

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/29/2020 8:33 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 6/29/2020 Time: 8:33 am
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL (15-0173) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) TODD WILLIAMS
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-177,836	38,505	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0	0	0		0	6.00
200.00 Total	0	-177,836	38,505	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:33 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 47905		4.00 County: TIPPECANOE				
1.00	Street: 6165 MCCARTY LANE	State: IN		Zip Code: 47905		County: TIPPECANOE			1.00	
2.00	City: LAFAYETTE								2.00	
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
V		XVIII	XIX							
3.00	Hospital and Hospital-Based Component Identification: Hospital	IU HEALTH ARNETT HOSPITAL	150173	29200	1	11/10/2008	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2019	12/31/2019		20.00	
21.00	Type of Control (see instructions)					2			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,991	502	3	61	7,832	29		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:33 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:33 am																													
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))																														
	1.00	2.00	3.00	4.00	5.00																														
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00																												
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																														
			1.00	2.00	3.00																														
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010																																			
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00																												
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))																														
	1.00	2.00	3.00	4.00	5.00																														
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	1.61	5.05	0.241742	67.00																												
<table border="1"> <thead> <tr> <th></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> </tr> </thead> <tbody> <tr> <td>70.00</td> <td colspan="3">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td colspan="3">Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> </tr> <tr> <td>71.00</td> <td colspan="3">If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)</td> </tr> <tr> <td>75.00</td> <td colspan="3">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td colspan="3">Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> </tr> <tr> <td>76.00</td> <td colspan="3">If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)</td> </tr> </tbody> </table>									1.00	2.00	3.00	70.00	Inpatient Psychiatric Facility PPS			70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			75.00	Inpatient Rehabilitation Facility PPS			75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		
	1.00	2.00	3.00																																
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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00	
			V 1.00	XIX 2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:33 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	816,671	0	118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:33 am				
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00		
142.00	Street: 340 WEST 10TH STREET	PO Box:				142.00		
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202			143.00		
144.00 Are provider based physicians' costs included in Worksheet A?						1.00 Y	144.00	
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						1.00 Y	145.00	
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						2.00 N	146.00	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						1.00 N	147.00	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						2.00 N	148.00	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						3.00 N	149.00	
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
Multi campus						1.00		
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00	
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00	
						1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
						1.00	2.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						Y	2,096	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:33 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	04/01/2020	Y	04/01/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:33 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:33 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR, GOVT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:33 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	154	56,210	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		154	56,210	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	17	6,205	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		185	67,525	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		185				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		7	2,555			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:33 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,091	739	39,081			1.00
2.00 HMO and other (see instructions)	6,341	7,238				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,091	739	39,081			7.00
8.00 INTENSIVE CARE UNIT	1,059	771	2,813			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	299	3,049			12.00
13.00 NURSERY		1,342	2,811			13.00
14.00 Total (see instructions)	18,150	3,151	47,754	6.64	1,869.68	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			169			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				6.64	1,869.68	27.00
28.00 Observation Bed Days		77	4,869			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	29	906			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:33 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,919	292	11,942	1.00
2.00 HMO and other (see instructions)				1,333	1,496		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
10.01 BURN INTENSIVE CARE UNIT							10.01
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	0	3,919	292	11,942	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:33 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	184,032,557	-562,166	183,470,391	3,888,927.90	47.18
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		177,532	0	177,532	1,984.00	89.48
4.00	Physician-Part A - Administrative		2,240,957	0	2,240,957	13,019.42	172.12
4.01	Physicians - Part A - Teaching		310,585	0	310,585	2,636.77	117.79
5.00	Physician and Non-Physician-Part B		17,506,015	0	17,506,015	111,268.82	157.33
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		560,470	0	560,470	10,672.00	52.52
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		92,344,641	781,931	93,126,572	1,366,483.48	68.15
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,137,852	0	3,137,852	33,675.70	93.18
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,946,409	0	1,946,409	13,013.22	149.57
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		39,750,515	0	39,750,515	990,530.47	40.13
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,501,027	0	19,501,027		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		16,826,569	0	16,826,569		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		27,070	0	27,070		
22.00	Physician Part A - Administrative		244,733	0	244,733		
22.01	Physician Part A - Teaching		40,631	0	40,631		
23.00	Physician Part B		1,988,935	0	1,988,935		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		16,267,015	0	16,267,015		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:33 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,005,720	0	1,005,720	1.00	1,005,720.00	26.00
27.00	Administrative & General	8,989,720	-712,803	8,276,917	309,713.62	26.72	27.00
28.00	Administrative & General under contract (see inst.)	332,680	0	332,680	3,233.85	102.87	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,806,909	-81,289	1,725,620	68,285.23	25.27	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,523,795	-14,032	2,509,763	171,477.96	14.64	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	885,613	-379,102	506,511	35,767.67	14.16	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	376,418	376,418	26,440.99	14.24	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,366,219	-89,665	3,276,554	89,286.22	36.70	38.00
39.00	Central Services and Supply	309,843	-35,072	274,771	14,432.22	19.04	39.00
40.00	Pharmacy	3,656,435	-395,618	3,260,817	78,855.29	41.35	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	458,222	-3,063	455,159	16,635.50	27.36	42.00
43.00	Other General Service	478,528	-2,242	476,286	32,928.68	14.46	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part III
Date/Time Prepared:
6/29/2020 8:33 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	165,810,635	-562,166	165,248,469	3,765,600.16	43.88	1.00
2.00	Excluded area salaries (see instructions)	92,344,641	781,931	93,126,572	1,366,483.48	68.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	73,465,994	-1,344,097	72,121,897	2,399,116.68	30.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,834,776	0	44,834,776	1,037,219.39	43.23	4.00
5.00	Subtotal wage-related costs (see inst.)	36,012,775	0	36,012,775	0.00	49.93	5.00
6.00	Total (sum of lines 3 thru 5)	154,313,545	-1,344,097	152,969,448	3,436,336.07	44.52	6.00
7.00	Total overhead cost (see instructions)	23,813,684	-1,336,468	22,477,216	847,058.23	26.54	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 6/29/2020 8:33 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	9,279,698	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	16,599,095	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	555,874	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	83,712	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	799,723	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	642,747	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	10,506,267	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	161,848	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	38,628,964	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part V Date/Time Prepared: 6/29/2020 8:33 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	809,709	38,628,964	1.00
