











Exempt Hospitals

	Medicaid Number	Rate Semester	Rate Based on Medicaid Costs	Medicaid Inpatient Inflated Variable Cost Rate (Line G)	Total Inpatient Variable Cost Rate (Line G)	Total Inpatient Fixed Rate (Line N)	Medicaid Inpatient Fixed Cost and Property (Line N)	IP AG	IP AN	IP AG+AN	Medicaid Outpatient Inflated Variable Cost Rate (Line G)	Medicaid Inpatient Total Days (include newborn) (Line F)	Total Days (Line F)	Total IP Costs	Total OP Costs	Grand Total Costs	Medicaid Inpatient Prospective Rate (Line V)	Medicaid Outpatient Prospective Rate (Line V)	Total IP Reimbursement	Total OP Reimbursement	Grand Total Reimbursement	Diff in Costs vs Reimbursement	IP AF	Medicaid Outpatient Paid Claims (Line F)
101	260045	200707	TRUE	849.01			18.54	849.01	18.54	867.55		3118		2,705,015.50		2,705,015.50	814.37		2,539,193.25	-	2,539,193.25		3118	
102	260053	200707	FALSE	260.72	260.72	6.53	6.53	260.72	6.53	267.24		0	27378	-		-	250.87		-	-	-		27378	

**1,869,816,011    380,891,356    2,250,707,367**
**1,812,612,058    369,167,872    2,181,779,928    68,614,158    96.94%**