Provider Name Mcaid Provider Number Mcare Provider Number FLOYD MEDICAL CENTER
000000756A
110054

Below is the preliminary uncompensated care cost (UCC) and allocation factor used as a basis for the 2023 Georgia Disproportionate Share Hospital (DSH) Payment. An initial review of the provider submitted survey and detailed information was performed and adjustments made, as appropriate. Please review the proposed adjustments and adjusted survey included with the preliminary results and respond with concerns within 5 business days. Hospital specific preliminary results are subject to change based on revisions needed after initial results are reviewed and possible additional validation work.

NOTE: These are initial results only.

GA Medicaid DSH Paym	•	•	`			7/1/2023 -	6/30/2024
	(A)	(B)	(C)	(D)	(E)		
			As-Filed DSH		Adjusted DSH		
	Cost Report	Cost Report Year	Uncompensated	Total	Uncompensated		
	Year Begin	End	Care Cost (UCC)	Adjustments	Care Cost (UCC)		
Cost Report Year UCC:	1/1/2022	- 12/31/2022	\$ 56,413,857	\$ -	\$ 56,413,857		
Less: 2022 Net UPL Payments					\$ 4,544,758		
Less: 2022 Net OPL Payments Less: 2024 Net DPP Payments					\$ 4,544,758		
Plus: 2023 Net DPP Recoupme					\$ -		
Less: GME Payments					\$ 1,072,639		
Add: Net OP Settlement (Diffe	rence between pro	ovider submitted and	estimated)		\$ 413,373		
Add: Provider tax excluded fro	•				\$ 1,167,212		
Uncompensated Care Allocati	•	. ,			\$ 12,938,502		
Hospital Specific DSH Limit					\$ (11,843,089)	1	
2024 Eligibility					Eligible	1	
OSH Year Low Income Utiliz	•	•			17.91%		
DSH Year Medicaid Inpatier	nt Utilization Ratio	o (MIUR):			36.51%		

If you disagree with the findings presented above please respond within five days of receipt with additional supporting documentation.

All inquiries and additional documentation should be sent to the following:

 e-mail:
 gadsh@mslc.com

 Fax:
 816-945-5301

 Web Portal Address:
 https://DSH.MSLC.com

 Phone Inquiries:
 800-374-6858

EXAMINER ADJUSTED SURVEY

Workpaper #:		Reviewer:
Examiner:		
Date:		
DSH Version	8.11	2/10/2023

ח	Genera	I Cost I	Report '	Year Ir	formation

1/1/2022 - 12/31/2022

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.

1. Calcat Valve Facility from the Draw Davin Many Drawided	FLOYD MEDICAL CENTER		ĺ	
Select Your Facility from the Drop-Down Menu Provided:	FLOTD MEDICAL CENTER			
	1/1/2022			
	through 12/31/2022			
Select Cost Report Year Covered by this Survey:	X			
3. Status of Cost Report Used for this Survey (Should be audited if available)	1 - As Submitted			
3a. Date CMS processed the HCRIS file into the HCRIS database:	6/9/2023			
·				
	Data	Correct?	If Incorre	ct, Proper Information
4. Hospital Name:	FLOYD MEDICAL CENTER	Yes		
5. Medicaid Provider Number:	000000756A	Yes		
Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	-		
Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	-		
Medicare Provider Number:	110054	Yes		
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Non-State Govt.	Yes		
COperator (1 Trade Caste Cove., Notrotate Cove., Filo/ Hibar).		160		
Out-of-State Medicaid Provider Number. List all states where y	you had a Medicaid provider agreement during the co	ost report year:		
	State Name	Provider No.		
9. State Name & Number	Alabama	FLOO54P		
10. State Name & Number				
11. State Name & Number				
12. State Name & Number 13. State Name & Number				
13. State Name & Number 14. State Name & Number				
15. State Name & Number				
(List additional states on a separate attachment)				
E. Disclosure of Medicaid / Uninsured Payments Receive	d: (01/01/2022 - 12/31/2022)			
L. Disclosure of medicala / Offinsured Fayments Receive	. (0 1/0 1/2022 - 12/3 1/2022)			
1. Section 1011 Payment Related to Hospital Services Included in Ext	nibits B & B-1 (See Note 1)		\$ -	
2. Section 1011 Payment Related to Inpatient Hospital Services NOT			\$ -	
Section 1011 Payment Related to Outpatient Hospital Services NO			\$	
 Total Section 1011 Payments Related to Hospital Services (Se Section 1011 Payment Related to Non-Hospital Services Included i 			\$- •	
Section 1011 Payment Related to Non-Hospital Services MOT Inclu Section 1011 Payment Related to Non-Hospital Services NOT Inclu			\$ -	
7. Total Section 1011 Payments Related to Non-Hospital Services			\$-	
8. Out-of-State DSH Payments (See Note 2)			e	
o. Out-or-State DSH Payments (See Note 2)			Ψ -	
			Inpatient	Outpatient Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)			\$ 535,434 \$	1,004,720 \$1,540,
10. Total Cash Basis Patient Payments from All Other Patients (On Exh	*		\$ 1,377,368 \$	6,576,435 \$7,953,8
11. Total Cash Basis Patient Payments Reported on Exhibit B(Agrees to			\$1,912,802	\$7,581,155 \$9,493,9 13.25% 16,2
12. Uninsured Cash Basis Patient Payments as a Percentage of Total (Casii dasis Patient Payments:		27.99%	13.25% 16.2
 Did your hospital receive any Medicaid managed care payment Should include all non-claim-specific payments such as lump sum payment 		honus navments, canitation	No navments received by the hospital	not by the MCOL or other incentive naument
оловів товаве ан пон-ванн-эревню раутеню зивн ds lump sum раутел	no for fair modicald pricing, supplementals, quality payments, i	оснав рауніств, саріваног	paymonts received by the HOSPITAL	not by the wooj, or other incentive payment
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	, , , , ,		\$ -	
Total Medicaid managed care non-claims payments (see question of the control	,		\$-	

7,200

Unreconciled Difference (Should be \$0) \$

65,875,554

108,959,246

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

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

F. MIUR / LIUR Qualifying Data from the Cost Report (01/01/2022 - 12/31/2022)

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

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

F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges(Used in Low-Income Utilization Ratio (LIUR) Calculation):

- 2. Inpatient Hospital Subsidies
- 3. Outpatient Hospital Subsidies
- 4. Unspecified I/P and O/P Hospital Subsidies
- 5. Non-Hospital Subsidies
- 6. Total Hospital Subsidies
- 7. Inpatient Hospital Charity Care Charges
- 8. Outpatient Hospital Charity Care Charges
- 9. Non-Hospital Charity Care Charges
- 10. Total Charity Care Charges

36. Unreconciled Difference

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

	Tota	l Patient Revenues (Charg	es)		Contractual Adjustments		
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital	\$ 131,078,719	\$ -	\$ -	\$ 99,968,141	\$ -	\$ -	\$ 31,110,578
12. Psych Subprovider	\$ 9,461,419	\$ -	\$ -	\$ 7,215,820	\$ -	\$ -	\$ 2,245,599
13. Rehab. Subprovider	\$ 3,837,260	\$ -	\$ -	\$ 2,926,514	\$ -	\$ -	\$ 910,746
14. Swing Bed - SNF			\$ -			\$ -	
15. Swing Bed - NF			\$ -			\$ -	
16. Skilled Nursing Facility			\$ -			\$ -	
17. Nursing Facility			\$ -			\$ -	
18. Other Long-Term Care		004.407.000	\$ -	â 505 404 740	200 500 054	\$ -	
19. Ancillary Services	\$ 701,706,719	\$ 904,197,283 \$ 250,736,601	\$ -	\$ 535,161,748	\$ 689,592,654 \$ 191,226,098	\$ -	\$ 381,149,600 \$ 59,510,503
Outpatient Services Home Health Agency		\$ 250,736,601	\$ -		\$ 191,226,098	\$ -	\$ 59,510,503
21. Home Health Agency 22. Ambulance			\$ -			\$ -	
23. Outpatient Rehab Providers	4	9	\$ -	•	S -	\$ -	\$ -
24. ASC	\$	\$ -	\$ -	\$	\$ -	\$ -	\$ -
25. Hospice	-	*	\$ 12.631.096			\$ 9.633.198	Ť
26. Other	\$ -	\$ 16.014	\$ -	\$ -	\$ 12.213	\$ -	\$ 3.801
27. Total	\$ 846,084,117	\$ 1,154,949,898	\$ 12,631,096	\$ 645,272,224	\$ 880,830,965	\$ 9,633,198	\$ 474,930,826
28. Total Hospital and Non Hospital		Total from Above	\$ 2,013,665,111		Total from Above	\$ 1,535,736,386	
 Total Per Cost Report Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED patient revenue) 		nt Revenues (G-3 Line 1) ct is a decrease in net	\$ 2,013,665,111	Total Con	ntractual Adj. (G-3 Line 2)	\$ 1,531,944,119	
 Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT decrease in net patient revenue) 	INCLUDED on worksheet G-3,	Line 2 (impact is a				+ \$ -	
 Increase worksheet G-3, Line 2 to reverse offset of Medicaid DS is a decrease in net patient revenue) 	H Revenue INCLUDED on work	ksheet G-3, Line 2 (impact				+ \$ 3.792.267	
 Increase worksheet G-3, Line 2 to reverse offset of State and Lo worksheet G-3, Line 2 (impact is a decrease in net patient reven 		s INCLUDED on				+ \$ -	
 Decrease worksheet G-3, Line 2 to remove Medicaid Provider T increase in net patient revenue) 	axes INCLUDED on worksheet	G-3, Line 2 (impact is an				\$ -	
35. Adjusted Contractual Adjustments						1,535,736,386	ļ