2.00	Hospital	809,709	19,501,123	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	19,127,841	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 6/29/2020 8:33 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.195338	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		22,912,917	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		185,317,589	6.00	
7.00	Medicaid cost (line 1 times line 6)		36,199,567	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		13,286,650	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		29,506	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		346,918	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		67,766	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		38,260	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		13,324,910	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	29,563,658	706,152	30,269,810	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,774,906	706,152	6,481,058	21.00
22.00	Payments received from patients for amounts previously written off as charity care	81,194	0	81,194	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,693,712	706,152	6,399,864	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		20,064,528	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		689,142	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,060,218	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		19,004,310	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,083,340	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		10,483,204	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		23,808,114	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet A	
Date/Time Prepared: 6/29/2020 8:33 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,964,452	4,964,452	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	2,085,407	2,085,407	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE		0	0	11,336,383	11,336,383	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,412,719	4,412,719	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	0	2,902,271	2,902,271	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,005,720	815,076	1,820,796	26,740,600	28,561,396	4.00
5.01	00570	ADMINITTING	3,251,253	1,791,157	5,042,410	-1,088,579	3,953,831	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,738,467	36,934,165	42,672,632	49,944,072	92,616,704	5.06
7.00	00700	OPERATION OF PLANT	1,476,160	14,199,517	15,675,677	-5,591,248	10,084,429	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	330,749	7,517,961	7,848,710	-3,137,447	4,711,263	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	19,181	19,181	8.00
9.00	00900	HOUSEKEEPING	2,523,795	2,331,598	4,855,393	-989,479	3,865,914	9.00
10.00	01000	DIETARY	885,613	1,740,327	2,625,940	-989,489	1,636,451	10.00
11.00	01100	CAFETERIA	0	0	0	612,716	612,716	11.00
13.00	01300	NURSING ADMINISTRATION	3,366,219	1,526,997	4,893,216	-906,709	3,986,507	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	309,843	1,067,180	1,377,023	11,022,172	12,399,195	14.00
15.00	01500	PHARMACY	3,656,435	6,767,573	10,424,008	-6,505,027	3,918,981	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	458,222	115,597	573,819	-77,356	496,463	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	478,528	353,863	832,391	-106,528	725,863	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	560,470	560,470	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	358,140	701,791	1,059,931	-40,499	1,019,432	22.00
23.00	02300	PARAMED PRGM - PHARMACY	72,902	30,861	103,763	92,202	195,965	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,956,285	10,204,571	37,160,856	-6,793,582	30,367,274	30.00
31.00	03100	INTENSIVE CARE UNIT	2,443,694	2,412,248	4,855,942	-1,023,966	3,831,976	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,214,468	1,079,266	4,293,734	-573,980	3,719,754	35.00
43.00	04300	NURSERY	0	0	0	706,394	706,394	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,536,026	14,217,098	18,753,124	-13,316,321	5,436,803	50.00
51.00	05100	RECOVERY ROOM	641,810	218,732	860,542	-169,452	691,090	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,277,535	1,100,967	3,378,502	-892,735	2,485,767	52.00
53.00	05300	ANESTHESIOLOGY	9,052,589	5,027,441	14,080,030	-974,083	13,105,947	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	115,176	115,176	-110,320	4,856	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,617,573	5,859,731	9,477,304	-5,349,840	4,127,464	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	214,903	1,053,288	1,268,191	-955,662	312,529	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,344,842	4,286,377	5,631,219	-3,804,479	1,826,740	59.00
60.00	06000	LABORATORY	13,333	10,486,204	10,499,537	0	10,499,537	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	685,692	685,692	440	686,132	63.00
65.00	06500	RESPIRATORY THERAPY	1,767,234	926,381	2,693,615	-779,066	1,914,549	65.00
66.00	06600	PHYSICAL THERAPY	571,084	164,186	735,270	-100,624	634,646	66.00
67.00	06700	OCCUPATIONAL THERAPY	370,514	105,302	475,816	-64,692	411,124	67.00
68.00	06800	SPEECH PATHOLOGY	199,294	81,535	280,829	-33,347	247,482	68.00
69.00	06900	ELECTROCARDIOLOGY	1,308,124	709,837	2,017,961	-631,632	1,386,329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81,596	19,293	100,889	-14,249	86,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,590,764	7,590,764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,294,120	9,294,120	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	38,589,315	38,589,315	73.00
74.00	07400	RENAL DIALYSIS	0	858,022	858,022	-18,210	839,812	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	3,309,990	5,527,063	8,837,053	-4,344,505	4,492,548	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	304,443	262,466	566,909	-48,570	518,339	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	441,529	209,328	650,857	-132,470	518,387	90.01
90.03	09002	ARNETT CANCER CARE CENTER	766,179	25,487,616	26,253,795	-25,009,563	1,244,232	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	16,739	9,616	26,355	-3,133	23,222	90.04
91.00	09100	EMERGENCY	4,398,988	4,519,551	8,918,539	-1,991,245	6,927,294	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,760,818	171,520,650	263,281,468	84,305,591	347,587,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,612	147,915	179,527	-12,988	166,539	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet A Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	91,634,630	99,507,279	191,141,909	-86,777,941	104,363,968	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	605,497	4,651,961	5,257,458	-233,687	5,023,771	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	1,641,777	1,641,777	193.02
193.03	19303	HOSPICE	0	2,572	2,572	0	2,572	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	1,077,248	1,077,248	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	184,032,557	275,830,377	459,862,934	0	459,862,934	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,245,039	6,209,491	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	2,085,407	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	-4,765,859	6,570,524	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,249,944	11,662,663	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	2,902,271	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,275,251	42,836,647	4.00
5.01	00570	ADMINITTING	0	3,953,831	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-16,087,333	76,529,371	5.06
7.00	00700	OPERATION OF PLANT	-8,421	10,076,008	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	-24,477	4,686,786	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	19,181	8.00
9.00	00900	HOUSEKEEPING	-302	3,865,612	9.00
10.00	01000	DIETARY	-1,837	1,634,614	10.00
11.00	01100	CAFETERIA	-765,925	-153,209	11.00
13.00	01300	NURSING ADMINISTRATION	-11,222	3,975,285	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-38,956	12,360,239	14.00
15.00	01500	PHARMACY	-77,126	3,841,855	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	496,463	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	725,863	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	560,470	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-673	1,018,759	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	-30,000	165,965	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,206,884	22,160,390	30.00
31.00	03100	INTENSIVE CARE UNIT	-289,860	3,542,116	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-974,751	2,745,003	35.00
43.00	04300	NURSERY	0	706,394	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,436,803	50.00
51.00	05100	RECOVERY ROOM	0	691,090	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-440	2,485,327	52.00
53.00	05300	ANESTHESIOLOGY	-10,008,651	3,097,296	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	4,856	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,600	4,124,864	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	312,529	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,826,740	59.00
60.00	06000	LABORATORY	0	10,499,537	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	686,132	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,914,549	65.00
66.00	06600	PHYSICAL THERAPY	0	634,646	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	411,124	67.00
68.00	06800	SPEECH PATHOLOGY	0	247,482	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,386,329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	86,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,590,764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,294,120	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38,589,315	73.00
74.00	07400	RENAL DIALYSIS	0	839,812	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	-2,132	4,490,416	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	518,339	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	-1,175	517,212	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	1,244,232	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	23,222	90.04
91.00	09100	EMERGENCY	-1,086,252	5,841,042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,614,642	327,972,417	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	166,539	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,341,961	103,022,007	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
193.01	19301 RETAIL PHARMACY	0	5,023,771	193.01
193.02	19302 WHITE HOSPITAL	0	1,641,777	193.02
193.03	19303 HOSPICE	0	2,572	193.03
193.04	19304 FRANKFORT HOSPITAL	0	1,077,248	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-20,956,603	438,906,331	200.00

