Out-of-State Medicaid Provider Number. List all states where yo		Provider No.			
9. State Name & Number	State Name	9000169560			
0. State Name & Number	IOWA	0131893			
1. State Name & Number	MICHIGAN	1609001312			
2. State Name & Number	TENNESSEE	0110044			
3. State Name & Number					
4. State Name & Number					
5. State Name & Number					
(List additional states on a separate attachment)					
Disclosure of Medicaid / Uninsured Payments Received:	: (08/01/2021 - 07/31/2022)				
1. Section 1011 Payment Related to Hospital Services Included in Exhibit					
 Section 1011 Payment Related to Inpatient Hospital Services NOT In Section 1011 Payment Related to Outpatient Hospital Services NOT 					
4. Total Section 1011 Payment Related to Outpatient Hospital Services NOT1 4. Total Section 1011 Payments Related to Hospital Services (See			¢		
5. Section 1011 Payment Related to Non-Hospital Services (See			۵ -		
 Section 1011 Payment Related to Non-Hospital Services NOT Include Section 1011 Payment Related to Non-Hospital Services NOT Include 					
7. Total Section 1011 Payments Related to Non-Hospital Services (<u>\$-</u>		
			Ŷ		
8. Out-of-State DSH Payments (See Note 2)					
			La sella se		T . ()
			Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)			\$ 51,959	\$ 407,831	\$459,790
Total Cash Basis Patient Payments from All Other Patients (On Exhibition)	it B)		\$ 419,995	\$ 3,508,305	\$3,928,300
1. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Co	olumn (N) on Exhibit B, less physician and non-hospital portion of pay	(ments)	\$471,954	\$3,916,136	\$4,388,090
2. Uninsured Cash Basis Patient Payments as a Percentage of Total Ca	sh Basis Patient Payments:		11.01%	10.41%	10.48%
	not not the claim level?		Yes		
2 Did your boonital reasive any Medicaid managed agree normante		anua pourmanta, constation pour		al (not by the MCO) or other inco	ntivo povrnonto
3. Did your hospital receive any Medicaid managed care payments		onus payments, capitation payn	ients received by the <u>nospite</u>		nuve payments.
 Did your hospital receive any Medicaid <u>managed care</u> payments Should include all non-claim-specific payments such as lump sum payments 	5.77				ow to Section H, and therefore do r
Should include all non-claim-specific payments such as lump sum payments			¢ 078.873		
Should include all non-claim-specific payments such as lump sum payments 4. Total Medicaid managed care non-claims payments (see question 13	above) received applicable to hospital services		\$ 978,873		re not already considered in the UC
Should include all non-claim-specific payments such as lump sum payments	above) received applicable to hospital services above) received applicable to non-hospital services		\$ 978,873 \$978,873	the UCC. If these payments a	

The following information is provided based on the information we received non-the state. Flease review this information for items 4 through 6 and select information	3 01 140	
accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you su	omit you	r survey.

1 - As Submitted

5/29/2023

8/1/2021

-

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

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

D. General Cost Report Year Information

PHOEBE SUMTER MEDIC	CAL CENTER	
8/1/2021		
through		
7/31/2022		
Х		

7/31/2022

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

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

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

	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	PHOEBE SUMTER MEDICAL CENTER	Yes	
5. Medicaid Provider Number:	00000019A	Yes	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	No	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	No	
8. Medicare Provider Number:	110044	Yes	
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Non-State Govt.	Yes	



DSH Version 8.11

2/10/2023

4,948,848 12.065.515

17,014,363

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 (08/01/2021 - 07/31/2022)	
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)	16,330 (See Note in Section F-3, below)
F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization	n Ratio (LIUR) Calculation):
2. Inpatient Hospital Subsidies	-
3. Outpatient Hospital Subsidies	50,810
4. Unspecified I/P and O/P Hospital Subsidies	-
5. Non-Hospital Subsidies	-
6. Total Hospital Subsidies	\$ 50,810

- 7. Inpatient Hospital Charity Care Charges
 8. Outpatient Hospital Charity Care Charges
- 9. Non-Hospital Charity Care Charges
- 10. Total Charity Care Charges

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

F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report)													
NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report.	Total	Patient Revenues (Charges	s)	Contractual Adjustmer	nts (formulas below can be are known)	overwritten if amounts							
Formulas can be overwritten as needed with actual data.													
Formulas can be overwritten as needed with actual data.													
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue						
11. Hospital	\$30,050,564.00			\$ 21,781,809	\$-	\$-	\$ 8,268,755						
12. Subprovider I (Psych or Rehab)	\$0.00			\$-	\$-	\$-	\$ -						
 Subprovider II (Psych or Rehab) 	\$0.00			\$-	\$-	\$-	\$ -						
14. Swing Bed - SNF			\$0.00			\$-							
15. Swing Bed - NF			\$0.00			\$-							
16. Skilled Nursing Facility			\$0.00			\$-							
17. Nursing Facility			\$0.00			\$-							
18. Other Long-Term Care			\$0.00			\$-							
19. Ancillary Services	\$77,785,426.00	\$191,752,343.00		\$ 56,381,880	\$ 138,989,502	\$-	\$ 74,166,388						
20. Outpatient Services		\$39,209,808.00			\$ 28,420,783	\$-	\$ 10,789,025						
21. Home Health Agency			\$0.00			\$-							
22. Ambulance			\$-			\$-							
23. Outpatient Rehab Providers			\$0.00	\$-	\$-	\$-	\$-						
24. ASC	\$0.00	\$0.00		\$-	\$ -	\$-	<u>\$</u>						
25. Hospice			\$1,087,872.00			\$ 788,532							
26. Other	\$0.00	\$76,214.00	\$491,263.00	\$-	\$ 55,243	\$ 356,086	\$ 20,971						
27. Total	\$ 107,835,990	\$ 231,038,365	\$ 1,579,135	\$ 78,163,689	\$ 167,465,527	\$ 1,144,618	\$ 93,245,139						
	\$ 107,835,990	•		φ /0,103,009	Total from Above		\$ 93,245,139						
28. Total Hospital and Non Hospital		Total from Above	\$ 340,453,490		Total ITOTIL ADOVE	\$ 246,773,834							
	THERE		340,453,490	T.(.).0		243,567,780							
 Total Per Cost Report Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on works 		Revenues (G-3 Line 1)	340,453,490	I otal Cont	ractual Adj. (G-3 Line 2)	243,567,780							
gotient revenue)	sneet G-3, Line 2 (impact is a	a decrease in het											
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLU	DED on workshoot G 2 Lino	2 (impact is a decrease			+								
in net patient revenue)	DED on worksheet G-3, Line	2 (impact is a decrease											
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Rever		at C. 2. Lina 2 (impost is			+								
a decrease in net patient revenue)	Inde INCLODED ON WORKSHE	et G-5, Line 2 (impact is											
. ,					+	3,206,054							
 Increase worksheet G-3, Line 2 to reverse offset of State and Local Patie G-3, Line 2 (impact is a decrease in net patient revenue) 	ent Care Cash Subsidies INC	CLUDED on worksheet			+								
 Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes ING increase in net patient revenue) 	CLUDED on worksheet G-3,	Line 2 (impact is an											
35. Adjusted Contractual Adjustments						246,773,834							
36. Unreconciled Difference	Unreconciled Di	fference (Should be \$0)	\$ -	Unreconciled Di	ifference (Should be \$0)	\$ -							
00, E			.	enrecentilled bi		- <u>T</u>							