Unreconciled Difference (Should be \$0) \$

G. Cost Report - Cost / Days / Charges

Cost Report Year (01/01/2022-12/31/2022) FLOYD MEDICAL CENTER

Routine Cost Centers (list below): Date Part Cost 26 International Cost Part Cost 3 Part Cost 4 Part Cost 4 Part Cost 4 Part Cost 4 Part Cost 5 Cost 6 Part Cost 5 Part Cost 6 Pa	Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem /
Section Description Desc			Worksheet B,	Worksheet B, Part I, Col. 25 (Intern & Resident	Worksheet C, Part I, Col.2 and	Out - Cost Report Worksheet D-1,	Calculated	W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for	Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges		Calculated Per Diem
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$										_	
Second Continue					\$ -	-			,		
19300 DURNINTENSIVE CARE UNIT \$ \$ \$ \$ \$ \$ \$ \$ \$					\$ -			9,722			
Substitution Subs						_		-	7		
Section Control Cont				7				-	Ψ		7
Subprovider								-	ф -		T
Subprovider			7		Ψ			-	ъ - е		
Sample S			*	Ť	Ψ.			-	ф <u>-</u>		т
Total Routine \$ 138,239,418 \$ 3,109,705 \$ - \$ \$ 141,349,123 \$ 111,326 \$ 112,724,345 \$ \$ 1.00,000 \$ 138,239,418 \$ 3,109,705 \$ - \$ \$ 141,349,123 \$ 111,326 \$ 112,724,345 \$ \$ 1.00,000 \$ \$ 138,239,418 \$ 3,109,705 \$ - \$ \$ 141,349,123 \$ 111,326 \$ 112,724,345 \$ \$ \$ 1.00,000 \$ \$ 138,239,418 \$ 3,109,705 \$ - \$ \$ 141,349,123 \$ 111,326 \$ 112,724,345 \$ \$ \$ \$ 1.20,000 \$ \$ \$ 1.20,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			7	7	Ψ			-	¢ -		
Total Routine \$ 138,239,418 \$ 3,109,705 \$ \$ \$ \$ \$ \$ \$ \$ \$					7			7 420	7		
Mospital Observation Data (Non-Distinct)	04000 11011		ψ 12,010,101		¢	¢	, ,, ,, ,, ,				Ψ 1,020.0
Hospital Observation Days - Cost Report Wis S Cost Report Worksheet C, Pt. I, Worksheet C, Pt. I, Worksheet C, Pt. I, Worksheet C, Pt. I, Col. 8			φ 130,239,410	\$ 3,109,703	Ф -	Ф -	φ 141,349,123	111,320	Ф 113,724,343		\$ 1,269.6
Observation Days Observation Days Cast Report MS Cast Report Morksheet		Weighted Average									φ 1,209.00
Cost Report Worksheet B, Part I, Col. 26 Part I, Col. 25 Part I, Col. 26 Part I, Col. 26 Part I, Col. 26 Part I, Col. 26 Part I, Col. 27 Part I, Col. 28 Part I, Col. 28 Part I, Col. 26 Part I, Col. 26 Part I, Col. 27 Part I, Col. 28 Part I, Col. 29 Part I, Col. 20 P	Observation	n Data (Non-Distinct)		3, Pt. I, Line 28,	3, Pt. I, Line 28.01,	3, Pt. I, Line 28.02,		Worksheet C, Pt. I,	Worksheet C, Pt. I,	Worksheet C, Pt. I,	Cost-to-Charge Ratio
Cost Report Worksheet R, Part I, Col. 26 Cost Report Worksheet C, Part I, Col. 25 Cost Report Worksheet C, Part I, Col. 26 Cost Report Cost Report Worksheet C, Pt. I, Col. 6 Cost Report Worksheet C, Pt. I, Col. 6 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 8 Cost Report Worksheet C, Pt. I, Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Worksheet C, Pt. I, Col. 7 Col. 8 Cost Report Cost Report Col. 8 Cost Report Cost Rep	09200 Obse	ervation (Non-Distinct)		12.075							
\$27,715,247 \$121,450,939 \$257,160,259 \$378,611,198 0.07				12,073	-	-	\$ 12,443,408	1,572,155	18,940,595	\$ 20,512,750	0.606618
\$ 6,933,039 \$ 9,641,209 \$ 28,904,904 \$ 38,546,113 0.15	Ancillary C	Cost Centers (from W/S C excluding Ob	Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Worksheet C, Part I, Col.2 and	-	.2, 13, 13	Inpatient Charges - Cost Report Worksheet C, Pt. I,	Outpatient Charges - Cost Report Worksheet C, Pt. I,	Total Charges - Cost Report Worksheet C, Pt. I,	0.606618 Medicaid Calculated Cost-to-Charge Ratio
\$ 6,933,039 \$ 9,641,209 \$ 28,904,904 \$ 38,546,113 0.15			Worksheet B, Part I, Col. 26 servation) (list belo	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w):	Worksheet C, Part I, Col.2 and Col. 4	-	Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated
\$500 ANESTHESIOLOGY \$ 504,594 \$ - \$ - \$ \$ 504,594 \$ 17,335,960 \$ 26,153,391 \$ 43,489,351 \$ 0.00	5000 OPE	RATING ROOM	Worksheet B, Part I, Col. 26 servation) (list belo \$ 27,433,955	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292	Worksheet C, Part I, Col.2 and Col. 4	-	Calculated \$ 27,715,247	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
\$ 20,689,252 \$ 69,743,046 \$ 146,813,246 \$ 216,556,292 \$ 0.05	5000 OPE 5001 LITH 5100 REC	ERATING ROOM HOTRIPSY COVERY ROOM	Worksheet B, Part I, Col. 26 servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ - \$	Worksheet C, Part I, Col.2 and Col. 4	-	Calculated \$ 27,715,247 \$ 418,304 \$ 6,933,039	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113	Medicaid Calculated Cost-to-Charge Ratio 0.07320 0.16804 0.17986
\$ 20,404,218 \$ 173,671,180 \$ 130,673,469 \$ 304,344,649 0.00	5000 OPE 5001 LITH 5100 REC 5200 DEL	ERATING ROOM HOTRIPSY COVERY ROOM IVERY ROOM & LABOR ROOM	Worksheet B, Part I, Col. 26 servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ - \$ - \$ -	Worksheet C, Part I, Col.2 and Col. 4	-	\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230	Medicaid Calculated Cost-to-Charge Ratio 0.07320 0.16804 0.17986 0.32459
6500 RESPIRATORY THERAPY	5000 OPE 5001 LITH 5100 REC 5200 DELI 5300 ANE	ERATING ROOM HOTRIPSY COVERY ROOM JIVERY ROOM & LABOR ROOM STHESIOLOGY	Worksheet B, Part I, Col. 26 servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ - \$ - \$ - \$ - \$ -	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ -	-	\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,335,960	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,153,391	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,489,351	Medicaid Calculated Cost-to-Charge Rati 0.07320 0.16804 0.17986 0.32459 0.01160
6600 PHYSICAL THERAPY \$ 21,593,170 \$ 70,323 \$ - \$ 21,663,493 \$ 12,242,379 \$ 20,319,603 \$ 32,561,982 0.60 6900 ELECTROCARDIOLOGY \$ 8,819,652 \$ 156,141 \$ - \$ 8,975,793 \$ 47,149,404 \$ 46,984,843 \$ 94,134,247 0.00 7100 MEDICAL SUPPLIES CHARGED TO PATIENT \$ 31,584,842 \$ - \$ - \$ 31,584,842 \$ 69,879,259 \$ 29,790,305 \$ 99,669,564 0.3 7200 IMPL. DEV. CHARGED TO PATIENTS \$ 18,757,439 \$ - \$ - \$ 18,757,439 \$ 14,161,763 \$ 72,137,610 \$ 86,299,373 0.2 7300 DRUGS CHARGED TO PATIENTS \$ 38,071,596 \$ - \$ 38,071,596 \$ 129,208,506 \$ 120,631,760 \$ 249,840,266 7400 RENAL DIALYSIS \$ 2,112,377 \$ - \$ - \$ 2,112,377 \$ 3,787,200 \$ 3,062,637 \$ 6,849,837 0.31 7601 CHEMICAL DEPENDENCY \$ 671,480 \$ 169,252 \$ - \$ 840,732 \$ 2,240 \$ 1,907,034 \$ 1,909,274 0.44	5000 OPE 5001 LITH 5100 REC 5200 DELI 5300 ANE 5400 RAD	ERATING ROOM HOTRIPSY COVERY ROOM JIVERY ROOM & LABOR ROOM STHESIOLOGY DIOLOGY-DIAGNOSTIC	Worksheet B, Part I, Col. 26 servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,592,707	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ - \$ - \$ - \$ - \$ -	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ -	-	\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,689,252	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,335,960 \$ 69,743,046	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,153,391 \$ 146,813,246	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,489,351 \$ 216,556,292	Medicaid Calculated Cost-to-Charge Ration 0.07320 0.16804 0.17986 0.32459 0.01160
6900 ELECTROCARDIOLOGY \$ 8,819,652 \$ 156,141 \$ - \$ 8,975,793 \$ 47,149,404 \$ 46,984,843 \$ 94,134,247 0.05 \$ 1,000 MEDICAL SUPPLIES CHARGED TO PATIENT \$ 31,584,842 \$ - \$ - \$ 31,584,842 \$ 69,879,259 \$ 29,790,305 \$ 99,669,564 0.37 \$ 1,000 MPL. DEV. CHARGED TO PATIENTS \$ 18,757,439 \$ - \$ 18,757,439 \$ 14,161,763 \$ 72,137,610 \$ 86,299,373 0.27 \$ 1,000 MPL. DEV. CHARGED TO PATIENTS \$ 38,071,596 \$ - \$ 38,071,596 \$ 129,208,506 \$ 120,631,760 \$ 249,840,266 0.11 \$ 1,000 MPL. DEV. CHARGED TO PATIENTS \$ 38,071,596 \$ 129,208,506 \$ 120,631,760 \$ 249,840,266 0.11 \$ 1,000 MPL. DEV. CHARGED TO PATIENTS \$ 3,000 \$ 3,000 \$ 3,00000 \$ 3,00000 \$ 3,00000 \$ 3,00000 \$ 3,00000 \$ 3,0000 \$ 3,00000 \$ 3,00000 \$	5000 OPE 5001 LITH 5100 REC 5200 DELL 5300 ANE 5400 RAD 6000 LABO	ERATING ROOM IOTRIPSY COVERY ROOM IVERY ROOM & LABOR ROOM STHESIOLOGY OIOLOGY-DIAGNOSTIC ORATORY	Worksheet B, Part I, Col. 26 servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,592,707 \$ 20,404,218	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ - \$ - \$ - \$ - \$ 96,545	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ -		\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,689,252 \$ 20,404,218	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,335,960 \$ 69,743,046 \$ 173,671,180	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,153,391 \$ 146,813,246 \$ 130,673,469	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,489,351 \$ 216,556,292 \$ 304,344,649	Medicaid Calculated Cost-to-Charge Rati 0.07320 0.16804 0.17986 0.32459 0.01160 0.09553
7100 MEDICAL SUPPLIES CHARGED TO PATIENT \$ 31,584,842 \$ - \$ \$ 31,584,842 \$ 69,879,259 \$ 29,790,305 \$ 99,669,564 0.3 7200 IMPL. DEV. CHARGED TO PATIENTS \$ 18,757,439 \$ - \$ \$ 18,757,439 \$ 14,161,763 \$ 72,137,610 \$ 86,299,373 0.2 7300 DRUGS CHARGED TO PATIENTS \$ 38,071,596 \$ - \$ \$ 38,071,956 \$ 120,631,760 \$ 249,840,266 0.41 7400 RENAL DIALYSIS \$ 2,112,377 \$ - \$ \$ 2,112,377 \$ 3,787,200 \$ 3,662,637 \$ 6,849,837 0.3 7601 CHEMICAL DEPENDENCY \$ 671,480 \$ 169,252 \$ - \$ 840,732 \$ 2,240 \$ 1,907,034 \$ 1,909,274 0.44	5000 OPE 5001 LITH 5100 REC 5200 DEL 5300 ANE 5400 RAD 6000 LABO 6500 RES	ERATING ROOM IOTRIPSY COVERY ROOM IVERY ROOM & LABOR ROOM ESTHESIOLOGY ORATORY SPIRATORY THERAPY	Worksheet B, Part I, Col. 26 servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,592,707 \$ 20,404,218 \$ 10,717,773	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY) \$ 281,292 \$ - \$ - \$ - \$ - \$ 96,545 \$ - \$ \$	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ -		\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,694 \$ 20,689,252 \$ 20,404,218 \$ 10,717,773	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,335,960 \$ 69,743,046 \$ 173,671,180 \$ 44,166,829	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,153,391 \$ 146,813,246 \$ 130,673,469 \$ 9,072,600	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,489,351 \$ 216,556,292 \$ 304,344,649 \$ 53,239,429	Medicaid Calculated Cost-to-Charge Ratii 0.07320 0.16804 0.17986 0.32459 0.01160 0.09553 0.06704 0.20131
7200 IMPL. DEV. CHARGED TO PATIENTS \$ 18,757,439 \$ 14,161,763 \$ 72,137,610 \$ 86,299,373 0.2° 7300 DRUGS CHARGED TO PATIENTS \$ 38,071,596 \$ - \$ \$ 38,071,596 \$ 129,208,506 \$ 120,631,760 \$ 249,840,266 0.1¹ 7400 RENAL DIALYSIS \$ 2,112,377 \$ - \$ 2,112,377 \$ 3,787,200 \$ 30,62,637 \$ 6,849,266 0.1¹ 7601 CHEMICAL DEPENDENCY \$ 671,480 \$ 169,252 \$ - \$ 8,40,732 \$ 2,240 \$ 1,907,034 \$ 1,909,274 0.4²	5000 OPE 5001 LITH 5100 REC 5200 DEL 5300 ANE 5400 RAD 6000 LAB0 6500 RES 6600 PHY	ERATING ROOM HOTRIPSY COVERY ROOM JIVERY ROOM & LABOR ROOM STHESIOLOGY JIOLOGY-DIAGNOSTIC ORATORY SPIRATORY THERAPY (SICAL THERAPY	Worksheet B, Part I, Col. 26 servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,592,707 \$ 20,404,218 \$ 10,717,773 \$ 21,593,170	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ - \$ - \$ - \$ 96,545 \$ - \$ 70,323	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,689,252 \$ 20,404,218 \$ 10,717,773 \$ 21,663,493	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,335,960 \$ 69,743,046 \$ 173,671,180 \$ 44,166,829 \$ 12,242,379	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,153,391 \$ 146,813,246 \$ 130,673,469 \$ 9,072,600 \$ 20,319,603	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,489,351 \$ 216,556,292 \$ 304,344,649 \$ 53,239,429 \$ 32,561,982	Medicaid Calculated Cost-to-Charge Rati 0.07320 0.16804 0.17986 0.32459 0.01160 0.09553 0.06704 0.20131
7300 DRUGS CHARGED TO PATIENTS \$ 38,071,596 \$ - \$ \$ 38,071,596 \$ 129,208,506 \$ 129,208,506 \$ 249,840,266 0.19 7400 RENAL DIALYSIS \$ 2,112,377 \$ - \$ \$ 2,112,377 \$ 3,787,200 \$ 3,062,637 \$ 6,849,837 0.30 7601 CHEMICAL DEPENDENCY \$ 671,480 \$ 169,252 \$ - \$ 840,732 \$ 2,240 \$ 1,907,034 \$ 1,909,274 0.44	5000 OPE 5001 LITH 5100 REC 5200 DELI 5300 ANE 5400 RAD 6000 LAB6 6500 RES 6600 PHY 6900 ELE6	ERATING ROOM HOTRIPSY COVERY ROOM JUPERY ROOM & LABOR ROOM ESTHESIOLOGY DIOLOGY-DIAGNOSTIC ORATORY SPIRATORY THERAPY SICAL THERAPY CTROCARDIOLOGY	Worksheet B, Part I, Col. 26 \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,592,707 \$ 20,404,218 \$ 10,717,773 \$ 21,593,170 \$ 8,819,652	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ - \$ - \$ - \$ 96,545 \$ - \$ 96,545 \$ 70,323 \$ 156,141	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,689,252 \$ 20,404,218 \$ 10,717,773 \$ 21,663,493 \$ 8,975,793	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,335,960 \$ 173,671,180 \$ 44,166,829 \$ 12,242,379 \$ 47,149,404	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,163,391 \$ 146,813,246 \$ 130,673,469 \$ 9,072,600 \$ 20,319,603 \$ 46,984,843	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,489,351 \$ 216,556,292 \$ 304,344,649 \$ 53,239,429 \$ 32,561,982 \$ 94,134,247	Medicaid Calculated Cost-to-Charge Rati 0.07320 0.16804 0.17986 0.32455 0.09155 0.06704 0.20131 0.66533 0.09538
7400 RENAL DIALYSIS \$ 2,112,377 \$ - \$ 2,112,377 \$ 3,787,200 \$ 3,062,637 \$ 6,849,837 0.31 7601 CHEMICAL DEPENDENCY \$ 671,480 \$ 169,252 \$ - \$ 840,732 \$ 2,240 \$ 1,907,034 \$ 1,909,274 0.44	5000 OPE 5001 LITH 5100 REC 5200 DELI 5300 ANE 5400 RAD 6000 LAB 6500 RES 6600 PHY 6900 ELEC 7100 MED	ERATING ROOM IOTRIPSY COVERY ROOM IVERY ROOM & LABOR ROOM STHESIOLOGY OIOLOGY-DIAGNOSTIC ORATORY SPIRATORY THERAPY SICAL THERAPY COTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENT	Worksheet B, Part I, Col. 26 \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,592,707 \$ 20,404,218 \$ 10,717,773 \$ 21,593,170 \$ 8,819,652 \$ 31,584,842	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY) \$ 281,292 \$ - \$ \$ - \$ \$ 96,545 \$ 5 - \$ \$ 70,323 \$ 156,141	Worksheet C, Part I, Col.2 and Col. 4		\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 20,689,252 \$ 20,404,218 \$ 10,717,773 \$ 21,663,493 \$ 8,975,793 \$ 31,584,842	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,335,960 \$ 69,743,046 \$ 173,671,180 \$ 44,166,829 \$ 12,242,379 \$ 47,149,404 \$ 69,879,259	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,153,391 \$ 146,813,246 \$ 130,673,469 \$ 9,072,600 \$ 9,072,600 \$ 20,319,603 \$ 46,984,843 \$ 29,790,305	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,489,351 \$ 216,556,292 \$ 304,344,649 \$ 53,239,429 \$ 32,561,982 \$ 94,134,247 \$ 99,669,564	Medicaid Calculated Cost-to-Charge Rati 0.07320 0.16804 0.17986 0.32455 0.01160 0.09553 0.06704 0.20131 0.66530 0.09535
7601 CHEMICAL DEPENDENCY \$ 671,480 \$ 169,252 \$ - \$ 840,732 \$ 2,240 \$ 1,907,034 \$ 1,909,274 0.44	5000 OPE 5001 LITH 5100 REC 5200 DELI 5300 ANE 5400 RAD 6000 LAB6 6500 RES 6600 PHY 6900 ELEC 7100 MED 7200 IMPL	ERATING ROOM HOTRIPSY COVERY ROOM LIVERY ROOM & LABOR ROOM STHESIOLOGY HOLOGY-DIAGNOSTIC ORATORY PIRATORY THERAPY SICAL THERAPY CTROCARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENT L. DEV. CHARGED TO PATIENTS	Worksheet B, Part I, Col. 26 servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,592,707 \$ 20,404,218 \$ 10,717,773 \$ 21,593,170 \$ 8,819,652 \$ 31,584,842 \$ 18,757,439	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ \$ -\$ \$ -\$ \$ 96,545 \$ \$ 70,323 \$ \$ 156,141 \$ \$ -\$	Worksheet C,		\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,689,252 \$ 20,404,218 \$ 10,717,773 \$ 21,663,493 \$ 8,975,793 \$ 31,584,842 \$ 18,757,439	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,335,960 \$ 69,743,046 \$ 173,671,180 \$ 44,166,829 \$ 12,242,379 \$ 47,149,404 \$ 69,879,259 \$ 14,161,763	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,153,391 \$ 146,813,246 \$ 130,673,469 \$ 9,072,600 \$ 20,319,603 \$ 46,984,843 \$ 29,790,305 \$ 72,137,610	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,489,351 \$ 216,556,292 \$ 304,344,649 \$ 53,239,429 \$ 32,561,982 \$ 94,134,247 \$ 99,689,564 \$ 86,299,373	Medicaid Calculated Cost-to-Charge Ratii 0.07320 0.16804 0.17986 0.32459 0.01160 0.09553 0.066530 0.09535 0.31689 0.21738
	5000 OPE 5001 LITH 5100 REC 5200 DELL 5300 ANE 5400 RAD 6000 LAB6 6500 RES 6600 PHY 6900 ELEC 7100 MED 7200 IMPL 7300 DRU	ERATING ROOM HOTRIPSY COVERY ROOM LIVERY ROOM & LABOR ROOM STHESIOLOGY HOLOGY-DIAGNOSTIC ORATORY SPIRATORY THERAPY CICAL THERAPY CICAL SUPPLIES CHARGED TO PATIENT L DEV. CHARGED TO PATIENTS LOSS CHARGED TO PATIENTS	Worksheet B, Part I, Col. 26 Servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,592,707 \$ 20,404,218 \$ 10,717,773 \$ 21,593,170 \$ 8,819,652 \$ 31,584,842 \$ 18,757,439 \$ 38,071,596	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ - \$ - \$ - \$ - \$ 96,545 \$ - \$ 70,323 \$ 156,141 \$ - \$ -	Worksheet C,		\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 20,689,252 \$ 20,404,218 \$ 10,717,773 \$ 21,663,493 \$ 8,975,793 \$ 31,584,842 \$ 18,757,439 \$ 38,071,596	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,33,960 \$ 69,743,904 \$ 41,164,229 \$ 44,164,243,404 \$ 69,879,259 \$ 14,161,763 \$ 129,208,506	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,153,391 \$ 146,813,246 \$ 130,673,469 \$ 9,072,600 \$ 46,984,843 \$ 29,790,305 \$ 72,137,610 \$ 120,631,760	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,4856,351 \$ 216,556,351 \$ 216,556,329 \$ 304,344,649 \$ 53,239,429 \$ 32,551,982 \$ 99,669,564 \$ 69,9373 \$ 249,840,266	Medicaid Calculated Cost-to-Charge Ratii 0.07320 0.16804 0.17986 0.32459 0.01160 0.09553 0.066530 0.09535 0.31689 0.21735
	5000 OPE 5001 LITH 5100 REC 5200 DELI 5300 ANE 5400 RAD 6000 LABE 6500 RES 6600 PHY 6900 ELEC 7100 MED 7200 IMPL 7300 DRU 7400 REN	ERATING ROOM IOTRIPSY COVERY ROOM & LABOR ROOM IVERY ROOM & LABOR ROOM STHESIOLOGY OIOLOGY-DIAGNOSTIC ORATORY SPIRATORY THERAPY (SICAL THERAPY CITCACARDIOLOGY DICAL SUPPLIES CHARGED TO PATIENT L. DEV. CHARGED TO PATIENTS JGS CHARGED TO PATIENTS JGS CHARGED TO PATIENTS JAL DIALYSIS	Worksheet B, Part I, Col. 26 Servation) (list belo \$ 27,433,955 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,592,707 \$ 20,404,218 \$ 10,717,773 \$ 21,593,170 \$ 8,819,652 \$ 31,584,842 \$ 18,757,439 \$ 38,071,596 \$ 2,112,377	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY w): \$ 281,292 \$ - \$ - \$ - \$ 96,545 \$ - \$ 70,323 \$ 156,141 \$ - \$ - \$ -	Worksheet C,		\$ 27,715,247 \$ 418,304 \$ 6,933,039 \$ 7,892,474 \$ 504,594 \$ 20,689,252 \$ 20,404,218 \$ 10,717,773 \$ 21,663,493 \$ 8,975,793 \$ 31,584,842 \$ 18,757,439 \$ 38,071,596 \$ 2,112,376	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6 \$ 121,450,939 \$ 3,132 \$ 9,641,209 \$ 19,268,903 \$ 17,335,960 \$ 69,743,046 \$ 173,671,180 \$ 44,166,829 \$ 12,424,370 \$ 69,879,259 \$ 14,161,763 \$ 129,208,506 \$ 3,787,200	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7 \$ 257,160,259 \$ 2,486,163 \$ 28,904,904 \$ 5,046,327 \$ 26,153,391 \$ 146,813,246 \$ 130,673,469 \$ 9,072,600 \$ 20,319,603 \$ 46,984,843 \$ 29,790,305 \$ 72,137,610 \$ 120,631,760 \$ 3,062,637	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8 \$ 378,611,198 \$ 2,489,295 \$ 38,546,113 \$ 24,315,230 \$ 43,489,351 \$ 216,556,292 \$ 304,344,649 \$ 53,239,429 \$ 32,561,982 \$ 94,134,247 \$ 99,669,564 \$ 86,299,373 \$ 249,840,266 \$ 6,849,837	Medicaid Calculated Cost-to-Charge Ratio 0.07320 0.16804