RECLASSIFICATIONS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/29/2020 8:33 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NONBILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,430,114	1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	2,955	2.00
3.00	SOCIAL SERVICE	17.00	0	39	3.00
4.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	440	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
0			0	11,433,548	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,590,764	1.00
2.00	ADMINISTRATIVE	5.01	0	938	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
0			0	7,591,702	
C - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,294,120	1.00
2.00	ADMINISTRATIVE	5.01	0	1,536	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00

RECLASSIFICATIONS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
			0	9,295,656	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	38,589,315	1.00
2.00	ADMINISTRATIVE	5.01	0	94	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,572	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
			0	38,590,981	
E - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,740,600	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
			0	26,740,600	
F - CAFETERIA					
1.00	CAFETERIA	11.00	376,418	236,298	1.00
			376,418	236,298	

RECLASSIFICATIONS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
G - PROPERTY TAX					
1.00	OPERATION OF PLANT	7.00	0	7,261	1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	263,342	2.00
			0	270,603	
H - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	208,470	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	32,564	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,572	3.00
			0	253,606	
I - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	287,870	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	769,955	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	294,829	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	6,686	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	1,359,340	
J - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS INTEREST EXPENSE	1.02	0	11,336,383	1.00
			0	11,336,383	
K - HOUSEKEEPING SUPPLIES					
1.00	HOUSEKEEPING	9.00	0	58,972	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
			0	58,972	
L - LAUNDRY SUPPLIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	19,181	1.00
2.00	ADMINISTRATIVE	5.01	0	4	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
			0	19,185	
O - TELEPHONE RECLASS					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	24,995	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00

RECLASSIFICATIONS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

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Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
			0	24,995		
P - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,475,373		1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,546,230		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,105,318		3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2,895,585		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
			0	13,022,506		
Q - FMLA RECLASS						
1.00	ADMINISTRATIVE	5.01	0	17,954		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	18,089		2.00
3.00	OPERATION OF PLANT	7.00	0	859		3.00
4.00	HOUSEKEEPING	9.00	0	14,032		4.00
5.00	DIETARY	10.00	0	2,684		5.00
6.00	NURSING ADMINISTRATION	13.00	0	47,160		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,181		7.00
8.00	PHARMACY	15.00	0	2,791		8.00
9.00	SOCIAL SERVICE	17.00	0	3,063		9.00
10.00	PATIENT TRANSPORT SERVICES	18.00	0	2,242		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	111,787		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	16,439		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	13,399		13.00
14.00	OPERATING ROOM	50.00	0	14,700		14.00
15.00	RECOVERY ROOM	51.00	0	12,071		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,799		16.00
17.00	ANESTHESIOLOGY	53.00	0	12,983		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,964		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	18,157		19.00
20.00	RESPIRATORY THERAPY	65.00	0	14,782		20.00
21.00	PHYSICAL THERAPY	66.00	0	1,928		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	6,383		22.00
23.00	ASC (NON-DISTINCT PART)	75.01	0	8,692		23.00
24.00	SLEEP CLINIC	90.01	0	1,083		24.00
25.00	ARNETT CANCER CARE CENTER	90.03	0	1,854		25.00
26.00	EMERGENCY	91.00	0	34,395		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	146,695		27.00
			0	562,166		
R - NURSERY						
1.00	NURSERY	43.00	643,484	62,910		1.00
2.00		0.00	0	0		2.00
			643,484	62,910		
U - CORPORATE ADMIN EXPENSE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	63,715,538		1.00
TOTALS						
			0	63,715,538		

RECLASSIFICATIONS

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
V - GENERAL SURGERY LAF METRO - HOSPITAL					
1.00	OPERATING ROOM	50.00	92,886	251,174	1.00
2.00	ASC (NON-DISTINCT PART)	75.01	46,443	125,587	2.00
	TOTALS		139,329	376,761	
W - MEDICAL DIRECTOR FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	14,875	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,050	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	43,000	3.00
	TOTALS		0	60,925	
X - ARNETT TO WHITE ALLOCATION					
1.00	WHITE HOSPITAL	193.02	912,229	729,548	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		912,229	729,548	
Y - ARNETT TO FRANKFORT ALLOCATION					
1.00	FRANKFORT HOSPITAL	193.04	579,076	498,172	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		579,076	498,172	
Z - RESIDENCY STAFF					
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	513,829	39,308	1.00
	TOTALS		513,829	39,308	
AB - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	560,470	1.00
	TOTALS		0	560,470	
AC - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - PHARMACY	23.00	99,937	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		99,937	0	
500.00	Grand Total: Increases		3,264,302	186,840,173	500.00