G. Cost Report - Cost / Days / Charges

Cost Report Year (08/01/2021-07/31/2022) PHOEBE

PHOEBE SUMTER MEDICAL CENTER

	Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
hosp cor hospi data sł	NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)		Calculated Per Diem
	Routir	ne Cost Centers (list below):									
1			\$ 21,205,844	\$-	\$ -	\$0.00	\$ 21,205,844	14,914	\$15,848,793.00		\$ 1,421.88
2	03100	INTENSIVE CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00		\$ -
3		CORONARY CARE UNIT	\$ 4,723,140		\$-		\$ 4,723,140	1,989	\$6,629,082.00		\$ 2,374.63
4		BURN INTENSIVE CARE UNIT	\$ - \$ \$ - \$		<u>\$</u> -		\$-	-	\$0.00		\$-
5		SURGICAL INTENSIVE CARE UNIT	· ·	\$- \$-	<u>\$</u> - \$-		\$- \$-	-	\$0.00		\$ -
6 7	03500 04000	OTHER SPECIAL CARE UNIT SUBPROVIDER I	<u>\$</u> - \$-	\$- \$-	<u>\$</u> - \$-		\$ - \$ -	-	\$0.00 \$0.00		\$ \$
8		SUBPROVIDER II	5 -	\$ -	5 -		\$ -	-	\$0.00		\$ -
9			\$ -	ф \$-	\$ -		\$-	-	\$0.00		\$-
10	04300	NURSERY	\$ 1,296,239	\$-	\$ -		\$ 1,296,239	742	\$652,589.00		\$ 1,746.95
11			\$-	\$-	\$-		\$-	-	\$0.00		\$-
12			\$	\$-	\$		\$-	-	\$0.00		\$ -
13			<u>\$</u> -	\$-	<u>\$</u> -		\$-	-	\$0.00		\$ -
14 15			<mark>\$ -</mark> \$ -	\$ - \$-	<u>\$</u> - \$-		\$ - \$-	-	\$0.00 \$0.00		\$- \$-
16			\$ -	ş - S -	<u> </u>		\$ -	-	\$0.00		\$-
17			\$ -	\$-			\$-	-	\$0.00		\$-
18 19		Total Routine Weighted Average	\$ 27,225,223	\$-	\$-	\$-	\$ 27,225,223	17,645	\$ 23,130,464		\$ 1,542.95
	Obsor	vation Data (Non-Distinct)		Hospital Observation Days - Cost Report W/S S- 3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S- 3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
20		Observation (Non-Distinct)		1,315			\$ 1,869,772	\$529.548.00	\$1.616.200.00	\$ 2,145,748	0.871385
20	09200	Observation (Non-Distinct)		1,313	-	-		\$529,548.00	\$1,616,200.00		0.871385
			Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Cost Report Worksheet C, Part I, Col.2 and Col. 4		Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
		ary Cost Centers (from W/S C excluding Obser									
21		OPERATING ROOM	\$8,467,772.00				\$ 8,467,772	\$12,265,695.00	\$23,946,949.00	\$ 36,212,644	0.233835
22		RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	\$1,044,222.00 \$927,661.00		<u>\$</u> - \$-		\$ 1,044,222 \$ 927,661	\$1,980,570.00 \$376,846.00	\$8,118,479.00 \$1,303,059.00	\$ 10,099,049 \$ 1,679,905	0.103398 0.552210
23 24			\$927,661.00 \$173,185.00		<u> </u>		\$ 927,661 \$ 173,185	\$376,846.00 \$2,936,041.00	\$1,303,059.00	\$ 1,679,905 \$ 9,698,051	0.552210
24 25		RADIOLOGY-DIAGNOSTIC	\$6.329.097.00				\$ 6,329,097	\$4,595,088.00	\$38.885.834.00	\$ 43,480,922	0.145560
26	6000	LABORATORY	\$6,252,590.00		\$ 139,879		\$ 6,392,469	\$13,662,695.00	\$24,545,020.00	\$ 38,207,715	0.167308
27	6500	RESPIRATORY THERAPY	\$4,503,985.00	\$-	\$ -		\$ 4,503,985	\$4,182,123.00	\$963,754.00	\$ 5,145,877	0.875261
28		PHYSICAL THERAPY	\$2,323,350.00	•	\$ -		\$ 2,323,350	\$3,207,299.00	\$2,923,579.00	\$ 6,130,878	0.378959
29	6900	ELECTROCARDIOLOGY	\$335,842.00	\$-	\$ -		\$ 335,842	\$2,394,188.00	\$6,259,575.00	\$ 8,653,763	0.038809

G. Cost Report - Cost / Days / Charges

Line			Intern & Resident Costs Removed on	Add-Back (If			I/P Days and I/P	I/P Routine Charges and O/P		Medicaid Per Diem /
#	Cost Center Description	Cost	Cost Report *	Applicable		Total Cost	· · ·	Ancillary Charges	Total Charges	Cost or Other Ratios
	IMPL. DEV. CHARGED TO PATIENTS	\$2,200,146.00		\$-	\$	2,200,146	\$3,849,944.00	\$5,805,612.00	\$ 9,655,556	0.227863
	DRUGS CHARGED TO PATIENTS	\$12,694,949.00		<u>\$</u> -	\$	12,694,949	\$28,043,155.00		\$ 101,041,856	0.125640
	RENAL DIALYSIS	\$359,777.00		<u>\$</u> -	\$	359,777	\$1,888,311.00		\$ 1,909,581	0.188406
	CLINIC EMERGENCY	\$516,333.00		\$ - \$ 1,362,839	\$	516,333	\$2,409.00		\$ 500,952	1.030704
9100	EMERGENCY	\$8,810,425.00 \$0.00		\$ 1,302,839 \$ -	\$	10,173,264	\$4,027,041.00 \$0.00		\$ 26,535,963 \$ -	0.383376
		\$0.00	- T	<u> </u>	\$		\$0.00		<u> </u>	
		\$0.00		\$-	\$	-	\$0.00		\$-	-
		\$0.00	\$-		\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00	\$-	\$ -	\$	-	\$0.00	\$0.00	\$ -	-
		\$0.00		\$-	\$	-	\$0.00		\$-	-
		\$0.00		\$-	\$	-	\$0.00		\$-	-
		\$0.00		\$ -	\$	-	\$0.00		\$ -	-
		\$0.00		\$ -	\$	-	\$0.00			-
		\$0.00		<u>\$</u> -	\$	-	\$0.00		\$ -	-
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		\$0.00	\$-	\$-	\$	-	\$0.00	\$0.00	\$-	-
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		\$0.00		\$	\$	-	\$0.00			-
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G. Cost Report - Cost / Days / Charges

Cost Report Year (08/01/2021-07/31/2022)

PHOEBE SUMTER MEDICAL CENTER

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident F Costs Removed on Cost Report *	CE and Therapy Add-Back (If Applicable	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges T	otal Charges	Medicaid Per Diem
		\$0.00	\$-\$	-	\$ -	\$0.00	\$0.00	-	-
		\$0.00	\$ - \$	-	\$ -	\$0.00	\$0.00	-	-
		\$0.00	\$-9	-	\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			<u>\$</u> -	\$0.00	\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			\$ -	\$0.00	\$0.00	-	-
		\$0.00			<u>\$</u> - \$-	\$0.00 \$0.00	\$0.00 \$ \$0.00 \$	-	-
									-
		\$0.00			<u>\$</u> - \$-	\$0.00 \$0.00	\$0.00 \$ \$0.00 \$	-	-
		\$0.00			5 -	\$0.00	\$0.00 \$	-	-
		\$0.00			5 -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00		-
		\$0.00			\$ -	\$0.00	\$0.00 \$		-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$ \$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$		-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$-	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00		-	\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00			\$ -	\$0.00	\$0.00 \$	-	-
		\$0.00	\$ - 9	-	\$ -	\$0.00	\$0.00	-	-
	Total Ancillary	\$ 54,939,334	\$ - 9	1,502,718	\$ 56,442,052	\$ 83,940,953	\$ 217,157,507 \$	301,098,460	•
	Weighted Average	• • • • • • • • • • • • • • • • • • • •	· ·	.,,	+	• ••••••••••	• •	,,	0.19366
	trong.new / tronwgo								0.10000
	Sub Totals	\$ 82.164.557	· • •	4 500 740	\$ 83.667.275	¢ 407.074.447	¢ 047457507 ¢	224 222 024	
	SNF, and Swing Bed Cost for Medicaid	• • • • • • •			+,	\$ 107,071,417	\$ 217,157,507 \$	324,228,924	
	rksheet D, Part V, Title 19, Column 5-7, L		Report worksneet D-3, 1	ille 19, Column 3, Line 200 and	\$0.00				
NF,	SNF, and Swing Bed Cost for Medicare rksheet D, Part V, Title 18, Column 5-7, L	(Sum of applicable Cost	Report Worksheet D-3, 1	itle 18, Column 3, Line 200 and	\$0.00				
	SNF, and Swing Bed Cost for Other Pay	,	late Submit support for c	alculation of cost)		1			
			ato. Submit Support for 6			1			
Oth	er Cost Adjustments (support must be su	uniittea)			L	L			
	Grand Total				\$ 83,667,275				
	al Intern/Resident Cost as a Percent of C	ther Alloweble Cost			0.00%				