G. Cost Report - Cost / Days / Charges

Cost Report Year (01/01/2022-12/31/2022) FLOYD MEDICAL CENTER

			Intern & Resident	RCE and Therapy				I/P Routine		
	Line	Total Allowable	Costs Removed	Add-Back (If			I/P Days and I/P	Charges and O/P		Medicaid Per Diem /
	# Cost Center Description	Cost	on Cost Report *	Applicable		Net Cost	Ancillary Charges	Ancillary Charges	Total Charges	Cost or Other Ratios
37	9003 OTHER OP SERVICE COST CENTER	\$ 120,644		\$ -	\$	120,644			\$ 192,893	0.625445
38	9100 EMERGENCY	\$ 31,691,567	\$ 693,695	\$ -	\$	32,385,262	\$ 65,365,734	\$ 149,498,789	\$ 214,864,523	0.150724
126	Total Ancillary	\$ 256,537,860	\$ 6,687,836	\$ -	\$	263,225,696	\$ 799,777,614	\$ 1,087,516,040	\$ 1,887,293,654	
127	Weighted Average									0.146066
128	Sub Totals	\$ 394,777,278	\$ 9,797,541	\$ -	\$	404,574,819	\$ 913,501,959	\$ 1,087,516,040	\$ 2,001,017,999	
129	NF, SNF, and Swing Bed Cost for Medicaid Worksheet D, Part V, Title 19, Column 5-7,		st Report Worksheet	D-3, Title 19, Column	3, Line 200 and \$	-				
130	NF, SNF, and Swing Bed Cost for Medicare Worksheet D, Part V, Title 18, Column 5-7,		st Report Worksheet	D-3, Title 18, Column	3, Line 200 and \$	-				
131	NF, SNF, and Swing Bed Cost for Other Page	yers (Hospital must cal	culate. Submit suppor	t for calculation of cos	st.) \$	-				
131.01	Other Cost Adjustments (support must be so	ubmitted)			\$	-				
132	Grand Total				\$	404,574,819				
133	Total Intern/Resident Cost as a Percent of C	Other Allowable Cost				2.48%				