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - NONBILLABLE SUPPLIES						
1.00	ADMINISTRATIVE	5.01	0	2,703	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,290	0	2.00
3.00	OPERATION OF PLANT	7.00	0	143,188	0	3.00
4.00	HOUSEKEEPING	9.00	0	205,355	0	4.00
5.00	DIETARY	10.00	0	2,813	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	423	0	6.00
7.00	PHARMACY	15.00	0	101,644	0	7.00
8.00	PATIENT TRANSPORT SERVICES	18.00	0	6,449	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	2,021,700	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	371,273	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	126,313	0	11.00
12.00	OPERATING ROOM	50.00	0	2,698,416	0	12.00
13.00	RECOVERY ROOM	51.00	0	30,487	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	293,495	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	281,231	0	15.00
16.00	ASC ANESTHESIOLOGY	53.01	0	95,226	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	710,587	0	17.00
18.00	RADIOISOTOPE	56.00	0	11,740	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	384,746	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	322,287	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	1,347	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	153	0	22.00
23.00	SPEECH PATHOLOGY	68.00	0	1,030	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	13,304	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	935	0	25.00
26.00	RENAL DIALYSIS	74.00	0	10,648	0	26.00
27.00	ASC (NON-DISTINCT PART)	75.01	0	1,215,242	0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	4,551	0	28.00
29.00	SLEEP CLINIC	90.01	0	26,986	0	29.00
30.00	ARNETT CANCER CARE CENTER	90.03	0	121,443	0	30.00
31.00	OUTPATIENT INFUSION CENTER	90.04	0	2,077	0	31.00
32.00	EMERGENCY	91.00	0	866,102	0	32.00
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	59	0	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,357,101	0	34.00
35.00	RETAIL PHARMACY	193.01	0	1,204	0	35.00
	0			11,433,548		
B - BILLABLE SUPPLIES						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	127	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	734	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,361	0	3.00
4.00	PHARMACY	15.00	0	160	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	37,767	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	62,727	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	7,029	0	7.00
8.00	OPERATING ROOM	50.00	0	2,949,599	0	8.00
9.00	RECOVERY ROOM	51.00	0	44	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	55,365	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	65,999	0	11.00
12.00	ASC ANESTHESIOLOGY	53.01	0	10,938	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,073,750	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	1,047,243	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	38,957	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	40	0	16.00
17.00	RENAL DIALYSIS	74.00	0	759	0	17.00
18.00	ASC (NON-DISTINCT PART)	75.01	0	1,012,985	0	18.00
19.00	ARNETT CANCER CARE CENTER	90.03	0	11,218	0	19.00
20.00	OUTPATIENT INFUSION CENTER	90.04	0	55	0	20.00
21.00	EMERGENCY	91.00	0	31,172	0	21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	168,673	0	22.00
	0			7,591,702		
C - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	43,417	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	71	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	16,109	0	3.00
4.00	OPERATING ROOM	50.00	0	5,974,697	0	4.00
5.00	ANESTHESIOLOGY	53.00	0	900	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	479,147	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	1,553,244	0	7.00
8.00	ASC (NON-DISTINCT PART)	75.01	0	1,222,033	0	8.00
9.00	EMERGENCY	91.00	0	410	0	9.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,628	0		10.00
	0		0	9,295,656			
D - DRUGS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	18	0		1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	292	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	28	0		3.00
4.00	PHARMACY	15.00	0	5,316,386	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	150,346	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	21,217	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	13,635	0		7.00
8.00	OPERATING ROOM	50.00	0	98,882	0		8.00
9.00	RECOVERY ROOM	51.00	0	280	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,835	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	26,957	0		11.00
12.00	ASC ANESTHESIOLOGY	53.01	0	4,136	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	228,283	0		13.00
14.00	RADIOISOTOPE	56.00	0	650,913	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	57,020	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	16,350	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	71,335	0		17.00
18.00	RENAL DIALYSIS	74.00	0	6,509	0		18.00
19.00	ASC (NON-DISTINCT PART)	75.01	0	96,695	0		19.00
20.00	ARNETT CANCER CARE CENTER	90.03	0	24,740,293	0		20.00
21.00	OUTPATIENT INFUSION CENTER	90.04	0	313	0		21.00
22.00	EMERGENCY	91.00	0	61,885	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,895,418	0		23.00
24.00	RETAIL PHARMACY	193.01	0	131,955	0		24.00
	0		0	38,590,981			
E - BENEFITS							
1.00	ADMINISTRATIVE	5.01	0	1,087,825	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	705,694	0		2.00
3.00	OPERATION OF PLANT	7.00	0	271,460	0		3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	69,299	0		4.00
5.00	HOUSEKEEPING	9.00	0	843,096	0		5.00
6.00	DIETARY	10.00	0	273,990	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	749,090	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	79,458	0		8.00
9.00	PHARMACY	15.00	0	505,766	0		9.00
10.00	SOCIAL SERVICE	17.00	0	77,395	0		10.00
11.00	PATIENT TRANSPORT SERVICES	18.00	0	99,968	0		11.00
12.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33,166	0		12.00
13.00	PARAMEDICAL PRGM - PHARMACY	23.00	0	7,735	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	3,602,165	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	448,150	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	406,729	0		16.00
17.00	OPERATING ROOM	50.00	0	740,098	0		17.00
18.00	RECOVERY ROOM	51.00	0	137,572	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	499,573	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	585,177	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	591,132	0		21.00
22.00	RADIOISOTOPE	56.00	0	36,538	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	232,291	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	273,363	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	95,789	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	61,831	0		26.00
27.00	SPEECH PATHOLOGY	68.00	0	31,307	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	237,426	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,314	0		29.00
30.00	ASC (NON-DISTINCT PART)	75.01	0	526,891	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	44,019	0		31.00
32.00	SLEEP CLINIC	90.01	0	91,574	0		32.00
33.00	ARNETT CANCER CARE CENTER	90.03	0	128,092	0		33.00
34.00	OUTPATIENT INFUSION CENTER	90.04	0	688	0		34.00
35.00	EMERGENCY	91.00	0	858,716	0		35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	12,929	0		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,181,957	0		37.00
38.00	RETAIL PHARMACY	193.01	0	99,337	0		38.00
	0		0	26,740,600			

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
F - CAFETERIA						
1.00	DIETARY	10.00	376,418	236,298	0	1.00
	O		376,418	236,298		
G - PROPERTY TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,261	13	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	263,342	13	2.00
	O		0	270,603		
H - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	253,606	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
	O		0	253,606		
I - LEASE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	290,955	10	1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	706,159	10	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	145,177	10	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	20,094	10	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	920	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	7,560	0	6.00
7.00	OPERATING ROOM	50.00	0	105,383	0	7.00
8.00	ANESTHESIOLOGY	53.00	0	9,788	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	6,570	0	9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	66,734	0	10.00
	TOTALS		0	1,359,340		
J - INTEREST EXPENSE RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	11,336,383	11	1.00
	O		0	11,336,383		
K - HOUSEKEEPING SUPPLIES						
1.00	ADMINISTRATIVE	5.01	0	623	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	463	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	222	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	919	0	4.00
5.00	PHARMACY	15.00	0	191	0	5.00
6.00	PATIENT TRANSPORT SERVICES	18.00	0	49	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	13,529	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	2,031	0	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	173	0	9.00
10.00	OPERATING ROOM	50.00	0	4,744	0	10.00
11.00	RECOVERY ROOM	51.00	0	1,069	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	151	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	31	0	13.00
14.00	ASC ANESTHESIOLOGY	53.01	0	20	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,448	0	15.00
16.00	RADIOISOTOPE	56.00	0	72	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	657	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	27	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	41	0	19.00
20.00	RENAL DIALYSIS	74.00	0	159	0	20.00
21.00	ASC (NON-DISTINCT PART)	75.01	0	3,651	0	21.00
22.00	SLEEP CLINIC	90.01	0	187	0	22.00
23.00	ARNETT CANCER CARE CENTER	90.03	0	2,223	0	23.00
24.00	EMERGENCY	91.00	0	17,783	0	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,464	0	25.00
26.00	RETAIL PHARMACY	193.01	0	45	0	26.00
	O		0	58,972		
L - LAUNDRY SUPPLIES						
1.00	OPERATING ROOM	50.00	0	10,742	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	502	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	373	0	3.00
4.00	ASC (NON-DISTINCT PART)	75.01	0	6,056	0	4.00
5.00	ARNETT CANCER CARE CENTER	90.03	0	956	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	556	0	6.00
	O		0	19,185		
O - TELEPHONE RECLASS						
1.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	8,334	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	2,797	0	2.00
3.00	PHARMACY	15.00	0	111	0	3.00
4.00	PATIENT TRANSPORT SERVICES	18.00	0	62	0	4.00