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

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

Cost Report Year (08/01/2021-07/31/2022) PHOEBE SUMTER MEDICAL CENTER

	Medicaid Per	Medicaid Cost to	In-State Medica	id FFS Primary	In-State Medicaid Managed Care Prima		In-State Medicare Fl Medicaid S	FS Cross-Overs (with Secondary)	In-State Other Mee Included E	dicaid Eligibles (Not Elsewhere)	Unin	nsured	Total In-S	tate 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 Co Repo Tota	
	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): 03000 ADULTS & PEDIATRICS	\$ 1,421.88		Days 1,699		Days 817		Days 988		Days 2,571		Days 804		Days 6,075	I	50.6	
03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	\$ - \$ 2,374.63 \$ -		- 311		- 36		- 162 -		- 355		- 136 -		- 864	+	50.2	
03400 SURGICAL INTENSIVE CARE UNIT 03500 OTHER SPECIAL CARE UNIT 04000 SUBPROVIDER I	\$ - \$ -															
04100 SUBPROVIDER II 04200 OTHER SUBPROVIDER	s - s -												-			
04300 NURSERY	\$ 1,746.95 \$ - \$ -		98		494 - -				126 - -		7			+	97.3	
													-	- - -		
	\$- \$-				-		-						-			
Total Days per PS&R or Exhibit Detail		Total Days	2,108		1,347		1,150		3,052		947		7,657	1	48.	
Unreconciled Days (E:	xplain Variance)		- Routine Charges		- Routine Charges		- Routine Charges				- Routine Charges		Routine Charges			
Routine Charges Calculated Routine Charge Per Diem			\$ 3,173,605 \$ 1,505.51		\$ 1,408,166 \$ 1,045.41		\$ 1,683,080 \$ 1,463.55		\$ 4,266,235 \$ 1,397.85		\$ 1,195,691 \$ 1,262.61		\$ 10,531,086 \$ 1,375.35		50.	
Ancillary Cost Centers (from W/S C) (from Section (09200 Observation (Non-Distinct)	G):	0.871385	Ancillary Charges 391,295	Ancillary Charges 105,466	Ancillary Charges 156,270	Ancillary Charges 134,727	Ancillary Charges 24,278	Ancillary Charges 83,203	Ancillary Charges 82,142	Ancillary Charges 210,798	Ancillary Charges 13,704	Ancillary Charges 119,787	Ancillary Charges \$ 653,985	Ancillary Charges		
5000 OPERATING ROOM		0.233835	1,145,481	1,221,121	2.309.345	2,649,606	618.311	718,493	1.820.310	2.562.067	689,109	1.158.967	\$ 5,893,447	\$ 7,151,287	7 41.	
		0 103308	211.401	480.452	451 414	978 706		230 550								
5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM		0.103398 0.552210	211,491 144,195	480,452 17,628	451,414 895,899	978,706 186,967	94,875 650	239,559 2,599	319,385 252,613	862,899 33,150	118,229 8,957	329,625 18,003	\$ 1,077,165 \$ 1,293,357	\$ 2,561,616 \$ 240,344	6 40 4 92	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY		0.552210 0.017858	144,195 281,160	17,628 412,309	895,899 547,133	186,967 816,013	94,875 650 149,995	2,599 189,953	319,385 252,613 448,626	862,899 33,150 689,026	118,229 8,957 183,833	329,625 18,003 337,963	\$ 1.077,165 \$ 1,293,357 \$ 1,426,914	\$ 2,561,616 \$ 240,344 \$ 2,107,301	6 40 4 92 1 41	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC		0.552210 0.017858 0.145560	144,195 281,160 1,302,779	17,628 412,309 1,964,898	895,899 547,133 335,561	186,967 816,013 3,126,805	94,875 650 149,995 753,937	2,599 189,953 1,221,256	319,385 252,613 448,626 1,865,715	862,899 33,150 689,026 3,445,757	118,229 8,957 183,833 881,642	329,625 18,003 337,963 3,997,377	\$ 1.077.165 \$ 1.293,357 \$ 1,426,914 \$ 4,257,992	\$ 2,561,616 \$ 240,344 \$ 2,107,301 \$ 9,758,716	6 40 4 92 1 41 6 43	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6000 LABORATORY 6500 RESPIRATORY THERAPY		0.552210 0.017858 0.145560 0.167308 0.875261	144,195 281,160 1,302,779 2,690,576 1,162,459	17,628 412,309 1,964,898 1,456,274 164,495	895,899 547,133 335,561 1,368,590 127,425	186,967 816,013 3,126,805 2,705,846 52,759	94,875 650 149,995 753,937 1,374,216 353,254	2,599 189,953 1,221,256 732,313 24,580	319,385 252,613 448,626 1,865,715 3,326,812 816,565	862,899 33,150 689,026 3,445,757 1,896,677 79,816	118,229 8,957 183,833 881,642 1,174,807 208,394	329,625 18,003 337,963 3,997,377 1,940,901 39,210	\$ 1,077,165 \$ 1,293,357 \$ 1,426,914 \$ 4,257,992 \$ 8,760,194 \$ 2,459,703	\$ 2,561,616 \$ 240,344 \$ 2,107,301 \$ 9,758,716 \$ 6,791,110 \$ 321,650	6 40 4 92 1 41 6 43 0 48 0 58	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6000 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY		0.552210 0.017858 0.145560 0.167308 0.875261 0.378959	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442	17,628 412,309 1,964,898 1,456,274 164,495 158,465	895,899 547,133 335,561 1,368,590 127,425 173,989	186,967 816,013 3,126,805 2,705,846 52,759 133,007	94.875 650 149.995 753.937 1.374.216 353.254 190,432	2,599 189,953 1,221,256 732,313 24,580 143,242	319,385 252,613 448,626 1,865,715 3,326,812 816,565 646,640	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055	\$ 1.077.165 \$ 1.293,357 \$ 1.426,914 \$ 4,257,992 \$ 8,760,194 \$ 2,459,703 \$ 1,379,503	\$ 2,561.616 \$ 240,344 \$ 2,107,301 \$ 9,758,716 \$ 6,791,110 \$ 321,650 \$ 767,562	6 40 4 92 1 41 6 43 0 48 0 58 2 39	
5200 [DELIVERY ROOM & LABOR ROOM 5300 [ANESTHESIOLOGY 5400 [AADIOLOGY-DIAGNOSTIC 6000 [LABORATORY 6500 [RESPIRATORY THERAPY 6600 [PHYSICAL THERAPY 6600 [PHYSICAL THERAPY 6900 [ELECTROCARDIOLOGY		0.552210 0.017858 0.145560 0.167308 0.875261 0.378959 0.038809	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208	186,967 816,013 3,126,805 2,705,846 52,759 133,007 279,699	94,875 650 149,995 753,937 1,374,216 353,254 190,432 179,776	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344	319.385 252.613 448,626 1,865.715 3.326.812 816,565 646,640 510,431	862.899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848	\$ 1.077.165 \$ 1,293,357 \$ 1,426,914 \$ 4.257,992 \$ 8.760,194 \$ 2,459,703 \$ 1,379,503 \$ 842,019	\$ 2,561,616 \$ 240,344 \$ 2,107,301 \$ 9,758,716 \$ 6,791,110 \$ 321,650 \$ 767,562 \$ 1,255,152	6 40 4 92 1 41 6 43 0 48 0 58 2 39 2 30	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 IASIATORY 6000 LABORATORY 6500 PRSPIRATORY THERAPY 6600 PHYSICAL THERAPY 6900 ELECTROCARDIOLOGY		0.552210 0.017858 0.145560 0.167308 0.875261 0.378959 0.038809 0.227863	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592	186,967 816,013 3,126,805 2,705,846 52,759 133,007 279,699 536,668	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248	319.385 252.613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660	\$ 1.077.165 \$ 1.293,357 \$ 1.426,914 \$ 4.257,992 \$ 8.760.194 \$ 2.459,703 \$ 1.379,503 \$ 442,019 \$ 4.265,992 \$ 8.760.194 \$ 2.459,703 \$ 1.379,503 \$ 1.379,503 \$ 1.756,603	\$ 2,561,616 \$ 240,344 \$ 2,107,301 \$ 9,758,716 \$ 6,791,110 \$ 321,650 \$ 767,562 \$ 1,255,152 \$ 2,034,126	6 40 4 92 1 41 6 43 0 48 0 58 2 39 2 30 6 42	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 ILABOR AGONO 6500 LABORATORY 6500 PHSORATORY THERAPY 6500 PHSORAL THERAPY 6900 LABORACAL THERAPY 6900 DELOSTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS		0.552210 0.017858 0.145560 0.875261 0.378959 0.038809 0.227863 0.125640 0.188406	144,195 281,160 1,302,779 2.690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128	17.628 412,309 1.964,888 11.456.274 164,495 158,465 95,836 620,626 6,058,323	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455	186,967 816,013 3,126,805 2,705,846 52,759 133,007 279,699 536,668 3,654,952 4,504	94,875 650 149,995 753,937 1,374,216 353,254 190,432 179,776	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,840 510,431 736,415 5.005,369 5.08,935	862.899 33,150 689,026 3,445,757 79,816 332,848 638,273 617,584 7,524,929	118.229 8.957 183.833 881.642 1,174.807 208.394 136.842 257.118 106.227 1.879.258 34.996	329.625 18,003 337,963 9,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216	\$ 1,077,165 \$ 1,229,357 \$ 1,426,914 \$ 4,257,992 \$ 8,760,194 \$ 2,459,703 \$ 1,379,503 \$ 13,815,670 \$ 13,815,670 \$ 751,818	\$ 2,561,616 \$ 240,344 \$ 2,107,301 \$ 9,758,716 \$ 6,791,110 \$ 321,650 \$ 767,562 \$ 1,255,152 \$ 2,034,126 \$ 19,748,031 \$ 4,504	6 44 9: 1 4 6 4: 0 54 0 54 0 54 2 34 2 34 1 3 4 4	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANASTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6500 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6600 PHYSICAL THERAPY 6600 PHYSICAL CHARGED TO PATIENTS 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 PRUGS CHARGED TO PATIENTS 7400 RENAL DIAL YSIS 9000 CLUINC		0.552210 0.017858 0.145560 0.875261 0.378959 0.03809 0.227863 0.125640 0.128640 1.030704	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1,077,165 \$ 1,223,357 \$ 1,426,914 \$ 4,257,992 \$ 8,760,194 \$ 2,459,703 \$ 1,379,503 \$ 842,019 \$ 1,756,603 \$ 13,815,670 \$ 751,818 \$ 878	\$ 2.561.616 2.40,344 2.2107,301 3.9,758,716 3.6,791,110 3.321,650 3.767,562 3.1,255,152 3.2,034,126 3.19,748,031 3.4,504 3.77,079 3.3 3.4,504 3.77,079 3.3 3.4,504 3.5 3.4,504 3.5 3.5 3.4,504 3.5 3.5 3.4,50 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 1 37 6 44 9 14	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 ILABOR ROOM 6000 LABORATORY 6500 RESPIRATORY THERAPY 6600 PH30CAL THERAPY 6900 LECTROCARDIOLOGY 7200 IMPL DeV. OHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS		0.552210 0.017858 0.145560 0.875261 0.378959 0.27863 0.125640 0.125640 0.1286406 1.030704 0.383376	144,195 281,160 1,302,779 2.690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128	17.628 412,309 1.964,888 11.456.274 164,495 158,465 95,836 620,626 6,058,323	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455	186,967 816,013 3,126,805 2,705,846 52,759 133,007 279,699 536,668 3,654,952 4,504	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,840 510,431 736,415 5.005,369 5.08,935	862.899 33,150 689,026 3,445,757 79,816 332,848 638,273 617,584 7,524,929	118.229 8.957 183.833 881.642 1,174.807 208.394 136.842 257.118 106.227 1.879.258 34.996	329.625 18,003 337,963 9,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216	\$ 1,077,165 \$ 1,229,357 \$ 1,426,914 \$ 4,257,992 \$ 8,760,194 \$ 2,459,703 \$ 1,379,503 \$ 13,815,670 \$ 13,815,670 \$ 751,818	\$ 2,561,616 \$ 240,344 \$ 2,107,301 \$ 9,758,716 \$ 6,791,110 \$ 321,650 \$ 767,562 \$ 1,255,152 \$ 2,034,126 \$ 19,748,031 \$ 4,504	6 40 6 92 1 41 6 43 0 48 0 58 2 30 6 42 1 31 31 31 4 41 9 15	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6000 LABORATORY 6500 RESPIRATORY 6600 ELECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7400 RENAL DIALYSIS 7400 RENAL DIALYSIS		0.552210 0.017858 0.145560 0.875261 0.378959 0.03809 0.227863 0.125640 0.128640 1.030704	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1,077,165 \$ 1,223,357 \$ 1,426,914 \$ 4,257,992 \$ 8,760,194 \$ 2,459,703 \$ 1,379,503 \$ 842,019 \$ 1,756,603 \$ 13,815,670 \$ 751,818 \$ 878	\$ 2.561.616 2.40,344 2.2107,301 3.9,758,716 3.6,791,110 3.321,650 3.767,562 3.1,255,152 3.2,034,126 3.19,748,031 3.4,504 3.77,079 3.3 3.4,504 3.77,079 3.3 3.4,504 3.5 3.4,504 3.5 3.5 3.4,504 3.5 3.5 3.4,50 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 1 37 6 44 9 14	
2200 DELIVERY ROOM & LABOR ROOM 5200 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 600 LABORATORY 6800 RESPIRATORY THERAPY 6800 ELECTROCARDIOLOGY 7200 IMPL. DEV. CHARGED TO PATIENTS 7400 REUGE CHARGED TO PATIENTS 7400 RENAL DIALYSIS 7400 RENAL DIALYSIS		0.552210 0.017858 0.145560 0.875261 0.378959 0.038809 0.227863 0.125640 0.188406 1.030704 0.383376	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.357 \$ 1.426.914 \$ 4.257.992 \$ 8.760.194 \$ 2.459.703 \$ 1.379.503 \$ 1.379.503 \$ 1.3815.670 \$ 751.818 \$ 2.469.267 \$ 751.818 \$ 2.469.267 \$ - \$.	\$ 2.561.616 2.40,344 2.2107,301 3.9,758,716 3.6,791,110 3.321,650 3.767,562 3.1,255,152 3.2,034,126 3.19,748,031 3.4,504 3.77,079 3.3 3.4,504 3.77,079 3.3 3.4,504 3.5 3.4,504 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 1 37 6 44 9 14	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANASTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6500 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6600 PHYSICAL THERAPY 6600 PHYSICAL CHARGED TO PATIENTS 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 PRUGS CHARGED TO PATIENTS 7400 RENAL DIAL YSIS 9000 CLUINC		0.552210 0.017858 0.145560 0.37855 0.038609 0.227863 0.125640 0.188406 1.030704 0.383376	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1,077,165 \$ 1,223,357 \$ 1,426,914 \$ 4,257,992 \$ 8,760,194 \$ 2,459,703 \$ 1,379,503 \$ 842,019 \$ 1,756,603 \$ 13,815,670 \$ 751,818 \$ 878	\$ 2.561.616 2.40,344 2.2107,301 3.9,758,716 3.6,791,110 3.321,650 3.767,562 3.1,255,152 3.2,034,126 3.19,748,031 3.4,504 3.77,079 3.3 3.4,504 3.77,079 3.3 3.4,504 3.5 3.4,504 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5	6 4 9 1 4 9 1 4 6 4 0 5 2 3 6 4 1 3 6 4 1 3 4 4 9 1	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6000 LABORATORY 6500 RESPIRATORY 6600 ELECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7400 RENAL DIALYSIS 7400 RENAL DIALYSIS		0.555210 0.017858 0.145560 0.875261 0.37506 0.378650 0.038800 0.125640 1.030704 0.383376	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.992 \$ 8.760.194 \$ 2.459.703 \$ 1.375.603 \$ 1.375.603 \$ 1.375.603 \$ 7.751.818 \$ 2.469.703 \$ 2.469.263 \$ 7.751.818 \$ 2.469.263 \$ 2.469.263 \$ 3.753.818 \$ 3.753.818 \$ 3.753.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.73.773.818 \$ 3.73.773.818	\$ 2.561.616 2.40,344 2.2107,301 3.9,758,716 3.6,791,110 3.321,650 3.767,562 3.1,255,152 3.2,034,126 3.19,748,031 3.4,504 3.77,079 3.3 3.4,504 3.77,079 3.3 3.4,504 3.5 3.4,504 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5	6 4 9 1 4 9 1 4 6 4 0 5 2 3 6 4 1 3 6 4 1 3 4 4 9 1	
2200 DELIVERY ROOM & LABOR ROOM 5200 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 600 LABORATORY 6800 RESPIRATORY THERAPY 6800 ELECTROCARDIOLOGY 7200 IMPL. DEV. CHARGED TO PATIENTS 7400 REUGE CHARGED TO PATIENTS 7400 RENAL DIALYSIS 7400 RENAL DIALYSIS		0.552210 0.017858 0.145560 0.37855 0.038609 0.227863 0.125640 0.188406 1.030704 0.383376	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.357 \$ 1.426.914 \$ 4.257.992 \$ 8.760.194 \$ 2.459.703 \$ 1.379.503 \$ 1.379.503 \$ 1.3815.670 \$ 751.818 \$ 2.469.267 \$ 751.818 \$ 2.469.267 \$ - \$.	\$ 2.561.616 2.40,344 2.2107,301 3.9,758,716 3.6,791,110 3.321,650 3.767,562 3.1,255,152 3.2,034,126 3.19,748,031 3.4,504 3.77,079 3.3 3.4,504 3.77,079 3.3 3.4,504 3.5 3.4,504 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5	6 4 9 1 4 9 1 4 6 4 0 5 2 3 6 4 1 3 6 4 1 3 4 4 9 1	
2200 DELIVERY ROOM & LABOR ROOM 5200 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 600 LABORATORY 6600 RESPIRATORY THERAPY 6600 ELECTROCARDIOLOGY 7200 IMPL. DEV. CHARGED TO PATIENTS 7400 REUSC ENARCED TO PATIENTS 7400 RENAL DIALYSIS 7400 RENAL DIALYSIS		0.552210 0.017858 0.145560 0.875281 0.375281 0.378959 0.227863 0.125640 0.188406 1.030704 0.38376 	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.992 \$ 8.760.194 \$ 2.459.703 \$ 1.375.603 \$ 1.375.603 \$ 1.375.603 \$ 7.751.818 \$ 2.469.703 \$ 2.469.263 \$ 7.751.818 \$ 2.469.263 \$ 2.469.263 \$ 3.753.818 \$ 3.753.818 \$ 3.753.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.63.773.818 \$ 3.73.773.818 \$ 3.73.773.818	\$ 2.561.616 2.40,344 2.2107,301 3.9,758,716 3.6,791,110 3.321,650 3.767,562 3.1,255,152 3.2,034,126 3.19,748,031 3.4,504 3.77,079 3.3 3.4,504 3.77,079 3.3 3.4,504 3.5 3.4,504 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5	6 4 9 1 4 9 1 4 6 4 0 5 2 3 6 4 1 3 6 4 1 3 4 4 9 1	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 6400 RADIOLOGY-DIAGNOSTIC 6000 LABORATORY 6800 RESPIRATORY THERAPY 6800 ELECTRICARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS		0.555210 0.017858 0.145560 0.875261 0.375959 0.038909 0.227863 0.125640 0.125640 0.383376 - - - - - - - -	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.992 \$ 8.760.194 \$ 2.459.703 \$ 1.379.503 \$ 1.76.603 \$ 1.815.670 \$ -	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 4 9 1 4 9 6 4 9 1	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 6400 RADIOLOGY-DIAGNOSTIC 6000 LABORATORY 6800 RESPIRATORY THERAPY 6800 ELECTRICARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS		0.556210 0.017858 0.145560 0.875261 0.378595 0.038809 0.227863 0.125640 0.188406 1.030704 0.38376 - - - - -	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.992 \$ 8.760.194 \$ 2.459.703 \$ 1.375.603 \$ 1.375.603 \$ 1.375.603 \$ 7.751.818 \$ 2.469.703 \$ 2.469.267 \$ 2.469.267 \$ 7.751.818 \$ 2.469.267 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 2.561.616 \$ 240.344 \$ 2.107.301 \$ 9.758.716 \$ 6.791.110 \$ 321.650 \$ 767.562 \$ 1.255.152 \$ 2.034.126 \$ 19.748.031 \$ 4.504 \$ 77.079	6 4 9 1 4 9 6 4 9 1	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 6400 RADIOLOGY-DIAGNOSTIC 6000 LABORATORY 6800 RESPIRATORY THERAPY 6800 ELECTRICARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS 7400 IRPLS CHARGED TO PATIENTS		0.555210 0.017858 0.145560 0.875261 0.375959 0.038909 0.227863 0.1258400 0.1258400 0.1258400 0.383370 0.383370 0.383370 0.12584000000000000000000000000000000000000	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.992 \$ 3.760.134 \$ 2.459.703 \$ 