$         3,300,8652	\$         588.724           \$         1,046.419           \$         5,884.038           \$         6,059.841           \$         2,349.623           \$         1,0104.275           \$         1,376.175           \$         1,6,349.886           \$         16,549.886           \$         66.1998           \$         484.331           \$         851.727           \$         1,240.982           \$         0,307.691           \$         5,307.691           \$         2,307.691           \$         2,307.691           \$         2,348.192	64.0 30.3 30.3 30.3 30.3 30.3 30.3 30.3 3
5400 RA 5500 RA 5600 RA 5700 CT 5800 RA 5700 CT 5800 CA 6000 IAI 6500 RE 6600 PH 6500 RE 6600 PH 6500 RE 7000 ELI 7000 ELI 7000 RE 7300 DR 7400 RE 7400 RE 7400 RE 7400 CR	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY SIDERATORY THERAPY SIDERATORY THERAPY VISICAL THERAPY VISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT EXTROGED TO PATIENTS RUSS CHARGED TO PATIENTS RUSS COGY P PSYCHIATRIC RUSALC REHABILITATION		1.8191692           0.127801           0.205518           0.13274           0.109784           0.029326           0.0262763           0.184674           0.138939           0.585604           0.339339           0.585804           0.358880           0.272663           0.306757           0.272653           0.306757           0.272654           0.691166           1.9784962           0.693873           0.448300	75,217 138,535 548,032 311,612 85,533 243,973 243,973 398,695 242,180 0693,284 360,148 128,375 9,142 1,668,031 762,425 4,679,207 223,950 629	55.689 180.197 955.123 1.493.256 0.77,303 671,114 671,114 3.106.442 1.67,691 1.207,479 87,292 115,256 177,913 3.51,708 1.384.987 997,103 5.517,054 1.053.837 305.800	808,252 110,777 207,984 15,304 12,332 96,042 96,042 96,074 1,962,441 96,042 96,774 1,962,441 1,976,748 1,976	520,535 269,490 1,554,377 419,381 186,673 2,210,453 220,260 5,552,151 37,263 11,018 222,506 5,522,506 1,522,506 5,524,51 32,2908 1,522,506 5,73,498 3,962,022 - - - - - - - - - - - - - - - - - -	588 331.680 1,302.689 50.330 258.150 1,191.443 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 2,022.648 6,321 - - -	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,531,314 1,324,582 4,712,829 3,02,016 70,879 2,03,230 3,67,788 3,66,716 3,65,816 3,65,816 3,65,816 3,65,816 3,45,310 1,72,01,534 1,083,073 2,012	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 153.965 83.544 336.939 311.249 71.964 5.224 906.807 402.563 1.307.990 - -	5,000 168,918 927,330 1,099,462 200,012 1,220,0195 454,163 3,301,096 5,5028 46,623 166,547 1,62,301 155,861 8,5666 1,230,847 1,422,181 3,240,357 - 976,883 418,670 - 2,1012	21,558 119,687 361,647 14,265 64,301 416,332 299,839 719,072 3,005,286 2,235,322 119,217 394,121 239,663 36,406 13,713 1,439,844 602,301 2,865,617 -	49,689 214,783 1,738,631 4,68,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,762 225,166 140,379 39,7705 67,895 2,013,780 939,847 3,218,623 	\$         900.106           \$         637.513           \$         2.310.508           \$         545.365           \$         360.769           \$         545.365           \$         360.769           \$         582.3409           \$         1.016.766           \$         1.167.608           \$         1.405.285           \$         3.272.229           \$         1.463.680           \$         3.4705.78           \$         1.63.089           \$         3.608.522           \$         3.4705.78           \$         3.3008.552           \$         3.423.950           \$         1.455.452           \$         1.455.452           \$         2.33.950	\$         588.724           \$         1.046.419           \$         5.884.038           \$         0.505.841           \$         2.349.623           \$         1.0104.275           \$         1.844.593           \$         1.6349.885           \$         1.6349.885           \$         6.6349.885           \$         6.444.302           \$         0.427.53           \$         1.444.935           \$         6.444.342           \$         6.444.342           \$         6.444.302           \$         0.320.967           \$         6.307.691           \$         2.344.192           \$         2.344.192           \$         2.344.192           \$         2.344.192           \$         2.344.192	64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 31.4 31.4 32.5 8.0 31.4 33.5 0.0 12.2 12.2
5400 RA 5500 RA 5500 RA 5700 CT 5800 CA 5900 CA 6000 MR 6300 BL 6300 BL 6300 RE 6600 PH 6600 PH 6600 PH 7000 EL 7000 MR 7300 DR 7400 RE 7400 RE 7400 CR 7400 CR 7400 CR	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY SIDERATORY THERAPY SIDERATORY THERAPY VISICAL THERAPY VISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT EXTROGED TO PATIENTS RUSS CHARGED TO PATIENTS RUSS COGY P PSYCHIATRIC RUSALC REHABILITATION		1.8191892 0.127801 0.205518 0.193274 0.092736 0.092736 0.092736 0.399539 0.399539 0.399539 0.399539 0.399539 0.399539 0.399539 0.374399 0.36757 0.207549 0.374399 0.36757 0.207549 1.078067 0.121733 0.691166 1.954962 0.693873 0.644830 0.448300	75,217 138,535 548,032 311,612 85,533 243,973 243,973 398,695 242,180 0693,284 360,148 128,375 9,142 1,668,031 762,425 4,679,207 223,950 629	55.689 180.197 955.123 1.493.256 0.77,303 671,114 671,114 3.106.442 1.67,691 1.207,479 87,292 115,256 177,913 3.51,708 1.384.987 997,103 5.517,054 1.053.837 305.800	808,252 110,777 207,984 15,304 12,332 96,042 96,042 96,074 1,962,441 96,042 96,774 1,962,441 1,976,748 1,976	520,535 269,490 1,554,377 419,381 186,673 2,210,453 220,260 5,552,151 37,263 11,018 222,506 5,522,506 1,522,506 5,524,51 32,2908 1,522,506 5,73,498 3,962,022 - - - - - - - - - - - - - - - - - -	588 331.680 1,302.689 50.330 258.150 1,191.443 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 2,022.648 6,321 - - -	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,531,314 1,324,582 4,712,829 3,02,016 70,879 2,03,230 3,67,788 3,66,716 3,65,816 3,65,816 3,65,816 3,65,816 3,45,310 1,72,01,534 1,083,073 2,012	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 153.965 83.544 336.939 311.249 71.964 5.224 906.807 402.563 1.307.990 - -	5,000 168,918 927,330 1,099,462 200,012 1,220,0195 454,163 3,301,096 5,5028 46,623 166,547 1,62,301 155,861 8,5666 1,230,847 1,422,181 3,240,357 - 976,883 418,670 - 2,1012	21,558 119,687 361,647 14,265 64,301 416,332 299,839 719,072 3,005,286 235,322 119,217 394,121 239,663 36,406 13,713 1,439,844 602,301 2,865,617 -	49,689 214,783 1,738,631 4,68,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,762 225,166 140,379 39,7705 67,895 2,013,780 939,847 3,218,623 	\$         900.106           \$         637.513           \$         2.310.508           \$         545.365           \$         360.769           \$         545.365           \$         360.769           \$         582.3409           \$         1.016.766           \$         1.167.608           \$         1.405.285           \$         3.272.229           \$         1.463.680           \$         3.4705.78           \$         1.63.089           \$         3.608.522           \$         3.4705.78           \$         3.3008.552           \$         3.423.950           \$         1.455.452           \$         1.455.452           \$         2.33.950	\$         588.724           \$         1.046.419           \$         5.88.038           \$         0.508.841           \$         2.340.623           \$         1.0104.275           \$         1.845.978           \$         1.644.988           \$         1.6349.888           \$         6.651.986           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082      \$ <td< td=""><td>64.0 30.3 30.3 30.3 30.3 30.3 30.3 30.3 3</td></td<>	64.0 30.3 30.3 30.3 30.3 30.3 30.3 30.3 3