RECLASSIFICATIONS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:33 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	ADULTS & PEDIATRICS	30.00	0	222	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	402	0	6.00	
7.00	PHYSICAL THERAPY	66.00	0	3,488	0	7.00	
8.00	OCCUPATIONAL THERAPY	67.00	0	2,708	0	8.00	
9.00	SPEECH PATHOLOGY	68.00	0	1,010	0	9.00	
10.00	ASC (NON-DISTINCT PART)	75.01	0	1,301	0	10.00	
11.00	EMERGENCY	91.00	0	389	0	11.00	
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,171	0	12.00	
0			0	24,995			
P - DEPRECIATION EXPENSE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	203,838	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	4,781,872	9	2.00	
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	2,619,660	9	3.00	
4.00	DIETARY	10.00	0	30,904	9	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	97,691	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,020	0	6.00	
7.00	PHARMACY	15.00	0	82,301	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	103,066	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	101,539	0	9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	12,541	0	10.00	
11.00	OPERATING ROOM	50.00	0	875,687	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,307	0	12.00	
13.00	ANESTHESIOLOGY	53.00	0	4,000	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,263,768	0	14.00	
15.00	RADIOISOTOPE	56.00	0	256,399	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	529,278	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	121,512	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	220,590	0	18.00	
19.00	RENAL DIALYSIS	74.00	0	135	0	19.00	
20.00	ASC (NON-DISTINCT PART)	75.01	0	362,865	0	20.00	
21.00	SLEEP CLINIC	90.01	0	13,723	0	21.00	
22.00	ARNETT CANCER CARE CENTER	90.03	0	5,338	0	22.00	
23.00	EMERGENCY	91.00	0	29,235	0	23.00	
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,238,091	0	24.00	
25.00	RETAIL PHARMACY	193.01	0	1,146	0	25.00	
0			0	13,022,506			
Q - FMLA RECLASS							
1.00	ADMITTING	5.01	17,954	0	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	18,089	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	859	0	0	3.00	
4.00	HOUSEKEEPING	9.00	14,032	0	0	4.00	
5.00	DIETARY	10.00	2,684	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	47,160	0	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	7,181	0	0	7.00	
8.00	PHARMACY	15.00	2,791	0	0	8.00	
9.00	SOCIAL SERVICE	17.00	3,063	0	0	9.00	
10.00	PATIENT TRANSPORT SERVICES	18.00	2,242	0	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	111,787	0	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	16,439	0	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	13,399	0	0	13.00	
14.00	OPERATING ROOM	50.00	14,700	0	0	14.00	
15.00	RECOVERY ROOM	51.00	12,071	0	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	26,799	0	0	16.00	
17.00	ANESTHESIOLOGY	53.00	12,983	0	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	3,964	0	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	18,157	0	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	14,782	0	0	20.00	
21.00	PHYSICAL THERAPY	66.00	1,928	0	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	6,383	0	0	22.00	
23.00	ASC (NON-DISTINCT PART)	75.01	8,692	0	0	23.00	
24.00	SLEEP CLINIC	90.01	1,083	0	0	24.00	
25.00	ARNETT CANCER CARE CENTER	90.03	1,854	0	0	25.00	
26.00	EMERGENCY	91.00	34,395	0	0	26.00	
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	146,695	0	0	27.00	
0			562,166	0			
R - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	623,020	60,867	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	20,464	2,043	0	2.00	
0			643,484	62,910			