1.379.503 \$ 1.379.503 \$ 1.376.603 \$ 1.315.670 \$ 2.469.267 \$ -	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 4 9 1 4 9 6 4 9 1	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6800 LABORATORY 6800 RESPIRATORY THERAPY 6800 RESPIRATORY THERAPY 6800 PLABORATORY 6800 PLASICAL THERAPY 6800 PLASICAL THERAPY 6900 PLECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7300 PRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 9000 CLUNC		0.556210 0.017858 0.145560 0.875261 0.378595 0.038809 0.227863 0.125640 0.188406 1.030704 0.38376 - - - - -	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.992 \$ 8.760.194 \$ 2.459.703 \$ 1.379.503 \$ 1.76.603 \$ 1.815.670 \$ -	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 1 37 6 44 9 14	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANASTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6500 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6600 PHYSICAL THERAPY 6600 PHYSICAL CHARGED TO PATIENTS 7200 IMPL. DEV. CHARGED TO PATIENTS 7300 PRUGS CHARGED TO PATIENTS 7400 RENAL DIAL YSIS 9000 CLUINC		0.552210 0.017858 0.145560 0.875261 0.375261 0.378959 0.227863 0.125640 0.188406 1.030704 0.38376 - - - - - - - - - - - - - - - - -	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.982 \$ 7.60.144 \$ 2.457.982 \$ 7.60.145 \$ 2.459.703 \$ 1.375.503 \$ 1.426.914 \$ 2.459.703 \$ 1.26.5670 \$ 1.275.603 \$ 1.275.603 \$ 2.469.207 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - <td>\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</td> <td>6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14</td>	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6800 LABORATORY 6800 RESPIRATORY THERAPY 6800 RESPIRATORY THERAPY 6800 RELECTROCARDIOLOGY 6900 ELECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7300 IDRUGS CHARGED TO PATIENTS 7400 [RENAL DIALYSIS 9000 [CLINIC		0.555210 0.017858 0.145560 0.167308 0.875261 0.038909 0.227863 0.125840 0.188406 - - - - - - - - - - - - - - - - - - -	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.982 \$ 7.60.144 \$ 2.457.982 \$ 7.60.145 \$ 2.459.703 \$ 1.375.503 \$ 1.426.914 \$ 2.459.703 \$ 1.26.5670 \$ 1.275.603 \$ 1.275.603 \$ 2.469.207 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - <td>\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</td> <td>6 40 6 92 1 41 6 43 0 48 0 58 2 30 6 42 1 31 31 31 4 41 9 15</td>	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 40 6 92 1 41 6 43 0 48 0 58 2 30 6 42 1 31 31 31 4 41 9 15	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6500 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6900 ELECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 9000 ELUINC		0.552210 0.017858 0.145560 0.167308 0.875281 0.378959 0.227863 0.125640 0.188406 1.030704 0.38376 - - - - - - - - - - - - - -	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.982 \$ 7.60.144 \$ 2.457.982 \$ 7.60.145 \$ 2.459.703 \$ 1.375.503 \$ 1.426.914 \$ 2.459.703 \$ 1.26.5670 \$ 1.275.603 \$ 1.275.603 \$ 2.469.207 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - <td>\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</td> <td>6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14</td>	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6500 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6600 PHYSICAL THERAPY 6900 ELECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7300 PRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 9000 CLUNC		0.555210 0.017858 0.145560 0.167308 0.875261 0.2378659 0.2378659 0.237863 0.125840 0.188406 - - - - - - - - - - - - - - - - - - -	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.982 \$ 7.60.144 \$ 2.457.982 \$ 7.60.145 \$ 2.459.703 \$ 1.375.503 \$ 1.426.914 \$ 2.459.703 \$ 1.26.5670 \$ 1.275.603 \$ 1.275.603 \$ 2.469.207 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - <td>\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</td> <td>6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14</td>	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6500 LABORATORY 6500 RESPIRATORY THERAPY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6600 PHYSICAL THERAPY 6900 ELECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7300 PRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 9000 CLUNC		0.552210 0.017858 0.145560 0.167308 0.875281 0.378959 0.227863 0.125640 0.188406 1.030704 0.38376 - - - - - - - - - - - - - -	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 2,705,846 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.982 \$ 7.60.144 \$ 2.457.982 \$ 7.60.145 \$ 2.459.703 \$ 1.375.503 \$ 1.426.914 \$ 2.459.703 \$ 1.26.5670 \$ 1.275.603 \$ 1.275.603 \$ 2.469.207 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - <td>\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</td> <td>6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14</td>	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6500 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6900 ELECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 9000 ELUINC		0.552210 0.017858 0.145560 0.875261 0.375263 0.227863 0.125640 0.188406 1.030704 0.38376 - - - - - - - - - - - - - - - - - - -	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 2,705,846 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.982 \$ 7.60.144 \$ 2.457.982 \$ 7.60.145 \$ 2.459.703 \$ 1.375.503 \$ 1.426.914 \$ 2.459.703 \$ 1.26.5670 \$ 1.275.603 \$ 1.275.603 \$ 2.469.207 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - <td>\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</td> <td>6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14</td>	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6500 LABORATORY 6500 RESPIRATORY THERAPY 6600 PHYSICAL THERAPY 6900 ELECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS 9000 ELUINC		0.555210 0.017858 0.145560 0.167308 0.375261 0.227863 0.125640 0.188406 1.030704 0.383076 1.030704 0.383376 1.030704 0.383376 1.030704 1.030704 1.030704 0.383376 1.030704 1.0	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 2,705,846 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.992 \$ 8.760.134 \$ 2.459.703 \$ 1.379.503 \$ 1.776.603 \$ 1.776.603 \$ 1.3815.670 \$ - \$ <td>\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</td> <td>6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14</td>	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 44 92 92 1 4 6 44 0 44 0 54 0 54 0 54 2 34 6 44 1 37 6 44 9 14	
5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY 5400 RADIOLOGY-DIAGNOSTIC 6800 LABORATORY 6800 RESPIRATORY THERAPY 6800 RESPIRATORY THERAPY 6800 RELECTROCARDIOLOGY 6900 ELECTROCARDIOLOGY 7200 IMPL DEV. CHARGED TO PATIENTS 7300 IDRUGS CHARGED TO PATIENTS 7400 [RENAL DIALYSIS 9000 [CLINIC		0.555210 0.017858 0.145560 0.875261 0.375261 0.227863 0.125640 0.188406 1.030704 0.383076 1.030704 0.383376 1.030704 0.383376 1.030704 0.383376 1.030704 0.383376 1.030704 1.000704 1.0	144,195 281,160 1,302,779 2,690,576 1,162,459 368,442 71,604 697,294 4,668,935 2,128 2,77	17,628 412,309 1,964,898 1,456,274 164,495 158,465 95,836 620,626 6,058,323 50,049	895,899 547,133 335,561 1,368,590 127,425 173,989 80,208 90,592 2,179,726 51,455 320	186,967 816,013 3,126,805 2,705,846 52,759 133,007 279,699 536,668 3,654,952 4,504 19,557	94.875 660 149.995 753.937 1.374.216 353.254 190.432 179.776 232.302 1.961.640 189.300	2,599 189,953 1,221,256 732,313 24,580 143,242 241,344 259,248 2,509,827 589	319.385 252,613 448,626 1.865,715 3.326,812 816,565 646,640 510,431 736,415 5.005,369 508,935 281	862,899 33,150 689,026 3,445,757 1,896,677 79,816 332,848 638,273 617,584 7,524,929 6,884	118,229 8,957 183,833 881,642 1,174,807 208,394 136,842 257,118 106,227 1,879,258 34,996 272	329,625 18,003 337,963 3,997,377 1,940,901 39,210 155,055 301,848 219,660 2,478,216 1,108	\$ 1.077.165 \$ 1.293.387 \$ 1.426.914 \$ 4.257.982 \$ 7.60.144 \$ 2.457.982 \$ 7.60.145 \$ 2.459.703 \$ 1.375.503 \$ 1.426.914 \$ 2.459.703 \$ 1.26.5670 \$ 1.275.603 \$ 1.275.603 \$ 2.469.207 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - <td>\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</td> <td>6 4 9 1 4 9 1 4 6 4 0 4 0 5 2 3 6 4 1 3 6 4 1 3 4 4 9 1</td>	\$ 2.561.616 \$ 2.403.444 \$ 2.107.301 \$ 9.758.716 \$ 0.758.716 \$ 0.768.716 \$ 0.758.716 \$ 0.768.716 \$ 0.767.762 \$ 1.255.152 \$ 1.275.152 \$ 1.275.152 \$ 1.4804 \$ 7.104.534 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	6 4 9 1 4 9 1 4 6 4 0 4 0 5 2 3 6 4 1 3 6 4 1 3 4 4 9 1	