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

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

Cost Report Year (01/01/2022-12/31/2022) FLOYD MEDICAL CENTER

			Medicaid Per	Medicaid Cost to	In-State Medic	aid FFS Primary	In-State Medicaid N	fanaged Care Primary		FS Cross-Overs (with Secondary)		dicaid Eligibles (Not Elsewhere)	Unir	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 Cost Report Totals
			From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
	Routine Cost	Centers (from Section G):			Days		Days		Days		Days		Days		Days		
		TS & PEDIATRICS	\$ 1.030.51		5.573		4.659		4.976		6,712		5.289		21,920		35.51%
2	03100 INTEN	NSIVE CARE UNIT	\$ 3,316.58		3,396		334		1,001		1,267		1,289		5,998		80.83%
3	03200 CORO	ONARY CARE UNIT	\$ -		-		-		-		-		-				
4		N INTENSIVE CARE UNIT	\$ -		-		-		-		-		-				
		SICAL INTENSIVE CARE UNIT	\$ -		-		-		-		-		-				
		ER SPECIAL CARE UNIT	\$ -		-		-		-		-		-		-		
	04000 SUBF		\$ -		-		-		-		-		-				
	04100 SUBP	R SUBPROVIDER	\$ - \$ -		-		-		-		-		-		-		
	04300 NURS		\$ - \$ 1,623.66		616		4.170		- 13		941		205		5.740		80.97%
18	04300 NOKS	DENT	\$ 1,023.00	Total Davs	9,585		9,163		5,990		8,920		6,783		33,658		43.35%
10				Total Days	9,363		9,103		3,990		0,920		0,763		33,030		43.30%
19 20	Total Days per	PS&R or Exhibit Detail Unreconciled Days (E	(valoin Vorionos)		9,585		9,163		5,990		8,920		6,783				
20		Officionaled Days (E	xpiairi variance)		<u>_</u>												
					Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
21	Routir	ne Charges	7		Routine Charges \$ 9.663.213		Routine Charges \$ 9.071.792		Routine Charges \$ 6,123,568		Routine Charges \$ 9.017.499		Routine Charges \$ 6,959,119		Routine Charges \$ 33.876.072		38.36%
21 21.01		ne Charges Ilated Routine Charge Per Diem			Routine Charges \$ 9,663,213 \$ 1,008.16		Routine Charges \$ 9,071,792 \$ 990.05				Routine Charges \$ 9,017,499 \$ 1,010.93				Routine Charges \$ 33,876,072 \$ 1,006.48		38.36%
					\$ 9,663,213		\$ 9,071,792		\$ 6,123,568		\$ 9,017,499		\$ 6,959,119		\$ 33,876,072		38.36%
21.01	Calcu	lated Routine Charge Per Diem	ı G):		\$ 9,663,213 \$ 1,008.16	Ancillary Charges	\$ 9,071,792 \$ 990.05	Ancillary Charges	\$ 6,123,568 \$ 1,022.30	Ancillary Charges	\$ 9,017,499 \$ 1,010.93	Ancillary Charges	\$ 6,959,119 \$ 1,025.96	Ancillary Charges	\$ 33,876,072 \$ 1,006.48	Ancillary Charges	
21.01	Calcu		1 G):	0.606618	\$ 9,663,213	Ancillary Charges \$ 861,280	\$ 9,071,792	Ancillary Charges \$ 2,218,358	\$ 6,123,568	Ancillary Charges \$ 414,123	\$ 9,017,499	Ancillary Charges \$ 1,706,256	\$ 6,959,119	Ancillary Charges \$ 1,509,458	\$ 33,876,072	Ancillary Charges \$ 5,200,017	
21.01	Calcu Ancillary Cos 09200 Obser	lated Routine Charge Per Diem t Centers (from W/S C) (from Section	1 G):	0.606618 0.073202	\$ 9,663,213 \$ 1,008.16 Ancillary Charges		\$ 9,071,792 \$ 990.05 Ancillary Charges		\$ 6,123,568 \$ 1,022.30 Ancillary Charges		\$ 9,017,499 \$ 1,010.93 Ancillary Charges		\$ 6,959,119 \$ 1,025.96 Ancillary Charges	\$ 1,509,458	\$ 33,876,072 \$ 1,006.48 Ancillary Charges		45.54%
21.01	Calcu Ancillary Cos 09200 Obser	lated Routine Charge Per Diem t Centers (from W/S C) (from Section rvation (Non-Distinct) RATING ROOM	1 G):		\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965	\$ 861,280	\$ 9,071,792 \$ 990.05 Ancillary Charges \$ 630,861	\$ 2,218,358	\$ 6,123,568 \$ 1,022.30 Ancillary Charges \$ 329,994	\$ 414,123	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914	\$ 1,706,256	\$ 6,959,119 \$ 1,025.96 Ancillary Charges \$ 307,850	\$ 1,509,458	\$ 33,876,072 \$ 1,006.48 Ancillary Charges \$ 1,871,734	\$ 5,200,017	45.54% 32.18%
21.01 22 23 24 25	Calcu Ancillary Cos 09200 Obsei 5000 OPER 5001 LITHO 5100 RECO	Ilated Routine Charge Per Diem t Centers (from W/S C) (from Section rvation (Non-Distinct) RATING ROOM DTRIPSY DVERY ROOM	1 G):	0.073202 0.168041 0.179864	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$ - \$ 842,950	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,108	\$ 9,071,792 \$ 990.05 Ancillary Charges \$ 630,861 \$ 11,461,217 \$ - \$ 1,650,274	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430	\$ 6,123,568 \$ 1,022.30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ - \$ 538,009	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$ - \$ 1,254,891	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614	\$ 6,959,119 \$ 1,025.96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$ - \$ 1,013,072	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789	\$ 33,876,072 \$ 1,006.48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$ - \$ 4,286,123	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297	45.54% 32.18% 16.36% 37.51%
21.01 22 23 24 25 26	Calcu Ancillary Cos 09200 Obset 5000 OPEF 5001 LITHO 5100 RECC 5200 DELIV	Idated Routine Charge Per Diem It Centers (from W/S C) (from Section rvation (Non-Distinct) RATING ROOM DTRIPSY DVERY ROOM LERY ROOM B LABOR ROOM	nG):	0.073202 0.168041 0.179864 0.324590	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$ - \$ 842,950 \$ 888,650	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590	\$ 9,071,792 \$ 990.05 Ancillary Charges \$ 630,861 \$ 11,461,217 \$ - \$ 1,650,274 \$ 8,304,105	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573	\$ 6,123,568 \$ 1,022.30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ - \$ 538,009 \$ 73,932	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$ - \$ 1,254,891 \$ 2,855,274	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593	\$ 6,959,119 \$ 1,025.96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$ - \$ 1,013,072 \$ 374,225	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512	\$ 33,876,072 \$ 1,006.48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$ - \$ 4,286,123 \$ 12,091,961	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743	45.54% 32.18% 16.36% 37.51% 82.51%
21.01 22 23 24 25 26 27	Calcu Ancillary Cos 09200 Obset 5000 OPEF 5001 LITHO 5100 RECO 5200 DELIV 5300 ANES	Ilated Routine Charge Per Diem t Centers (from W/S C) (from Section rvation (Non-Distinct) RATING ROOM DTRIPSY DVERY ROOM VERY ROOM VERY ROOM STHESSION ON STHESSION ON STHESSION ON STHESSION ON STHESSION ON STHESSION ON	1 6):	0.073202 0.168041 0.179864 0.324590 0.011603	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964,230	\$ 9,071,792 \$ 990.05 Ancillary Charges \$ 630,861 \$ 11,461,217 \$	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,708	\$ 6,123,568 \$ 1,022.30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ 538,009 \$ 73,932 \$ 803,390	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987 \$ 646,341	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$ - \$ 1,254,891 \$ 2,855,274 \$ 1,974,275	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323	\$ 6,959,119 \$ 1,025.96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512 \$ 1,307,525	\$ 33,876,072 \$ 1,006.48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$ - \$ 4,286,123 \$ 12,091,961 \$ 6,674,123	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602	45.54% 32.18% 16.36% 37.51% 82.51% 39.84%
21.01 22 23 24 25 26 27 28	Calcu Ancillary Cos 09200 Obset 5000 OPEF 5001 LITHO 5100 RECC 5200 DELIV 5300 ANES 5400 RADIO	Ilated Routine Charge Per Diem 1 Centers (from WIS C) (from Section valion (Non-Distinct) AATING ROOM DTRIPSY USERY ROOM ETHE ROOM STHESIOLOGY OLOGY-DIAGNOSTIC	1 G):	0.073202 0.168041 0.179864 0.324590 0.011603 0.095538	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$ \$ 842,950 \$ 858,650 \$ 1,169,575 \$ 4,870,969	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964,230 \$ 5,733,058	\$ 9,071,792 \$ 990.05 Ancillary Charges \$ 630,861 \$ 11,461,217 \$ \$ 1,650,274 \$ 8,304,105 \$ 2,726,882 \$ 2,753,010	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,708 \$ 15,105,256	\$ 6,123,568 \$ 1,022.30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ - \$ 538,009 \$ 73,932 \$ 803,390 \$ 4,983,501	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987 \$ 646,341 \$ 3,314,033	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323 \$ 9,720,143	\$ 6,959,119 \$ 1,025.96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$ - \$ 1,013,072 \$ 374,225 \$ 1,431,204 \$ 7,453,391	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512 \$ 1,307,525 \$ 18,385,577	\$ 33,876,072 \$ 1,006.48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$ - \$ 4,286,123 \$ 12,091,961 \$ 6,674,123 \$ 19,272,652	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 33,872,490	45.54% 32.18% 16.36% 37.51% 82.51% 39.84% 38.32%
21.01 22 23 24 25 26 27 28 29	Ancillary Cost 09200 Obset 5000 OPEF 5001 LITHC 5100 RECC 5200 DELIN 5300 ANES 5400 RADIG	Ideed Routine Charge Per Diem I Centers (from WiS C) (from Section varion (Non-Distinct) varining ROOM TRIPS'Y DYERY ROOM MERY ROOM & LABOR ROOM THESIOLOGY OLOGY-DIAGNOSTIC RATORY RATORY	1 G):	0.073202 0.168041 0.179864 0.324590 0.011603 0.095538 0.067043	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$ \$ \$ 84,295 \$ 1,169,575 \$ 4,870,969 \$ 15,326,793	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964,230 \$ 5,733,058 \$ 7,728,181	\$ 9,071,792 \$ 990.05 Ancillary Charges \$ 630.881 \$ 11,461,217 \$ 1,650,274 \$ 8,304,105 \$ 2,726,882 \$ 2,753,010 \$ 9,297,824	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,708 \$ 15,105,256 \$ 16,938,287	\$ 6,123,568 \$ 1,022.30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ 538,009 \$ 73,992 \$ 803,390 \$ 4,983,501 \$ 13,287,700	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987 \$ 646,341 \$ 3,314,033 \$ 3,555,504	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 599,914 \$ 12,640,623 \$ \$ 1,254,891 \$ 2,2855,274 \$ 1,974,275 \$ 6,665,142 \$ 16,802,469	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879	\$ 6,959,119 \$ 1,025.96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$ \$ 1,013.07 \$ 374,225 \$ 1,431,204 \$ 7,453,307,588	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512 \$ 1,307,525 \$ 18,385,577 \$ 20,085,822	\$ 33,876,072 \$ 1,006.48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$ 4,286,123 \$ 12,091,961 \$ 6,674,123 \$ 19,272,622 \$ 54,714,786	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 33,872,490 \$ 38,502,852	45.54% 32.18% 16.36% 37.51% 82.51% 82.51% 38.32% 44.80%
21.01 22 23 24 25 26 27 28 29 30	Ancillary Cos 99200 Obser 5000 OPEF 5001 LITHG 5100 RECC 5200 DELIN 5300 ANES 5400 RADII 6000 LABO 6500 RESP	Idead Routine Charge Per Diem I Centers (from WiS C) (from Section valion (Non-Distinct) valing (Non-Distinct) valing ROOM OTRIPSY VERY ROOM VERY ROOM VERY ROOM UGRY ROOM UGRY ROOM STHESIOLOGY DLOGY-DIAGNOSTIC RATORY IRRATORY THERAPY	1 G):	0.073202 0.168041 0.179864 0.324590 0.011603 0.095538 0.067043 0.201313	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$ \$ 842,950 \$ 858,650 \$ 1,169,575 \$ 4,870,969 \$ 15,326,793 \$ 4,284,378	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964,230 \$ 5,733,058 \$ 7,728,181 \$ 597,329	\$ 9,071,792 \$ 990.05 Ancillary Charges \$ 630,861 \$ 11,461,217 \$ 1,650,274 \$ 8,304,105 \$ 2,776,882 \$ 2,753,010 \$ 9,297,824 \$ 1,181,386	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,708 \$ 15,05,266 \$ 16,938,287 \$ 1,158,953	\$ 6,123,568 \$ 1,022,30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ 538,009 \$ 73,932 \$ 803,390 \$ 4,983,501 \$ 13,287,700 \$ 3,614,492	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987 \$ 646,341 \$ 3,314,033 \$ 3,555,504 \$ 222,078	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$ 2,855,274 \$ 1,974,275 \$ 6,665,142 \$ 16,802,469 \$ 5,059,696	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879 \$ 836,933	\$ 6,959,119 \$ 1,025,96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$ 1,013,072 \$ 374,225 \$ 1,431,204 \$ 7,453,391 \$ 15,307,588 \$ 2,370,274	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512 \$ 1,307,525 \$ 18,385,577 \$ 20,086,822 \$ 484,116	\$ 33,876,072 \$ 1,006.48 \$ 1,607,1734 \$ 37,405,516 \$ 37,405,516 \$ 12,091,961 \$ 6674,123 \$ 19,272,622 \$ 54,714,786 \$ 14,772,552	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 33,872,490 \$ 38,502,852 \$ 2,815,293	45.54% 32.18% 16.36% 37.51% 82.51% 39.84% 38.32% 44.80% 42.67%