5400 RA 5500 RA 5500 RA 5700 CT 5800 RA 5900 CA 6000 LA 6300 BL 6300 BL 6300 BL 6300 RE 7200 IM 7300 DR 7300 DR 7300 DR 7300 DR 7400 RE 7600 CA 7600 CA 7600 CA 7600 CA	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY SIDERATORY THERAPY SIDERATORY THERAPY VISICAL THERAPY VISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT EXTROGED TO PATIENTS RUSS CHARGED TO PATIENTS RUSS COGY P PSYCHIATRIC RUSALC REHABILITATION		1.8191892 0.127801 0.205516 0.183274 0.029326 0.029326 0.029326 0.029326 0.039339 0.399539 0.399539 0.395399 0.3578497 0.037549 0.377849 0.306757 0.2072683 0.307579 0.2072683 0.306757 0.207549 1.076667 0.121733 0.691166 1.954662 0.693873 0.448300 -	75,217 138,535 548,032 311,612 85,533 243,973 243,973 398,695 242,180 0693,284 360,148 128,375 9,142 1,668,031 762,425 4,679,207 223,950 629	55.689 180.197 955.123 1.493.256 0.77,303 671,114 671,114 1.207,479 87,292 115,256 177,913 351,708 1,384.987 997,103 5,517,084 1,053.837 305.800	808,252 110,777 207,984 15,304 12,332 96,042 96,042 96,074 1,962,441 96,042 96,774 1,962,441 1,976,748 1,976	520,535 269,490 1,554,377 419,381 186,673 2,210,453 220,260 5,552,151 11,018 127,262 191,392 155,237 322,908 1,522,506 5,73,498 3,962,022 	588 331.680 1,302.689 50.330 258.150 1,191.443 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 2,022.648 6,321 - - -	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,531,314 1,324,582 4,712,829 3,02,016 70,879 2,03,230 3,67,788 3,66,716 3,65,816 3,65,816 3,65,816 3,65,816 3,45,310 1,72,01,534 1,083,073 2,012	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 153.965 83.544 336.939 311.249 71.964 5.224 906.807 402.563 1.307.990 - -	5,000 168,918 927,330 1,099,462 200,012 1,220,0195 454,163 3,301,096 5,5028 46,623 166,547 1,62,301 155,861 8,5666 1,230,847 1,422,181 3,240,357 - 976,883 418,670 - 2,1012	21,558 119,687 361,647 14,265 64,301 416,332 299,839 719,072 3,005,286 235,322 119,217 394,121 239,663 36,406 13,713 1,439,844 602,301 2,865,617 -	49,689 214,783 1,738,631 4,68,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,762 225,166 140,379 39,7705 67,895 2,013,780 939,847 3,218,623 	\$ 900,106         900,106           \$ 637,513         \$ 2,310,508           \$ 545,365         \$ 300,769           \$ 145,365         \$ 300,769           \$ 5,823,409         \$ 1,511,651           \$ 17,169,656         \$ 1,511,651           \$ 17,169,656         \$ 3,272,229           \$ 1463,266,170,576         \$ 223,950           \$ 3,270,576         \$ 223,950           \$ 44,564         \$ 14,554           \$ 4,554,23         \$ 14,554           \$ 4,656,423         \$ 1,4554           \$ 5,57,57,576         \$ 2,23,950           \$ 4,656,423         \$ 1,4554           \$ 5,57,57,576         \$ 3,270,576           \$ 4,656,423         \$ 5,57,577,576           \$ 5,57,577,576         \$ 3,270,576           \$ 4,656,423,950         \$ 3,800,552           \$ 4,656,423,950         \$ 3,800,552           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576	\$         588.724           \$         1.046.419           \$         5.88.038           \$         0.508.841           \$         2.340.623           \$         1.0104.275           \$         1.845.978           \$         1.644.988           \$         1.6349.888           \$         6.651.986           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082      \$ <td< td=""><td>64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 31.4 31.4 32.5 8.0 31.4 33.5 0.0 12.2 12.2</td></td<>	64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 31.4 31.4 32.5 8.0 31.4 33.5 0.0 12.2 12.2
5400 RA 5500 RA 5500 RA 5700 CT 5800 CA 5900 CA 6000 MR 6300 BL 6300 BL 6300 RE 6600 PH 6600 PH 6600 PH 7000 EL 7000 MR 7300 DR 7400 RE 7400 RE 7400 CR 7400 CR 7400 CR	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY SIDERATORY THERAPY SIDERATORY THERAPY VISICAL THERAPY VISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT EXTROGED TO PATIENTS RUSS CHARGED TO PATIENTS RUSS COGY P PSYCHIATRIC RUSALC REHABILITATION		1.8191692 0.127801 0.205516 0.183274 0.029326 0.0229326 0.0229326 0.0229326 0.0229326 0.039339 0.585800 0.3585800 0.358580 0.3578497 0.034306 0.374399 1.078067 0.207549 1.078067 0.121733 0.681166 1.9546602 0.693873 0.448300 -	75,217 138,535 548,032 311,612 85,533 243,973 243,973 398,695 242,180 0693,284 360,148 128,375 9,142 1,668,031 762,425 4,679,207 223,950 629	55.689 180.197 955.123 1.493.256 0.77,303 671,114 671,114 1.207,479 87,292 115,256 177,913 351,708 1,384.987 997,103 5,517,084 1,053.837 305.800	808,252 110,777 207,984 15,304 12,332 96,042 96,042 96,074 1,962,441 96,042 96,774 1,962,441 1,972,452 1,378,578 1,378,578 1,3364,368 1,3349 1,3349 1,344,368 1,354,349 1,354,358 1,354,354 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355	520,535 269,490 1,554,377 419,381 186,673 2,210,453 220,260 5,552,151 11,018 127,262 191,392 155,237 322,908 1,522,506 5,73,498 3,962,022 	588 331.680 1,302.689 50.330 258.150 1,191.443 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 2,022.648 6,321 - - -	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,531,314 1,324,582 4,712,829 3,02,016 70,879 2,03,230 3,67,788 3,66,716 3,65,816 3,65,816 3,65,816 3,65,816 3,45,310 1,72,01,534 1,083,073 2,012	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 153.965 83.544 336.939 311.249 71.964 5.224 906.807 402.563 1.307.990 - -	5,000 168,918 927,330 1,099,462 200,012 1,220,0195 454,163 3,301,096 5,5028 46,623 166,547 1,62,301 155,861 8,5666 1,230,847 1,422,181 3,240,357 - 976,883 418,670 - 2,1012	21,558 119,687 361,647 14,265 64,301 416,332 299,839 719,072 3,005,286 235,322 119,217 394,121 239,663 36,406 13,713 1,439,844 602,301 2,865,617 -	49,689 214,783 1,738,631 