Version 8.11

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

	In-State Medicaid FFS Primary	In-State Medicaid Managed Care Primary	In-State Medicare FFS Cross-Overs (with Medicaid Secondary)	In-State Other Medicaid Eligibles (Not Included Elsewhere)	Uninsured	Total In-State Medicaid %				
31 .										
32						\$ - \$ -				
33						<u>s - s -</u>				
						<u>s - s -</u> s - s -				
35						<u>s - s -</u> s - s -				
37 -						<u>s - s -</u> s - s -				
38 -						\$ - <u>\$</u> -				
39						s - s -				
-						\$- <u>\$</u> -				
71 .						\$ - \$ -				
72 .						\$ - \$ -				
						\$ - \$ -				
						\$ - \$ -				
/5						\$ - \$ -				
						<u>\$</u> - <u></u> \$-				
						\$ - \$ -				
						<u>\$ - \$ -</u>				
-						<u>\$</u> - <u>\$</u> -				
80						<u>\$ - </u> <u>\$ -</u> \$ - <u>\$</u> -				
32 -				├ ───┤ ├ ────┤		<u>\$ - </u> <u>\$ -</u> \$ - <u>\$</u> -				
32 -				├ ───┤ ├ ────┤		<u>s - s -</u> s - s -				
34						s - s -				
35 -						\$- <u>\$</u> -				
36 -						\$ - \$ -				
						\$ - \$ -				
38						\$ - \$ -				
						\$ - \$ -				
						\$ - \$ -				
н						\$ - \$ -				
						\$ - \$ -				
						<u>\$ - </u> \$ -				
94						<u>s - s -</u> s - s -				
35 <u>-</u> 36 -						<u>\$ - \$ -</u> \$ - \$ -				
-						\$ - \$ -				
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-						<u>\$</u> - <u>\$</u> -				
						<u>\$ -</u> <u>\$</u> -				
						<u>\$ - </u> <u>\$ -</u> \$ - <u>\$</u> -				
07						<u>s - s -</u> s - s -				
09 -						\$ - <u>\$</u> -				
10 -						s - s -				
						\$ - \$ -				
						\$ - \$ -				
13 -						\$ - \$ -				
14						\$ - \$ -				
15						\$ - \$ -				
						<u>s - s -</u>				
-						<u>\$ - \$ -</u>				
18				├ ───┤ ├ ────┤		<u>\$ -</u> <u>\$ -</u>				
						<u>\$</u> - <u>\$</u> - <u>\$</u> -				
20 -				├ ───┤ ├ ────┤		<u>s - s -</u> s - s -				
22 -						s - s -				
23						s - s -				
24 .						\$ - \$ -				
						\$ - \$ -				
						\$ - \$ -				
27 -						\$ - \$ -				
	\$ 13.916.494 \$ 13.884.725	\$ 9,023,693 \$ 18,546,135	\$ 6,572,216 \$ 7,132,065	\$ 17,326,112 \$ 20,894,281	\$ 6,198,848 \$ 14,531,394					

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

Cost Report Year (08/01/2021-07/31/2022) PHOEBE SUMTER MEDICAL CENTER

			In-State Medic	n-State Medicaid FFS Primary			In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		s (with	In-State Other Medicaid Eligibles (Not Included Elsewhere)			Uninsured				Total In-State Medicaid			%			
	Totals / Payments																								
128	Total Charges (includes organ acquisition from Section J)	s	17.090.099	s	13.884.725	\$	10.431.859	s	18.546.135	\$	8.255.296	\$ 71	32.065	\$	21.592.347	\$	20.894.281	\$ 73	394.539	\$ 14.531.	94 \$	57.369.601	\$	60.457.206	43.17%
	······································					1.4		, v				• .,.		L.		. .		(Agrees to E		(Agrees to Exhibi			ļ. Ŧ.		
129	Total Charges per PS&R or Exhibit Detail	\$	17,090,099	\$	13,884,725	\$	10,431,859	\$	18,546,135	\$	8,255,296	\$ 7,1	32,065	\$	21,592,347	\$	20,894,281	\$ 7,3	394,539	\$ 14,531,	94				
130	Unreconciled Charges (Explain Variance)								<u> </u>				-		<u> </u>						<u> </u>				
131	Total Calculated Cost (includes organ acquisition from Section J)	\$	6,885,058	\$	2,549,372	\$	4,198,483	\$	3,825,997	\$	3,203,376	\$ 1,3	24,186	\$	8,475,078	\$	3,799,820	\$ 2,7	701,995	\$ 3,115,	72 \$	22,761,995	\$	11,499,375	47.97%
		_				_								_		_									
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$	3,593,397	\$	2,294,638	\$	-	s	23	\$	184,922	\$ 1	45,078	\$	991,777	\$	466,476				\$	4,770,096	\$	2,906,215	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)					\$	3,106,319	s	3,000,329	\$		\$		\$	33,560	\$	39,646				\$	3,139,879	\$	3,039,975	
134	Private Insurance (including primary and third party liability)	\$				\$	-	s		\$		\$	72	\$	798,704	\$	777,757				\$	798,704	\$	777,829	
135	Self-Pay (including Co-Pay and Spend-Down)	\$	49,248	\$	94	\$	46	\$	371	\$	-	\$	109	\$	25	\$	1,710				\$	49,319	\$	2,284	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	3,642,645	\$	2,294,732	\$	3,106,365	\$	3,000,723																
137	Medicaid Cost Settlement Payments (See Note B)			\$	79,306																\$	-	\$	79,306	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)																				\$	-	\$	-	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									\$	1,939,395	\$8	83,365	\$	179,054	\$	36,782				\$	2,118,449	\$	920,147	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)													\$	3,620,567	\$	2,120,125				\$	3,620,567	\$	2,120,125	
141	Medicare Cross-Over Bad Debt Payments									\$	93,382	\$	45,950					(Agrees to Exh	ihit B and	(Agrees to Exhibit B	s \$	93,382	\$	45,950	
142	Other Medicare Cross-Over Payments (See Note D)									\$	(46,809)							(rigides to Exit B-1)	ion o and	B-1)	\$	(46,809)	\$	-	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)																	\$	51,959	\$ 407,	31				
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Sec	tion E)																\$	-	\$					
				<u> </u>																	1		<u> </u>		
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$	3,242,413 53%	\$	175,334	\$	1,092,118	\$	825,274 78%	\$	1,032,486	\$ 2	49,612	\$	2,851,391	\$	357,324 91%	\$ 2,6	350,036	\$ 2,707,		8,218,408	\$	1,607,544	
146	Calculated Payments as a Percentage of Cost		53%		93%		74%		78%		68%		81%		66%		91%		2%		3%	64%		86%	
147	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, C	ol. 6. Sum	of Lns. 2. 3. 4	1, 14, 16	17. 18 less lin	as 5 & 6)					8,606														
148	Percent of cross-over days to total Medicare days from the cost report	, o uiii		.,,	, 1000 111		,			·	13%														

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: Inpatient uninsured payment rate is outside normal ranges, please verify this Note P - Inset and/output instant agree to your input and upwater in reducad pato can be summary. For managed or can put instant, closer your data, and uniter engineers, use the roopinal bags in Poars summaries are in a valuable (sourini logis mit survey). Note B - Medicaid cost settlement payments relet to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or POAR). Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should ND 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 costs-over payments not included in the paid claims data reported adve. This includes payments paid as one of the Medicare cost report settlement (e.g., Medicare Graduate Medicare Cost report settlement (e.g., Medicare Graduate Medicare Educare payments). Note E - Medicard Managed Care payments could include all Medicard Managed Care payments. is correct.

