Provider Name Mcaid Provider Number Mcare Provider Number ST. MARYS SACRED HEART HOSPITAL
000000437A
110027

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

NOTE: These are initial results only.

GA Medicaid DSH Payme	ent Uncompens	sated Care Cost ((UCC) For State F	iscal Year:		7/1/2023 -	6/30/2024
	(A)	(B)	(C)	(D)	(E)		
Cost Report Year UCC:	Cost Report Year Begin 7/1/2021	Cost Report Year End 6/30/2022	As-Filed DSH Uncompensated Care Cost (UCC) \$ 5,472,041	Total Adjustments \$ -	Adjusted DSH Uncompensated Care Cost (UCC) \$ 5,472,041		
Less: 2022 Gross UPL Payments Less: 2024 Gross DPP Payment Less: GME Payments Add: Net OP Settlement (Differ Add: Provider tax excluded froi Hospital Specific DSH Limit (To	rence between pro m the cost report		•		\$ 214,817 \$ 1,009,491 \$ - \$ (51,886) \$ - \$ 4,195,847		
2024 Eligibility					Eligible		
DSH Year Low Income Utiliza DSH Year Medicaid Inpatien	•	21.28% 21.28%					

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

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

 e-mail:
 gadsh@mslc.com

 Fax:
 816-945-5301

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

 Phone Inquiries:
 800-374-6858

		SURVE	

Workpaper #:	1302	Reviewer:
Examiner:	DGB	
Date:	11/15/2023	
DSH Version	8.11	2/10/2023

`	General	L Cost R	enort	Voar In	formation

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

7/1/2021 - 6/30/2022

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

Select Your Facility from the Drop-Down Menu Provided:	ST. MARYS SACRED HEART HOSPITAL		
	7/1/2021		
	through		
	6/30/2022		
Select Cost Report Year Covered by this Survey:	Х		
3. Status of Cost Report Used for this Survey (Should be audited if available)	1 - As Submitted		
3a. Date CMS processed the HCRIS file into the HCRIS database:	5/12/2023		
	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	ST. MARYS SACRED HEART HOSPITAL	Yes	
5. Medicaid Provider Number:	000000437A	Yes	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	Yes	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	Yes	
8. Medicare Provider Number:	110027	Yes	
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Private	Yes	
Owner/Operator (Frivate State Govt., Norr-State Govt., FIS/TIDAL):	i iivate	I Tes	<u> </u>
Out-of-State Medicaid Provider Number. List all states where yo	u had a Medicaid provider agreement during the co	st report year:	
	State Name	Provider No.	
9. State Name & Number	South Carolina	413823	
10. State Name & Number			
11. State Name & Number			
12. State Name & Number			
13. State Name & Number			
14. State Name & Number			
15. State Name & Number			
(List additional states on a separate attachment)			
E. Disclosure of Medicaid / Uninsured Payments Received:	(07/01/2021 - 06/30/2022)		
Section 1011 Payment Related to Hospital Services Included in Exhib	oits B & B 1 (See Note 1)		¢.
Section 1011 Payment Related to Hospital Services included in Exhib Section 1011 Payment Related to Inpatient Hospital Services NOT In			\$ -
Section 1011 Payment Related to Outpatient Hospital Services NOT			\$ -
4. Total Section 1011 Payments Related to Hospital Services (See			\$-
5. Section 1011 Payment Related to Non-Hospital Services Included in			\$ -
6. Section 1011 Payment Related to Non-Hospital Services NOT Include			\$ -
7. Total Section 1011 Payments Related to Non-Hospital Services	(See Note 1)		\$-
8. Out-of-State DSH Payments (See Note 2)			\$ -
o. Out of State Bott Layments (God Note 2)			Ψ
0.7410.18.18.18.19.14.19.140.51338			Inpatient Outpatient Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B) 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B) 11. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	-: 4 D)		\$ 116,945 \$ 372,697 \$489,642
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit 11. Total Cash Basis Patient Payments Paperted on Exhibit P. (Arrest & Cash	,		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Co			\$519,430 \$2,198,863 \$2,718,290 22.51% 16.95% 18.019
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Ca	isii basis Pallent Payments:		22.31% 16.95% 18.01%
13. Did your hospital receive any Medicaid managed care payments	not paid at the claim level?		No
Should include all non-claim-specific payments such as lump sum payments in		nus payments, capitation paym	
44 7 114 11 11			
14. Total Medicaid managed care non-claims payments (see question 13	,		\$ -
15. Total Medicaid managed care non-claims payments (see guestion 13	apove) received applicable to non-hospital services		15 -1

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

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

F. MIUR / LIUR Qualifying Data from the Cost Report (07/01/2021 - 06/30/2022) 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) 9,775 F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ratio (LIUR) Calculation): 2. Inpatient Hospital Subsidies 3. Outpatient Hospital Subsidies 4. Unspecified I/P and O/P Hospital Subsidies 5. Non-Hospital Subsidies 6. Total Hospital Subsidies 7. Inpatient Hospital Charity Care Charges 1.708.894 8. Outpatient Hospital Charity Care Charges 9. Non-Hospital Charity Care Charges 10. Total Charity Care Charges 7,258,024 F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report) Contractual Adjustments Net Hospital Revenue Inpatient Hospital **Outpatient Hospital** Non-Hospital Inpatient Hospital Outpatient Hospital Non-Hospital 11. Hospital 2,409,436 12. Psych Subprovider \$ 13. Rehab. Subprovider 14. Swing Bed - SNF 15. Swing Bed - NF 16. Skilled Nursing Facility 17. Nursing Facility 18. Other Long-Term Care 19. Ancillary Services 37 114 666 44.058.09 30,807,379 20. Outpatient Services 5.721.329 21. Home Health Agency 22. Ambulance 23. Outpatient Rehab Providers 24. ASC 25. Hospice 26. Other 291,038 27 Total 45,820,797 \$ 82 300 687 \$ 31,791,047 \$ 57,101,254 39,229,183 \$ \$ \$ 28. Total Hospital and Non Hospital Total from Above 128,121,484 Total from Above 88,892,301 29. Total Per Cost Report Total Patient Revenues (G-3 Line 1) \$ 128,121,484 Total Contractual Adj. (G-3 Line 2) 88,892,301 30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue) 31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue) 32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue) 33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue) 34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue) 35. Adjusted Contractual Adjustments 36. Unreconciled Difference Unreconciled Difference (Should be \$0) Unreconciled Difference (Should be \$0)

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2021-06/30/2022) ST. MARYS SACRED HEART HOSPITAL