4,68,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,762 225,166 140,379 39,7705 67,895 2,013,780 939,847 3,218,623 	\$         900.106           \$         637.513           \$         2.310.508           \$         545.365           \$         360.769           \$         545.365           \$         360.769           \$         582.3409           \$         1.016.766           \$         1.167.608           \$         1.405.285           \$         3.272.229           \$         1.463.680           \$         3.4705.78           \$         1.63.089           \$         3.608.522           \$         3.4705.78           \$         3.3008.552           \$         3.423.950           \$         1.455.452           \$         1.455.452           \$         2.33.950	\$         588.724           \$         1.046.419           \$         5.88.038           \$         0.508.841           \$         2.340.623           \$         1.0104.275           \$         1.845.978           \$         1.644.988           \$         1.6349.888           \$         6.651.986           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082      \$ <td< td=""><td>64.0 30.4 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 38.1 31.4 31.4 31.4 32.9 8.0 31.4 32.5 0.0 0</td></td<>	64.0 30.4 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 38.1 31.4 31.4 31.4 32.9 8.0 31.4 32.5 0.0 0
5400 RA 5500 RA 5500 RA 5700 CT 5800 RA 5700 CT 5800 MR 6300 BL 6300 RE 6600 PH 6500 RE 6600 PH 6500 RE 7000 EL 7000 MR 7300 DR 7400 RE 7400 RE 7400 CR 7400 CR 7400 CR	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY SIDERATORY THERAPY SIDERATORY THERAPY VISICAL THERAPY VISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT EXTROGED TO PATIENTS RUSS CHARGED TO PATIENTS RUSS COGY P PSYCHIATRIC RUSALC REHABILITATION		1.8191692           0.127801           0.205518           0.13274           0.109784           0.029326           0.026733           0.184674           0.183979           0.585604           0.339339           0.585604           0.358880           0.272663           0.306757           0.272653           0.691166           1.9784952           0.693873           0.448300           -           -           -           -           -           -	75,217 138,535 548,032 311,612 85,533 243,973 243,973 398,695 242,180 0693,284 360,148 128,375 9,142 1,668,031 762,425 4,679,207 223,950 629	55.689 180.197 955.123 1.493.256 0.77,303 671,114 671,114 1.207,479 87,292 115,256 177,913 351,708 1,384.987 997,103 5,517,084 1,053.837 305.800	808,252 110,777 207,984 15,304 12,332 96,042 96,042 96,074 1,962,441 96,042 96,774 1,962,441 1,972,452 1,378,578 1,378,578 1,3364,368 1,3349 1,3349 1,344,368 1,354,349 1,354,358 1,354,354 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355	520,535 269,490 1,554,377 419,381 186,673 2,210,453 220,260 5,552,151 11,018 127,262 191,392 155,237 322,908 1,522,506 5,73,498 3,962,022 	588 331.680 1,302.689 50.330 258.150 1,191.443 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 2,022.648 6,321 - - -	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,531,314 1,324,582 4,712,829 3,02,016 70,879 2,03,230 3,67,788 3,66,716 3,65,816 3,65,816 3,65,816 3,65,816 3,45,310 1,72,01,534 1,083,073 2,012	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 153.965 83.544 336.939 311.249 71.964 5.224 906.807 402.563 1.307.990 - -	5,000 168,918 927,330 1,099,462 200,012 1,220,0195 454,163 3,301,096 5,5028 46,623 166,547 1,62,301 155,861 8,5666 1,230,847 1,422,181 3,240,357 - 976,883 418,670 - 2,1012	21,558 119,687 361,647 14,265 64,301 416,332 299,839 719,072 3,005,286 235,322 119,217 394,121 239,663 36,406 13,713 1,439,844 602,301 2,865,617 -	49,689 214,783 1,738,631 4,68,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,782 225,166 140,379 39,7705 67,895 2,013,780 939,847 3,218,623 	\$ 900,106         900,106           \$ 637,513         \$ 2,310,508           \$ 545,365         \$ 300,769           \$ 145,365         \$ 300,769           \$ 5,823,409         \$ 1,511,651           \$ 17,169,656         \$ 1,511,651           \$ 17,169,656         \$ 3,272,229           \$ 1463,266,170,576         \$ 223,950           \$ 3,270,576         \$ 223,950           \$ 44,564         \$ 14,554           \$ 4,554,23         \$ 14,554           \$ 4,656,423         \$ 1,4554           \$ 5,57,57,576         \$ 2,23,950           \$ 4,656,423         \$ 1,4554           \$ 5,57,57,576         \$ 3,270,576           \$ 4,656,423         \$ 5,57,577,576           \$ 5,57,577,576         \$ 3,270,576           \$ 4,656,423,950         \$ 3,800,552           \$ 4,656,423,950         \$ 3,800,552           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576	\$         588.724           \$         1.046.419           \$         5.88.038           \$         0.508.841           \$         2.340.623           \$         1.0104.275           \$         1.845.978           \$         1.644.988           \$         1.6349.888           \$         6.651.986           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082      \$ <td< td=""><td>64.09 36.33 30.44 36.33 30.34 26.44 38.65 32.77 22.77 41.42 40.04 89.44 41.45 26.77 38.18 33.44 34.73 28.86 31.44 34.73 28.86 31.92 8.05 31.92 8.05 31.92 8.05 32.75 20.77</td></td<>	64.09 36.33 30.44 36.33 30.34 26.44 38.65 32.77 22.77 41.42 40.04 89.44 41.45 26.77 38.18 33.44 34.73 28.86 31.44 34.73 28.86 31.92 8.05 31.92 8.05 31.92 8.05 32.75 20.77
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL 6300 BL 6400 INT 7000 RE 7000 EL 7000 DR 7400 RE 7400 RE 7400 RE 7400 CR 7600 CA 7601 ON 7600 CA	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY SIDERATORY THERAPY SIDERATORY THERAPY VISICAL THERAPY VISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT EXTROGED TO PATIENTS RUSS CHARGED TO PATIENTS RUSS COGY P PSYCHIATRIC RUSALC REHABILITATION		1.8191692 0.127801 0.205516 0.183274 0.029326 0.0229326 0.0229326 0.0229326 0.029326 0.039339 0.585800 0.585800 0.579497 0.034306 0.374399 0.374399 0.306757 0.207549 1.078067 0.207549 0.306757 0.207549 1.078067 0.207549 1.078067 0.207549 0.306162 1.9544622 0.638573 0.448300 - - - - - - - - - - - - -	75,217 138,535 548,032 311,612 85,533 243,973 243,973 398,695 242,180 0693,284 360,148 128,375 9,142 1,668,031 762,425 4,679,207 223,950 629	55.689 180.197 955.123 1.493.256 0.77,303 671,114 671,114 3.106.442 1.67,691 1.207,479 87,292 115,256 177,913 3.51,708 1.384.987 997,103 5.517,054 1.053.837 305.800	808,252 110,777 207,984 15,304 12,332 96,042 96,042 96,074 1,962,441 96,042 96,774 1,962,441 1,972,452 1,378,578 1,378,578 1,3364,368 1,3349 1,3349 1,344,368 1,354,349 1,354,358 1,354,354 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355	520,535 269,490 1,554,377 419,381 186,673 2,210,453 