21.01 22 23 24 25 26 27 28 29 30 31	Calcu Ancillary Cos 99200 Obsei 5000 OPEF 5001 LITHO 5100 RECC 5200 DELIN 5300 ANES 5400 RADII 6000 LABO 6500 RESF 6600 PHYS	Ideed Routine Charge Per Diem I Centers (from WiS C) (from Section varion (Non-Distinct) varining ROOM TRIPS'Y VUERY ROOM & LABOR ROOM THES'Y VIERY ROOM & LABOR ROOM THES'Y VIERY ROOM THESIOLOGY ROOM THESIOLOGY RATORY PIRATORY THERAPY	1 6):	0.073202 0.168041 0.179864 0.324590 0.011603 0.095538 0.0677043 0.201313	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964,230 \$ 5,733,058 \$ 7,728,181 \$ 597,329 \$ 454,754	\$ 9,071,792 \$ 990.05 Ancillary Charges \$ 630,861 \$ 11,461,217 \$ 1,680,274 \$ 8,304,105 \$ 2,726,882 \$ 2,726,882 \$ 1,813,986 \$ 1,813,986 \$ 308,440	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,708 \$ 15,105,256 \$ 16,938,287 \$ 1,158,953 \$ 1,145,245	\$ 6,123,568 \$ 1,022.30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ 538,009 \$ 73,932 \$ 803,390 \$ 4,983,501 \$ 13,287,700 \$ 3,614,492 \$ 722,627	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987 \$ 646,341 \$ 3,314,033 \$ 3,555,504 \$ 222,078 \$ 326,306	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$ 1,254,991 \$ 2,865,274 \$ 1,974,275 \$ 6,665,142 \$ 16,802,469 \$ 5,059,696 \$ 825,113	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879 \$ 836,933 \$ 1,110,349	\$ 6,959,119 \$ 1,025,96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$ 1,013,072 \$ 374,225 \$ 1,431,204 \$ 7,453,391 \$ 15,307,588 \$ 2,370,274 \$ 629,399	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512 \$ 1,307,525 \$ 18,365,577 \$ 20,085,822 \$ 484,116 \$ 592,485	\$ 33,876,072 \$ 1,006.48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$ 12,091,961 \$ 12,091,961 \$ 6,674,123 \$ 19,272,622 \$ 54,714,786 \$ 14,772,552 \$ 2,429,119	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 33,672,490 \$ 38,502,852 \$ 2,815,293 \$ 3,036,654	45.54% 32.18% 16.36% 37.51% 82.51% 39.84% 38.32% 44.80% 42.67% 21.61%
21.01 22 23 24 25 26 27 28 29 30 31 32	Calcu Ancillary Cos 09200 Obset 5000 OPEF 5001 LITHO 5100 RECC 5200 DELIV 5300 ANES 5400 RADII 6000 LABO 6500 RESP 6600 PHYS 6900 ELEC	Idead Routine Charge Per Diem I Centers (from WiS C) (from Section varion (Non-Distinct) AATING ROOM DTRIPSY DVERY ROOM VERY ROOM & LABOR ROOM STHESSY DVERY ROOM STHESION OF THE STHESIA OF THE		0.073202 0.168041 0.179864 0.324590 0.011603 0.095538 0.067043 0.201313 0.665300 0.095355	\$ 9,663,213 \$ 1,008.16 \$ 311,965 \$ 7,042,623 \$ \$ 842,950 \$ 1,169,575 \$ 4,870,969 \$ 15,326,793 \$ 4,284,378 \$ 572,939 \$ 3,667,187	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964,230 \$ 5,733,058 \$ 7,728,181 \$ 597,329 \$ 454,754 \$ 1,664,267	\$ 9,071,792 \$ 990.05 \$ 990.05 \$ 830,861 \$ 11,461,217 \$ 1,650,274 \$ 8,304,105 \$ 2,726,882 \$ 2,753,010 \$ 9,297,824 \$ 1,819,986 \$ 308,440 \$ 1,515,986 \$ 308,440 \$ 1,515,986	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,708 \$ 15,105,256 \$ 16,938,287 \$ 1,158,953 \$ 1,145,245 \$ 1,449,760	\$ 6,123,568 \$ 1,022,30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ 538,009 \$ 73,932 \$ 803,390 \$ 4,983,501 \$ 13,287,700 \$ 3,614,492 \$ 722,627 \$ 3351,500	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987 \$ 646,341 \$ 3,314,033 \$ 3,555,504 \$ 222,078 \$ 326,306 \$ 1,536,663	\$ 9,017,499 \$ 1,010,93 Ancillary Charges \$ 588,914 \$ 12,640,623 \$: \$ 1,254,991 \$ 2,855,274 \$ 1,974,275 \$ 6,665,142 \$ 1,974,275 \$ 6,665,142 \$ 5,059,696 \$ 5,059,696 \$ 825,113 \$ 4,410,494	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879 \$ 836,933 \$ 1,110,349 \$ 3,034,541	\$ 6,959,119 \$ 1,025,96 \$ 307,850 \$ 10,261,749 \$ 1,013,072 \$ 374,225 \$ 1,431,204 \$ 7,453,391 \$ 15,307,588 \$ 2,370,274 \$ 629,399 \$ 4,262,990	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512 \$ 1,307,525 \$ 18,385,577 \$ 20,085,822 \$ 494,116 \$ 592,485 \$ 3,011,912	\$ 33,876,072 \$ 1,006,48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$ 12,091,961 \$ 6,674,123 \$ 19,272,622 \$ 54,714,786 \$ 14,772,552 \$ 2,429,119 \$ 12,999,672	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 33,872,490 \$ 38,502,852 \$ 2,815,293 \$ 3,036,654 \$ 7,685,231	45.54% 32.18% 16.36% 82.51% 39.84% 38.32% 44.80% 42.67% 21.61% 31.81%
21.01 22 23 24 25 26 27 28 29 30 31 32 33	Calcu Ancillary Cos 09200 Obset 5000 OPEF 5001 LITHC 5100 RECC 5200 DELIV 5300 ANES 5400 RADIO 6000 LABO 6500 RESP 6600 PHYS 6900 ELEC 7100 MEDIO	Ideed Routine Charge Per Diem I Centers (from WiS C) (from Section varion (Non-Distinct) varining ROOM DTRIPSY DVERY ROOM & LABOR ROOM STRESY DVERY ROOM & LABOR ROOM STHESIOLOGY STHESIOLOGY RATORY PIRATORY THERAPY SIRATORY THERAPY STROLA SUPPLIES CHARGED TO PATIENT		0.073202 0.168041 0.179864 0.324590 0.011603 0.095536 0.0677043 0.201313 0.665300 0.095351 0.316896	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$	\$ 861.280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964,230 \$ 5,733,058 \$ 7,728,181 \$ 597,329 \$ 454,754 \$ 1,664,267 \$ 1,195,842	\$ 9,071.792 \$ 990.05 \$ 630.861 \$ 11,461.217 \$ 1.650.274 \$ 8,304.105 \$ 2,726,882 \$ 2,726,882 \$ 1,813,986 \$ 1,813,986 \$ 308,440 \$ 1,510,491 \$ 1,510,491 \$ 1,640,422	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,708 \$ 15,105,256 \$ 16,938,287 \$ 1,158,953 \$ 1,145,245 \$ 1,449,760 \$ 2,725,307	\$ 6,123,568 \$ 1,022,368 \$ 1,022,364 \$ 329,994 \$ 6,261,053 \$ 538,009 \$ 73,932 \$ 803,360 \$ 4,983,501 \$ 13,267,700 \$ 722,627 \$ 3,351,500	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 310,987 \$ 646,341 \$ 3,314,033 \$ 3,555,504 \$ 222,078 \$ 326,306 \$ 1,536,663 \$ 650,088	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$ -2,855,274 \$ 1,974,275 \$ 6,665,125 \$ 16,802,469 \$ 5,059,696 \$ 825,113 \$ 4,410,494 \$ 2,218,602	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879 \$ 836,933 \$ 1,110,349 \$ 3,034,541 \$ 1,757,739	\$ 6,959,1119 \$ 1,025,96 \$ 307,850 \$ 307,850 \$ 10,261,749 \$ 1,013,072 \$ 1374,225 \$ 174,32,951 \$ 15,307,588 \$ 2,370,274 \$ 629,399 \$ 4,262,990 \$ 1,884,078	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512 \$ 1,307,525 \$ 18,385,577 \$ 20,085,822 \$ 484,116 \$ 592,485 \$ 3,011,912 \$ 1,580,588	\$ 33,876,072 \$ 1,006.48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$ -2 \$ 4,286,123 \$ 12,001,961 \$ 6,674,123 \$ 14,772,552 \$ 4,471,786 \$ 14,772,552 \$ 2,429,119 \$ 12,939,672 \$ 8,839,694	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 33,872,490 \$ 38,502,852 \$ 2,815,293 \$ 3,036,654 \$ 7,685,231 \$ 6,328,976	45.54% 32.18% 16.36% 37.51% 82.51% 39.84% 44.80% 42.67% 21.61% 17.69%
21.01 22 23 24 25 26 27 28 29 30 31 32	Calcu Ancillary Cos 99200 Obsen 5000 OPEF 5001 LITHC 5100 RECC 5200 DELIV 5300 ANES 5400 RADIN 6000 LABO 6500 RESP 6900 ELEC 7100 MEDIN 7200 IMPL	Idead Routine Charge Per Diem I Centers (from WiS C) (from Section varion (Non-Distinct) AATING ROOM DTRIPSY DVERY ROOM VERY ROOM & LABOR ROOM STHESSY DVERY ROOM STHESION OF THE STHESIA OF THE		0.073202 0.168041 0.179864 0.324590 0.011603 0.095538 0.067043 0.201313 0.665300 0.095355	\$ 9,663,213 \$ 1,008.16 \$ 311,965 \$ 7,042,623 \$ \$ 842,950 \$ 1,169,575 \$ 4,870,969 \$ 15,326,793 \$ 4,284,378 \$ 572,939 \$ 3,667,187	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964,230 \$ 5,733,058 \$ 7,728,181 \$ 597,329 \$ 454,754 \$ 1,664,267	\$ 9,071,792 \$ 990.05 \$ 990.05 \$ 830,861 \$ 11,461,217 \$ 1,650,274 \$ 8,304,105 \$ 2,726,882 \$ 2,753,010 \$ 9,297,824 \$ 1,819,986 \$ 308,440 \$ 1,515,986 \$ 308,440 \$ 1,515,986	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,708 \$ 15,105,256 \$ 16,938,287 \$ 1,158,953 \$ 1,145,245 \$ 1,449,760	\$ 6,123,568 \$ 1,022,30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ 538,009 \$ 73,932 \$ 803,390 \$ 4,983,501 \$ 13,287,700 \$ 3,614,492 \$ 722,627 \$ 3351,500	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987 \$ 646,341 \$ 3,314,033 \$ 3,555,504 \$ 222,078 \$ 326,306 \$ 1,536,663	\$ 9,017,499 \$ 1,010,93 Ancillary Charges \$ 588,914 \$ 12,640,623 \$: \$ 1,254,991 \$ 2,855,274 \$ 1,974,275 \$ 6,665,142 \$ 1,974,275 \$ 6,665,142 \$ 5,059,696 \$ 5,059,696 \$ 825,113 \$ 4,410,494	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879 \$ 836,933 \$ 1,110,349 \$ 3,034,541	\$ 6,959,119 \$ 1,025,96 \$ 307,850 \$ 10,261,749 \$ 1,013,072 \$ 374,225 \$ 1,431,204 \$ 7,453,391 \$ 15,307,588 \$ 2,370,274 \$ 629,399 \$ 4,262,990	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512 \$ 1,307,525 \$ 18,385,577 \$ 20,085,822 \$ 494,116 \$ 592,485 \$ 3,011,912	\$ 33,876,072 \$ 1,006,48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$ 12,091,961 \$ 6,674,123 \$ 19,272,622 \$ 54,714,786 \$ 14,772,552 \$ 2,429,119 \$ 12,999,672	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 33,872,490 \$ 38,502,852 \$ 2,815,293 \$ 3,036,654 \$ 7,685,231	45.54% 32.18% 16.36% 37.51% 82.51% 39.84% 38.32% 44.80% 42.67% 21.61% 31.81% 23.99%
21.01 22 23 24 25 26 27 28 29 30 31 32 33 34	Calcu Ancillary Cos: 99200 Obset 5000 OPEF 5001 LITHC 5100 RECC 5200 DELIV 5300 ANES 5400 RADIO 6000 LABO 6500 RESP 6600 PHYS 6900 ELEC 7100 MEDIO 7200 IMPLI 7300 DRUC	Idead Routine Charge Per Diem I Centers (from WiS C) (from Section varion (Non-Distinct) ARTING ROOM DTRIPSY DYERTY ROOM & LABOR ROOM STHESSY DYERTY ROOM & LABOR ROOM STHESIOLOGY OLOGY-DIAGNOSTIC RATORY RATORY HERAPY SICAL THERAPY SICAL THERAPY CAS SUPPLIES CHARGED TO PATIENTS CAS SUPPLIES CHARGED TO PATIENTS		0.073202 0.168041 0.179864 0.324590 0.011603 0.095538 0.0677043 0.201313 0.665300 0.095351 0.316896 0.217353	\$ 9,663,213 \$ 1,008,16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$ - \$ 842,950 \$ 858,650 \$ 1,169,575 \$ 4,870,969 \$ 15,326,793 \$ 4,224,378 \$ 572,939 \$ 3,667,187 \$ 1,536,653 \$ 2,103,098	\$ 861.280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964.230 \$ 5,733.058 \$ 7,728,181 \$ 597,329 \$ 454,754 \$ 1,664,267 \$ 1,195,642 \$ 3,550,577	\$ 9,071,792 \$ 990.05 \$ 630,861 \$ 11,461,217 \$	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,884,430 \$ 4,173,573 \$ 3,813,708 \$ 15,105,256 \$ 16,938,287 \$ 1,158,953 \$ 1,145,245 \$ 1,449,760 \$ 2,725,307 \$ 1,191,177	\$ 6,123,568 \$ 1,022,30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ -25,050,000 \$ 73,932 \$ 803,390 \$ 13,287,700 \$ 3,614,492 \$ 722,627 \$ 3,351,500 \$ 1,444,017 \$ 1,072,700	\$ 414,123 \$ 5,974,716 \$ 36,743 \$ 664,145 \$ 316,987 \$ 646,341 \$ 3,314,033 \$ 3,555,504 \$ 222,078 \$ 3223,066 \$ 1,536,663 \$ 650,088 \$ 1,741,245	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$ \$ 1,254,891 \$ 2,255,274 \$ 1,974,275 \$ 6,665,142 \$ 16,802,469 \$ 5,059,696 \$ 825,113 \$ 4,410,494 \$ 2,218,602 \$ 1,774,989	\$ 1,706,256 \$ 15,635,330 \$ 58,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879 \$ 836,933 \$ 1,110,349 \$ 3,034,541 \$ 1,757,739 \$ 3,214,201	\$ 6,959,119 \$ 1,025,96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$ 1,013,072 \$ 3,74,225 \$ 1,431,204 \$ 7,453,391 \$ 15,307,588 \$ 2,370,274 \$ 629,399 \$ 4,262,990 \$ 1,884,078 \$ 1,884,078 \$ 1,884,078	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,384,789 \$ 1,054,512 \$ 1,307,525 \$ 18,385,577 \$ 20,085,822 \$ 484,116 \$ 592,485 \$ 3,011,912 \$ 1,580,588 \$ 1,240,199	\$ 33,876,072 \$ 1,006,48 Ancillary Charges \$ 1,671,734 \$ 37,405,516 \$ 2 \$ 4,286,12 \$ 12,091,961 \$ 6,674,123 \$ 19,272,622 \$ 54,714,786 \$ 14,772,552 \$ 2,429,119 \$ 12,399,672 \$ 6,839,694 \$ 5,333,116	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 38,502,852 \$ 2,815,293 \$ 3,036,654 \$ 7,685,231 \$ 6,328,976 \$ 10,225,200	45.54% 32.18% 16.36% 37.51% 82.51% 39.84% 38.32% 44.80% 42.161% 31.81% 17.69% 23.384%