I. Out-of-State Medicaid Data:

		Medicaid Per	Medicaid Cost to	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care y Primary			are FFS Cross-Overs id Secondary)		ledicaid Eligibles (Not ilsewhere)	Total Out-Of-State Medicaid	
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	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)		
	ost Centers (list below):			Days		Days		Days		Days		Days	
	ULTS & PEDIATRICS	\$ 1,421.88		2				-		-		2	
	ENSIVE CARE UNIT	\$ 2.374.63		-				-		-		-	-
	RN INTENSIVE CARE UNIT	\$ -		-				-		-		-	-
	RGICAL INTENSIVE CARE UNIT	\$ -		-				-		-		-	
	HER SPECIAL CARE UNIT BPROVIDER I	\$ - \$ -		-				-		-		-	-
	BPROVIDER II	э - S -						-					-
04200 OTH	HER SUBPROVIDER	\$ -		-				-		-		-	
04300 NUF	RSERY	\$ 1,746.95		-				-		-		-	
		\$ - \$ -						-		-		-	-
		\$ -						-		-		-	-
		\$ -						-		-		-	
		\$ - \$ -						-		-		· · ·	-
		ş - \$ -										-	-
			Total Days	2		-		-		-		2	
Rou	utine Charges	-		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	1
Calc	culated Routine Charge Per Diem			\$ 995.00		\$ -		\$ -		\$ -		\$ 995.00	_
	Cost Centers (from W/S C) (list below):			Ancillary Charges	Ancillary Charges	Ancillary Charges							
	servation (Non-Distinct) ERATING ROOM					Ancinary charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	
	COVERY ROOM		0.871385	2,772	4,532	-	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	
			0.233835 0.103398				Ancillary Charges		Ancillary Charges - - -	Ancillary Charges	Ancillary Charges - - -		
	LIVERY ROOM & LABOR ROOM		0.233835 0.103398 0.552210		4,532 - - -	- - - -			- - - - -	- - - -			
	ESTHESIOLOGY		0.233835 0.103398 0.552210 0.017858		4,532 	- - - - -	- - - - - -	- - - - -		- - - - -		\$ 2,772 \$ - \$ - \$ - \$ - \$ -	\$ 4, \$ \$ \$ \$
5400 RAD	ESTHESIOLOGY DIOLOGY-DIAGNOSTIC		0.233835 0.103398 0.552210 0.017858 0.145560	- - - 10,327	4,532 	- - - -			- - - - 7,723	- - - - - - -		\$ 2,772 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 4, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5400 RAD 6000 LAB 6500 RES	ESTHESIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY		0.233835 0.103398 0.552210 0.017858 0.145560 0.167308 0.875261		4,532 - - - - - - - - - - - - - - - - - - -	- - - - - -	- - - - - - -	- - - - - -		- - - - -		\$ 2,772 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 4, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5400 RAD 6000 LAB 6500 RES 6600 PHY	ESTHESIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY		0.233835 0.103398 0.552210 0.017858 0.145580 0.167308 0.875261 0.378959	- - - - - - - - - - -	4,532 							\$ 2,772 \$	\$ 4, \$ \$ \$ \$ \$ 51, \$ 34, \$ 5, \$ 1,
5400 RAD 6000 LAB 6500 RES 6600 PHY 6900 ELE	ESTHESIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY ECTROCARDIOLOGY		0.233835 0.103398 0.552210 0.017858 0.145560 0.145560 0.875261 0.378959 0.038809		4,532 - - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -				- - - - - - - - - - - - - - - - - - -	6,879 4,512	\$ 2,772 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 4, \$ \$ \$ \$ \$ \$ \$ 51, \$ 34, \$ 55, \$ 1,
5400 RAD 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP	ESTHESIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY		0.233835 0.103398 0.552210 0.017858 0.145580 0.167308 0.875261 0.378959		4,532 							\$ 2,772 \$	\$ 4, \$ 5 \$ 51, \$ 34, \$ 5, \$ 1, \$ 3, \$ 3, \$ 5, \$ 1, \$ 3, \$ 5, \$ 1, \$ 3, \$ 5, \$ 1, \$ 3, \$
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN	ESTHESIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY ECTROCARDIOLOGY PL. DEV. CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS		0.233835 0.103398 0.552210 0.017858 0.145560 0.145560 0.875261 0.378959 0.038809 0.227863 0.125640 0.188406	10,327 6,093 4,863 11,389	4,532 							\$ 2,772 \$	\$ 4, \$ 5 \$ 51, \$ 34, \$ 5, \$ 1, \$ 3, \$ 3, \$ 3, \$ 5, \$ 1, \$ 3, \$ 3
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHEBIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS INIC		0.23835 0.103398 0.552210 0.174556 0.145560 0.145560 0.375261 0.378959 0.03809 0.227863 0.125640 0.125640 0.125640 1.030704	10.327 6.093 4.863 11,389	4,532 							\$ 2,772 \$	\$ 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHESIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY ECTROCARDIOLOGY PL. DEV. CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS		0.233835 0.103398 0.552210 0.017858 0.145560 0.145560 0.875261 0.378959 0.038809 0.227863 0.125640 0.188406	10,327 6,093 4,863 11,389	4,532 							\$ 2,772 \$	\$ 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHEBIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS INIC		0.23835 0.103398 0.552210 0.174556 0.145560 0.145560 0.375261 0.378959 0.03809 0.227863 0.125640 0.125640 0.125640 1.030704	10.327 6.093 4.863 11,389	4,532 							\$ 2,772 \$	\$ 4 \$ 5 \$ 5 \$ 51 \$ 34 \$ 5 \$ 1 \$ 34 \$ 5 \$ 1 \$ 34 \$ 5 \$ 21 \$ 58 \$ 58 \$ 58 \$ 58
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHEBIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS INIC		0.23835 0.103398 0.552210 0.017858 0.145560 0.167308 0.875261 0.378959 0.038809 0.227863 0.125640 0.188406 1.030704 0.383376	10.327 6.093 4.863 11,389	4,532 							\$ 2,772 \$	\$ 4, \$ 5 \$ 5 \$ 51, \$ 51, \$ 34, \$ 5, \$ 21, \$ 5 \$ 21, \$ 5 \$ 58, \$ 58, \$ 58, \$ 58, \$ 58, \$ 58, \$ 56, \$ 21, \$ 34, \$ 34, \$ 34, \$ 35, \$ 34, \$ 35, \$ 34, \$ 35, \$ 34, \$ 35, \$ 35, \$ 34, \$ 35, \$ 35,
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHEBIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS INIC		0.23835 0.103398 0.552210 0.077858 0.145560 0.145560 0.375261 0.375959 0.03809 0.227863 0.125640 0.182640 0.188466 1.030704 0.383376	10.327 6.093 4.863 11,389	4,532 							\$ 2,772 \$	\$ 4, \$ 5 \$ 5 \$ 51, \$ 34, \$ 34, \$ 3, \$ 34, \$ 5, \$ 1, \$ 34, \$ 5, \$ 21, \$ 58, \$ 58
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHEBIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS INIC		0.23835 0.103398 0.552210 0.017858 0.145560 0.145560 0.378969 0.0378969 0.227863 0.125640 0.188406 1.030704 0.383376 	10.327 6.093 4.863 11,389	4,532 							\$ 2,772 \$	\$ 4, \$ 5 \$ 5 \$ 51, \$ 34, \$ 3, \$ 21, \$ 58, \$ 58, \$ 58, \$ 5
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHEBIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS INIC		0.23835 0.103398 0.552210 0.077858 0.145560 0.145560 0.378959 0.03809 0.227863 0.125640 0.125640 0.125640 0.125640 0.188406 1.030704 0.383376 - - - -	10.327 6.093 4.863 11,389	4,532 							\$ 2,772 \$	\$ 4; \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHEBIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS INIC		0.23835 0.103398 0.552210 0.017858 0.145560 0.167308 0.875261 0.378959 0.038809 0.227863 0.125640 1.030704 1.030704 0.383376 - -	10.327 6.093 4.863 11,389	4,532 							\$ 2,772 \$	\$ 4; \$ 5; \$ 5; \$ 5; \$ 5; \$ 5; \$ 3; \$ 3; \$ 3; \$ 3; \$ 3; \$ 3; \$ 3; \$ 5; \$ 3; \$ 5; \$ 3; \$ 5; \$ 3; \$ 5; \$ 5;
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHEBIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS INIC		0.23835 0.103398 0.552210 0.077885 0.145560 0.145560 0.378959 0.038809 0.227863 0.125640 0.125640 0.188406 1.030704 0.38376 - - - - -	10.327 6.093 4.863 11,389	4,532 							\$ 2,772 \$	\$ 4, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5400 RAL 6000 LAB 6500 RES 6600 PHY 6900 ELE 7200 IMP 7300 DRU 7400 REN 9000 CLIN	ESTHEBIOLOGY DIOLOGY-DIAGNOSTIC BORATORY SPIRATORY THERAPY YSICAL THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY 2010 THERAPY UGS CHARGED TO PATIENTS UGS CHARGED TO PATIENTS NAL DIALYSIS INIC		0.23835 0.103398 0.552210 0.017858 0.145560 0.145560 0.378969 0.0378969 0.227863 0.125640 0.188406 1.030704 0.383376 - - - - - - - - - - -	10.327 6.093 4.863 11,389	4,532 							\$ 2,772 \$	\$ 4 \$ \$