220,260 5,552,151 11,018 127,262 191,392 155,237 322,908 1,522,506 5,73,498 3,962,022 	588 331.680 1,302.689 50.330 258.150 1,191.443 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 2,022.648 6,321 - - -	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,531,314 1,324,582 4,712,829 3,02,016 70,879 2,03,230 3,67,788 3,66,716 3,65,816 3,65,816 3,65,816 3,65,816 3,45,310 1,72,01,534 1,083,073 2,012	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 153.965 83.544 336.939 311.249 71.964 5.224 906.807 402.563 1.307.990 - -	5,000 168,918 927,330 1,099,462 200,012 1,220,0195 454,163 3,301,096 5,5028 46,623 166,547 1,62,301 155,861 8,5666 1,230,847 1,422,181 3,240,357 - 976,883 418,670 - 2,1012	21,558 119,687 361,647 14,265 64,301 416,332 299,839 719,072 3,005,286 235,322 119,217 394,121 239,663 36,406 13,713 1,439,844 602,301 2,865,617 -	49,689 214,783 1,738,631 4,68,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,782 225,166 140,379 39,7705 67,895 2,013,780 939,847 3,218,623 	\$ 900,106         900,106           \$ 637,513         \$ 2,310,508           \$ 545,365         \$ 300,769           \$ 145,365         \$ 300,769           \$ 5,823,409         \$ 1,511,651           \$ 17,169,656         \$ 1,511,651           \$ 17,169,656         \$ 3,272,229           \$ 1463,266,170,576         \$ 223,950           \$ 3,270,576         \$ 223,950           \$ 44,564         \$ 14,554           \$ 4,554,23         \$ 14,554           \$ 4,656,423         \$ 1,4554           \$ 5,57,57,576         \$ 2,23,950           \$ 4,656,423         \$ 1,4554           \$ 5,57,57,576         \$ 3,270,576           \$ 4,656,423         \$ 5,57,577,576           \$ 5,57,577,576         \$ 3,270,576           \$ 4,656,423,950         \$ 3,800,552           \$ 4,656,423,950         \$ 3,800,552           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576	\$         588.724           \$         1.046.419           \$         5.88.038           \$         0.508.841           \$         2.340.623           \$         1.0104.275           \$         1.845.978           \$         1.644.988           \$         1.6349.888           \$         6.651.986           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082      \$ <td< td=""><td>64.0 30.4 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 38.1 31.4 31.4 32.9 8.0 31.4 3.2 5.8 8.0 31.4 3.5 0.0 12.2 12.2</td></td<>	64.0 30.4 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 38.1 31.4 31.4 32.9 8.0 31.4 3.2 5.8 8.0 31.4 3.5 0.0 12.2 12.2
5400 RA 5500 RA 5600 RA 5700 CT 5800 MR 5900 CA 6000 LA 6300 BL 6300 BL 6400 INT 7000 RE 7000 EL 7000 DR 7400 RE 7400 RE 7400 RE 7400 CR 7600 CA 7601 ON 7600 CA	IESTHESIOLOGY DIOLOGY-DIAGNOSTIC ADIOLOGY-THERAPEUTIC ADIOLOGY-THERAPEUTIC ADIOISOTOPE F SCAN RI ARDIAC CATHETERIZATION BIORATORY SIDERATORY THERAPY SIDERATORY THERAPY VISICAL THERAPY VISICAL THERAPY DICAL SUPPLIES CHARGED TO PATIENT EXTROGED TO PATIENTS RUSS CHARGED TO PATIENTS RUSS COGY P PSYCHIATRIC RUSALC REHABILITATION		1.8191692           0.127801           0.205518           0.13274           0.109784           0.029326           0.026733           0.184674           0.183979           0.585604           0.339339           0.585604           0.358880           0.272663           0.306757           0.272653           0.691166           1.9784952           0.693873           0.448300           -           -           -           -           -           -           -	75,217 138,535 548,032 311,612 85,533 243,973 243,973 398,695 242,180 0693,284 360,148 128,375 9,142 1,668,031 762,425 4,679,207 223,950 629	55.689 180.197 955.123 1.493.256 0.77,303 671,114 671,114 3.106.442 1.67,691 1.207,479 87,292 115,256 177,913 3.51,708 1.384.987 997,103 5.517,054 1.053.837 305.800	808,252 110,777 207,984 15,304 12,332 96,042 96,042 96,074 1,962,441 96,042 96,774 1,962,441 1,972,452 1,378,578 1,378,578 1,3364,368 1,3349 1,3349 1,344,368 1,354,349 1,354,358 1,354,354 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355 1,354,355	520,535 269,490 1,554,377 419,381 186,673 2,210,453 220,260 5,552,151 11,018 127,262 191,392 155,237 322,908 1,522,506 5,73,498 3,962,022 	588 331.680 1,302.689 50.330 258.150 1,191.443 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 9,001.648 2,022.648 6,321 - - -	7,500 427,814 2,444,208 3,047,742 1,652,205 4,856,324 1,531,314 1,324,582 4,712,829 3,02,016 70,879 2,03,230 3,67,788 3,66,716 3,65,816 3,65,816 3,65,816 3,65,816 3,45,310 1,72,01,534 1,083,073 2,012	16.052 56.521 251.803 166.119 24.744 632.268 131.822 224.534 153.965 83.544 336.939 311.249 71.964 5.224 906.807 402.563 1.307.990 - -	5,000 168,918 927,330 1,099,462 200,012 1,220,0195 454,163 3,301,096 5,5028 46,623 166,547 1,62,301 155,861 8,5666 1,230,847 1,422,181 3,240,357 - 976,883 418,670 - 2,1012	21,558 119,687 361,647 14,265 64,301 416,332 299,839 719,072 3,005,286 235,322 119,217 394,121 239,663 36,406 13,713 1,439,844 602,301 2,865,617 -	49,689 214,783 1,738,631 4,68,194 410,203 5,509,165 539,096 859,400 4,920,848 104,490 22,782 225,166 140,379 39,7705 67,895 2,013,780 939,847 3,218,623 	\$ 900,106         900,106           \$ 637,513         \$ 2,310,508           \$ 545,365         \$ 300,769           \$ 145,365         \$ 300,769           \$ 5,823,409         \$ 1,511,651           \$ 17,169,656         \$ 1,511,651           \$ 17,169,656         \$ 3,272,229           \$ 1463,266,170,576         \$ 223,950           \$ 3,270,576         \$ 223,950           \$ 44,564         \$ 14,554           \$ 4,554,23         \$ 14,554           \$ 4,656,423         \$ 1,4554           \$ 5,57,57,576         \$ 2,23,950           \$ 4,656,423         \$ 1,4554           \$ 5,57,57,576         \$ 3,270,576           \$ 4,656,423         \$ 5,57,577,576           \$ 5,57,577,576         \$ 3,270,576           \$ 4,656,423,950         \$ 3,800,552           \$ 4,656,423,950         \$ 3,800,552           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576           \$ 5,57,577,576         \$ 5,57,577,576	\$         588.724           \$         1.046.419           \$         5.88.038           \$         0.508.841           \$         2.340.623           \$         1.0104.275           \$         1.845.978           \$         1.644.988           \$         1.6349.888           \$         6.651.986           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.443.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082           \$         6.444.082      \$ <td< td=""><td>64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 31.4 31.4 32.5 8.0 31.4 33.5 0.0 12.2 12.2</td></td<>	64.0 30.4 36.3 30.3 26.4 38.6 32.7 41.4 40.0 89.4 41.4 26.7 38.1 31.4 31.4 31.4 32.5 8.0 31.4 33.5 0.0 12.2 12.2