21.01 22 23 24 25 26 27 28 29 30 31 32 33 34 35	Calcu Ancillary Cos D9200 Obset 5000 OPEE 5001 LITHG 5100 RECC 5200 DELIN 5300 ANES 5400 RADIO 6000 LABO 6000 PHYS 6900 ELEC 7100 MEDIO 7400 RENA 7400 RENA 7601 CHEN	Idead Routine Charge Per Diem I Centers (from WiS C) (from Section varion (Non-Distinct) varining ROOM JTRIPSY DVERY ROOM & LABOR ROOM JTRIPSY DVERY ROOM & LABOR ROOM STHESIOLOGY JENEY OF THE SECTION JENEY OF THE		0.073202 0.168041 0.179864 0.324590 0.011603 0.095538 0.067043 0.201313 0.6665300 0.095351 0.316896 0.217353 0.152384	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 1,022,105 \$ 110,590 \$ 964,230 \$ 5,733,058 \$ 7,728,181 \$ 597,329 \$ 454,754 \$ 1,664,267 \$ 1,195,642 \$ 3,550,577 \$ 3,552,017	\$ 9,071.792 \$ 990.05 \$ 630.861 \$ 11,461.217 \$ 1.650.274 \$ 8.3.04.105 \$ 2,776.882 \$ 2,776.882 \$ 2,783.010 \$ 9,297.824 \$ 1,613.866 \$ 308.440 \$ 1,510.491 \$ 1,640.422 \$ 782.328	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,884,430 \$ 4,173,573 \$ 3,813,708 \$ 15,105,256 \$ 16,938,287 \$ 1,158,953 \$ 1,145,245 \$ 1,449,760 \$ 2,725,307 \$ 1,191,177	\$ 6,123,568 \$ 1,022,30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987 \$ 646,341 \$ 3,314,033 \$ 3,555,504 \$ 222,078 \$ 326,306 \$ 1,536,663 \$ 650,088 \$ 1,741,245 \$ 2,475,932	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,823 \$ - \$ 1,254,891 \$ 2,285,274 \$ 1,974,275 \$ 6,665,142 \$ 16,502,469 \$ 5,059,696 \$ 825,113 \$ 4,410,494 \$ 2,218,602 \$ 1,774,989 \$ 1,774,989 \$ 1,774,989 \$ 11,576,040	\$ 1,706,256 \$ 15,835,330 \$ 58,587 \$ 1,980,618 \$ 1,943,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879 \$ 836,933 \$ 1,110,349 \$ 3,034,541 \$ 1,757,739 \$ 3,214,201 \$ 10,280,379	\$ 6,959,119 \$ 1,025,96 \$ 307,850 \$ 10,261,749 \$ 1,013,072 \$ 1,013,072 \$ 1,431,204 \$ 7,453,391 \$ 15,307,688 \$ 2,370,274 \$ 622,939 \$ 4,262,930 \$ 1,888,098 \$ 1,888,098 \$ 1,888,098 \$ 1,888,098	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,094,512 \$ 1,307,525 \$ 18,385,577 \$ 20,085,822 \$ 484,116 \$ 592,485 \$ 1,580,588 \$ 1,240,199 \$ 6,272,006 \$ 2,076,641	\$ 33.876.072 \$ 1,006.48 \$ 1,871,734 \$ 37,405.516 \$ \$ 4.286,123 \$ 12.091,675 \$ 13.091,675 \$ 1	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 38,502,852 \$ 2,815,293 \$ 3,036,654 \$ 7,885,231 \$ 6,328,976 \$ 10,225,200 \$ 25,579,169	45.54% 32.18% 16.36% 37.51% 39.84% 38.32% 44.80% 42.67% 21.61% 31.81% 17.69% 23.99% 35.01%
21.01 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	Calcu Ancillary Cos 99200 Obses 99200 Obses 5000 OPEF 5001 LITHA 5100 RECC 5200 DELIV 5300 ANES 5400 RADIR 6000 LABO 6000 PHYS 6600 PHYS 7200 IMPL 7200 IMPL 7300 DRUC 7400 REDA 7601 CHEM	Idead Routine Charge Per Diem I Centers (from WiS C) (from Section vasion (Non-Distinct) ATINIG ROOM DTRIPSY DYBERY ROOM VERY ROOM & LABOR ROOM STHESIOLOGY CAS SUPPLIES CHARGED TO PATIENTS SIGNATION STHESIOLOGY CAS SUPPLIES CHARGED TO PATIENTS SIGNATION STREAM SIGNATION STREAM SIGNATION STREAM LODALYSIS SIGNATION STREAM LODALYSIS SIGNATION STREAM LODALYSIS LODALYS		0.073202 0.168041 0.179664 0.324590 0.011603 0.095538 0.067043 0.201313 0.665300 0.095351 0.316896 0.217353 0.152384 0.303384 0.440341 0.712267	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$	\$ 861.280 \$ 6,786,774 \$ 36,743 \$ 1,022,108 \$ 110,590 \$ 964.230 \$ 5,733,058 \$ 7,728,181 \$ 597,329 \$ 454,754 \$ 1,964.287 \$ 1,196,842 \$ 3,650,577 \$ 6,352,017	\$ 9,071,792 \$ 990.05 \$ 630,661 \$ 11,461,217 \$ 1,55 \$ 1,650,27 \$ 8,304,105 \$ 2,776,882 \$ 2,776,882 \$ 1,813,986 \$ 308,440 \$ 1,510,491 \$ 1,640,422 \$ 782,328 \$ 6,135,154 \$ 1,613,515	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,708 \$ 15,105,256 \$ 16,938,287 \$ 1,159,953 \$ 1,145,245 \$ 1,449,760 \$ 2,725,307 \$ 1,619,177 \$ 5,924,650	\$ 6,123,568 \$ 1,022,300 Ancillary Charges \$ 329,994 \$ 5 6,261,053 \$ \$ \$ 538,009 \$ 73,932 \$ 803,390 \$ 13,287,700 \$ 3,614,492 \$ 722,627 \$ \$ 1,072,700 \$ 8,503,020 \$ 8,503,027 \$ \$ 1,072,700 \$ 8,503,027 \$ \$ 1,072,700 \$ 8,503,027 \$ \$ 1,072,700 \$ 8,503,027 \$ \$ 1,072,700 \$ 8,503,027 \$ \$ 1,072,700	\$ 414,123 \$ 5,974,716 \$ 39,743 \$ 684,145 \$ 316,987 \$ 464,341 \$ 3,514,033 \$ 3,555,504 \$ 222,078 \$ 326,306 \$ 1,536,663 \$ (60,088) \$ 1,741,245 \$ 2,475,932 \$ 5,145	\$ 9,017,499 \$ 1,010.93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$ 1,254,823 \$ 1,254,823 \$ 1,974,275 \$ 6,665,142 \$ 16,802,469 \$ 5,059,996 \$ 825,113 \$ 4,410,494 \$ 2,218,602 \$ 1,774,989 \$ 11,576,040 \$ 11,576,040	\$ 1,706,256 \$ 15,635,330 \$ 56,587 \$ 1,980,614 \$ 1,643,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879 \$ 836,933 \$ 1,110,349 \$ 3,034,541 \$ 1,757,739 \$ 3,214,201 \$ 10,826,370 \$ 10,826,370	\$ 6,959,119 \$ 1,025,96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$ 1,013,072 \$ 3,74,225 \$ 1,431,204 \$ 7,433,391 \$ 15,307,588 \$ 2,370,274 \$ 629,399 \$ 4,262,990 \$ 1,894,078 \$ 1,894,078 \$ 1,884,098 \$ 10,346,589 \$ 2 10,346,589	\$ 1.509.458 \$ 10,561,057 \$ 134.183 \$ 1,364.780 \$ 1,054.512 \$ 1,075.255 \$ 18,385,577 \$ 20,085,622 \$ 484,116 \$ 592.485 \$ 3,011,912 \$ 1,580,588 \$ 1,240,190 \$ 6,272,006 \$ 2,076,641 \$ 21,337 \$ 1,373,339	\$ 33.876.072 \$ 1,006.48 \$ 1,006.48 \$ 5 1,871.734 \$ 57.405.516 \$ 1 2.0919 \$ 1 2.0919 \$ 1 2.0919 \$ 1 4,276.25 \$ 1 4,772.62 \$ 5 4,714.786 \$ 14,772.62 \$ 5 4,714.786 \$ 14,772.63 \$ 12,0919 \$ 12,993.672 \$ 6,839,694 \$ 5,733,116 \$ 37,115.805 \$ 1,322.353 \$ 1,322.353 \$ 1,322.353	\$ 5,200,017 \$ 59,339,942 \$ 214,504 \$ 7,351,297 \$ 6,244,743 \$ 7,341,602 \$ 38,572,490 \$ 38,572,490 \$ 10,252,500 \$ 10,225,200 \$ 25,579,168	45.54% 32.18% 16.36% 37.51% 39.84% 44.80% 42.61% 31.81% 17.69% 33.84% 53.84% 53.84%
21.01 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	Calcu	Ideed Routine Charge Per Diem I Centers (from WiS C) (from Section varion (Non-Distinct) varining ROOM DITRIPSY DVERY ROOM & LABOR ROOM STREIPSY DVERY ROOM & LABOR ROOM STREIPSY DVERY ROOM & LABOR ROOM STREIPSY DLOGY-DIAGNOSTIC RATORY PIRATORY THERAPY SIGAL THERAPY SIGAL THERAPY SIGAL THERAPY TROCARDIOLOGY TROCARDIOLOGY TROCARDIOLOGY DEVIATION DEV. CHARGED TO PATIENTS SIC CHARGED TO PATIENTS SIC CHARGED TO PATIENTS AL DIALYSIS LIDIALYSIS LIDIALYS		0.073202 0.188041 0.179884 0.324590 0.011803 0.095538 0.067043 0.201313 0.6665300 0.095381 0.316896 0.217353 0.152384 0.308384 0.40341 0.712267	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$ \$ 842,950 \$ 11,69,575 \$ 4,870,969 \$ 15,326,793 \$ 4,224,378 \$ 572,939 \$ 3,667,187 \$ 1,536,653 \$ 2,103,099 \$ 10,901,584 \$ 277,835 \$ 277,835 \$	\$ 861.280 \$ 6,786,774 \$ 38,743 \$ 1,022,108 \$ 110,590 \$ 964,230 \$ 5,733,058 \$ 7,728,181 \$ 597,329 \$ 454,754 \$ 1,964,267 \$ 1,195,642 \$ 3,050,577 \$ 6,352,017 \$ 9,219 \$ 1,047,268 \$ 1,047,268	\$ 9,071.792 \$ 990.05 Ancillary Charges \$ 630,861 \$ 11,461,217 \$	\$ 2.218,358 \$ 30,943,122 \$ 78,431 \$ 3.884,430 \$ 4,173,573 \$ 3.813,708 \$ 15,105,256 \$ 16,939,287 \$ 1,159,953 \$ 1,149,760 \$ 2,725,307 \$ 1,599,73 \$ 5,924,850 \$ 2,725,307 \$ 5,924,850 \$ 988,598	\$ 6,123,568 \$ 1,022,30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$ -588,009 \$ 73,932 \$ 4,983,501 \$ 13,287,700 \$ 3,515,500 \$ 1,492 \$ 722,627 \$ 3,351,500 \$ 1,072,700 \$ 1,072,700 \$ 8,593,027 \$ 508,260 \$ 8,880 \$ 28,418 \$ 28,418	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,987 \$ 646,341 \$ 3,314,033 \$ 3,555,504 \$ 222,078 \$ 322,306 \$ 1,536,663 \$ 650,088 \$ 1,741,245 \$ 2,475,932 \$ 5,145 \$ 6,651,309 \$ 651,309 \$ 51,309 \$ 6,651,309	\$ 9,017,499 \$ 1,010,93 Ancillary Charges \$ 598,914 \$ 12,640,623 \$ 1,254,891 \$ 1,254,891 \$ 1,974,275 \$ 6,665,142 \$ 16,802,469 \$ 5,059,696 \$ 825,113 \$ 4,410,494 \$ 1,774,989 \$ 1,774,989 \$ 1,776,040 \$ 5,1776,040 \$ 5,19,522 \$ 1,19,502 \$ 1,1776,040 \$ 1,174,989 \$ 1,1776,040 \$ 1,174,989 \$ 1,175,040 \$ 1,174,989 \$ 1,175,040 \$ 1,174,989 \$ 1,175,040 \$ 1,174,989 \$ 1,175,040	\$ 1,706,256 \$ 15,635,330 \$ 56,857 \$ 1,980,614 \$ 1,643,553 \$ 1,9720,143 \$ 10,220,879 \$ 836,933 \$ 1,110,349 \$ 3,034,541 \$ 1,757,739 \$ 3,214,201 \$ 10,226,370 \$ 143,560 \$ 1,417,807 \$ 1,417,807	\$ 6,959,119 \$ 1,025,96 Ancillary Charges \$ 307,850 \$ 10,261,749 \$ 1,013,072 \$ 1,431,204 \$ 74,33,391 \$ 15,307,588 \$ 2,370,274 \$ 629,389 \$ 4,262,990 \$ 1,886,098 \$ 1,886,098 \$ 1,346,589 \$ 215,668 \$ 780 \$ 37,126	\$ 1,509,458 \$ 10,561,057 \$ 134,183 \$ 1,364,789 \$ 1,054,512 \$ 1,307,525 \$ 18,385,577 \$ 20,085,822 \$ 484,116 \$ 592,485 \$ 1,240,199 \$ 6,272,006 \$ 2,076,641 \$ 2,1337 \$ 1,373,339 \$ 1,373,339 \$ 3,612	\$ 33.876.072 \$ 1,006.48 Ancillary Charges \$ 1,871,734 \$ 37,405,516 \$	\$ 5.200,017 \$ 5.309,942 \$ 214,504 \$ 7.351,297 \$ 6.2447,43 \$ 7.351,297 \$ 6.2447,43 \$ 7.341,602 \$ 3.872,450 \$ 3.8972,450 \$ 3.8972,450 \$ 5.90,15,293 \$ 5.00,865,231 \$ 6.328,976 \$ 7.685,231 \$ 6.328,976 \$ 10,225,976 \$ 25,579,169 \$ 25,579,169 \$ 5.362,237 \$ 4,104,961 \$ 5.362,237 \$ 5.362,23	45.54% 32.18% 16.86% 37.51% 82.51% 38.32% 44.80% 42.67% 21.61% 31.81% 17.69% 23.99% 33.84% 50.01% 30.31% 30.31%
21.01 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	Calcu Ancillary Cos 99200 Obses 99200 Obses 5000 OPEF 5001 LITHA 5100 RECC 5200 DELIV 5300 ANES 5400 RADIR 6000 LABO 6000 PHYS 6600 PHYS 7200 IMPL 7200 IMPL 7300 DRUC 7400 REDA 7601 CHEM	Ideed Routine Charge Per Diem I Centers (from WiS C) (from Section varion (Non-Distinct) varining ROOM DITRIPSY DVERY ROOM & LABOR ROOM STREIPSY DVERY ROOM & LABOR ROOM STREIPSY DVERY ROOM & LABOR ROOM STREIPSY DLOGY-DIAGNOSTIC RATORY PIRATORY THERAPY SIGAL THERAPY SIGAL THERAPY SIGAL THERAPY TROCARDIOLOGY TROCARDIOLOGY TROCARDIOLOGY DEVIATION DEV. CHARGED TO PATIENTS SIC CHARGED TO PATIENTS SIC CHARGED TO PATIENTS AL DIALYSIS LIDIALYSIS LIDIALYS		0.073202 0.168041 0.179664 0.324590 0.011603 0.095538 0.067043 0.201313 0.665300 0.095351 0.316896 0.217353 0.152384 0.303384 0.440341 0.712267	\$ 9,663,213 \$ 1,008.16 Ancillary Charges \$ 311,965 \$ 7,042,623 \$	\$ 861,280 \$ 6,786,774 \$ 38,743 \$ 11,022,108 \$ 110,590 \$ 964,230 \$ 5,733,058 \$ 7,728,181 \$ 597,329 \$ 454,754 \$ 1,664,267 \$ 1,195,642 \$ 3,580,577 \$ 6,352,017 \$ 9,219 \$ 12,878	\$ 9,071.792 \$ 990.05 \$ 630.861 \$ 11,461.217 \$ 1.650.274 \$ 8.3.04.105 \$ 2,776.882 \$ 2,776.842 \$ 1,510.491 \$ 1,510.491 \$ 1,510.491 \$ 1,640.422 \$ 782.328 \$ 1,535.154 \$ 16,736 \$ 16,736 \$ 16,736 \$ 16,736	\$ 2,218,358 \$ 30,943,122 \$ 78,431 \$ 3,684,430 \$ 4,173,573 \$ 3,813,008 \$ 15,105,256 \$ 16,938,287 \$ 1,145,245 \$ 1,449,760 \$ 2,725,307 \$ 1,518,953 \$ 1,449,760 \$ 2,725,307 \$ 5,924,850 \$ 5,924,850 \$ 5,924,850 \$ 5,924,850	\$ 6,123,568 \$ 1,022,30 Ancillary Charges \$ 329,994 \$ 6,261,053 \$	\$ 414,123 \$ 5,974,716 \$ 38,743 \$ 664,145 \$ 316,967 \$ 646,341 \$ 3,314,033 \$ 3,555,504 \$ 222,078 \$ 326,306 \$ 1,536,663 \$ 650,088 \$ 1,741,245 \$ 2,475,932 \$ 53,145 \$ 6,851	\$ 9,017,499 \$ 1,010,93 Ancillary Charges \$ 598,914 \$ 12,640,823 \$ \$ 1,254,891 \$ 2,2855,274 \$ 1,974,275 \$ 6,665,142 \$ 16,802,469 \$ 5,559,696 \$ 825,113 \$ 4,410,494 \$ 2,218,602 \$ 11,774,989 \$ 11,576,040 \$ 11,576,040	\$ 1,706,256 \$ 15,835,330 \$ 58,587 \$ 1,980,614 \$ 1,043,593 \$ 1,917,323 \$ 9,720,143 \$ 10,280,879 \$ 836,933 \$ 1,110,349 \$ 3,244,201 \$ 10,280,879 \$ 3,214,201 \$ 10,280,879 \$ 3,214,201 \$ 10,280,370 \$ 143,560	\$ 6,959,119 \$ 1,025,96 \$ 307,850 \$ 10,261,749 \$ 10,301,742 \$ 1,013,072 \$ 1,431,204 \$ 7,433,391 \$ 15,307,588 \$ 2,370,274 \$ 629,399 \$ 4,262,990 \$ 1,888,098 \$ 1,888,098 \$ 1,346,589 \$ 1,346,589 \$ 2,15,668 \$ 121,668	\$ 1.509.458 \$ 10,561,057 \$ 134.183 \$ 1,364.780 \$ 1,054.512 \$ 1,075.255 \$ 18,385,577 \$ 20,085,622 \$ 484,116 \$ 592.485 \$ 3,011,912 \$ 1,580,588 \$ 1,240,190 \$ 6,272,006 \$ 2,076,641 \$ 21,337 \$ 1,373,339	\$ 33.876.072 \$ 1,006.48 \$ 1,006.48 \$ 1,006.48 \$ 1,871.734 \$ 37.405.516 \$ \$ - \$ \$ 4.286.123 \$ \$ 12.091.69 \$ \$ 12.091.69 \$ \$ 12.091.69 \$ \$ 1.2091.69 \$ \$ 1.2091.69 \$ \$ 1.2091.69 \$ \$ 1.2091.69 \$ \$ 1.2091.69 \$ \$ 1.2091.69 \$ \$ 1.2091.69 \$ \$ 1.2091.69 \$ \$ 1.2091.69 \$ \$ 1.2091.69 \$ \$ 1.3091.69 \$ 1.3091.69 \$ \$ 1.3091.69 \$ \$ 1.3091.69 \$ \$ 1.3091.69 \$ \$ 1.3091.	\$ 5.200.017 \$ 59.339.942 \$ 214.504 \$ 7,351.297 \$ 6.244,743 \$ 7,341.602 \$ 38,502.852 \$ 2.815.293 \$ 0.306.654 \$ 7,685.231 \$ 6.328.976 \$ 10.225.200 \$ 25.79.169 \$ 205.924 \$ 505.924 \$ 505.924	45.54% 32.18% 16.86% 37.51% 82.51% 38.32% 44.80% 42.67% 21.61% 31.81% 17.69% 23.99% 33.84% 50.31% 30.31%