#	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable		Net Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Die Cost or Other Rat
		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 WS 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 Di
	t Centers (list below):								-	
	TS & PEDIATRICS	\$ 10,283,250	•	\$ -	-	\$ 10,283,250	8,617	7 7 7 7		\$ 1,19
	NSIVE CARE UNIT	\$ 3,492,976		\$ -		\$ 3,492,976	1,907			\$ 1,83
	DNARY CARE UNIT			\$ -		\$ -	-	\$ -		\$
	I INTENSIVE CARE UNIT SICAL INTENSIVE CARE UNIT		'	\$ -	_	\$ - \$ -	-	\$ - \$ -		\$
	R SPECIAL CARE UNIT	,	·	\$ - \$ -	_	\$ -	-	\$ -		\$
	ROVIDER I	7	7	\$ -		\$ -	-	\$ -		\$
	ROVIDER II	\$ -		\$ -		\$ -	-	\$ -		\$
	R SUBPROVIDER	\$ -		\$ -		\$ -		\$ -		\$
04300 NURS		\$ 544.961		\$ -		\$ 544,961	647	Y		\$ 84
04000 110110		\$ -		\$ -	_	\$ -	-	\$ 100,072		\$
	Total Routine	\$ 14,321,187			\$ -	\$ 14,321,187	11,171	\$ 7,869,155		, ,
	Weighted Average	Ψ,σ2.,.σ.	•	•	•	¥ 11,021,101	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ 1,28
	Data (Non-Distinct)	1	3, Pt. I, Line 28, Col. 8	3, Pt. I, Line 28.01, Col. 8	3, Pt. I, Line 28.02, Col. 8	Multiplied by Days)	Col. 6	Col. 7	Col. 8	0.958
09200 Obser	vation (Non-Distinct)	1	1,396	-	-	\$ 1,665,945	254,276	1,483,892	\$ 1,738,168	0.95
		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 Calcula Cost-to-Charge R
	sst Centers (from W/S C excluding Obs	Worksheet B, Part I, Col. 26 Servation) (list below	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY):	Worksheet C, Part I, Col.2 and Col. 4			Cost Report Worksheet C, Pt. I, Col. 6	Cost Report Worksheet C, Pt. I, Col. 7	Cost Report Worksheet C, Pt. I, Col. 8	Cost-to-Charge R
5000 OPER	RATING ROOM	Worksheet B, Part I, Col. 26 Servation) (list below \$ 3,353,745	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Worksheet C, Part I, Col.2 and Col. 4		\$ 3,353,745	Cost Report Worksheet C, Pt. I, Col. 6	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,082,502	Cost Report Worksheet C, Pt. I, Col. 8	Cost-to-Charge F
5000 OPER 5200 DELIV	RATING ROOM /ERY ROOM & LABOR ROOM	Worksheet B, Part I, Col. 26 Servation) (list below \$ 3,353,745 \$ 1,553,059	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY): \$ - \$ -	Worksheet C, Part I, Col. 2 and Col. 4		\$ 3,353,745 \$ 1,553,059	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,082,502 \$ 123,444	Cost Report Worksheet C, Pt. I, Col. 8 \$ 8,312,629 \$ 2,454,536	0.40 0.63
5000 OPER 5200 DELIV 5300 ANES	ATING ROOM /ERY ROOM & LABOR ROOM THESIOLOGY	Worksheet B, Part I, Col. 26 servation) (list below \$ 3,363,745 \$ 1,553,059 \$ 719,135	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY): \$ - \$ -	Worksheet C, Part I, Col. 2 and Col. 4		\$ 3,353,745 \$ 1,553,059 \$ 719,135	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,082,502 \$ 123,444 \$ 1,087,202	Cost Report Worksheet C, Pt. I, Col. 8 \$ 8,312,629 \$ 2,454,536 \$ 1,260,018	0.40: 0.63: 0.57:
5000 OPER 5200 DELIV 5300 ANES 5400 RADIO	ATING ROOM /ERY ROOM & LABOR ROOM .THESIOLOGY DLOGY-DIAGNOSTIC	Worksheet B, Part I, Col. 26 Servation) (list below \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY : \$ - \$ - \$ - \$ - \$ -	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ -		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,082,502 \$ 123,444 \$ 1,087,202 \$ 8,035,173	Cost Report Worksheet C, Pt. I, Col. 8 \$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,699	0.403 0.633 0.537
5000 OPER 5200 DELIV 5300 ANES	ATING ROOM /ERY ROOM & LABOR ROOM .THESIOLOGY DLOGY-DIAGNOSTIC	Worksheet B, Part I, Col. 26 servation) (list below \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY): \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Worksheet C, Part I, Col. 2 and Col. 4		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,082,502 \$ 123,444 \$ 1,087,202 \$ 8,035,173 \$ 16,343,022	Cost Report Worksheet C, Pt. I, Col. 8 \$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,696 \$ 19,899,590	0.40 0.63 0.57 0.30
5000 OPER 5200 DELIV 5300 ANES 5400 RADIO 5700 CT SO 5800 MRI	ATING ROOM /ERY ROOM & LABOR ROOM .THESIOLOGY DLOGY-DIAGNOSTIC	Worksheet B, Part I, Col. 26 servation) (list below \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY) : \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,082,502 \$ 123,444 \$ 1,087,202 \$ 8,035,173 \$ 16,343,022	Cost Report Worksheet C, Pt. I, Col. 8 \$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,699	0.40 0.63 0.57 0.30 0.03
5000 OPER 5200 DELIV 5300 ANES 5400 RADIO 5700 CT SO 5800 MRI 6000 LABO	ATING ROOM VERY ROOM & LABOR ROOM THESIOLOGY DLOGY-DIAGNOSTIC CAN	Worksheet B, Part I, Col. 26 \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454	Worksheet B, Pant I, Col. 25 (Intern & Resident Offset ONLY): \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	Worksheet C, Part I, Col. 2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568 \$ 258,773	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,082,502 \$ 123,444 \$ 1,087,202 \$ 8,035,173 \$ 16,343,022 \$ 2,217,878 \$ 12,747,382	Cost Report Worksheet C, Pt. I, Col. 8 \$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,696 \$ 19,899,590 \$ 2,476,651	0.40: 0.63: 0.57:
5000 OPER 5200 DELIV 5300 ANES 5400 RADIO 5700 CT SO 5800 MRI 6000 LABO 6500 RESP	ATING ROOM /ERY ROOM & LABOR ROOM THESIOLOGY DLOGY-DIAGNOSTIC CAN RATORY	Worksheet B, Part I, Col. 26 servation) (list below \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197	Worksheet B, Pant I, Col. 25 (Intern & Resident Offset ONLY	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568 \$ 258,773 \$ 7,574,069 \$ 3,994,929	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,082,502 \$ 123,444 \$ 1,087,202 \$ 8,035,173 \$ 16,343,022 \$ 2,217,878 \$ 12,747,382 \$ 1,704,450	Cost Report Worksheet C, Pt. I, Col. 8 \$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,696 \$ 19,839,590 \$ 2,476,651 \$ 20,321,451	0.40: 0.63: 0.57: 0.30: 0.12: 0.13:
5000 OPER 5200 DELIV 5300 ANES 5400 RADIO 5700 CT SO 5800 MRI 6000 LABO 6500 RESP 6600 PHYS	RATING ROOM VERY ROOM & LABOR ROOM THESIOLOGY DLOGY-DIAGNOSTIC CAN RATORY VIRATORY THERAPY	Worksheet B, Part I, Col. 26 servation) (list below \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY): \$ - \$ \$	Worksheet C, Part I, Col. 2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ - \$ \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ \$ - \$		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568 \$ 258,773 \$ 7,574,069 \$ 3,994,929 \$ 1,556,007	Cost Report Worksheet C, Pt. I, Col. 7 \$ 7,082,502 \$ 123,444 \$ 1,087,202 \$ 8,035,173 \$ 16,343,022 \$ 2,217,878 \$ 12,747,382 \$ 1,704,450	Cost Report Worksheet C, Pt. I, Col. 8 \$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,696 \$ 19,899,590 \$ 2,476,651 \$ 20,321,451 \$ 5,699,379	0.40 0.63 0.57 0.30 0.03 0.12 0.13 0.25
5000 OPER 5200 DELIV 5300 ANES 5400 RADIO 5700 CT SC 5800 MRI 6000 LABOI 6500 RESP 6600 PHYS 6900 ELEC 7100 MEDIO	RATING ROOM PERY ROOM & LABOR ROOM THESIOLOGY DLOGY-DIAGNOSTIC CAN RATORY PRATORY THERAPY ICAL THERAPY TROCARDIOLOGY CAL SUPPLIES CHARGED TO PATIENT	Worksheet B, Part I, Col. 26 servation) (list below \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965 \$ 1,045,203 \$ 369,584 \$ 1,364,991	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY): \$ - \$ - \$ - \$ - \$ \$ -	Worksheet C, Part I, Col. 2 and Col. 4 \$ - \$ - \$ - \$ - \$ 5		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965 \$ 1,045,203 \$ 369,584 \$ 1,364,991	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568 \$ 258,773 \$ 7,574,069 \$ 3,994,929 \$ 1,556,007 \$ 1,012,798 \$ 815,157	\$ 7,082,502 \$ 1,087,202 \$ 1,087,202 \$ 1,087,202 \$ 8,035,173 \$ 16,343,022 \$ 2,217,878 \$ 12,747,382 \$ 1,704,450 \$ 1,598,003 \$ 1,997,356 \$ 489,288	\$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,696 \$ 19,899,590 \$ 2,476,651 \$ 20,321,451 \$ 5,699,379 \$ 3,154,010 \$ 3,101,154 \$ 1,304,445	0.40 0.63 0.57 0.30 0.03 0.12 0.13 0.25 0.33 0.12
5000 OPER 5200 DELIV 5300 ANES 5400 RADICO 5700 CT SC 5800 MRI 6000 LABOI 6500 RESP 6600 PHYS 6900 ELEC 7100 MEDIC	RATING ROOM VERY ROOM & LABOR ROOM THESIOLOGY DLOGY-DIAGNOSTIC CAN RATORY IRATORY THERAPY ICAL THERAPY TROCARDIOLOGY CAL SUPPLIES CHARGED TO PATIENT DEV. CHARGED TO PATIENTS	Worksheet B, Part I, Col. 26 \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965 \$ 1,045,203 \$ 369,584	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY): \$ - \$ - \$ - \$ - \$ \$ -	Worksheet C, Part I, Col. 2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ 5 - 5 - 5 - 5 - 5		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965 \$ 1,045,203 \$ 369,584 \$ 1,364,991 \$ 1,005,741	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568 \$ 258,773 \$ 7,574,069 \$ 3,994,929 \$ 1,556,007 \$ 1,012,798 \$ 815,157 \$ 607,612	\$ 7,082,502 \$ 123,444 \$ 1,087,202 \$ 8,035,173 \$ 16,343,022 \$ 2,217,878 \$ 12,747,382 \$ 1,704,450 \$ 1,598,003 \$ 1,997,356 \$ 489,288 \$ 3,007,717	\$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,696 \$ 19,899,590 \$ 2,476,651 \$ 5,699,379 \$ 3,154,010 \$ 3,010,154 \$ 1,304,445 \$ 3,615,329	0.40 0.63 0.57 0.30 0.03 0.12 0.13 0.25 0.33 0.12
5000 OPER 5200 DELIV 5300 ANES 5400 CT SC 5800 MRI 6000 LABOI 6500 RESP 6600 PHYS 6900 ELEC 7100 MEDIC 7200 IMPL.	RATING ROOM VERY ROOM & LABOR ROOM THESIOLOGY DLOGY-DIAGNOSTIC CAN RATORY IRATORY THERAPY TROCARDIOLOGY CAL SUPPLIES CHARGED TO PATIENT DEV. CHARGED TO PATIENTS SE CHARGED TO PATIENTS	Worksheet B, Part I, Col. 26 Servation) (list below \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965 \$ 1,045,203 \$ 369,584 \$ 1,364,991 \$ 1,005,741 \$ 3,489,372	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY) : \$ - \$	Worksheet C, Part I, Col. 2 and Col. 4 \$ - \$ - \$ - \$ 5 - \$		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965 \$ 1,045,203 \$ 369,584 \$ 1,364,991 \$ 1,005,741 \$ 3,489,372	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568 \$ 258,773 \$ 7,574,069 \$ 3,994,929 \$ 1,556,007 \$ 1,012,798 \$ 815,157 \$ 607,612 \$ 12,340,195	\$ 7,082,502 \$ 123,444 \$ 1,087,202 \$ 16,343,022 \$ 2,217,878 \$ 12,747,382 \$ 1,704,450 \$ 1,997,356 \$ 489,288 \$ 3,007,717 \$ 7,068,012	\$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,696 \$ 19,899,590 \$ 2,476,651 \$ 5,699,379 \$ 3,154,010 \$ 3,010,154 \$ 1,304,445 \$ 1,304,445 \$ 1,9408,207	0.40 0.63 0.57 0.30 0.03 0.12 0.13 0.25 0.33 0.12 1.04
5000 OPER 5200 DELIV 5300 ANES 5400 RADICO 5700 CT SC 5800 MRI 6000 LABOI 6500 RESP 6600 PHYS 6900 ELEC 7100 MEDIC	RATING ROOM VERY ROOM & LABOR ROOM THESIOLOGY DLOGY-DIAGNOSTIC CAN RATORY IRATORY THERAPY TROCARDIOLOGY CAL SUPPLIES CHARGED TO PATIENT DEV. CHARGED TO PATIENTS SE CHARGED TO PATIENTS	Worksheet B, Part I, Col. 26 Servation) (list below \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 1,449,965 \$ 1,49,965 \$ 1,364,991 \$ 1,005,741 \$ 3,489,372 \$ 4,211,508	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY) : \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	Worksheet C, Part I, Col.2 and Col. 4 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965 \$ 1,045,203 \$ 369,584 \$ 1,364,991 \$ 1,005,741 \$ 3,489,372 \$ 4,211,508	Cost Report Worksheet C, Pt. I, Col. 6 \$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568 \$ 258,773 \$ 7,574,069 \$ 3,994,929 \$ 1,556,007 \$ 1,012,798 \$ 815,157 \$ 607,612	\$ 7,082,502 \$ 1,087,502 \$ 1,087,002 \$ 1,087,002 \$ 1,087,002 \$ 1,087,002 \$ 1,087,002 \$ 1,097,003 \$ 1,097,003 \$ 1,704,450 \$ 1,598,003 \$ 1,997,356 \$ 489,288 \$ 3,007,717 \$ 7,068,012 \$ 14,619,874	\$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,696 \$ 19,889,590 \$ 2476,651 \$ 20,321,451 \$ 5,699,379 \$ 3,154,010 \$ 3,010,154 \$ 1,304,445 \$ 3,615,329 \$ 19,408,207 \$ 16,947,544	0.40 0.63 0.57 0.30 0.03 0.12 0.13 0.25
5000 OPER 5200 DELIV 5300 ANES 5400 CT SC 5800 MRI 6000 LABOI 6500 RESP 6600 PHYS 6900 ELEC 7100 MEDIC 7200 IMPL.	RATING ROOM VERY ROOM & LABOR ROOM THESIOLOGY DLOGY-DIAGNOSTIC CAN RATORY IRATORY THERAPY TROCARDIOLOGY CAL SUPPLIES CHARGED TO PATIENT DEV. CHARGED TO PATIENTS SE CHARGED TO PATIENTS	Worksheet B, Part I, Col. 26 Servation) (list below \$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965 \$ 1,045,203 \$ 369,584 \$ 1,364,991 \$ 1,005,741 \$ 3,489,372	Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY	Worksheet C, Part I, Col. 2 and Col. 4 \$ - \$ - \$ - \$ 5 - \$		\$ 3,353,745 \$ 1,553,059 \$ 719,135 \$ 2,924,899 \$ 619,744 \$ 308,454 \$ 2,643,197 \$ 1,449,965 \$ 1,045,203 \$ 369,584 \$ 1,364,991 \$ 1,005,741 \$ 3,489,372	\$ 1,230,127 \$ 2,331,092 \$ 172,816 \$ 1,664,523 \$ 3,556,568 \$ 258,773 \$ 7,574,069 \$ 1,556,007 \$ 1,012,798 \$ 815,157 \$ 607,612 \$ 12,340,195 \$ 2,327,670	\$ 7,082,502 \$ 1,087,092 \$ 1,087,202 \$ 1,087,202 \$ 1,087,202 \$ 8,035,173 \$ 16,343,022 \$ 2,217,878 \$ 12,747,382 \$ 1,704,450 \$ 1,598,003 \$ 1,997,356 \$ 489,288 \$ 3,007,717 \$ 7,068,012 \$ 14,619,874	\$ 8,312,629 \$ 2,454,536 \$ 1,260,018 \$ 9,699,696 \$ 19,899,590 \$ 2,476,651 \$ 20,321,451 \$ 5,699,379 \$ 3,154,010 \$ 1,304,445 \$ 1,304,445 \$ 19,408,207 \$ 16,947,544	0.40 0.63 0.57 0.30 0.12 0.13 0.25 0.33 0.12 0.13 0.27 0.10 1.04