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

	 	In-State Medicaid FFS Primary	In-State Medicaid Managed Care Primary	In-State Medicare FFS Cross-Overs (with Medicaid Secondary)	In-State Other Medicaid Eligibles (Not Included Elsewhere)	Uninsured	Total In-State Medicaid	
61	-						\$ - \$	-
62	-						\$ - \$	-
63	-						\$ - \$	-
64 65	-						\$ - \$	-
65	 -						\$ - \$	-
66	-						\$ - \$	-
67	-						\$ - \$	-
68 69							\$ - \$	-
69	-						\$ - \$	-
70	-						\$ - \$	-
71	-						s - s	-
72	-						s - s	
73	-						\$ - \$	
74	 -						s - s	
75							s - s	
76	· ·							-
76	 							-
77	 						\$ - \$	-
78	 -						\$ - \$	-
79	-						\$ - \$	-
80	-						\$ - \$	-
81							\$ - \$	-
82	-						\$ - \$	-
83	-						\$ - \$	-
84	-						\$ - \$	
85	-						\$ - \$	-
86	-						s - s	
87	 -						\$ - \$	
88							s - s	-
00								-
89	 -						\$ - \$	-
90	-						\$ - \$	-
91							\$ - \$	-
92	-						\$ - \$	-
93							\$ - \$	-
94	-						\$ - \$	-
95	-						\$ - S	-
96	-						\$ - \$	-
97	-						\$ - \$	
98	-						\$ - \$	
99	-						\$ - \$	
100	 -						\$ - \$	
101								-
101	 -						\$ - \$	
102	 · ·						\$ - \$	-
103	 -						\$ - \$	-
104	 -						\$ - \$	-
105	-						\$ - \$	-
106	-						\$ - \$	-
107	-						\$ - \$	-
08	-						\$ - \$	-
09	-						\$ - \$	-
10	-						\$ - \$	-
11	-						\$ - \$	-
12	-						\$ - \$	
13	 -						s - s	
14	 						s - s	
15				1			s - s	
	 -							
16	 -						\$ - \$	-
17	 · ·						\$ - \$	-
18	-						\$ - \$	-
19	-						\$ - \$	-
120	-						\$ - \$	-
21	-						\$ - \$	-
122	-						\$ - \$	-
23	-						\$ - \$	-
24	-						s - s	-
125	-						\$ - \$	-
126	-						s - s	
	 						s - s	
127								