I. Out-of-State Medicaid Data:

		Out-of-State Me	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		State Medicaid
9		-								\$-	\$-
0		-								\$ -	\$ -
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1		-									\$ -
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8		-					L				\$ -
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1		-					L				\$ -
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03	4	-									\$ -
04		-									\$ -
05		<u> </u>									<u>\$</u> -
06		-					L				\$ -
07		-					L				\$ -
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09 10		-					L				s - s -
10	4	-									
		-								\$ -	\$ -

I. Out-of-State Medicaid Data:

Cost Report Year (08/01/2021-07/31/2022) PHOEBE SUMTER MEDICAL CENTER

		Out-of-State Med	icaid FFS Primary		icaid Managed Care mary	Out-of-State Medicare (with Medicaid S		Out-of-State Other M Included E	ledicaid Eligibles (Not Elsewhere)	Total Out-Of-	State Medicaid
112										\$ -	\$ -
113										\$ -	<u></u> -
114 115										\$ - ¢	\$ -
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123										\$ -	ş -
124 125										\$ - ¢	\$ - ¢
125										р - С	ş -
120										\$ -	\$ -
		\$ 36,725	\$ 142.937	\$ -	s -	\$ -	\$ 17,010	\$ -	\$ 20.997	Ţ	Ţ
	Totals / Payments										
128	Total Charges (includes organ acquisition from Section K)	\$ 38,715	\$ 142,937	\$ -	\$ -	\$ -	\$ 17,010	\$ -	\$ 20,997	\$ 38,715	\$ 180,944
129	Total Charges per PS&R or Exhibit Detail	\$ 38,715	\$ 142,937	\$-	\$-	\$ -	\$ 17,010	\$-	\$ 20,997		
130	Unreconciled Charges (Explain Variance)				<u> </u>		-				
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 9,893	\$ 38,897	\$-	\$ -	\$ -	\$ 3,999	\$ -	\$ 4,706	\$ 9,893	\$ 47,602
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 5.538	\$ 3.497		·	s	\$ 173	s	\$ 958	\$ 5,538	\$ 4,628
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	φ 0,000	φ 0,407			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
134	Private Insurance (including primary and third party liability)					s -	s -	s -	\$ 1,052	\$ -	\$ 1,052
135	Self-Pay (including Co-Pay and Spend-Down)					\$ -	s -	\$-	\$ -	\$ -	\$ -
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 5,538	\$ 3,497	\$-	s -						
137	Medicaid Cost Settlement Payments (See Note B)									\$-	\$-
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)									\$ -	\$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$	\$ 1,529	\$-	\$-	\$ -	\$ 1,529
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)					\$ -	\$-	\$-	\$ 337	\$ -	\$ 337
141	Medicare Cross-Over Bad Debt Payments									\$-	\$-
142	Other Medicare Cross-Over Payments (See Note D)									\$ -	\$ -
143 144	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$ 4,355 56%	\$ 35,400 9%	\$ - 0%	\$	\$ 0%	\$ <u>2,297</u> 43%	\$ - 0%	\$ 2,359 50%	\$ 4,355 56%	\$ 40,056 16%

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 (08/01/2021-07/31/2022) PHOEBE SUMTER MEDICAL CENTER

		Total			Revenue for	Total	In-State Medic	aid FFS Primary	In-State Medicaid M	fanaged Care Primary		FS Cross-Overs (with Secondary)		d Eligibles (Not Included where)	Unir	nsured
		Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
Org	gan Acquisition Cost Centers (list below):															
1	Lung Acquisition	\$0.00		\$ -		0										
2	Kidney Acquisition	\$0.00		\$ -		0										
3	Liver Acquisition	\$0.00		\$-		0										
4	Heart Acquisition	\$0.00		ş -		0										
5	Pancreas Acquisition	\$0.00		ş -		0										
6	Intestinal Acquisition	\$0.00		ş -		0										
7	Islet Acquisition	\$0.00		ş -		0										
8		\$0.00	\$-	\$-		0										
9	Totals	\$-	\$-	\$ -	\$-	-	\$-	-	\$-	-	\$-	-	\$-		\$-	
10	Total Cost							-		-		-		-		-

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).

Note B: Enter Yogan Acquisitions may gree to your inpatient and outpatient and outpatient montany in available (in the use inspiral s togs and source were). Note B: Enter Yogan Acquisition Payments in Bescind Ha part Medicaid data payments. Note C: Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

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

Cost Report Year (08/01/2021-07/31/2022) PHOEBE SUMTER MEDICAL CENTER

		Total			Revenue for	Total	Out-of-State Med	licaid FFS Primary	Out-of-State Medicaid	Managed Care Primary		FFS Cross-Overs (with Secondary)		ledicaid 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 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)							
0	rgan Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$-	ş -	\$-	\$-	0								
12	Kidney Acquisition	\$-	ş -	\$-	\$-	0								
13	Liver Acquisition	\$-	s -	s -	\$-	0								
14	Heart Acquisition	\$-	\$-	s -	\$-	0								
15	Pancreas Acquisition	\$-	\$-	s -	\$-	0								
16	Intestinal Acquisition	\$-	\$-	ş -	\$-	0								
17	Islet Acquisition	\$-	\$-	ş -	\$-	0								
18		\$-	\$-	\$-	\$ -	0								
19	Totals	\$-	\$ -	\$ -	\$-	-	\$-		\$ -	-	\$-	-	\$-	-
20	Total Cost]								-		-		-

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

L. Provider Tax Assessment Reconciliation / Adjustment

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

Cost Report Year (08/01/2021-07/31/2022)

PHOEBE SUMTER MEDICAL CENTER

Norksheet A P	rovider Tax Assessment Reconciliation:		
1a Worl 2 Hosp	ital Gross Provider Tax Assessment (from general ledger)* <i>ing Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment</i> ital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2) rence (Explain Here>)	Dollar Amount W/S A Cost Center Line \$ 1,247,329 (WTB Account #) \$ 1,247,329 (WTB Account #) \$ 1,247,329 5.000 \$ 1,247,329 (WTB Account #)	ı/s A?)
Prov	ider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)		
4	Reclassification Code	(Reclassified to / (from))	
5	Reclassification Code	(Reclassified to / (from))	
6	Reclassification Code	(Reclassified to / (from))	
7	Reclassification Code	(Reclassified to / (from))	
8 9 10 11 12 13 14 15 16 Total	UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report) Reason for adjustment Reason for adjus	(Adjusted to / (from)) (Adjusted to / (from))	
17 Gros	s Allowable Assessment Not Included in the Cost Report	\$ -	
	ortionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured: Medicaid Hospital Charges Sec. G	118,046,466	
18 19	Medicaid Hospital Charges Sec. G Uninsured Hospital Charges Sec. G	21,925,933	
20	Total Hospital Charges Sec. G	324,228,924	
21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC	36.41%	
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	6.76%	
23	Medicaid Provider Tax Assessment Adjustment to DSH UCC	\$ -	
24	Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ \$	
	der Tax Assessment Adjustment to DSH UCC	\$	

* Assessment must exclude any non-hospital assessment such as Nursing Facility.

** The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and uninsured based on charges sec. g unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.

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