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2021-06/30/2022) ST. MARYS SACRED HEART HOSPITAL

	ine Total Allowa # Cost Center Description Cost	Intern & Resident RCE and Therapy le Costs Removed on Add-Back (If Cost Report * Applicable	1	Net 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
128	Sub Totals \$ 39,379	784 \$ - \$	- \$	39,379,784	\$ 47,565,767	\$ 79,605,195	\$ 127,170,962	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Worksheet D, Part V, Title 19, Column 5-7, Line 200)	Cost Report Worksheet D-3, Title 19, Column	3, Line 200 and \$	-				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Worksheet D, Part V, Title 18, Column 5-7, Line 200)	Cost Report Worksheet D-3, Title 18, Column	3, Line 200 and \$	-				
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must	calculate. Submit support for calculation of cos	st.) \$	-				
131.01	Other Cost Adjustments (support must be submitted)		\$	-				
132	Grand Total		\$	39,379,784				
133	Total Intern/Resident Cost as a Percent of Other Allowable Co.			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 (07/01/2021-06/30/2022 ST. MARYS SACRED HEART HOSPITAL

		Medicaid Per	Medicaid Cost to	In-State Medic	aid FFS Primary	In-State Medicaid M	lanaged Care Primary	In-State Medicare F Medicaid	FS Cross-Overs (with Secondary)	In-State Other Med Included E	dicaid Eligibles (Not Elsewhere)	Unin	sured	Total In-Sta		% Survey
Line#	Cost Center Description	Diem Cost for Routine Cost	Charge Ratio for Ancillary Cost	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient		to Cost Report Totals
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
	ost Centers (from Section G):			Days		Days		Days		Days		Days		Days		
	DULTS & PEDIATRICS	\$ 1,193.37		426		822		-		732		686		1,980		36.99%
	ITENSIVE CARE UNIT ORONARY CARE UNIT	\$ 1,831.66 \$ -		164		40		-		67		127		271		20.87%
	URN INTENSIVE CARE UNIT	\$ -		-		-		-		-		-		-		A
	URGICAL INTENSIVE CARE UNIT	\$ -		-		-		-		-		-				A
	THER SPECIAL CARE UNIT	\$ -		-		-		-		-		-		-		A
	UBPROVIDER I	\$ -		-		-		-		-		-		-		A
	UBPROVIDER II THER SUBPROVIDER	\$ - \$ -		-		-		-		-		-		-		A
04300 NU		\$ 842.29		38		437		-		5		105		480		90.42%
		0 \$ -		-		-		-		-		-		-		4
		,	Total Days	628		1,299		-		804		918		2,731		37.38%
Total Days	per PS&R or Exhibit Detail			628		1,299				804		918				
	Unreconciled Days	(Explain Variance						-		-		•				
				Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
	outine Charges alculated Routine Charge Per Dien			\$ 570,895 \$ 909.07		\$ 831,092 \$ 639,79		\$ -		\$ 643,386 \$ 800.23		\$ 743,484 \$ 809.90		\$ 2,045,373 \$ 748.95		35.48%
Ce	alculated Routine Charge Fer Dien			\$ 909.07		φ 039.79		-		φ 000.23		\$ 609.90		φ /40.93		
Ancillary C	Cost Centers (from W/S C) (from Sect	ion G):														
	bservation (Non-Distinct)			Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	
			0.958449	\$ 10,288	\$ 26,806	\$ 5,200	\$ 62,108	Ancillary Charges	Ancillary Charges	\$ 47,580	\$ 348,604	\$ 49,348	\$ 142,243	\$ 63,068	\$ 437,518	39.87%
	PERATING ROOM		0.403452	\$ 10,288 \$ 44,902	\$ 26,806 \$ 215,754	\$ 5,200 \$ 261,645	\$ 62,108 \$ 428,181	Ancillary Charges \$ - \$ -	Ancillary Charges \$ - \$ -	\$ 47,580 \$ 85,486	\$ 348,604 \$ 428,740	\$ 49,348 \$ 118,219	\$ 142,243 \$ 313,279	\$ 63,068 \$ 392,033	\$ 437,518 \$ 1,072,675	39.87% 22.95%
5200 DE	ELIVERY ROOM & LABOR ROOM		0.403452 0.632730	\$ 10,288 \$ 44,902 \$ 62,999	\$ 26,806 \$ 215,754 \$ 729	\$ 5,200	\$ 62,108	Ancillary Charges S - S - S - S	Ancillary Charges S - S - S - S	\$ 47,580	\$ 348,604	\$ 49,348	\$ 142,243	\$ 63,068 \$ 392,033 \$ 1,350,421	\$ 437,518 \$ 1,072,675 \$ 90,467	39.87% 22.95% 63.08%
5200 DE 5300 AN	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY		0.403452 0.632730 0.570734	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ -	\$ 62,108 \$ 428,181 \$ 89,422 \$ -	Ancillary Charges \$ - \$ - \$ - \$ - \$ -	Ancillary Charges S - S - S - S -	\$ 47,580 \$ 85,486 \$ 6,498 \$ -	\$ 348,604 \$ 428,740	\$ 49,348 \$ 118,219 \$ 95,515 \$ -	\$ 142,243 \$ 313,279 \$ 11,817 \$ -	\$ 63,068 \$ 392,033 \$ 1,350,421 \$ 2,480	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847	39.87% 22.95% 63.08% 3.28%
5200 DE 5300 AN	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC		0.403452 0.632730	\$ 10,288 \$ 44,902 \$ 62,999	\$ 26,806 \$ 215,754 \$ 729	\$ 5,200 \$ 261,645	\$ 62,108 \$ 428,181	Ancillary Charges \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	Ancillary Charges	\$ 47,580 \$ 85,486	\$ 348,604 \$ 428,740 \$ 316 \$ -	\$ 49,348 \$ 118,219	\$ 142,243 \$ 313,279	\$ 63,068 \$ 392,033 \$ 1,350,421	\$ 437,518 \$ 1,072,675 \$ 90,467	39.87% 22.95% 63.08% 3.28%
5200 DE 5300 AN 5400 RA 5700 CT 5800 MF	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC T SCAN RI		0.403452 0.632730 0.570734 0.301545 0.031144 0.124545	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480 \$ 117,544 \$ -	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847 \$ 974,275 \$ - \$ -	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ - \$ 237,414 \$ - \$ -	\$ 62,108 \$ 428,181 \$ 89,422 \$ - \$ 2,466,340 \$ - \$ -	Ancillary Charges	Ancillary Charges \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	\$ 47,580 \$ 85,486 \$ 6,498 \$ - \$ 474,093 \$ - \$ -	\$ 348,604 \$ 428,740 \$ 316 \$ - \$ 1,941,632 \$ - \$ -	\$ 49,348 \$ 118,219 \$ 95,515 \$ - \$ 645,205 \$ - \$ -	\$ 142,243 \$ 313,279 \$ 11,817 \$ - \$ 1,257,631 \$ 1,257,631 \$ 1,257,630	\$ 63,068 \$ 392,033 \$ 1,350,421 \$ 2,480 \$ 829,051 \$ -	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847 \$ 5,382,247 \$ -	39.87% 22.95% 63.08% 3.28% 84.12% 6.32%
5200 DE 5300 AN 5400 RA 5700 CT 5800 MF 6000 LA	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC T SCAN RI ABORATORY		0.403452 0.632730 0.570734 0.301545 0.031144 0.124545 0.130069	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480 \$ 117,544 \$ - \$ - \$ 501,347	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847 \$ 974,275 \$ - \$ - \$ 641,454	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ - \$ 237,414 \$ - \$ 721,147	\$ 62,108 \$ 428,181 \$ 89,422 \$ - \$ 2,466,340 \$ - \$ 2,003,495	Ancillary Charges	Ancillary Charges S	\$ 47,580 \$ 85,486 \$ 6,498 \$ - \$ 474,093 \$ - \$ 645,609	\$ 348,604 \$ 428,740 \$ 316 \$ - \$ 1,941,632 \$ - \$ 895,170	\$ 49,348 \$ 118,219 \$ 95,515 \$ - \$ 645,205 \$ - \$ 5 \$ 739,645	\$ 142,243 \$ 313,279 \$ 11,817 \$ - \$ 1,257,631 \$ 1,257,631 \$ 1,257,630 \$ 2,162,783	\$ 63,068 \$ 392,033 \$ 1,350,421 \$ 2,480 \$ 829,051 \$ - \$ - \$ 1,868,103	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847 \$ 5,382,247 \$ - \$ - \$ 3,540,119	39.87% 22.95% 63.08% 3.28% 84.12% 6.32% 50.78% 9 41.02%
5200 DE 5300 AN 5400 RA 5700 CT 5800 MF 6000 LA 6500 RE	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC T SCAN RI ABORATORY ESPIRATORY THERAPY		0.403452 0.632730 0.570734 0.301545 0.031144 0.124545 0.130069 0.254408	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480 \$ 117,544 \$ - \$ 501,347 \$ 383,865	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847 \$ 974,275 \$ - \$ - \$ 641,454 \$ 109,756	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ - \$ 237,414 \$ - \$ 721,147 \$ 153,319	\$ 62,108 \$ 428,181 \$ 89,422 \$ - \$ 2,466,340 \$ - \$ 2,003,495 \$ 186,982	Ancillary Charges	Ancillary Charges	\$ 47,580 \$ 85,486 \$ 6,498 \$ - \$ 474,093 \$ - \$ 645,609 \$ 419,014	\$ 348,604 \$ 428,740 \$ 316 \$ - \$ 1,941,632 \$ - \$ 5 \$ 297,968	\$ 49,348 \$ 118,219 \$ 95,515 \$ - \$ 645,205 \$ - \$ 739,645 \$ 338,350	\$ 142,243 \$ 313,279 \$ 11,817 \$ - \$ 1,257,631 \$ 1,257,631 \$ 1,257,630 \$ 2,162,783 \$ 384,796	\$ 63,068 \$ 392,033 \$ 1,350,421 \$ 2,480 \$ 829,051 \$ - \$ 1,868,103 \$ 956,198	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847 \$ 5,382,247 \$ - \$ 3,540,119 \$ 594,706	39.87% 22.95% 63.08% 3.28% 84.12% 6.32% 50.78% 9 41.02% 5 39.96%
5200 DE 5300 AN 5400 RA 5700 CT 5800 MF 6000 LA 6500 RE 6600 PH	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY NOON TO SCHOOL TO SCAN RI ABORATORY ESPIRATORY THERAPY HYSICAL THERAPY		0.403452 0.632730 0.570734 0.301545 0.031144 0.124545 0.130069 0.254408 0.331389	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480 \$ 117,544 \$ - \$ - \$ 501,347	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847 \$ 974,275 \$ - \$ - \$ 641,454	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ - \$ 237,414 \$ - \$ 721,147	\$ 62,108 \$ 428,181 \$ 89,422 \$ - \$ 2,466,340 \$ - \$ 2,003,495	Ancillary Charges	Ancillary Charges	\$ 47,580 \$ 85,486 \$ 6,498 \$ - \$ 474,093 \$ - \$ 645,609	\$ 348,604 \$ 428,740 \$ 316 \$ - \$ 1,941,632 \$ - \$ 895,170	\$ 49,348 \$ 118,219 \$ 95,515 \$ - \$ 645,205 \$ - \$ 5 \$ 739,645	\$ 142,243 \$ 313,279 \$ 11,817 \$ - \$ 1,257,631 \$ 1,257,631 \$ 1,257,630 \$ 2,162,783	\$ 63,068 \$ 392,033 \$ 1,350,421 \$ 2,480 \$ 829,051 \$ - \$ - \$ 1,868,103	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847 \$ 5,382,247 \$ - \$ - \$ 3,540,119	39.87% 22.95% 63.08% 3.28% 84.12% 6.32% 50.78% 9 41.02% 39.96% 24.39%