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

Cost Report Year (10/01/2021-09/30/2022) John D. Archbold Memorial Hospital

	Totals / Payments	In-State Medicaid FFS Primary In-State Medicaid Managed (			Care Primary	In-	-State Medicare FFS C Medicaid Seco		Ir	n-State Other Medicaid Included Elsewł		U	iinsured		Total In-State Med	icaid	%				
													-			1	- I.	-			
128	Total Charges (includes organ acquisition from Section J)	\$ 3	32,370,141	\$	24,968,256	\$	12,433,039	\$	28,751,479	\$	58,229,339 \$	65,919,706	\$	11,877,637 \$	20,077,852	\$ 17,756,91 (Agrees to Exhibit A)	(Agrees to Exhibit A)	\$	114,910,156 \$	139,717,293	36.15%
					24,968,256	•			28 751 479		58.229.339 \$	65,919,706		11 877 637 \$	20 077 852	\$ 17 756 91		J			
129 130	Total Charges per PS&R or Exhibit Detail Unreconciled Charges (Explain Variance)	\$ 3	32,370,141	\$	24,968,256	\$	12,433,039	\$	28,751,479	\$	58,229,339	65,919,706	\$	11,877,637 \$	20,077,852	\$ 17,756,91	\$ 34,443,596				
131	Total Calculated Cost (includes organ acquisition from Section J)	¢ .	15.406.816	¢	6.007.388	¢	6.068.387	¢	7.642.422	¢	23,941,795 \$	14.826.469	¢	5.177.044 \$	4.636.911	\$ 7.777.12	'\$ 7.945.370		50.594.042 \$	33.113.190	40.32%
131	rotal calculated cost (includes organ acquisition from Section 5)	φ	13,400,010	Ŷ	0,007,300	9	0,000,307	φ	7,042,422	φ	23,941,793 \$	14,820,409	φ	5,177,044 \$	4,030,911	φ 1,111,12	\$ 1,945,370	φ	30,394,042 Ø	33,113,190	40.32%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$	8,765,495	\$	5,082,689	\$	-	\$	-	\$	779,774 \$	1,169,849	\$	89,822 \$	-			\$	9,635,091 \$	6,252,538	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$	-	\$	-	\$	3,755,619	\$	7,179,943	\$	- \$	-	\$	- \$	30,195			\$	3,755,619 \$	7,210,138	
134	Private Insurance (including primary and third party liability)	\$	-	\$	-	\$	-	\$	-	\$	- \$	1,013	\$	86,247 \$	157,952			\$	86,247 \$	158,965	
135	Self-Pay (including Co-Pay and Spend-Down)	\$	-	\$	-	\$	-	\$	-	\$	- \$	-	\$	5 \$	34,307			\$	5 \$	34,307	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	8,765,495	\$	5,082,689	\$	3,755,619	\$	7,179,943												
137	Medicaid Cost Settlement Payments (See Note B)	\$	-	\$	(287,126)	\$	-	\$	-									\$	- \$	(287,126)	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$	-	\$	-	\$	-	\$	-									\$	- \$	-	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									\$	15,483,783 \$	11,249,007	\$	- \$	-			\$	15,483,783 \$	11,249,007	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$	- \$	-	\$	3,437,722 \$	4,033,501			\$	3,437,722 \$	4,033,501	
141	Medicare Cross-Over Bad Debt Payments									\$	237,633 \$	177,705	\$	- \$	-	(Agrees to Exhibit B and	(Agrees to Exhibit B and	\$	237,633 \$	177,705	
142	Other Medicare Cross-Over Payments (See Note D)									\$	- \$	-	\$	- \$	-	B-1)	B-1)	\$	- \$	-	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)															\$ 80,782	\$ 651,669				
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from	Section E)														\$-	\$-	1			
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$	6,641,321 57%	\$	1,211,825 80%	\$	2,312,768 62%	\$	462,479 94%	\$	7,440,605 69%	2,228,895 85%	\$	1,563,248 70%	380,956 92%	\$ 7,696,34		\$	17,957,942 \$ 65%	4,284,155 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	n of Lns. 2, 3	, 4, 14, 16	6, 17, 18 less lii	1es 5 & 6)	)				28,026 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 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-voer payments not include claims that part and voltable payments paid based on the Medicare corts-ever payments not include I function E and the medicare corts-ever payments not include of the payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