RECLASSIFICATIONS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
U - CORPORATE ADMIN EXPENSE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	63,715,538	0	1.00
	TOTALS		0	63,715,538		
V - GENERAL SURGERY LAF METRO - HOSPITAL						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	139,329	376,761	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		139,329	376,761		
W - MEDICAL DIRECTOR FEES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	60,925	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		0	60,925		
X - ARNETT TO WHITE ALLOCATION						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	417,411	362,224	0	1.00
2.00	OPERATION OF PLANT	7.00	36,713	14,002	0	2.00
3.00	DIETARY	10.00	0	69,066	0	3.00
4.00	NURSING ADMINISTRATION	13.00	27,932	8,687	0	4.00
5.00	PHARMACY	15.00	201,690	65,763	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	44,134	71,254	0	6.00
7.00	OPERATING ROOM	50.00	79,210	51,861	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	52,838	31,096	0	8.00
9.00	ASC (NON-DISTINCT PART)	75.01	6,871	18,518	0	9.00
10.00	EMERGENCY	91.00	45,430	37,077	0	10.00
	TOTALS		912,229	729,548		
Y - ARNETT TO FRANKFORT ALLOCATION						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	259,349	256,058	0	1.00
2.00	OPERATION OF PLANT	7.00	43,717	16,602	0	2.00
3.00	NURSING ADMINISTRATION	13.00	14,573	4,532	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	27,891	48,271	0	4.00
5.00	PHARMACY	15.00	100,658	39,878	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	23,026	37,196	0	6.00
7.00	OPERATING ROOM	50.00	41,326	29,736	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	30,193	17,769	0	8.00
9.00	ASC (NON-DISTINCT PART)	75.01	14,641	28,786	0	9.00
10.00	EMERGENCY	91.00	23,702	19,344	0	10.00
	TOTALS		579,076	498,172		
Z - RESIDENCY STAFF						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	513,829	39,308	0	1.00
	TOTALS		513,829	39,308		
AB - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM.	22.00	0	560,470	0	1.00
	COSTS APPRVD					
	TOTALS		0	560,470		
AC - PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	90,479	0	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	9,458	0	0	2.00
	TOTALS		99,937	0		
500.00	Grand Total: Decreases		3,826,468	186,278,007		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part I
Date/Time Prepared:
6/29/2020 8:33 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,661,768	197,798	0	197,798	0 1.00
2.00	Land Improvements	391,496	17,480	0	17,480	0 2.00
3.00	Buildings and Fixtures	190,313,862	824,722	0	824,722	0 3.00
4.00	Building Improvements	20,460,771	3,740,422	0	3,740,422	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	101,087,841	10,957,392	0	10,957,392	17,081,997 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	315,915,738	15,737,814	0	15,737,814	17,081,997 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	315,915,738	15,737,814	0	15,737,814	17,081,997 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,859,566	0			1.00
2.00	Land Improvements	408,976	0			2.00
3.00	Buildings and Fixtures	191,138,584	-1,391,859			3.00
4.00	Building Improvements	24,201,193	1,327,415			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	94,963,236	55,325,453			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	314,571,555	55,261,009			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	314,571,555	55,261,009			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	219,608,319	0	219,608,319	0.698119	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	94,963,236	0	94,963,236	0.301881	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	314,571,555	0	314,571,555	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,720,412	287,870	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	1,546,230	769,955	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,355,262	294,829	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	2,895,585	6,686	2.01
3.00	Total (sum of lines 1-2)	0	0	0	21,517,489	1,359,340	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	208,470	-7,261	0	6,209,491	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	32,564	-263,342	0	2,085,407	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	6,570,524	0	0	0	6,570,524	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	12,572	0	0	11,662,663	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	2,902,271	2.01
3.00	Total (sum of lines 1-2)	6,570,524	253,606	-270,603	0	29,430,356	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	B	-4,854,743	0	CAP REL COSTS INTEREST EXPENSE	1.02	11	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2.01
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,799,474	0		0.00	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	51,827,967				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02	0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/29/2020 8:33 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.	
				Cost Center	Line #			
				1.00	2.00			3.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	EMPLOYEE BENEFITS	A	-26,756,665		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	UNWONTED SITUATIONS	A	-3,050		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	ACCRUED PTO	A	-671,556		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	ACCRUED PTO	A	-5,317		ADULTS & PEDIATRICS	30.00	0	33.03
33.04	CONTRIBUTION EXPENSE	A	-477,812		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.04
33.05	HAF OFFSET	A	-16,421,959		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.05
33.06	MISCELLANEOUS INCOME	B	-118,202		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.06
33.07	MISCELLANEOUS INCOME	B	-8,421		OPERATION OF PLANT	7.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-24,477		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.08
33.09	MISCELLANEOUS INCOME	B	-765,925		CAFETERIA	11.00	0	33.09
33.10	MISCELLANEOUS INCOME	B	-10,569		NURSING ADMINISTRATION	13.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-38,956		CENTRAL SERVICES & SUPPLY	14.00	0	33.11
33.12	MISCELLANEOUS INCOME	B	-77,112		PHARMACY	15.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-30,000		PARAMED ED PRGM - PHARMACY	23.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-41,325		ADULTS & PEDIATRICS	30.00	0	33.14
33.15	MISCELLANEOUS INCOME	B	-440		DELIVERY ROOM & LABOR ROOM	52.00	0	33.15
33.16	MISCELLANEOUS INCOME	B	-2,600		RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17	MISCELLANEOUS INCOME	B	-1,341,961		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.17
33.18	TELEPHONE EXPENSE	A	-25,265		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.18
33.19	NON-ALLOWABLE MARKETING	A	-29,481		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.19
33.20	NON-ALLOWABLE MARKETING	A	-1,837		DIETARY	10.00	0	33.20
33.21	NON-ALLOWABLE MARKETING	A	-380		NURSING ADMINISTRATION	13.00	0	33.21
33.22	NON-ALLOWABLE MARKETING	A	-14		PHARMACY	15.00	0	33.22
33.23	NON-ALLOWABLE MARKETING	A	700		ADULTS & PEDIATRICS	30.00	0	33.23
33.24	NON-ALLOWABLE MARKETING	A	-28		ANESTHESIOLOGY	53.00	0	33.24
33.25	NON-ALLOWABLE MARKETING	A	-2,132		ASC (NON-DISTINCT PART)	75.01	0	33.25
33.26	NON-ALLOWABLE MARKETING	A	-1,175		SLEEP CLINIC	90.01	0	33.26
33.27	NON-ALLOWABLE MARKETING	A	-1,938		EMERGENCY	91.00	0	33.27
33.28	RECRUITMENT	A	-266,881		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.28
33.29	RECRUITMENT	A	-302		HOUSEKEEPING	9.00	0	33.29
33.30	RECRUITMENT	A	-273		NURSING ADMINISTRATION	13.00	0	33.30
33.31	RECRUITMENT	A	-5,000		ADULTS & PEDIATRICS	30.00	0	33.31
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,956,603					50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0173

Period: From 01/01/2019 To 12/31/2019

Worksheet A-8-1

Date/Time Prepared: 6/29/2020 8:33 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,245,039	0
2.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	88,884	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	7,249,944	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	41,703,472	0
4.01	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	67,649,300	66,108,672
4.02	1.02	CAP REL COSTS INTEREST EXPEN	RELATED PARTY	11,336,383	11,336,383
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	38,976	38,976
4.04	5.06	OTHER ADMINISTRATIVE & GENER	RELATED PARTY	686,734	686,734
4.05	7.00	OPERATION OF PLANT	RELATED PARTY	396,841	396,841
4.06	7.01	OPERATION OF PLANT - NONHOSP	RELATED PARTY	290,264	290,264
4.07	13.00	NURSING ADMINISTRATION	RELATED PARTY	15,176	15,176
4.08	50.00	OPERATING ROOM	RELATED PARTY	367,735	367,735
4.09	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	17,500	17,500
4.10	60.00	LABORATORY	RELATED PARTY	10,419,667	10,419,667
4.11	66.00	PHYSICAL THERAPY	RELATED PARTY	16,186	16,186
4.12	70.00	ELECTROENCEPHALOGRAPHY	RELATED PARTY	12,000	12,000
4.13	192.00	PHYSICIANS' PRIVATE OFFICES	RELATED PARTY	5,934,325	5,934,325
5.00	0		0	147,468,426	95,640,459