5200 DE 5300 AN 5400 RA 5700 CT 5800 Mf 6000 LA 6500 RE 6600 PH	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC T SCAN RI ABORATORY ESPIRATORY THERAPY	INT	0.403452 0.632730 0.570734 0.301545 0.031144 0.124545 0.130069 0.254408	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480 \$ 117,544 \$	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847 \$ 974,275 \$ - \$ - \$ 641,454 \$ 109,756 \$ 64,855 \$ 64,855	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ - \$ 237,414 \$ - \$ 721,147 \$ 153,319	\$ 62,108 \$ 428,181 \$ 89,422 \$ - \$ 2,466,340 \$ - \$ 2,003,495 \$ 186,982 \$ 194,339 \$ -	Ancillary Charges \$	Ancillary Charges	\$ 47,580 \$ 85,486 \$ 6,498 \$ - \$ 474,093 \$ - \$ 5 \$ 645,699 \$ 419,014 \$ 173,578	\$ 348,604 \$ 428,740 \$ 316 \$ - \$ 1,941,632 \$ - \$ 5 \$ 297,968	\$ 49,348 \$ 118,219 \$ 95,515 \$ - \$ 645,205 \$ - \$ 739,645 \$ 338,350	\$ 142,243 \$ 313,279 \$ 11,817 \$ - \$ 1,257,631 \$ 1,257,630 \$ 1,257,630 \$ 2,162,763 \$ 384,796 \$ 85,056 \$ 5	\$ 63,068 \$ 392,033 \$ 1,350,421 \$ 2,480 \$ 829,051 \$ - \$ 1,868,103 \$ 956,198 \$ 265,126	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847 \$ 5,382,247 \$ - \$ 3,540,119 \$ 594,706 \$ 375,432 \$ -	39.87% 22.95% 63.08% 7 3.28% 7 84.12% 6.32% 50.78% 9 41.02% 6 39.96% 2 24.39% 0.00%
5200 DE 5300 AN 5400 RA 5700 CT 5800 MF 6000 LA 6500 EA 6600 PH 6900 EL 7100 ME	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC T SCAN RI BORATORY ESPIRATORY THERAPY HYSICAL THERAPY LECTROCARDIOLOGY	NT.	0.403452 0.632730 0.570734 0.301545 0.031144 0.124545 0.130069 0.254408 0.331389 0.122779	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480 \$ 117,544 \$ - \$ 501,347 \$ 383,865	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847 \$ 974,275 \$ - \$ - \$ 641,454 \$ 109,756	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ - \$ 237,414 \$ - \$ 721,147 \$ 153,319 \$ 11,038 \$ 11,038	\$ 62.108 \$ 428.181 \$ 89.422 \$ \$ 2,466.340 \$ \$ 2,003.495 \$ 186.982 \$ 194.339 \$ 72.981 \$ 20.452	Ancillary Charges S	Ancillary Charges	\$ 47,580 \$ 85,486 \$ 6,498 \$ - \$ 474,093 \$ - \$ 645,609 \$ 419,014	\$ 348,604 \$ 428,740 \$ 316 \$ - \$ 1,941,632 \$ - \$ 5 \$ 297,968 \$ 116,238	\$ 49,348 \$ 118,219 \$ 95,515 \$ \$ 645,205 \$ \$ 739,645 \$ 338,350 \$ 43,717 \$	\$ 142,243 \$ 313,279 \$ 11,817 \$ - \$ 1,257,631 \$ 1,257,631 \$ 1,257,630 \$ 2,162,783 \$ 384,796	\$ 63,068 \$ 392,033 \$ 1,350,421 \$ 2,480 \$ 829,051 \$ - \$ 1,868,103 \$ 956,198	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847 \$ 5,382,247 \$ - \$ 3,540,119 \$ 594,706	39.87% 5 22.95% 7 63.08% 7 3.28% 7 84.12% 6.32% - 50.78% 6 39.96% 24.39% 0.00% 6 29.23%
5200 DE 5300 AN 5400 RA 5700 CT 5800 MR 6600 LA 6500 RE 6600 PH 6900 EL 7100 MR 7200 IM	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC T SCAN RI ABORATORY SEPIRATORY THERAPY HYSICAL THERAPY LECTROCARDIOLOGY EDICAL SUPPLIES CHARGED TO PATIENTS IPLE SCHARGED TO PATIENTS RUGS CHARGED TO PATIENTS	NT	0.403452 0.632730 0.570734 0.301545 0.031144 0.124545 0.130069 0.254408 0.331389 0.122779 1.046415 0.278188 0.179788	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480 \$ 117,544 \$ 5 \$ 501,347 \$ 333,865 \$ 80,510 \$ 55,535 \$ 16,288 \$ 747,431	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847 \$ 974,275 \$ - \$ 641,454 \$ 109,756 \$ 64,855 \$ 17,121 \$ 36,031 \$ 284,638	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ 237,414 \$ 237,414 \$ 721,147 \$ 153,319 \$ 11,038 \$ 35,687 \$ 35,687 \$ 1,134,079	\$ 62.108 \$ 428.181 \$ 93.422 \$ 2.466.340 \$ 2.003.495 \$ 186.982 \$ 194.339 \$ 72.981 \$ 20.452 \$ 819.256	Ancillary Charges S	Ancillary Charges \$ -	\$ 47,580 \$ 85,486 \$ 6,496 \$ \$ 474,093 \$ \$ 645,009 \$ 419,014 \$ 173,578 \$ 77,073 \$ 79,119 \$ 983,181	\$ 348,604 \$ 428,740 \$ 316 \$ 316 \$ 1,941,632 \$ \$ 895,170 \$ 297,968 \$ 116,238 \$ \$ 28,951 \$ 153,459 \$ 559,711	\$ 49.348 \$ 118.219 \$ 95.515 \$ 645,205 \$ 739.645 \$ 338.350 \$ 43,717 \$ 48.354 \$ 35,224 \$ 1,068,492	\$ 142,243 \$ 313,279 \$ 11,817 \$ 1,257,631 \$ 1,257,631 \$ 1,257,630 \$ 2,162,783 \$ 384,796 \$ 85,056 \$ 33,451 \$ 135,2710	\$ 63,088 \$ 392,033 \$ 1,350,421 \$ 2,480 \$ 829,051 \$ \$ 1,868,103 \$ 956,198 \$ 265,126 \$ 168,295 \$ 188,295 \$ 188,295 \$ 2,844,691	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847 \$ 5,382,247 \$ 5,382,247 \$ 3,540,119 \$ 594,706 \$ 375,432 \$ 119,053 \$ 209,941 \$ 1,663,605	39.87% 5 22.95% 7 63.08% 7 63.08% 7 84.12% 6.32% 50.78% 9 41.02% 6 39.96% 2 4.39% 0.00% 5 29.23% 10.35% 35.75%
5200 DE 5300 AN 5400 RA 5700 CT 5800 MR 6600 LA 6500 RE 6600 PH 6900 EL 7100 MR 7200 IM	ELIVERY POOM & LABOR ROOM MESTHESIOLOGY ADIOLOGY-DIAGNOSTIC T SCAN RI RI ABORATORY THERAPY HYSICAL THERAPY LECTROCARDIOLOGY EDICTROCARDIOLOGY EDICAL SUPPLIES CHARGED TO PATIENTS	INT	0.403452 0.532730 0.570734 0.301545 0.031144 0.124545 0.130069 0.254408 0.331389 0.122779 1.046415 0.278188 0.179788	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480 \$ 117,544 \$ 5 \$ 501,347 \$ 383,885 \$ 80,510 \$ 55,535 \$ 16,288	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847 \$ 974,275 \$	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ 237,414 \$ \$ 721,147 \$ 153,319 \$ 11,038 \$ 35,687 \$ 35,687	\$ 62.108 \$ 428.181 \$ 89.422 \$ \$ 2,466.340 \$ \$ 2,003.495 \$ 186.982 \$ 194.339 \$ 72.981 \$ 20.452	Ancillary Charges S	Ancillary Charges \$	\$ 47,580 \$ 85,486 \$ 6,498 \$ - \$ 474,093 \$ - \$ 645,609 \$ 419,014 \$ 173,578 \$ 77,073 \$ 79,119	\$ 348,604 \$ 428,740 \$ 316 \$ \$ 1,941,632 \$ \$ 895,170 \$ 297,968 \$ 116,238 \$ \$ 28,951 \$ 153,458	\$ 49.348 \$ 118.219 \$ 95.515 \$ 645.205 \$ 739.645 \$ 338.350 \$ 43.717 \$ 48.354 \$ 35.224	\$ 142,243 \$ 313,279 \$ 11,817 \$ 1,257,631 \$ 1,257,631 \$ 1,257,630 \$ 2,162,783 \$ 384,796 \$ 85,056 \$ 45,567 \$ 33,451	\$ 63,088 \$ 392,033 \$ 1,350,421 \$ 2,480 \$ 829,051 \$ \$ \$ 1,868,103 \$ 956,198 \$ 265,126 \$ 168,295 \$ 168,295 \$ 95,407	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847 \$ 5,382,247 \$ 3,540,119 \$ 394,706 \$ 375,432 \$ 119,053 \$ 119,053 \$ 209,941	39.87% 5 22.95% 7 63.08% 7 84.12% 6.32% 50.78% 9 41.02% 6 39.96% 24.39% 0.00% 5 29.23% 10.35% 35.75%
5200 DE 5300 AN 5400 RA 5700 CT 5800 MR 66000 LA 6500 RE 6600 PH 6900 EL 7100 MR 7200 IM	ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC T SCAN RI ABORATORY SEPIRATORY THERAPY HYSICAL THERAPY LECTROCARDIOLOGY EDICAL SUPPLIES CHARGED TO PATIENTS IPLE SCHARGED TO PATIENTS RUGS CHARGED TO PATIENTS	INT	0.403452 0.632730 0.570734 0.301545 0.031144 0.124545 0.130069 0.254408 0.331389 0.122779 1.046415 0.278188 0.179788	\$ 10,288 \$ 44,902 \$ 62,999 \$ 2,480 \$ 117,544 \$ 5 \$ 501,347 \$ 333,865 \$ 80,510 \$ 55,535 \$ 16,288 \$ 747,431	\$ 26,806 \$ 215,754 \$ 729 \$ 38,847 \$ 974,275 \$ - \$ 641,454 \$ 109,756 \$ 64,855 \$ 17,121 \$ 36,031 \$ 284,638	\$ 5,200 \$ 261,645 \$ 1,280,924 \$ 237,414 \$ 237,414 \$ 721,147 \$ 153,319 \$ 11,038 \$ 35,687 \$ 35,687 \$ 1,134,079	\$ 62.108 \$ 428.181 \$ 93.422 \$ 2.466.340 \$ 2.003.495 \$ 186.982 \$ 194.339 \$ 72.981 \$ 20.452 \$ 819.256	Ancillary Charges	Anciliary Charges S	\$ 47,580 \$ 85,486 \$ 6,496 \$ \$ 474,093 \$ \$ 645,009 \$ 419,014 \$ 173,578 \$ 77,073 \$ 79,119 \$ 983,181	\$ 348,604 \$ 428,740 \$ 316 \$ 316 \$ 1,941,632 \$ \$ 895,170 \$ 297,968 \$ 116,238 \$ \$ 28,951 \$ 153,459 \$ 559,711	\$ 49.348 \$ 118.219 \$ 95.515 \$ 645,205 \$ 739.645 \$ 338.350 \$ 43,717 \$ 48.354 \$ 35,224 \$ 1,068,492	\$ 142,243 \$ 313,279 \$ 11,817 \$ 1,257,631 \$ 1,257,631 \$ 1,257,630 \$ 2,162,783 \$ 384,796 \$ 85,056 \$ 33,451 \$ 135,2710	\$ 63,088 \$ 392,033 \$ 1,350,421 \$ 2,480 \$ 829,051 \$ \$ 1,868,103 \$ 956,198 \$ 265,126 \$ 168,295 \$ 188,295 \$ 188,295 \$ 2,844,691	\$ 437,518 \$ 1,072,675 \$ 90,467 \$ 38,847 \$ 5,382,247 \$ 5,382,247 \$ 3,540,119 \$ 594,706 \$ 375,432 \$ 119,053 \$ 209,941 \$ 1,663,605	39.87% 22.95% 63.08% 7 63.08% 7 84.12% 6.32% 50.78% 9 41.02% 6 39.96% 24.39% 0.00% 5 29.23% 10.35% 35.75%