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

#### 148 Percent of cross-over days to total Medicare days from the cost report

	I. Out-of-St	ate Medicaid Data:												
Line #         Decision #<			John D. Archbold Me	morial Hospital										
bit ic definition         bit ic definit         bit ic definit <th< th=""><th></th><th></th><th></th><th></th><th>Out-of-State Me</th><th>dicaid FFS Primary</th><th></th><th></th><th></th><th></th><th></th><th></th><th>Total Out-C</th><th>f-State Medicaid</th></th<>					Out-of-State Me	dicaid FFS Primary							Total Out-C	f-State Medicaid
Print Walder 1         Print Walder 1         Burnary (Net A)         Burnary (Net	Line #	Cost Center Description	Diem Cost for Routine Cost	Charge Ratio for Ancillary Cost	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Source Currents         3         101113         3         101113         3         101113         3         101113         3         101113         3         101113         3         101113 <th></th> <th></th> <th>From Section G</th> <th>From Section G</th> <th></th>			From Section G	From Section G										
Biol Diffest CARC URT         \$ 3612 HT         \$ 3612 HT <td>Routine Cost</td> <td>Centers (list below):</td> <td></td> <td></td> <td>Days</td> <td></td> <td>Days</td> <td></td> <td>Days</td> <td></td> <td>Days</td> <td></td> <td>Days</td> <td>_</td>	Routine Cost	Centers (list below):			Days		Days		Days		Days		Days	_
District Construction         Same Construction							17							
Some Raw NetWorks Code Link         S<					29		3							
Support         Support <t< td=""><td></td><td></td><td>Ŷ</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td>-</td></t<>			Ŷ										_	-
Dots per PAR or Charge surgers         S <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></th<>														-
Biologic Region         3         1190 and 1         1190 andddd														-
Builty Subsycher B         S													-	
Color         Delay per PSRR of Subject/Order         3													-	
Image: Section Charges         Acciliary Charges	200 OTHEF	RSUBPROVIDER											-	
Image: Section of the sectio	300 NURSE				2								2	
Image: Section Charges         Total Days         B2													-	
i         i														_
Image: Solution of the			Ŧ										-	_
Image: Section of Charges Caption Variance         Total Days         End													-	-
Image: Source Charges         Total Days         Elization         Source Charges         Routine Charges<														-
Total Days         62         20         .         .         102           hall Days per PS&R or Exhibit Detail Unreconciled Days (Explain Variance)         62         20         . <t< td=""><td></td><td></td><td>Ŧ</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></t<>			Ŧ											-
Bar PSR or Exhibit Deal Unreconciled Days (Explain Variance)         Bar         Bar         Control Charges         Routine Charges		•		Total Davs	82		20		-		-		102	
Unconciled Days (Explain Variance)         Routine Charges														-
Routine Charges Calculated Routine Charge Are Diem         Routine Charges 3	otal Days per				82		20		-		-			
Routine Charges         120:85         \$ 120:85         \$ 120:80         \$ 144:807           Calculated Routine Charges Per Dem         \$ 120:80         \$ 120:80         \$ 120:80         \$ 144:807           Inciliary Cost Centers (from W/S C) (list below):         \$ 1.21:21:0         \$ 1.21:21:0         \$ 1.21:20         \$ 1.21:21:0         \$ 1.21:20 <td< th=""><th></th><th>Unreconciled Days (Ex</th><th>kplain Variance)</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>		Unreconciled Days (Ex	kplain Variance)											
Routine Charges         120:85         \$ 120:85         \$ 120:80         \$ 144:807           Calculated Routine Charges Per Dem         \$ 120:80         \$ 120:80         \$ 120:80         \$ 144:807           Inciliary Cost Centers (from W/S C) (list below):         \$ 1.21:21:0         \$ 1.21:21:0         \$ 1.21:20         \$ 1.21:21:0         \$ 1.21:20 <td< th=""><th></th><th></th><th></th><th></th><th>Routine Charges</th><th></th><th>Routine Charges</th><th></th><th>Routine Charges</th><th></th><th>Routine Charges</th><th></th><th>Routine Charges</th><th></th></td<>					Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
Andlary Cost Centers (from Wis C) (list below):         Ancilary Charges         Ancilary Charges <th></th> <th></th> <th></th> <th></th> <th>\$ 120,565</th> <th></th> <th>\$ 24,242</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>\$ 144,807</th> <th>· ]</th>					\$ 120,565		\$ 24,242						\$ 144,807	· ]
0.462395         T.5.0         2.4260         1.038         15.39         C         C         S         S.6.68         S           0.000 [DEFATING ROOM         0.220706         2.4937         18.197         3.2535         12.186         C         C         C         S         5.7.7.8         S         3.200         S         5.7.7.8         S         3.200         S         3.200         S         5.7.7.8         S         3.200         S         S         3.200		-			, , , , , , , , , , , , , , , , , , , ,				\$ -		\$-			
0.02000         0.20000         0.20000         0.24997         19.197         32.536         12.186             \$				0.462025					Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges		
100         RECOVERY ROOM         0.468460         2.882         2.100         378         1.647         C         C         S         3.200         S         3.200         S <td></td>														
1891882         885         1.500         -         -         -         -         -         -         S         8805         S           5200 DAESTHESULGCY         0.127811         1.280         7.22         420         - <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>														
0.127801       2.140       1.260       752       4.20         \$ 2.892       \$         5400 RADIOLOGY-INERAPEUTIC       0.183274       -       -       -       -        \$       \$ 2.612       \$         5600 RADIOLOGY-INERAPEUTIC       0.183274       -       -       -       -       -       -       \$       <														
5500 RADIOLOGY.THERAPEUTIC       0.163274       -	5300 ANEST	HESIOLOGY		0.127801	2,140	1,260	752	420					\$ 2,892	\$ 1,68
5600 RADIOISOTOPE         0.109784         - <td></td> <td></td> <td></td> <td></td> <td>11,593</td> <td>31,782</td> <td>14,621</td> <td>4,526</td> <td></td> <td></td> <td></td> <td></td> <td>\$ 26,214</td> <td>\$ 36,30</td>					11,593	31,782	14,621	4,526					\$ 26,214	\$ 36,30
5700 CT SCAN       0.029326       36,807       115,111       19,372       23,614       Image: Constraint of the constraint of													\$	\$
6800 MRI         0.082763         -         8,313         -														\$
5900 CARDIAC CATHETERIZATION         0.184674         13.663         -		AN											\$ 56,179	
0000 LaDCRATORY         0.118966         116.481         134.738         43.464         46,365            \$ 159.945         \$           6300 BLOOD STRING PROESSING & TRANS.         0.398393         7.583         4.425         2.315         4.425           \$ 9.898         \$         \$         \$ 9.898         \$         \$         \$ 9.898         \$         \$         \$         \$ 9.898         \$						8,313							\$ ¢ 40.000	\$ 8,31
6300 BLODD STORING PROCESSING & TRANS.       0.398389       7.583       4.425       2.315       4.425						134 739								
6400 INTRAVENOUS THERAPY       0.585604       2.589       620       -       -       -       -       -       -       S       2.580       \$         6500 RESPIRATORY THERAPY       0.368800       35.919       5.160       6.512       1.206       -       -       -       S       42.431       S         6600 PHYSICAL THERAPY       0.034306       3.220       7.590       6600       2.990       -       -       -       -       S       3.910       S       S       4.2,931       S       S       4.2,931       S       S       4.2,931       S       S       3.910       S       S       3.910       S       S       3.910       S       S       3.910       S       S       4.2,931       S       S       4.2,933       S       S       4.2,93														
6500 RESPIRATORY THERAPY         0.358880         35.919         5.160         6.512         1.206           \$         4.2431         \$           6600 PHYSICAL THERAPY         0.358880         35.919         5.160         6.512         1.206            \$							-	· · · · ·						
6600 PHYSICAL THERAPY       0.579407       4.275       239       779       -       -       -       -       S       5,072       \$         6900 ELECTROCARDIOLOGY       0.034306       3,220       7,590       690       2,990       -       -       -       -       -       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       3,910       \$       \$       \$       \$       \$       \$       3,910       \$ <t< td=""><td>6500 RESPI</td><td>RATORY THERAPY</td><td></td><td>0.358880</td><td>35,919</td><td></td><td>6,512</td><td>1,206</td><td></td><td></td><td></td><td></td><td></td><td>\$ 6,36</td></t<>	6500 RESPI	RATORY THERAPY		0.358880	35,919		6,512	1,206						\$ 6,36
7000         ELECTROENCEPHALOGRAPHY         0.272663         1.306         -         -         -         -         -         5         1.306         \$           7100         MEDICAL SUPPLIES CHARGED TO PATIENT         0.374399         35,307         17.448         7.626         6.633         -         -         -         5         3.688         \$         5         3.688         \$         -         -         -         -         -         5         3.088         \$         3.000         RUGS CHARGED TO PATIENTS         0.006757         3.668         8.997         -         -         -         -         -         -         5         3.010,450         \$         3.000         RUGS CHARGED TO PATIENTS         0.207549         84,974         19,842         16,671         6,763         -         -         -         -         -         -         5         101,645         \$         101,645         \$         -														
7100 MEDICAL SUPPLIES CHARGED TO PATIENT       0.37439       35.307       17.44       7.626       6.383          \$ 42,933       \$         7200 IMPL DEV. CHARGED TO PATIENTS       0.306757       3.668       897       -       -         \$ 3.668       \$ 3.668       \$ 3.668       \$ 7.00           \$ 3.668       \$ 3.6														
7200         IMPL. DEV. CHARGED TO PATIENTS         0.306757         3.668         897         -         -         -         -         -         -         S         3.668         \$         3.668         \$         3.668         \$         -														
0.207549         84,974         19,842         16,671         6,763            \$ 101,645         \$           7400         RENAL DIALYSIS         1.078067         -														
107806         - <td></td>														
7600         CARDIOLOGY         0.121733         37,744         8,104         3,986         2,612         Image: Constraint of the state of													\$ 101,645	\$ 26,60
7601 ONCOLOGY 0.691166 - 1.219 - 938 - 938 - 5 \$													¢ /1 700	\$ 10,71
													9 41,730 \$	\$ 10,71
7602IOP PSYCHIATRIC				1.954962		-		-					\$	\$ 2,13
					-	-	-						S	s

