ABERDEEN AREA INDIAN HEALTH SERVICE SD MEDICAID PROVIDER NUMBERS

Federal Fiscal Year 2012 (10/1/2011-9/30/2012 actual Payment

Service Unit	PROV #	PROV NAME	Claim Payments	ADDTL Payments AMOUNT	Total Reimbursement
Eagle Butte Inpatient	0140110	Eagle Butte Hospital	$ 601,428.00	$10,611.00	$ 612,039.00
Eagle Butte Outpatient	5549080	Eagle Butte Hospital	$ 5,157,236.36	($195.94)	$ 5,157,040.42
Ft. Thompson	5549010	PHS Indian Hlth Ctr Ft. Thompson	$ 3,509,844.80	$9,768.00	$ 3,519,612.80
Ft. Yates Outpatient	5540010	McLaughlin Hlth Ctr	$ 1,489,245.64	$44,968.00	$ 1,534,213.64
Ft. Yates Outpatient	5549040	IHS Hospital Ft Yates	$ 43,768.00	$81,664.00	$ 125,432.00
Ft. Yates Outpatient	5549042	IHS Hospital Ft Yates	$ 347,688.89	$12,474.00	$ 360,162.89
Lower Brule	5549020	PHS Indian Hlth Ctr Lower Brule	$ 1,834,239.89	$100,188.00	$ 1,934,427.89
Pine Ridge ASC	5549510	Pine Ridge IHS Hospital ASC	$ 18,345.11		$ 18,345.11
Pine Ridge Inpatient	0140060	Pine Ridge IHS Hospital	$ 4,094,043.00	$120,258.00	$ 4,214,301.00
Pine Ridge Inpatient	5540040	Wanblee Indian Hlth Ctr	$ 2,659,934.31	$73,128.00	$ 2,733,062.31
Pine Ridge Outpatient	5540050	PHS Indian Hospital	$ 2,997.20	$88.00	$ 3,085.20
Pine Ridge Outpatient	5540262	Porcupine Clinic	$ 61,930.00	$23,056.00	$ 84,986.00
Pine Ridge Outpatient	5549060	Kyle Clinic	$ 4,340,177.47	$130,614.00	$ 4,470,791.47
Pine Ridge Outpatient	5549070	Pine Ridge IHS Hospital	$ 16,484,402.13	$478,038.00	$ 16,962,440.13
Pine Ridge Outpatient	5549102	Manderson Indian Health Clinic	$ 169,907.20	$188,650.00	$ 358,557.20
Pine Ridge Outpatient	5549122	Allen Indian HlthClinic	$ 32,973.40	$3,256.00	$ 36,229.40
Rapid City Inpatient	0140070	Rapid City Indian Hospital	$ 41,597.00	$262.00	$ 41,859.00
Rapid City Outpatient	5549050	Rapid City Indian Hospital	$ 5,809,604.68	$168,608.00	$ 5,978,212.68
Rosebud ASC	5549520	Rosebud HIS Hospital ASC	$ 6,766.74		$ 6,766.74
Rosebud Inpatient	0140080	Rosebud HIS Hospital	$ 2,137,488.00	$50,304.00	$ 2,187,792.00
Rosebud Outpatient	5549093	Rosebud IHS Hospital	$ 7,204,186.44	$134,332.00	$ 7,338,518.44
Rosebud Outpatient	5549160	Lakota Tiwahe Center	$ 2,340.00	$132.00	$ 2,472.00

Sisseton Outpatient	5549030	Wilson Keeble Memorial HealthCare Ctr	$ 3,287,201.43	$51,282.00	$ 3,338,483.43
Tribal 638	5540240	Cheyenne River Dental Prog	$ 179,928.00	$195.94	$ 180,123.94
Tribal 638	5540250	Native Womens Healthcare	$ 901,984.36	$3,432.00	$ 905,416.36
Tribal 638	5546010	Flandreau Santee Sioux Tribe	$ 290,666.49	$1,012.00	$ 291,678.49
Tribal 638	5549110	Lower Brule Counseling Service	$ 82,084.00	$4,972.00	$ 87,056.00
Tribal 638	5549150	Oglala Sioux Tribe OTITIS MEDI	$ 16,580.00	$704.00	$ 17,284.00
Tribal 638	5549300	CRST Health Dept Eagle Butte	$ 88,520.00	$1,496.00	$ 90,016.00
Tribal 638	5549310	CRST Health Dept Swiftbird	$ 34,052.00	$682.00	$ 34,734.00
Tribal 638	5549320	CRST Health Dept, Cherry Creek	$ 181,411.00	$4,224.00	$ 185,635.00
Tribal 638	5549330	CRST Health Dept Red Scaffold	$ 22,476.00	$286.00	$ 22,762.00
Tribal 638	5549340	CRST Health Dept White Horse	$ 21,256.00	$726.00	$ 21,982.00
Wagner Outpatient	5540030	Wagner IHS Health Care Fac	$ 3,402,368.82	$104,786.00	$ 3,507,154.82
			$ 64,558,672.36	$1,804,001.00	$ 66,362,673.36