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

Cost Report Year (07/01/2021-06/30/2022 ST. MARYS SACRED HEART HOSPITAL

			In-State Medi	ionid EES	Drimon	In C	State Medicaid N	lonogo	Core Brimon	li	n-State Medicare F Medicaid					er Medica	d Eligibles (Not		Unio	sured	Total In-Stat	a Madiaaid		% Survey
	Totals / Payments		III-State Medi	icalu FFC	Fillidiy	111-0	otate ivieurcaiu iv	iailage	Care Filliary		Wedicald	Seconda	y)		IIIGIU	ded Else	vileie)		Offili	sureu	TOTAL III-STAL	Wedicald		urvey
128	Total Charges (includes organ acquisition from Section J)	\$	2,751,103	\$	3,174,501	\$	4,777,430	\$	9,183,061	\$	-	\$	-	\$	3,834,	305 \$	5,533,831	\$	4,191,008	\$ 11,520,028	\$ 11,363,338	\$ 17,	891,393	35.46%
												_		_				(Agre	ees to Exhibit A)	(Agrees to Exhibit A)	 			
129	Total Charges per PS&R or Exhibit Detail	\$	2,751,103	\$	3,174,501	\$	4,777,430	\$	9,183,061	\$	-	\$	-	\$	3,834,8	305 \$	5,533,831	\$	4,191,008	\$ 11,520,028				
130	Unreconciled Charges (Explain Variance)		-		-		-		-				<u>-</u> .	_			-		-					
131.0	1 Sampling Cost Adjustment (if applicable)																				\$ -	\$	-	
131.0	2 Total Calculated Cost (includes organ acquisition from Section J)	\$	1,371,064	\$	831,035	\$	2,818,925	\$	2,340,110	\$	-	\$		\$	1,806,	286 \$	1,686,777	\$	2,004,937	\$ 2,351,861	\$ 5,996,275	\$ 4,5	857,922	38.72%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$	1,007,413	\$	634,454	\$	-	\$	78	\$	-	\$	-	9	19,	559 \$	75,280				\$ 1,026,972	\$	709,812	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$	-	\$	-	\$	1,731,516	\$	1,420,516	\$	-	\$	-	9	1,3	302 \$	389				\$ 1,732,818	\$ 1,	420,905	
134	Private Insurance (including primary and third party liability)	\$	3,945	\$	3,857	\$	441,680	\$	506,652	\$	-	\$	-	9	10,	702 \$	70,978				\$ 456,327	\$!	581,487	
135	Self-Pay (including Co-Pay and Spend-Down)	\$	-	\$	-	\$	6,414	\$	22,583	\$	-	\$	-	9		- \$	6,945				\$ 6,414	\$	29,528	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$	1,011,358	\$	638,311	\$	2,179,610	\$	1,949,829					_				,						
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)									\$	-	\$	-	9		- \$	-				\$ -	\$	-	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$	-	\$	-	\$	1,288,	380 \$	721,894				\$ 1,288,880	\$	721,894	
141	Medicare Cross-Over Bad Debt Payments									\$	-	\$	-	9		- \$	-	(Agr	rees to Exhibit B	(Agrees to Exhibit B	\$ -	\$	-	
142	Other Medicare Cross-Over Payments (See Note D)									\$	-	\$	-	\$		- \$	-		and B-1)	and B-1)	\$ -	\$	-	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)											-		_				\$	116,945	\$ 372,697				
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from	Section	E)															\$	-	\$ -				
145 146	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) Calculated Payments as a Percentage of Cost	\$	359,706 74%		192,724 77%		639,315 77%	\$	390,281 83%	\$	- 0%	\$	- 0%	\$		343 \$ 73%	811,291 52%	\$	1,887,992 6%	\$ 1,979,164 16%	\$ 1,484,864 75%	\$ 1,	394,296 71%	
147	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I,	, Col. 6,	Sum of Lns. 2	, 3, 4, 14	, 16, 17, 18 less	lines 5 &	8. €				5,378													

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

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 : 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 P:

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 si

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 Medicai Education pay

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 pay

I. Out-of-State Medicaid Data:

	Cost Repo	ort Year (07/01/2021-06/30/2022)	ST. MARYS SACRE	D HEART HOSPITAL										
		(Out of State Medi	caid Managed Care	Out of State Medica	are FFS Cross-Overs	Out of State Other I	Medicaid Eligibles (Not		
					Out-of-State Med	dicaid FFS Primary	Prin			id Secondary)		Elsewhere)	Total Out-Of-	State Medicaid
			Diem Cost for	Charge Ratio for	Out-of-olate Met	dicalationilliary		iary	(with Micalca	d Occordary)	incidaca i	_iscwricic)	Total Out-OI-	State Medicald
			Routine Cost	Ancillary Cost										
	Line #	Cost Center Description	Centers	Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		·												
					From PS&R	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R	From PS&R		
			From Section G	From Section G	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)	Summary (Note A)		
					. , , , , , ,		,	,		, (/	,			
		Cost Centers (list below):			Days		Days		Days		Days		Days	
1		ADULTS & PEDIATRICS	\$ 1,193.37		5		-		-		-		5	
2		NTENSIVE CARE UNIT	\$ 1,831.66		-		-		-		-		-	
3		CORONARY CARE UNIT	\$ -		-		-		-		-		-	
4 5		BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	\$ - \$ -		-		-		-		-		-	
6		OTHER SPECIAL CARE UNIT	\$ - \$ -		-		-				-			
7		SUBPROVIDER I	\$ -				-				-			
8		SUBPROVIDER II	\$ -											
9		OTHER SUBPROVIDER	\$ -											
10	04300 NI		\$ 842.29		_		_		_		_		-	
11			\$ -				-		_		_		_	
18				Total Days	5		-				-		5	
	T-4-I D													
19 20	Total Days	s per PS&R or Exhibit Detail Unreconciled Days (E:	valoia Vorionos)		0									
20		Offieconciled Days (E.	xpiairi variarice)											
					Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
21		Routine Charges			\$ 3,510		\$ -		\$ -		\$ -		\$ 3,510	
21.01	Ca	Calculated Routine Charge Per Diem			\$ 702.00		\$ -		\$ -		\$ -		\$ 702.00	
		Cost Centers (from W/S C) (list below):			Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges
22		Observation (Non-Distinct)		0.958449	-	-	-	-	-	-	-	832	\$ -	\$ 832
23		PERATING ROOM		0.403452	5,867	-	-	-	-	-	-	5,302	\$ 5,867	\$ 5,302
24		DELIVERY ROOM & LABOR ROOM		0.632730	-	-	-		-	-	-	-	\$ -	\$ -
25 26		NESTHESIOLOGY RADIOLOGY-DIAGNOSTIC		0.570734 0.301545	2,819	17,801	-	-	-	-	-	24.884	\$ 2,819	\$ 42.685
27		CT SCAN		0.301545	2,819	17,801	-	-	-	-	-	24,884	\$ 2,819	\$ 42,080
28	5800 M			0.124545		-	-	-		-	-	-	\$ -	9 -
29		ABORATORY		0.130069	6,440	10,417	-	-			-	7,358	ψ	9
30				0.254408	2,504								\$ 6.440	S 17 775
31		RESPIRATORY THERAPY				1.141	-	-	-	-	-	- 1,556	\$ 6,440 \$ 2.504	\$ 17,775 \$ 1.141
		RESPIRATORY THERAPY PHYSICAL THERAPY	_	0.331389	- 2,504	1,141	-	-	-	-	-			
32			-			-				-		-		
33	6900 EL 7100 MI	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT		0.331389 0.122779 1.046415	-	-	-	-	-	-	-	-		
33 34	6900 EL 7100 MI 7200 IN	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS	-	0.331389 0.122779 1.046415 0.278188		- - - -	-	-	-	- - - -	-		\$ 2,504 \$ - \$ - \$ - \$ -	\$ 1,141 \$ - \$ - \$ - \$ -
33 34 35	6900 EL 7100 MI 7200 IM 7300 DI	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	-	0.331389 0.122779 1.046415 0.278188 0.179788	- - - - 1,308	- - - - 3,461	- - -	-	-	-	-	- - - - - 5,056	\$ 2,504 \$ - \$ - \$ - \$ - \$ 1,308	\$ 1,141 \$ - \$ - \$ - \$ - \$ - \$ 8,517
33 34 35 36	6900 EL 7100 MI 7200 IM 7300 DI	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS		0.331389 0.122779 1.046415 0.278188		- - - -	-	-	-	-	-		\$ 2,504 \$ - \$ - \$ - \$ -	\$ 1,141 \$ - \$ - \$ - \$ -
33 34 35	6900 EL 7100 MI 7200 IM 7300 DI	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS		0.331389 0.122779 1.046415 0.278188 0.179788	1,308 873	3,461 16,552	-	-	-		-	- - - - - 5,056 6,830	\$ 2,504 \$ - \$ - \$ - \$ - \$ 1,308	\$ 1,141 \$ - \$ - \$ - \$ - \$ - \$ 8,517
33 34 35 36	6900 EL 7100 MI 7200 IM 7300 DI	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS		0.331389 0.122779 1.046415 0.278188 0.179788	- - - - 1,308	- - - - 3,461	-	-	-		-	- - - - 5,056 6,830	\$ 2,504 \$ - \$ - \$ - \$ - \$ 1,308	\$ 1,141 \$ - \$ - \$ - \$ - \$ - \$ 8,517
33 34 35 36	6900 EI 7100 MI 7200 IM 7300 DI 9100 EI	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS SPUGS CHARGED TO PATIENTS MERGENCY		0.331389 0.122779 1.046415 0.278188 0.179788	1,308 873	3,461 16,552	-	-	-	-	-	- - - - - 5,056 6,830	\$ 2,504 \$ - \$ - \$ - \$ - \$ 1,308	\$ 1,141 \$ - \$ - \$ - \$ - \$ - \$ 8,517
33 34 35 36	6900 EL 7100 MI 7200 IM 7300 DI	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS SPUGS CHARGED TO PATIENTS MERGENCY		0.331389 0.122779 1.046415 0.278188 0.179788	1,308 873	3,461 16,552 - 49,372	-	-	-		-	5,056 6,830 - 50,262	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ -	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8 8 .517 \$ 23,382 \$ -
33 34 35 36	6900 EI 7100 MI 7200 IM 7300 DI 9100 EI	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS SPUGS CHARGED TO PATIENTS MERGENCY		0.331389 0.122779 1.046415 0.278188 0.179788 0.248503	1,308 873	3,461 16,552	-	-	-		-	- - - - - 5,056 6,830	\$ 2,504 \$ - \$ - \$ - \$ - \$ 1,308	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8 8 .517 \$ 23,382 \$ -
33 34 35 36 37	6900 EL 7100 MI 7200 IIV 7300 DI 9100 EI	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY BEDICAL SUPPLIES CHARGED TO PATIENT MPL DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a		0.331389 0.122779 1.046415 0.278188 0.179788 0.248503	- - - 1,308 873 - 19,811	3,461 16,552 - 49,372	-	-				5.056 6,830 - 50,262	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ -	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8 8 .517 \$ 23,382 \$ -
33 34 35 36 37	6900 EL 7100 MI 7200 IIV 7300 DI 9100 EI	PHYSICAL THERAPY LECTROCARDIOLOGY LECTROCARDIOLOGY ACDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS RUGS CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a lirges per PS&R or Exhibit Detail	acquisition from Sect	0.331389 0.122779 1.046415 0.278188 0.179788 0.248503	- - - 1,308 873 - 19,811	3,461 16,552 - 49,372	-	-		\$ - S		5,056 6,830 - 50,262	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ -	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8 8 .517 \$ 23,382 \$ -
33 34 35 36 37 128 129 130	6900 El 7100 Mi 7200 IV 7300 Di 9100 El	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS MRUGS CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (acquisition from Sect	0.331389 0.122779 1.046415 0.278188 0.179788 0.248503	- - - 1,308 873 - 19,811	3,461 16,552 - 49,372	-	-		\$		5.056 6,830 - 50,262	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ -	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8 8 .517 \$ 23,382 \$ -
33 34 35 36 37 128 129 130 131.0	6900 El 7100 Mi 7200 IIV 7300 DI 9100 El Totals / Pa	PHYSICAL THERAPY ELECTROCARDIOLOGY AEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS ORUGS CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable)	acquisition from Sect	0.331389 0.122779 1.046415 0.278188 0.179788 0.248503		3,461 10,552 49,372 \$ 49,372 \$ 49,372	-	-		\$.		5,056 6,830 50,262 \$ 50,262	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8,517 \$ 23,382 \$ - \$ 99,634
33 34 35 36 37 128 129 130	6900 El 7100 Mi 7200 IIV 7300 DI 9100 El Totals / Pa	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS MRUGS CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (acquisition from Sect	0.331389 0.122779 1.046415 0.278188 0.179788 0.248503	- - - 1,308 873 - 19,811	3,461 16,552 - 49,372	-			\$		5.056 6,830 - 50,262	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ -	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8 8 .517 \$ 23,382 \$ -
33 34 35 36 37 128 129 130 131.0	6900 EI 7100 IM 7200 IIV 7300 DI 9100 EI Totals / Pa Total Char Sampling 0	PHYSICAL THERAPY ELECTROCARDIOLOGY AEDICAL SUPPLIES CHARGED TO PATIENT MPL. DEV. CHARGED TO PATIENTS ORUGS CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable)	acquisition from Sect (Explain Variance) an acquisition from S	0.331389 0.122779 1.046415 0.278188 0.179788 0.248503		3,461 10,552 49,372 \$ 49,372 \$ 49,372	-			\$ - S - S - S - S - S - S - S - S - S -		5,056 6,830 50,262 \$ 50,262	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8,517 \$ 23,382 \$ - \$ 99,634
33 34 35 36 37 128 129 130 131.0 131.0	6900 Et 7100 MM 7200 IM 7300 DI 9100 Et Totals / Pa Total Char Sampling (2 Total Medi	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MPL DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes orgatical Paid Amount (excludes TPL, Co-Pay a	acquisition from Sect (Explain Variance) an acquisition from send Spend-Down)	0.331389 0.122779 1.046415 0.278188 0.179786 0.248503		3,461 10,552 49,372 \$ 49,372 \$ 49,372	-			\$ - S - S - S - S - S - S - S - S - S -		5,056 6,830 50,262 \$ 50,262	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8,517 \$ 23,382 \$ - \$ 99,634
33 34 35 36 37 128 129 130 131.02 131.02	6900 Et 7100 Mi 7200 Mi 7200 Mi 7300 Di 9100 Et 7300 Di 9100 Et 7010 Charles	PHYSICAL THERAPY ELECTROCARDIOLOGY AEDICAL SUPPLIES CHARGED TO PATIENT MPL DEV. CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a irges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes org	acquisition from Sect (Explain Variance) an acquisition from s and Spend-Down) s TPL, Co-Pay and Sp	0.331389 0.122779 1.046415 0.278188 0.179786 0.248503		3,461 10,552 49,372 \$ 49,372 \$ 49,372	-			\$		5,056 6,830 50,262 \$ 50,262	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$ - \$ - \$ - \$ - \$ 8,517 \$ 23,382 \$ - \$ 99,634
33 34 35 36 37 128 129 130 131.02 132 133	6900 Et 7100 Min 7200 Illi 7300 Di 9100 Et Totals / Pi Total Char 1 Sampling 0 2 Total Medi Private Ins	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MPL. DEV. CHARGED TO PATIENTS MERCHARGED TO PATIENTS MERCHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes organical deliand Amount (excludes TPL, Co-Pay a diciaid Managed Care Paid Amount (excludes TML)	acquisition from Sect (Explain Variance) an acquisition from s and Spend-Down) s TPL, Co-Pay and Sp	0.331389 0.122779 1.046415 0.278188 0.179786 0.248503		3,461 10,552 49,372 \$ 49,372 \$ 49,372	-			\$ \$ \$ \$ \$ \$		\$ 50,262 \$ 50,262 \$ 14,004	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$. \$. \$. \$. \$. \$. \$. \$.
33 34 35 36 37 128 129 130 131.0 131.0 132 133 134	G900 Et 7100 Mi 7200 III 7300 Di 7300 Di 9100 Et Totals / Pri Total Char 1 Sampling (2 Total Medi Private Ins Self-Pay (1 Self	PHYSICAL THERAPY ELECTROCARDIOLOGY AEDICAL SUPPLIES CHARGED TO PATIENT MPL DEV. CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a arges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes orga dicaid Paid Amount (excludes TPL, Co-Pay a dicaid Managed Care Paid Amount (excludes surance (including primary and third party lies	acquisition from Sect (Explain Variance) an acquisition from Sand Spend-Down) s TPL, Co-Pay and Spability)	0.331389 0.122779 1.046415 0.278188 0.179786 0.248503		3,461 10,552 49,372 \$ 49,372 \$ 49,372	-			\$ - S - S - S - S - S - S - S - S - S -		\$ 50,262 \$ 50,262 \$ 14,004	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$. \$. \$. \$. \$. \$. \$. \$.
33 34 35 36 37 128 129 130 131.0 131.0 132 133 134 135	G900 EL 7100 MI 7200 IIII 7300 DI 9100 EI Totals / Pi Total Char 1 Sampling (2 2 2 2 1 Total Medi Total Total Total Total Alexa	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MPL DEV. CHARGED TO PATIENTS MPL DEV. CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes organic) dicaid Paid Amount (excludes TPL, Co-Pay a dicaid Managed Care Paid Amount (excludes surance (including primary and third party lis (including Co-Pay and Spend-Down)	acquisition from Sect (Explain Variance) an acquisition from Sand Spend-Down) s TPL, Co-Pay and Spability)	0.331389 0.122779 1.046415 0.278188 0.179786 0.248503	\$ 23,321 \$ 23,321 \$ 11,111 \$ - \$ - \$ - \$ - \$ - \$ -	\$ 49,372 \$ 49,372 \$ 11,748	-			\$ - S - S - S - S - S - S - S - S - S -		\$ 50,262 \$ 50,262 \$ 14,004	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$. \$. \$. \$. \$. \$. \$. \$.
33 34 35 36 37 128 129 130 131.0 131.0 132 133 134 135 136	G900 Et 7100 Mi 7200 III 7200 III 7300 DI 9100 Et Totals / Pt Total Char Total Medi Total Medi Private Ins Self-Pay (i Total Allow Medicaid C M	PHYSICAL THERAPY ELECTROCARDIOLOGY AEDICAL SUPPLIES CHARGED TO PATIENTS MPL DEV. CHARGED TO PATIENTS MERCHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes orgatical del paid Amount (excludes TPL, Co-Pay a dicial Managed Care Paid Amount (excludes usurance (including primary and third party lia (including Co-Pay and Spend-Down) wed Amount from Medicial PS&R or RA De	acquisition from Sect (Explain Variance) an acquisition from 3 and Spend-Down) s TPL, Co-Pay and Sp ability)	0.331389 0.122779 1.046415 0.278188 0.179786 0.248503	\$ 23,321 \$ 23,321 \$ 11,111 \$ - \$ - \$ - \$ - \$ - \$ -	\$ 49,372 \$ 49,372 \$ 11,748	-			\$ \$ \$ \$ \$		\$ 50,262 \$ 50,262 \$ 14,004	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$. \$. \$. \$. \$. \$. \$. \$.
33 34 35 36 37 128 129 130 131.0 131.0 132 133 134 135 136 137	G900 Et 7100 Mi 7200 III 7300 Di 9100 Et Totals / Pr Total Char 1 Sampling 0 2 Total Medi Private Ins Self-Pay (Total Allow Medicaid C Other Medi Cother Medi Cother Medi Cother Medicaid C Other Medicaid C Other Medicaid C	PHYSICAL THERAPY ELECTORATION ELECTORATION ELECTORATION MPL DEV. CHARGED TO PATIENTS MELECY. CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a arges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes organ a icaid Managed Care paid Amount (excludes surance (including primary and third party lie (including Co-Pay and Spend-Down) wed Amount from Medicaid PS&R or RA De Cost Settlement Payments (See Note B)	acquisition from Sect (Explain Variance) an acquisition from seand Spend-Down) s TPL, Co-Pay and Spability) tail (All Payments) 'ear (See Note C)	0.331389 0.122779 1.046415 0.278188 0.179788 0.248503 -	\$ 23,321 \$ 23,321 \$ 11,111 \$ - \$ - \$ - \$ - \$ - \$ -	\$ 49,372 \$ 49,372 \$ 11,748	-			\$ \$		\$ 50,262 \$ 50,262 \$ 14,004	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$. \$. \$. \$. \$. \$. \$. \$.
33 34 35 36 37 128 129 130 131.0 132 133 134 135 136 137 138	G900 Et 7100 Min 7200 III 7300 Di 9100 Et 7300 Di 9100	PHYSICAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS MPL. DEV. CHARGED TO PATIENTS MPL. DEV. CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes organical Paid Amount (excludes TPL, Co-Pay a dicaid Managed Care Paid Amount (excludes surance (including primary and third party lis (including Co-Pay and Spend-Down) wed Amount from Medicaid PS&R or RA De Cost Settlement Payments (See Note B) dicaid Payments Reported on Cost Report Y	acquisition from Sect (Explain Variance) an acquisition from S and Spend-Down) s TPL, Co-Pay and Sp ability) tail (All Payments)	0.331389 0.122779 1.046415 0.278188 0.179788 0.248503 - stion K) Section K)	\$ 23,321 \$ 23,321 \$ 11,111 \$ - \$ - \$ - \$ - \$ - \$ -	\$ 49,372 \$ 49,372 \$ 11,748	-			\$ - S - S - S - S - S - S - S - S - S -		\$ 50,262 \$ 50,262 \$ 50,262 \$ 50,262 \$ 7,071	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$. \$. \$. \$. \$. \$. \$. \$.
33 34 35 36 37 128 129 130 131.0 131.0 132 133 134 135 136 137 138 139	Totals / Private Ins. Self-Pay (i Total Allow Medicare I	PHYSICAL THERAPY ELECTROCARDIOLOGY AEDICAL SUPPLIES CHARGED TO PATIENTS MPL DEV. CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a urges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes organical Paid Amount (excludes TPL, Co-Pay a idicaid Paid Amount (excludes TPL, Co-Pay a idicaid Managed Care Paid Amount (excludes usurance (including primary and third party lie including Co-Pay and Spend-Down) wed Amount from Medicaid PS&R or RA De Cost Settlement Payments (See Note B) dicaid Payments Reported on Cost Report Y Traditional (non-HMO) Paid Amount (excludes	acquisition from Sect (Explain Variance) an acquisition from S and Spend-Down) s TPL, Co-Pay and Sp ability) tail (All Payments)	0.331389 0.122779 1.046415 0.278188 0.179788 0.248503 - stion K) Section K)	\$ 23,321 \$ 23,321 \$ 11,111 \$ - \$ - \$ - \$ - \$ - \$ -	\$ 49,372 \$ 49,372 \$ 11,748	-			\$		\$ 50,262 \$ 50,262 \$ 50,262 \$ 14,004 \$ - \$ 7,071 \$ - \$ 7,071	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$ - \$ - \$ - \$ 8 - \$ 8,517 \$ 23,382 \$ - \$ 25,752 \$ - \$ 25,752 \$ - \$ - \$ 1,793
33 34 35 36 37 128 129 130 131.0 131.0 132 133 134 135 136 137 138 139 140	G900 Et 7100 Mi 7200 III 7300 Di 9100 Et Totals / Pt Total Char 1 Sampling 0 Total Medi Total Medi Total Medi Total Allow Medicare 1	PHYSICAL THERAPY ELECIAL THERAPY ELECTROCARDIOLOGY AEDICAL SUPPLIES CHARGED TO PATIENT MPL DEV. CHARGED TO PATIENTS MERGENCY Payments Total Charges (includes organ a arges per PS&R or Exhibit Detail Unreconciled Charges (Cost Adjustment (if applicable) Total Calculated Cost (includes organ a licaid Managed Care Paid Amount (exclude surance (including primary and third party lie (including Co-Pay and Spend-Down) wed Amount from Medicaid PS&R or RA De Cost Settlement Payments (See Note B) dicaid Payments Reported on Cost Report Y Traditional (non-HMO) Paid Amount (exclud Managed Care (HMO) Paid Amount (exclud	acquisition from Sect (Explain Variance) an acquisition from S and Spend-Down) s TPL, Co-Pay and Sp ability) tail (All Payments)	0.331389 0.122779 1.046415 0.278188 0.179788 0.248503 - stion K) Section K)	\$ 23,321 \$ 23,321 \$ 11,111 \$ - \$ - \$ - \$ - \$ - \$ -	\$ 49,372 \$ 49,372 \$ 11,748	-			\$		\$ 50,262 \$ 50,262 \$ 50,262 \$ 14,004 \$ - \$ 7,071 \$ - \$ 7,071	\$ 2,504 \$ - \$ - \$ - \$ 1,308 \$ 873 \$ - \$ 23,321	\$ 1,141 \$ - \$ - \$ - \$ 8 - \$ 8,517 \$ 23,382 \$ - \$ 25,752 \$ - \$ 25,752 \$ - \$ - \$ 1,793