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# I. Out-of-State Medicaid Data:

			Out-of-State Medio		Prin			are FFS Cross-Overs d Secondary)		/ledicaid Eligibles (Not Elsewhere)		-State Medicaid
	0 EMERGENCY	0.448300	31,812	158,193	15,828	38,706					\$ 47,640	
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# I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2021-09/30/2022) John D. Archbold Memorial Hospital

	Out-of-State Medicaid FFS Primary	Out-of-State Medicaid Managed Care Primary	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	Total Out-Of-State Medicaid
- 110					\$ - \$ -
- 111					\$ - \$ -
- 112					\$ - \$ -
- 113					\$ - \$ -
114 -					\$ - \$ -
- 115					\$ - \$ -
- 116					\$ - \$ -
					\$ - \$ -
- 118					\$ - \$ -
					\$ - \$ -
120 -					\$ - \$ -
121 -					\$ - \$ -
122 -					\$ - \$ -
123 -					\$ - \$ -
124 -					\$ - \$ -
125 -					\$ - \$ -
126 -					\$ - \$ -
127 -					\$ - \$ -
	<b>\$</b> 465,375 <b>\$</b> 560,998	\$ 166,586 \$ 168,101	\$ - \$ -	\$ - \$ -	
Totals / Payments					

128	Total Charges (includes organ acquisition from Section K)	\$ 58	5,940	\$ 560,998	\$ 190,828	\$ 168,101	\$	-	\$-	\$-		\$ -	\$	776,768	\$ 729,099
129	Total Charges per PS&R or Exhibit Detail	\$ 58	,940	\$ 560,998	\$ 190,828	\$ 168,101	\$	-	\$-	\$	-	\$-	1		
130	Unreconciled Charges (Explain Variance)		-	-	 -	-		-	-			-	-		
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 26	3,843	\$ 133,676	\$ 63,341	\$ 42,128	\$	-	\$ -	\$-		\$-	\$	327,184	\$ 175,804
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)										ור		\$	-	\$ -
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)										-11		\$	-	\$ -
134	Private Insurance (including primary and third party liability)												\$	-	\$ -
135	Self-Pay (including Co-Pay and Spend-Down)										-11		\$	-	\$ -
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	-	\$-	\$ -	\$-									
137	Medicaid Cost Settlement Payments (See Note B)												\$	-	\$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)												\$	-	\$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)						Γ						\$	-	\$ -
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)										-11		\$	-	\$ -
141	Medicare Cross-Over Bad Debt Payments												\$	-	\$ -
142	Other Medicare Cross-Over Payments (See Note D)										-11		\$	-	\$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 26	3,843	\$ 133,676	\$ 63,341	\$ 42,128	\$	-	\$ -	\$ -		\$-	\$	327,184	\$ 175,804
144	Calculated Payments as a Percentage of Cost		0%	0%	0%	0%		0%	0%	0	%	0%		0%	0%

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

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

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

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

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

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

Cost Report Year (10/01/2021-09/30/2022) John D. Archbold Memorial Hospital

		Total			Revenue for	Total	In-State Media	caid FFS Primary	In-State Medicaid N	lanaged Care Primary		FS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	isured
		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	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt: III, Col. 1, In 66 (substitute Medicair (Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
Org	an Acquisition Cost Centers (list below):															
	Lung Acquisition	\$0.00		\$-		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	s -	\$-		0										
		\$0.00	s -	\$-		0										
	Totals	\$-	\$ -	\$-	\$-	-	\$-	-	\$ -	-	s -	-	\$ -	-	\$ -	-
									·				·			
	Total Cost							-		-		-		-		-

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

Cost Report Year (10/01/2021-09/30/2022) John D. Archbold Memorial Hospital

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		Total			Revenue for	Total	Out-of-State Med	licaid FFS Primary	Out-of-State Medicaid	d Managed Care Primar		are FFS Cross-Overs iid Secondary)		Medicaid Eligibles (Not Elsewhere)
		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)						
		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 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)							
Org	gan Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$ -	s -	\$-	\$ -	0								
12	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0								
13	Liver Acquisition	\$-	\$ -	\$-	\$-	0								
14	Heart Acquisition	\$-	\$ -	\$-	\$-	0								
15	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0								
16	Intestinal Acquisition	\$-	\$ -	\$-	\$-	0								
17	Islet Acquisition	\$-	\$ -	\$-	\$-	0								
18		\$-	\$-	\$-	\$-	0								
19	Totals	\$-	\$ -	\$-	\$-	-	\$-		\$-	-	\$-	-	\$-	-
20 Note A	Total Cost - These amounts must agree to your inpatie	unt and outpatient M	ladiaaid naid alaima	ourmony if oveilable	(if not use beenitel's la	go and submit u	ith output	_		-		-		-

e (if not, use hospital's logs a Note A - These amounts must agree to your inpatient and outpatient medicaid paid claims summary, if availab Note B: Enter Organ Acquisition Payments in Section I as part of your Out-of-State Medicaid total payments.

# L. Provider Tax Assessment Reconciliation / Adjustment

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

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

John D. Archbold Memorial Hospital

Worksheet A Pr	ovider Tax Assessment F	econciliation:		
1a Workin 2 Hospit 3 Differe	al Gross Provider Tax Assess ence (Explain Here>)	ment (from general ledger)* and Account # that includes Gross Provider Tax Assessment ment Included in Expense on the Cost Report (W/S A, Col. 2) fications (from w/s A-6 of the Medicare cost report)	S         3,571,615           Expense         \$         -           \$         3,571,615	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 12 13 14 15 16 Total N	Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment JCC NON-ALLOWABLE Prov Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment Net Provider Tax Assessment	Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)	rt) \$ -	(Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from)) (Adjusted to / (from))
	der Tax Assessment Adju Allowable Assessment Not Inc		\$ 3,571,615	
18 19 20 21 22 23 24	Medicaid Hospital Uninsured Hospital Total Hospital Percentage of Provider Percentage of Provider Medicaid Provider Tax A	sessment Adjustment to Medicaid & Uninsured: Charges Sec. G Charges Sec. G Charges Sec. G Fax Assessment Adjustment to include in DSH Medicaid UCC Fax Assessment Adjustment to include in DSH Uninsured UCC sessessment Adjustment to DSH UCC Assessment Adjustment to DSH UCC to DSH UCC	256,133,316 52,200,513 852,815,162 30.03% 6.12% \$ 1,072,694 \$ 218,617 \$ 1,291,311	

\* 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.