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

Cost Report Year (01/01/2022-12/31/2022) FLOYD MEDICAL CENTER

			In-State Medi	caid FF	S Primary	In-St	tate Medicaid I	Manageo	d Care Primary	ln-	-State Medicare FI Medicaid S			ı	In-State Other Med Included E	dicaid Eligibles (Not Isewhere)		Unins	sured		Total In-State	e Medicaid	%
	Totals / Payments																						_
128	Total Charges (includes organ acquisition from Section J)	\$	68,250,550	\$	46,531,455	\$	60,821,479	\$	122,082,684	\$	56,921,155	\$	26,524,486	\$	84,777,994	\$ 77,112,78		72,159,758	\$ 102,917,928	\$	270,771,178	\$ 272,251,405	37.80%
																	(Agree	s to Exhibit A)	(Agrees to Exhibit A)				
129	Total Charges per PS&R or Exhibit Detail	s	68.250.550	s	46.531.455	s	60.821.479	s	122.082.684	s	56.921.155	s	26.524.486	s	84.777.994	\$ 77.112.78	s	72.159.758	\$ 102.917.928				
130	Unreconciled Charges (Explain Variance)	-	-		,,	1.7	-	-		-	-	-		-	-	*,=,	<u> </u>	,,	-				
131.0	* * *			1													1			s		s .	.7
131.0		•	25.664.837		7.050.219	e	20.702.263	•	16.826.465	•	15.113.362	•	3.949.781	•	22.954.509	\$ 11.717.72		18.154.149	\$ 14.354.833	6	84.434.971	\$ 39.544.192	2 40.89%
151.0	Total valculated dost (includes organ acquisition from dection by	Ψ	20,004,007		7,030,213	4	20,702,203	¥	10,020,403	4	10,110,002	Ψ	3,343,701	4	22,334,303	¥ 11,717,72	1 1 4	10,134,143	4 14,004,000	Ψ	04,404,971	2 33,344,132	40.0576
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$	11,530,077	\$	5,136,051	\$	-	\$	-	\$	710,545	\$	259,304	\$	439,058	\$ 591,02)			\$	12,679,680	\$ 5,986,375	آذ
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$	-	\$	-	\$	13,606,629	\$	16,432,605	\$	-	\$	1,452	\$	328,266	\$ 307,62	2			\$	13,934,895	\$ 16,741,679	,ī
134	Private Insurance (including primary and third party liability)	\$	108,625	\$	17,660	\$	-	\$	52,094	\$	4,512	\$	10,898	\$	4,729,535	\$ 7,052,81	Ī			\$	4,842,672	\$ 7,133,466	j
135	Self-Pay (including Co-Pay and Spend-Down)	\$	-	\$	-	\$	59	\$	1,845	\$	2,959	\$	9,060	\$	13,808	\$ 27,53	9			\$	16,826	\$ 38,444	į.
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	11,638,702	\$	5,153,711	\$	13,606,688	\$	16,486,544								_						1
137	Medicaid Cost Settlement Payments (See Note B)	\$	-	\$	411,239	\$	-	\$	-											\$	-	\$ 411,239	νĪ
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$	-	\$	-	\$	-	\$	-								_			\$	-	\$ -	-]
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									\$	9,923,132	\$	2,150,656	\$	-	\$	3			\$	9,923,132	\$ 2,150,656	i]
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$	-	\$	-	\$	10,024,412	\$ 4,637,88				\$	10,024,412	\$ 4,637,881	
141	Medicare Cross-Over Bad Debt Payments									\$	338,053	\$	53,854	\$	-	\$	(Agree	s to Exhibit B	(Agrees to Exhibit B	\$	338,053	\$ 53,854	
142	Other Medicare Cross-Over Payments (See Note D)									\$	289,688	\$	78,412	\$	-	\$	а	and B-1)	and B-1)	\$	289,688	\$ 78,412	2
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)																\$	535,434	\$ 1,004,720				
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from	Section	E)														\$	-	\$ -				
145	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$	14,026,135		1,485,269	\$	7,095,575	\$	339,921	\$	3,844,473	\$	1,386,145	\$	7,419,430	\$ (899,14		17,618,715	\$ 13,350,113	\$	32,385,613		
146	Calculated Payments as a Percentage of Cost		45%		79%		66%		98%		75%		65%		68%	108	6	3%	7%		62%	94%	6
147	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I	Col 6	Cum of I no 2	2 4 4	4 46 47 49 1000	lines E 9	. 6)			_	44,143												
148	Percent of cross-over days to total Medicare days from the cost report	, col. 6,	oum or LRS. 2,	3, 4, 14	4, 10, 17, 16 IBSS	111162 2 0	. 0)			<u> </u>	15%												

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, Sold 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 corses-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
Note E - Medicard Managed Care payments should include all Medicare cost-capitation and sub-capitation payments).

I. Out-of-State Medicaid Data:

	port Year (01/01/2022-12/31/2022)	FLOYD MEDICAL C			_	Out-of-State Medi	caid Managed Care	Out-of-State Medie	are FFS Cross-Overs	Out-of-State Other	Medicaid Eligibles (Not		
				Out-of-State Med	licaid FFS Primary		nary		id Secondary)		Elsewhere)	Total Out-Of-	State Medicaid
Line#	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)		
	Cost Centers (list below):			Days		Days		Days		Days		Days	
	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	\$ 1,030.51 \$ 3.316.58		722 267		-		622		602 192		1,946 571	
	CORONARY CARE UNIT	\$ 3,310.36		-		-		- 112		- 192		- 571	
	BURN INTENSIVE CARE UNIT	\$ -		-		-		-		-		-	
	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE UNIT	\$ - \$ -		-		-		-		-		-	
	SUBPROVIDER I	\$ -		-		-		-		-			
	SUBPROVIDER II	\$ -		-		-		-		-		-	
	OTHER SUBPROVIDER NURSERY	\$ - \$ 1,623.66		- 46		-		- 4		- 13		- 63	
04300	NURSERT	\$ 1,023.00	Total Days	1,035		-		738		807		2.580	
Total Day	ys per PS&R or Exhibit Detail		rotal Bays	1.035		-		738		807		2,000	
TOtal Day	Unreconciled Days	(Explain Variance)		1,000				730		007			
	•			Davidina Obania		Davidina Obania		Davidina Obania		Davidina Obania		Davidas Obsesses	
li li	Routine Charges	\neg		Routine Charges \$ 1.095.679		Routine Charges		Routine Charges \$ 751,158		Routine Charges \$ 947,746		Routine Charges \$ 2,794,583	
	Calculated Routine Charge Per Diem			\$ 1,058.63		\$ -		\$ 1,017.83		\$ 1,174.41		\$ 1,083.17	
	y Cost Centers (from W/S C) (list below)	:	0.000040	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges 31,068	Ancillary Charges	Ancillary Charges \$ 140,041	Ancillary Cha
	Observation (Non-Distinct) OPERATING ROOM		0.606618 0.073202	55,829 1,182,385	127,872 790,643	-	-	53,144 658,541	50,746 227,417	976,090	133,279 452,534	\$ 140,041 \$ 2,817,017	\$ 31° \$ 1,470
5001 l	LITHOTRIPSY		0.168041	-	-	-	-	-	58,587	-	-	\$ -	\$ 58
	RECOVERY ROOM		0.179864	95,264	98,197	-	-	85,009	37,134	72,893	53,904	\$ 253,166	\$ 189
	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY		0.324590 0.011603	61,866 162,517	90,294 108,486	-	-	1,005 88,243	35,340 42,449	40,334 128,634	68,279 43,483	\$ 103,205 \$ 379,395	\$ 193 \$ 194
	RADIOLOGY-DIAGNOSTIC		0.095538	897,116	1,124,573	-		635,842	245,432	650,032	451,476	\$ 2,182,989	\$ 1,82
6000 I	LABORATORY		0.067043	2,181,642	1,140,699	-	-	1,751,108	327,443	1,752,454	574,151	\$ 5,685,204	\$ 2,042
	RESPIRATORY THERAPY PHYSICAL THERAPY		0.201313 0.665300	802,268 92,435	102,495 2,559	-	-	547,497 96,545	18,705 17,559	760,917 97,514	42,416 41,123	\$ 2,110,681 \$ 286,494	\$ 163 \$ 61
	ELECTROCARDIOLOGY		0.095351	651,371	2,559	-	-	516,226	121,352	330,292	181,508	\$ 286,494	\$ 546
	MEDICAL SUPPLIES CHARGED TO PATIE	NT	0.316896	389,387	94,499	-	-	173,419	56,870	193,340	83,090	\$ 756,146	\$ 234
	IMPL. DEV. CHARGED TO PATIENTS		0.217353	481,442	621,157	-	-	86,642	17,575	398,660	13,072	\$ 966,745	\$ 65
	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS		0.152384 0.308384	2,067,187 25,270	559,675	-	-	1,101,673 81,664	86,075 9,814	1,175,270 33.333	240,093 1.062	\$ 4,344,129 \$ 140,267	\$ 885
	CHEMICAL DEPENDENCY		0.440341	390	-	-	-	- 01,004		390	- 1,002	\$ 780	\$
	CLINIC		0.712267	22,761	63,641	-	-	3,295	33,017	18,325	29,636	\$ 44,380	\$ 126
9003	OTHER OP SERVICE COST CENTER EMERGENCY		0.625445 0.150724	753.734	1.834.231	-	-	667.948	308.892	- 588.629	670.094	\$ - \$ 2.010.311	\$ 2.813
91001	EMERGENCY		0.150724	9,922,864	7,002,657			6,547,801	1,694,407	7,248,175	3,079,202	\$ 2,010,311	\$ 2,813
	_			9,922,004	7,002,037	-	•	0,347,601	1,094,407	7,240,175	3,079,202		
otais / I	Payments Total Charges (includes orga	n acquisition from Sect	tion K)	\$ 11,018,543	\$ 7,002,657	\$ -	\$ -	\$ 7,298,959	\$ 1,694,407	\$ 8,195,921	\$ 3,079,202	\$ 26,513,423	\$ 11,776
Total Ch	arges per PS&R or Exhibit Detail	,	,	\$ 11,018,543	\$ 7,002,657	\$ -	\$ -	\$ 7.298.959	\$ 1.694.407	\$ 8.195.921	\$ 3.079.202	.,,	
TOTAL OTT	Unreconciled Charge	s (Explain Variance)		Ψ 11,010,040	Ψ 1,002,001	-	ψ - -	ų 7,230,303	Ψ 1,004,401	ψ 0,130,321	Ψ 0,010,202		
Sampling	g Cost Adjustment (if applicable)											\$ -	\$
	Total Calculated Cost (includes o	rgan acquisition from	Section K)	\$ 3,061,676	\$ 985,192	\$ -	\$ -	\$ 1,887,704	\$ 256,397	\$ 2,264,631	\$ 469,364	\$ 7,214,011	\$ 1,710
Total Me	edicaid Paid Amount (excludes TPL, Co-Pa	v and Spend-Down)		\$ 1.318.909	\$ 221.074	\$ -	\$ -	\$ 82.785	\$ 268	\$ 18.142	\$ 3,568	\$ 1,419,836	\$ 224
	edicaid Managed Care Paid Amount (exclu		end-Down) (See Note E)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
Private Ir	nsurance (including primary and third party		,, ,	\$ -	\$ 7,801	\$ -	\$ -	\$ 4,668	\$ 23	\$ 174,703	\$ 386,830	\$ 179,371	\$ 394
	(including Co-Pay and Spend-Down)	D 4 11 / 411 D		\$ -	\$ 955	\$ -	\$ -	\$ -	\$ 224	\$ 250	\$ 401	\$ 250	\$ 1
	owed Amount from Medicaid PS&R or RA	Detail (All Payments)		\$ 1,318,909	\$ 229,830	\$ -	\$ -					¢	¢
	d Cost Settlement Payments (See Note B) edicaid Payments Reported on Cost Report	t Year (See Note C)		φ - \$ -	φ - \$ -	\$ -	\$ -					\$ -	\$
				Ÿ .	Ÿ .	ų.	Ÿ					Ψ -	Ψ
	e Traditional (non-HMO) Paid Amount (exc	ludes coinsurance/deduc	ctibles)			-	-	\$ 1,407,096	\$ 132,517	\$ -	\$ -	\$ 1,407,096	\$ 132

I. Out-of-State Medicaid Data:

	Cost Report Year (01/01/2022-12/31/2022) FLOYD MEDICAL CENTER											
		Out-of-State Medi	caid FFS Primary		icaid Managed Care mary	Out	t-of-State Medicare Fl with Medicaid Se			Medicaid Eligibles (Not Elsewhere)		State Medicaid
141 142	Medicare Cross-Over Bad Debt Payments Other Medicare Cross-Over Payments (See Note D)					\$	- - \$	- -	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 1,742,767	\$ 755,362	\$ -	\$ -	\$	393,155 \$	123,365	\$ 811,371		\$ 2,947,293	\$ 799,343

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 (01/01/2022-12/31/2022) FLOYD MEDICAL CENTER

		Total			Revenue for	Total	In-State Medic	caid FFS Primary	In-State Medicaid M	lanaged Care Primary		FFS Cross-Overs (with Secondary)		dicaid Eligibles (Not Elsewhere)	Unin	sured
		Organ Acquisition Cos	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	122 v Total Coat	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
1	rgan Acquisition Cost Centers (list below): Lung Acquisition	e .	le -	e .	e _	0	e	0	e _	0	e _	0	e .	0	e .	
2	Kidney Acquisition	s .	\$.	s .	\$.	0	\$.	0	\$.	0	\$.	0	s .	0	s .	0
3	Liver Acquisition	s .	s -	s .	\$ -	0	s .	0	\$.	0	s .	0	\$.	0	s .	0
4	Heart Acquisition	s -	s -	s -	s -	0	s -	0	s -	0	s -	0	s -	0	s -	0
5	Pancreas Acquisition	S -	s -	s -	s -	0	s -	0	s -	0	s -	0	S -	0	S -	0
6	Intestinal Acquisition	s -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
7	Islet Acquisition	s -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	s -	0
8		s -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
	,															
9	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	_	\$ -	_	\$ -		\$ -	_	\$ -	_
10	Total Cost							_		_		_		_		_

India Loss:

India organs transplanted into such patients.