Total Out-Of-State Medicaid

11,111 \$

I. Out-of-State Medicaid Data:

143 144

Cost Report Year (07/01/2021-06/30/2022) ST. MARYS SACRED HEART HOSPITAL

Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH) \$ Calculated Payments as a Percentage of Cost

	Out-of-State Medicaid FFS Primary		Out-of-State Medic Prim	aid Managed Care nary	Out-of-State Medica	are FFS Cross-Over id Secondary)	rs	Oı	ut-of-State Other M Included E	_
\$	11,111 \$ 11	748	\$ -	\$ -	\$ -	\$ -		\$	-	\$
0% 0%			0%	0%	0%		0%		0%	

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

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

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

Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare crost 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 (07/01/2021-06/30/2022 ST. MARYS SACRED HEART HOSPITAL

		Total			Revenue for	Total	In-State Med	caid FFS Primary	In-State Medicaid N	Managed Care Primary		FS Cross-Overs (with Secondary)		edicaid Eligibles (Not Elsewhere)	Unin	sured
		Organ Acquisition Cos	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Medicaid/ Cross- Over / Uninsured Organs Sold	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)						
		Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	122 v Total Cont	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis							
	ition Cost Centers (list below)		T ₂		-			11.	-	1			-	1 -	_	-
1 Lung Acquisi		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
2 Kidney Acqui		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
3 Liver Acquisi		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
4 Heart Acquis	sition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
5 Pancreas Ac	equisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
6 Intestinal Acc	quisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	S -	0	\$ -	0
7 Islet Acquisiti	tion	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
8		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
9	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
10	Total Cost	I						-		-		-		-		-

In total Lost

Tot

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

Cost Report Year (07/01/2021-06/30/2022 ST. MARYS SACRED HEART HOSPITAL

		Total			Revenue for Total		Out-of-State Medicaid FFS Primary		Out-of-State Medicaio	l Managed Care Primar		are FFS Cross-Overs aid Secondary)	Out-of-State Other Medicaid Eligibles (Not Included 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)	Charges	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 Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D- 4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)							
	Organ Acquisition Cost Centers (list below)			'											
11	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
12	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
13	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
14	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
15	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
16	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
17	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
18		\$ -	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	
19	Totals	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	
20	Total Cost	Ī								-		-		-	

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 E as part of your Out-of-State Medicaid total payments