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	IU HEALTH	100.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
6/29/2020 8:33 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,245,039	9		1.00
2.00	88,884	11		2.00
3.00	7,249,944	9		3.00
4.00	41,703,472	0		4.00
4.01	1,540,628	0		4.01
4.02	0	11		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
5.00	51,827,967			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business	
		6.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
6/29/2020 8:33 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	285,311	285,311	0	211,500	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	673	673	0	179,000	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	8,155,942	8,155,942	0	211,500	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,180,600	0	1,180,600	211,500	8,760	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	974,751	974,751	0	211,500	0	5.00
6.00	53.00	ANESTHESIOLOGY	10,008,623	10,008,623	0	239,400	0	6.00
7.00	91.00	EMERGENCY	1,430,035	818,035	612,000	211,500	3,400	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			22,035,935	20,243,335	1,792,600		12,160	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	890,740	44,537	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	345,721	17,286	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,236,461	61,823	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	285,311	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	673	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	8,155,942	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	890,740	289,860	289,860	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	974,751	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	10,008,623	6.00
7.00	91.00	EMERGENCY	0	345,721	266,279	1,084,314	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	1,236,461	556,139	20,799,474	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,209,491	6,209,491			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	2,085,407	0	2,085,407		1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	6,570,524	0	0	6,570,524	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,662,663				11,662,663
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2,902,271				0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	42,836,647	0	0	0	0
5.01	00570	ADMINISTRATIVE	3,953,831	42,974	18,398	45,473	80,714
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	76,529,371	184,542	102,301	195,271	346,606
7.00	00700	OPERATION OF PLANT	10,076,008	1,157,123	4,685	1,224,401	2,173,309
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	4,686,786	0	10,227	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	19,181	0	0	0	0
9.00	00900	HOUSEKEEPING	3,865,612	84,372	943	89,278	158,468
10.00	01000	DIETARY	1,634,614	138,492	0	146,544	260,116
11.00	01100	CAFETERIA	-153,209	97,360	0	103,020	182,861
13.00	01300	NURSING ADMINISTRATION	3,975,285	107,412	0	113,658	201,742
14.00	01400	CENTRAL SERVICES & SUPPLY	12,360,239	327,280	481	346,308	614,696
15.00	01500	PHARMACY	3,841,855	68,934	316	72,942	129,471
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	496,463	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	725,863	21,682	0	22,943	40,724
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	560,470	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,018,759	0	10,842	0	0
23.00	02300	PARAMED ED PRGM - PHARMACY	165,965	2,014	97	2,131	3,782
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,160,390	1,770,630	0	1,873,578	3,325,592
31.00	03100	INTENSIVE CARE UNIT	3,542,116	172,896	0	182,949	324,734
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,745,003	139,460	0	147,568	261,933
43.00	04300	NURSERY	706,394	65,203	0	68,994	122,464
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,436,803	443,558	2,117	469,348	833,091
51.00	05100	RECOVERY ROOM	691,090	65,562	0	69,374	123,139
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,485,327	223,332	0	236,317	419,463
53.00	05300	ANESTHESIOLOGY	3,097,296	19,715	931	20,862	37,030
53.01	05301	ASC ANESTHESIOLOGY	4,856	0	718	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,124,864	245,218	0	259,475	460,568
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	312,529	29,987	0	31,730	56,321
59.00	05900	CARDIAC CATHETERIZATION	1,826,740	122,461	0	129,581	230,005
60.00	06000	LABORATORY	10,499,537	148,779	7,447	157,429	279,437
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	686,132	10,927	0	11,562	20,523
65.00	06500	RESPIRATORY THERAPY	1,914,549	15,797	0	16,716	29,671
66.00	06600	PHYSICAL THERAPY	634,646	12,191	0	12,900	22,898
67.00	06700	OCCUPATIONAL THERAPY	411,124	5,307	0	5,616	9,968
68.00	06800	SPEECH PATHOLOGY	247,482	4,683	0	4,955	8,796
69.00	06900	ELECTROCARDIOLOGY	1,386,329	35,716	0	37,792	67,081
70.00	07000	ELECTROENCEPHALOGRAPHY	86,640	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,590,764	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,294,120	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	38,589,315	0	0	0	0
74.00	07400	RENAL DIALYSIS	839,812	24,102	0	25,503	45,268
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	4,490,416	0	206,755	0	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	518,339	0	17,315	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	517,212	0	34,800	0	0
90.03	09002	ARNETT CANCER CARE CENTER	1,244,232	0	77,205	0	0
90.04	09003	OUTPATIENT INFUSION CENTER	23,222	9,959	0	10,538	18,705
91.00	09100	EMERGENCY	5,841,042	291,642	0	308,599	547,762
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	327,972,417	6,089,310	495,578	6,443,355	11,436,938