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

Cost Report Year (01/01/2022-12/31/2022) FLOYD MEDICAL CENTER

		Total			Revenue for	Total	Out-of-State Med	dicaid FFS Primary	Out-of-State Medicaid	l Managed Care Primary		are FFS Cross-Overs id Secondary)	Out-of-State Other M Included E	Medicaid Eligibles (Not Elsewhere)
		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)						
		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 Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)							
O	rgan Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
12	Kidney Acquisition	s -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
13	Liver Acquisition	s -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
14	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
15	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
16	Intestinal Acquisition	s -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
17	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
18		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
19	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
20	Total Cost							-		-		-		-
Note	A - These amounts must agree to your inpa	tient and outpatie	nt Medicaid paid cla	ims summary, if avai	lable (if not, use hospita	l's logs and subn	nit with survey							

Note B: Enter Organ Acquisition Payments in Section E 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 needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (01/01/2022-12/31/2022) FLOYD MEDICAL CENTER

Worksheet A Provider Tax Assessment Reconciliation:

			Dollar Amount	W/S A Cost Center Line
1 Hospita	al Gross Provider Tax Assessment (from gene	al ledger)*	\$ 5,256,695	Lill C
	g Trial Balance Account Type and Account # t		Expense	1112540502 (WTB Account #)
	al Gross Provider Tax Assessment Included in		\$ 5,256,695	5.02 (Where is the cost included on w/s A?
2 Hoopita	ar cross i rovider rux rusessiment included in	Expense on the cost report (W/O/I, col. 2)	0,200,000	(Whole is the cost moduce on we have
3 Differen	nce (Explain Here>)	0	\$ (0)	
Provide	er Tax Assessment Reclassifications (fron	w/s A-6 of the Medicare cost report)		
4	Reclassification Code	0	\$ -	 (Reclassified to / (from))
5	Reclassification Code	0	\$ -	- (Reclassified to / (from))
6	Reclassification Code	0	\$ -	- (Reclassified to / (from))
7	Reclassification Code	0	\$ -	- (Reclassified to / (from))
DOLLLI	OO ALLOWARIE Brookland Too Access	Additional transfer of the second of the sec		
8	Reason for adjustment	nt Adjustments (from w/s A-8 of the Medicare cost report) A-8 Adjustment 33.15	\$ (4,758,930)	5.02 (Adjusted to / (from))
9	Reason for adjustment	0	¢ (4,730,330)	- (Adjusted to / (from))
10	Reason for adjustment	0	9 -	- (Adjusted to / (from))
11	Reason for adjustment	0	ф -	- (Adjusted to / (from))
11	Reason for adjustment	0	φ -	- (Adjusted to / (Irolli))
DSH U	CC NON-ALLOWABLE Provider Tax Asses	sment Adjustments (from w/s A-8 of the Medicare cost report)		
12	Reason for adjustment	0	\$ -	-
13	Reason for adjustment	0	\$ -	-
14	Reason for adjustment	0	\$ -	-
15	Reason for adjustment	0	\$ -	
16 Total No	et Provider Tax Assessment Expense Include	d in the Cost Report	\$ 497,765	
CC Provid	ler Tax Assessment Adjustment			
CC Provid	ler Tax Assessment Adjustment:			
	ler Tax Assessment Adjustment: Allowable Assessment Not Included in the Cos	t Report	\$ 4,758,930	
17 Gross A	Allowable Assessment Not Included in the Cost	· stment to Medicaid & Uninsured:		
17 Gross A Apport	Allowable Assessment Not Included in the Cost tionment of Provider Tax Assessment Adju Medicaid Hospital Charges Sec. (stment to Medicaid & Uninsured:	581,312,271	
17 Gross <i>A</i> Apport 18 19	Allowable Assessment Not Included in the Cost tionment of Provider Tax Assessment Adju Medicaid Hospital Charges Sec. Char	· stment to Medicaid & Uninsured:	581,312,271 175,077,686	
17 Gross A Apport	Allowable Assessment Not Included in the Cost tionment of Provider Tax Assessment Adju Medicaid Hospital Charges Sec. (· stment to Medicaid & Uninsured:	581,312,271 175,077,686 2,001,017,999	
17 Gross <i>A</i> Apport 18 19	Allowable Assessment Not Included in the Cost tionment of Provider Tax Assessment Adju Medicaid Hospital Charges Sec. C Uninsured Hospital Charges Sec. C Total Hospital Charges Sec. C	· stment to Medicaid & Uninsured:	581,312,271 175,077,686	
17 Gross A Apport	Allowable Assessment Not Included in the Cost tionment of Provider Tax Assessment Adju Medicaid Hospital Charges Sec. C Uninsured Hospital Charges Sec. C Total Hospital Charges Sec. C	stment to Medicald & Uninsured:	581,312,271 175,077,686 2,001,017,999	
17 Gross A Apport 18 19 20 21	Allowable Assessment Not Included in the Cost tionment of Provider Tax Assessment Adju Medicaid Hospital Charges Sec. C Uninsured Hospital Charges Sec. C Total Hospital Charges Sec. C	stment to Medicaid & Uninsured:	581,312,271 175,077,686 2,001,017,999 29,05%	
17 Gross A Apport 18 19 20 21	Allowable Assessment Not Included in the Cost tionment of Provider Tax Assessment Adju Medicaid Hospital Charges Sec. (Uninsured Hospital Charges Sec. (Charges Sec. (Ch	stment to Medicaid & Uninsured: Adjustment to include in DSH Medicaid UCC Adjustment to include in DSH Uninsured UCC Stment to DSH UCC	581,312,271 175,077,686 2,001,017,999 29,05% 8,75%	
17 Gross A Apport 18 19 20 21 22 23 24	Allowable Assessment Not Included in the Costionment of Provider Tax Assessment Adju Medicaid Hospital Charges Sec. 6 Total Hospital Charges Sec. 6 Percentage of Provider Tax Assessment Medicaid Provider Tax Assessment	stment to Medicaid & Uninsured: Adjustment to include in DSH Medicaid UCC Adjustment to include in DSH Uninsured UCC Stment to DSH UCC	581,312,271 175,077,686 2,001,017,999 29,05% 8,75% \$ 1,382,508	

^{*} 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.

DSH Examination Eligibility Summary

Hospital Name Hospital Medicaid Number Cost Report Period FLOYD MEDICAL CENTER

000000756A

From 1/1/2022 To 12/31/2022

		As-Reported	Adjustments	As-Adjusted
LIUR		 		
1 Medicaid Hospital Net Revenue	Survey H & I (Sum all In-State & Out-of-State Medicaid Payments)	\$ 51,587,653	\$ -	\$ 51,587,653
2 Hospital Cash Subsidies	Survey F-2	\$ 7,200	\$ -	\$ 7,200
Total Net Hospital Patient Revenue	Survey F-3	\$ 51,594,853 474,930,826	\$ -	\$ 51,594,853 474,930,826
5 Medicaid Fraction 6 Inpatient Charity Care Charges	Survey F-2	\$ 10.86% 43,083,692	0.00%	\$ 10.86% 43,083,692
7 Inpatient Hospital Cash Subsidies	Survey F-2	\$ 7,200	\$ -	\$ 7,200
8 Unspecified Hospital Cash Subsidies 9 Adjusted Inpatient Charity Care	Survey F-2	\$ 43,076,492	\$ - \$ -	\$ 43,076,492
10 Inpatient Hospital Charges	Survey F-3	\$ 846,084,117	\$ -	\$ 846,084,117
11 Inpatient Charity Fraction12 LIUR		5.09% 15.95%	0.00% 0.00%	5.09% 15.95%
MIUR				
13 In-State Medicaid Eligible Days	Survey H	33,658	-	33,658
14 Out-of-State Medicaid Eligible Days15 Total Medicaid Eligible Days	Survey I	2,580 36,238	-	2,580 36,238
16 Total Hospital Days (excludes swing-bed)	Survey F-1	99,251	_	99,251
17 MIUR		36.51%	0.00%	36.51%

NOTE: LIUR calculated above does not include other Medicaid or supplemental payments reported on DSH Survey Part I and may not reconcile to DSH results letter as a result.

DSH Examination UCC Cost & F	ayment Summa	ary												Georgia			
Hospital Name Hospital Medicaid Number	FLOYD MEDIC	CAL CENTER			7												
Cost Report Period	From	1/1/2022	То	12/31/2022	_												
As-Reported:		Α	В	С	D	E	F	G	Н	ı	J	K	L	M	N	0	Р
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments Survey H & I	Self-Pay Payments (Includes Co- Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt Survey H & I	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments Survey H & I	Uninsured Payments Not On Exhibit B (1011 Payments) Survey E	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	25,664,837 7,050,219	11,530,077 5,136,051		108,625 17,660		411,239		-	-					11,638,702 5,564,950	14,026,135 1,485,269	45.35% 78.93%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	20,702,263 16,826,465	-	13,606,629 16,432,605	52,094	59 1,845	:	:							13,606,688 16,486,544	7,095,575 339,921	65.73% 97.98%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	15,113,362 3,949,781	710,545 259,304	- 1,452	4,512 10,898	2,959 9,060			9,923,132 2,150,656		338,053 53,854	289,688 78,412			11,268,889 2,563,636	3,844,473 1,386,145	74.56% 64.91%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	22,954,509 11,717,727	439,058 591,020	328,266 307,622	4,729,535 7,052,814	13,808 27,539			:	10,024,412 4,637,881	:				15,535,079 12,616,876	7,419,430 (899,149)	67.68% 107.67%
9 Uninsured 10 Uninsured	Inpatient Outpatient	18,154,149 14,354,833	-	-		-	:		-	-	-	-	535,434 1,004,720	:	535,434 1,004,720	17,618,715 13,350,113	2.95% 7.00%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	102,589,120 53,899,025	12,679,680 5,986,375	13,934,895 16,741,679	4,842,672 7,133,466	16,826 38,444	411,239	-	9,923,132 2,150,656	10,024,412 4,637,881	338,053 53,854	289,688 78,412	535,434 1,004,720		52,584,792 38,236,726	50,004,328 15,662,299	51.26% 70.94%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	7,214,011 1,710,953	1,419,836 224,910		179,371 394,654	250 1,580	-	:	1,407,096 132,517	1,260,165 157,949	:				4,266,718 911,610	2,947,293 799,343	59.14% 53.28%
15 Sub-Total 15.01 Provider Tax Assessment Adjustr	I/P and O/P ment to UCC	165,413,109	20,310,801	30,676,574	12,550,163	57,100	411,239	-	13,613,401	16,080,407	391,907	368,100	1,540,154	-	95,999,846	69,413,263 1,798,887	58.04%
Adjustments: Service Type		A Total Costs	B Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co- Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	L Uninsured Payments	M Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	:	:	:	-	-	:	:				:			-	-	0.00% 0.00%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	:	-	-		-	:	-							-	-	0.00% 0.00%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	:	:	:	-	:		-	-	:	:	:			-	:	0.00% 0.00%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	:	:	:	-	:			-	:	:	:			-	:	0.00% 0.00%
9 Uninsured 10 Uninsured	Inpatient Outpatient	-			-					-			-	-	-	-	0.00% 0.00%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	-	-	-	-			-	-		-	-	-	-	-		0.00% 0.00%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	:	:	:	-	-	:	:	-	-	:	:			-		0.00% 0.00%
15 Sub-Total 15.01 Provider Tax Assessment Adjustr	I/P and O/P ment to UCC		-	-	-	-	-	-		-	-	-	-	-	-	-	0.00%

DSH Examination UCC Cost & F	ayment Summa	ary												Georgia			
Hospital Name Hospital Medicaid Number	FLOYD MEDIC 000000756A	CAL CENTER			7												
Cost Report Period	From	1/1/2022	То	12/31/2022	_												
As-Adjusted:	_	Α	В	С	D	E	F	G	Н		J	K	L	М	N	0	Р
Service Type		Total Costs Survey H & I	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments Survey H & I	Self-Pay Payments (Includes Co- Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments Survey H & I	Uninsured Payments Not On Exhibit B (1011 Payments) Survey E	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
Medicaid Fee for Service Medicaid Fee for Service	Inpatient Outpatient	25,664,837 7,050,219	11,530,077 5,136,051		108,625 17,660		411,239		-	:	:	:			11,638,702 5,564,950	14,026,135 1,485,269	45.35% 78.93%
Medicaid Managed Care Medicaid Managed Care	Inpatient Outpatient	20,702,263 16,826,465		13,606,629 16,432,605	52,094	59 1,845	:								13,606,688 16,486,544	7,095,575 339,921	65.73% 97.98%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	15,113,362 3,949,781	710,545 259,304	1,452	4,512 10,898	2,959 9,060			9,923,132 2,150,656		338,053 53,854	289,688 78,412			11,268,889 2,563,636	3,844,473 1,386,145	74.56% 64.91%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	22,954,509 11,717,727	439,058 591,020	328,266 307,622	4,729,535 7,052,814	13,808 27,539			:	10,024,412 4,637,881	:				15,535,079 12,616,876	7,419,430 (899,149)	67.68% 107.67%
9 Uninsured 10 Uninsured	Inpatient Outpatient	18,154,149 14,354,833											535,434 1,004,720	:	535,434 1,004,720	17,618,715 13,350,113	2.95% 7.00%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	102,589,120 53,899,025	12,679,680 5,986,375	13,934,895 16,741,679	4,842,672 7,133,466	16,826 38,444	411,239	-	9,923,132 2,150,656	10,024,412 4,637,881	338,053 53,854	289,688 78,412	535,434 1,004,720	- :	52,584,792 38,236,726	50,004,328 15,662,299	51.26% 70.94%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	7,214,011 1,710,953	1,419,836 224,910		179,371 394,654	250 1,580	:		1,407,096 132,517	1,260,165 157,949	:				4,266,718 911,610	2,947,293 799,343	59.14% 53.28%
15 Cost Report Year Sub-Total	I/P and O/P	165,413,109	20,310,801	30,676,574	12,550,163	57,100	411,239		13,613,401	16,080,407	391,907	368,100	1,540,154		95,999,846	69,413,263	58.04%
15.01														Provider Tax Ass	essment Adjustment	1,798,887	
16 17												ss: Out of State DS -Total UCC Prior to		Adjusted Survey	,	71,212,150	

Medicaid DSH Survey Adjustments

 PROVIDER:
 FLOYD MEDICAL CENTER
 Mcaid Number:
 000000756A

 FROM:
 1/1/2022
 TO:
 1/231/2022
 Mcare Number:
 10054

Myers and Stautter DSH Survey Adjustments

Adj. # Schedule Line # Line Description Explanation for Adjustmen Original Amount Adjustment Adjusted Total WIP Ref.

Medicaid DSH Report Notes

PROVIDER: FLOYD MEDICAL CENTER Mcaid Number: 000000756A

FROM: <u>1/1/2022</u> TO: <u>12/31/2022</u> Mcare Number: <u>110054</u>

Myers and Stauffer DSH Report Notes

te # Note for Report	Amounts	S
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