L. Provider Tax Assessment Reconciliation / Adjustment

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

Cast Danart	Voor (07/	11/2021	06/30/2022\

ST. MARYS SACRED HEART HOSPITAL

Worksheet A Pro	vider Tax Assessment Recond	ciliation:		
1 Hospital	l Gross Provider Tax Assessment (fr	rom general ledger)*	Dollar Amount	W/S A Cost Center Line
		count # that includes Gross Provider Tax Assessment	\$ -	0 (WTB Account #)
		cluded in Expense on the Cost Report (W/S A, Col. 2)	\$ -	- (Where is the cost included on w/s A?)
3 Differen	ce (Explain Here>)	0	\$ -	
Provide		ons (from w/s A-6 of the Medicare cost report)		
4	Reclassification Code	0	\$ -	- (Reclassified to / (from))
5	Reclassification Code	0	\$ -	- (Reclassified to / (from))
6	Reclassification Code	0	\$ -	- (Reclassified to / (from))
7	Reclassification Code	0	\$ -	- (Reclassified to / (from))
DSH UC	CC ALLOWABLE - Provider Tax As Reason for adjustment	ssessment Adjustments (from w/s A-8 of the Medicare cost report)	\$ -	- (Adjusted to / (from))
9	Reason for adjustment	0	\$ -	- (Adjusted to / (from))
10	Reason for adjustment	0	\$ -	- (Adjusted to / (from))
11	Reason for adjustment	0	\$ -	- (Adjusted to / (from))
12 13 14 15	CC NON-ALLOWABLE Provider Ta Reason for adjustment Reason for adjustment Reason for adjustment Reason for adjustment et Provider Tax Assessment Expens	ax Assessment Adjustments (from w/s A-8 of the Medicare cost report	\$ - \$ - \$ - \$ - \$ -	- - - -
	er Tax Assessment Adjustmen	·		
17 Gross A	ullowable Assessment Not Included i	in the Cost Report	\$ -	
Apporti	onment of Provider Tax Assessm	ent Adjustment to Medicaid & Uninsured:		
18	Medicaid Hospital Charge	es Sec. G	29,377,686	
19	Uninsured Hospital Charge	es Sec. G	15,711,036	
20	Total Hospital Charge	es Sec. G	127,170,962	
21	Percentage of Provider Tax Ass	sessment Adjustment to include in DSH Medicaid UCC	23.10%	
22		sessment Adjustment to include in DSH Uninsured UCC	12.35%	
23	Medicaid Provider Tax Assessm		\$ -	
24	Uninsured Provider Tax Assess		\$ -	
	r Tax Assessment Adjustment to DS		\$ -	
20		···	*	

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

^{**} The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and Uninsured based on Charges Sec. G unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.

DSH Examination Eligibility Summary

Hospital Name Hospital Medicaid Number Cost Report Period

ST. MARYS SACRED HEART HOSPITAL

000000437A

From **7/1/2021** To **6/30/2022**

		As-Reported	Adjustments	As-Adjusted
LIUR				
1 Medicaid Hospital Net Revenue	Survey H & I (Sum all In-State & Out-of-State Medicaid Payments)	\$ 5,875,638	\$ -	\$ 5,875,638
2 Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
3 Total		\$ 5,875,638	\$ -	\$ 5,875,638
4 Net Hospital Patient Revenue	Survey F-3	\$ 39,229,183	\$ -	\$ 39,229,183
5 Medicaid Fraction		14.98%	0.00%	14.98%
6 Inpatient Charity Care Charges	Survey F-2	\$ 1,708,894	\$ -	\$ 1,708,894
7 Inpatient Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
8 Unspecified Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
9 Adjusted Inpatient Charity Care		\$ 1,708,894	\$ -	\$ 1,708,894
10 Inpatient Hospital Charges	Survey F-3	\$ 45,820,797	\$ -	\$ 45,820,797
11 Inpatient Charity Fraction		3.73%	0.00%	3.73%
12 LIUR		18.71%	0.00%	18.71%
MILLE				
MIUR 13 In-State Medicaid Eligible Days	Suprov H	2,731		2,731
14 Out-of-State Medicaid Eligible Days	Survey H Survey I	2,731	-	2,731
15 Total Medicaid Eligible Days	Survey	2,736	-	2,736
ğ ,		2,700		2,100
16 Total Hospital Days (excludes swing-bed)	Survey F-1	9,775	-	9,775
17 MIUR		27.99%	0.00%	27.99%

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

DSH Examination UCC Cost & P	Payment Summ	ary												Georgia			
Hospital Name Hospital Medicaid Number	ST. MARYS S 000000437A	ACRED HEART HO	OSPITAL		7												
Cost Report Period	From	7/1/2021	То	6/30/2022	_												
As-Reported:		A	В	С	D	Self-Pay	F	G Other	Н	1	J	K Other	L	M Uninsured	N	0	P
Service Type		Total Costs Survey H & I	Medicaid Basic Rate Payments Survey H & I	Medicaid Managed Care Payments Survey H & I	Private Insurance Payments Survey H & I	Payments (Includes Co- Pay and Spenddown) Survey H & I	Medicaid Cost Settlement Payments Survey H & I	Medicaid Payments (Outliers, etc) ** Survey H & I	Medicare Traditional (non-HMO) Payments Survey H & I	Medicare Managed Care (HMO) Payments Survey H & I	Medicare Cross-over Bad Debt Survey H & I	Medicare Cross-over Payments (GME, etc.) Survey H & I	Uninsured Payments Survey H & I	Payments Not On Exhibit B (1011 Survey E	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	1,371,064 831,035	1,007,413 634,454		3,945 3,857										1,011,358 638,311	359,706 192,724	73.76% 76.81%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	2,818,925 2,340,110	- 78	1,731,516 1,420,516	441,680 506,652	6,414 22,583									2,179,610 1,949,829	639,315 390,281	77.32% 83.32%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient			:						-					-	:	n/a n/a
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	1,806,286 1,686,777	19,559 75,280	1,302 389	10,702 70,978	6,945				1,288,880 721,894					1,320,443 875,486	485,843 811,291	73.10% 51.90%
9 Uninsured 10 Uninsured	Inpatient Outpatient	2,004,937 2,351,861			-		-		-	-	-	-	116,945 372,697		116,945 372,697	1,887,992 1,979,164	5.83% 15.85%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	8,001,212 7,209,783	1,026,972 709,812	1,732,818 1,420,905	456,327 581,487	6,414 29,528	- :	-	- :	1,288,880 721,894	- :	- :	116,945 372,697	-	4,628,356 3,836,323	3,372,856 3,373,460	57.85% 53.21%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	11,111 25,752			7,071				1,793	3,784					12,648	11,111 13,104	0.00% 49.11%
15 Sub-Total	I/P and O/P	15,247,858	1,736,784	3,153,723	1,044,885	35,942		-	1,793	2,014,558			489,642	-	8,477,327	6,770,531	55.60%
Adjustments:		Α	В	С	D	E Self-Pay	F	G Other	Н	ı	J	K Other	L	M Uninsured	N	0	Р
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Payments (Includes Co- Pay and Spenddown)	Medicaid Cost Settlement Payments	Medicaid Payments (Outliers, etc) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Payments Not On Exhibit B (1011	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service 2 Medicaid Fee for Service	Inpatient Outpatient	-	:	:	-	-	-	-							-	-	0.00% 0.00%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	-	:				-								-	-	0.00% 0.00%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient	-	:			•									-		0.00% 0.00%
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	-	:		-	•					-	-			-	-	0.00% 0.00%
9 Uninsured 10 Uninsured	Inpatient Outpatient				-						-	-	-	-	-	-	0.00% 0.00%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient		-	-	-	-	- :	-	- :		- :		-	-			0.00% 0.00%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	-	:	:	-	:	:	-	:	:	:	:			-	:	0.00% 0.00%
15 Sub-Total	I/P and O/P	-								-					-		0.00%

DSH Examination UCC Cost & I	Payment Summ	ary												Georgia			
Hospital Name Hospital Medicaid Number	000000437A	ACRED HEART HO]												
Cost Report Period	From	7/1/2021	То	6/30/2022	_	_	_	_			_		_			_	Р
As-Adjusted: Service Type		Total Costs Survey H & I	Medicaid Basic Rate Payments Survey H & I	Medicaid Managed Care Payments Survey H & I	Private Insurance Payments Survey H & I	Self-Pay Payments (Includes Co- Pay and Spenddown) Survey H & I	Medicaid Cost Settlement Payments Survey H & I	Other Medicaid Payments (Outliers, etc) ** Survey H & I	Medicare Traditional (non-HMO) Payments Survey H & I	Medicare Managed Care (HMO) Payments Survey H & I	Medicare Cross-over Bad Debt Survey H & I	Other Medicare Cross-over Payments (GME, etc.) Survey H & I	Uninsured Payments Survey H & I	M Uninsured Payments Not On Exhibit B (1011 Survey E	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
Medicaid Fee for Service Medicaid Fee for Service	Inpatient Outpatient	1,371,064 831,035	1,007,413 634,454	:	3,945 3,857		:	-			:	:			1,011,358 638,311	359,706 192,724	73.76% 76.81%
3 Medicaid Managed Care 4 Medicaid Managed Care	Inpatient Outpatient	2,818,925 2,340,110	78	1,731,516 1,420,516	441,680 506,652	6,414 22,583	:	-							2,179,610 1,949,829	639,315 390,281	77.32% 83.32%
5 Medicare Cross-over (FFS) 6 Medicare Cross-over (FFS)	Inpatient Outpatient		:	:	:]			:	:	:	:			-	:	n/a n/a
7 Other Medicaid Eligibles 8 Other Medicaid Eligibles	Inpatient Outpatient	1,806,286 1,686,777	19,559 75,280	1,302 389	10,702 70,978	6,945			:	1,288,880 721,894	:	:			1,320,443 875,486	485,843 811,291	73.10% 51.90%
9 Uninsured 10 Uninsured	Inpatient Outpatient	2,004,937 2,351,861	:	:	:							:	116,945 372,697		116,945 372,697	1,887,992 1,979,164	5.83% 15.85%
11 In-State Sub-total 12 In-State Sub-total	Inpatient Outpatient	8,001,212 7,209,783	1,026,972 709,812	1,732,818 1,420,905	456,327 581,487	6,414 29,528	-	-	-	1,288,880 721,894	-	-	116,945 372,697	-	4,628,356 3,836,323	3,372,856 3,373,460	57.85% 53.21%
13 Out-of-State Medicaid 14 Out-of-State Medicaid	Inpatient Outpatient	11,111 25,752			7,071		:		1,793	3,784					12,648	11,111 13,104	0.00% 49.11%
15 Cost Report Year Sub-Total	I/P and O/P	15,247,858	1,736,784	3,153,723	1,044,885	35,942		-	1,793	2,014,558	-	-	489,642	-	8,477,327	6,770,531	55.60%
16 17												s: Out of State DS Total UCC Prior to				6,770,531	

Medicaid DSH Survey Adjustments

 PROVIDER:
 ST. MARYS SACRED HEART HOSPITAL
 TO:
 6/30/2022
 Moral Mumber:
 00000437A

 FROM:
 7/11/2021
 TO:
 6/30/2022
 Mcare Number:
 110027

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Adj. # Schedule L	Line # Line Description	Column Column Description	Explanation for Adjustmen	Original Amount	Adjustment	Adjusted Total	W/P Ref.

Medicaid DSH Report Notes

PROVIDER: ST. MARYS SACRED HEART HOSPITAL Mcaid Number: 000000437A

FROM: 7/1/2021 TO: 6/30/2022 Mcare Number: 110027

Myers and Stauffer DSH Report Notes

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