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	166,539	38,869	0	41,129	73,004	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	103,022,007	19,450	1,575,070	20,581	36,531	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301	RETAIL PHARMACY	5,023,771	17,140	0	18,136	32,192	193.01
193.02 19302	WHITE HOSPITAL	1,641,777	23,758	7,477	25,140	44,623	193.02
193.03 19303	HOSPICE	2,572	0	0	0	0	193.03
193.04 19304	FRANKFORT HOSPITAL	1,077,248	20,964	7,282	22,183	39,375	193.04
194.00 07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	438,906,331	6,209,491	2,085,407	6,570,524	11,662,663	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP -	NONHOSP					
	2.01	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2,902,271					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	42,836,647				4.00
5.01 00570	ADMITTING	25,604	759,072	4,926,066			5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	142,372	1,184,075	0	78,684,538	78,684,538	5.06
7.00 00700	OPERATION OF PLANT	6,520	327,470	0	14,969,516	3,269,851	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	14,233	77,649	0	4,788,895	1,046,057	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	19,181	4,190	8.00
9.00 00900	HOUSEKEEPING	1,312	589,210	0	4,789,195	1,046,123	9.00
10.00 01000	DIETARY	0	118,912	0	2,298,678	502,109	10.00
11.00 01100	CAFETERIA	0	88,371	0	318,403	69,550	11.00
13.00 01300	NURSING ADMINISTRATION	0	769,227	0	5,167,324	1,128,719	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	669	64,507	0	13,714,180	2,995,643	14.00
15.00 01500	PHARMACY	440	765,532	0	4,879,490	1,065,847	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	106,856	0	603,319	131,785	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	111,816	0	923,028	201,621	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	560,470	122,426	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	15,088	204,710	0	1,249,399	272,911	22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	135	40,577	0	214,701	46,898	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	6,140,171	437,819	35,708,180	7,799,881	30.00
31.00 03100	INTENSIVE CARE UNIT	0	569,839	50,638	4,843,172	1,057,913	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	751,505	51,178	4,096,647	894,847	35.00
43.00 04300	NURSERY	0	151,069	11,757	1,125,881	245,931	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	2,947	1,054,967	428,287	8,671,118	1,894,067	50.00
51.00 05100	RECOVERY ROOM	0	147,842	41,053	1,138,060	248,591	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	523,594	76,698	3,964,731	866,032	52.00
53.00 05300	ANESTHESIOLOGY	1,295	2,122,201	78,002	5,377,332	1,174,592	53.00
53.01 05301	ASC ANESTHESIOLOGY	999	0	13,413	19,986	4,366	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	848,356	273,481	6,211,962	1,356,904	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	50,452	43,590	524,609	114,592	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	311,462	177,192	2,797,441	611,056	59.00
60.00 06000	LABORATORY	10,364	3,130	222,478	11,328,601	2,474,552	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	14,791	743,935	162,501	63.00
65.00 06500	RESPIRATORY THERAPY	0	411,418	39,582	2,427,733	530,299	65.00
66.00 06600	PHYSICAL THERAPY	0	133,619	12,395	828,649	181,005	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	86,984	5,405	524,404	114,548	67.00
68.00 06800	SPEECH PATHOLOGY	0	46,788	4,756	317,460	69,344	68.00
69.00 06900	ELECTROCARDIOLOGY	0	286,113	89,586	1,902,617	415,596	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	19,156	4,694	110,490	24,135	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	129,186	7,719,950	1,686,300	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	263,863	9,557,983	2,087,788	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	575,752	39,165,067	8,554,982	73.00
74.00 07400	RENAL DIALYSIS	0	0	9,461	944,146	206,234	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	287,742	780,889	379,525	6,145,327	1,342,348	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	24,097	71,473	339	631,563	137,955	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	48,431	103,402	21,596	725,441	158,461	90.01
90.03 09002	ARNETT CANCER CARE CENTER	107,446	179,438	69,486	1,677,807	366,490	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	3,930	2,404	68,758	15,019	90.04
91.00 09100	EMERGENCY	0	1,008,432	543,337	8,540,814	1,865,604	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	689,694	21,014,214	4,071,744	301,020,181	48,565,663	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,421	0	326,962	71,420	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			MVBLE EQUIP - NONHOSP						
2.01	4.00	5.01	5A.01	5.06					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,192,036	21,322,752	838,187	129,026,614	28,183,651	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00	
193.01	19301	RETAIL PHARMACY	0	142,151	16,135	5,249,525	1,146,675	193.01	
193.02	19302	WHITE HOSPITAL	10,406	214,161	0	1,967,342	429,734	193.02	
193.03	19303	HOSPICE	0	0	0	2,572	562	193.03	
193.04	19304	FRANKFORT HOSPITAL	10,135	135,948	0	1,313,135	286,833	193.04	
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	2,902,271	42,836,647	4,926,066	438,906,331	78,684,538	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/29/2020 8:33 am		
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			7.00	7.01	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	18,239,367				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	5,834,952			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	23,371		8.00
9.00	00900	HOUSEKEEPING	318,952	2,822	0	6,157,092	9.00
10.00	01000	DIETARY	523,541	0	0	87,540	3,411,868
11.00	01100	CAFETERIA	368,048	0	0	61,540	0
13.00	01300	NURSING ADMINISTRATION	406,051	0	0	67,895	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,237,213	1,438	0	207,651	0
15.00	01500	PHARMACY	260,590	947	0	44,086	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	81,966	0	0	13,705	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	32,444	0	17,583	0
23.00	02300	PARAMED ED PRGM - PHARMACY	7,612	291	0	1,421	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,693,499	0	18,771	1,119,201	3,115,402
31.00	03100	INTENSIVE CARE UNIT	653,600	0	1,351	109,287	224,243
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	527,199	0	1,464	88,152	0
43.00	04300	NURSERY	246,487	0	1,350	41,214	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,676,782	6,336	0	283,804	0
51.00	05100	RECOVERY ROOM	247,844	0	0	41,441	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	844,263	0	435	141,167	72,223
53.00	05300	ANESTHESIOLOGY	74,530	2,786	0	13,972	0
53.01	05301	ASC ANESTHESIOLOGY	0	2,148	0	1,164	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	926,995	0	0	155,000	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	113,359	0	0	18,954	0
59.00	05900	CARDIAC CATHETERIZATION	462,937	0	0	77,406	0
60.00	06000	LABORATORY	562,429	22,285	0	106,109	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,307	0	0	6,907	0
65.00	06500	RESPIRATORY THERAPY	59,719	0	0	9,985	0
66.00	06600	PHYSICAL THERAPY	46,087	0	0	7,706	0
67.00	06700	OCCUPATIONAL THERAPY	20,064	0	0	3,355	0
68.00	06800	SPEECH PATHOLOGY	17,703	0	0	2,960	0
69.00	06900	ELECTROCARDIOLOGY	135,016	0	0	22,576	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	91,112	0	0	15,235	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	618,734	0	335,319	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	51,816	0	28,081	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	104,142	0	56,439	0
90.03	09002	ARNETT CANCER CARE CENTER	0	231,042	0	125,212	0
90.04	09003	OUTPATIENT INFUSION CENTER	37,649	0	0	6,295	0
91.00	09100	EMERGENCY	1,102,492	0	0	184,345	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,785,046	1,077,231	23,371	3,502,707	3,411,868
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	146,936	0	0	24,569	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	73,527	4,713,552	0	2,566,776	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
193.01	19301	RETAIL PHARMACY	64,793	0	0	10,834	0	193.01
193.02	19302	WHITE HOSPITAL	89,814	22,376	0	27,144	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	79,251	21,793	0	25,062	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,239,367	5,834,952	23,371	6,157,092	3,411,868	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part I Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATION & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	817,541					11.00
13.00	01300	NURSING ADMINISTRATION	38,097	6,808,086				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,159	0	18,162,284			14.00
15.00	01500	PHARMACY	33,642	0	72,500	6,357,102		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,099	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	14,048	0	4,061	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,893	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	3,807	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	2,219	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	276,781	3,741,531	1,305,746	24,423	0	30.00
31.00	03100	INTENSIVE CARE UNIT	30,900	480,792	239,483	3,450	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	27,058	351,391	81,469	2,217	0	35.00
43.00	04300	NURSERY	8,093	104,646	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,514	514,709	1,904,117	6,131	0	50.00
51.00	05100	RECOVERY ROOM	8,342	151,101	19,437	46	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,735	345,122	191,985	298	0	52.00
53.00	05300	ANESTHESIOLOGY	26,223	16,396	180,919	3,810	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	60,833	287	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,732	82,624	612,485	5,141	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,458	0	7,542	327	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	15,991	163,640	347,408	3,088	0	59.00
60.00	06000	LABORATORY	33,589	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	23,623	0	205,984	2,628	0	65.00
66.00	06600	PHYSICAL THERAPY	6,434	0	889	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,206	0	113	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,192	0	717	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,636	61,727	9,437	651	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	976	0	658	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,740,690	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,804,486	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,274,151	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,997	839	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	820,418	12,433	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,957	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	17,583	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	9,673	99,341	92,010	6,971	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	160	2,893	1,325	51	0	90.04
91.00	09100	EMERGENCY	65,874	692,173	557,289	10,005	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	802,154	6,808,086	17,289,538	6,356,947	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	887	0	48	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	871,579	155	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
193.01	19301	RETAIL PHARMACY	0	0	1,119	0	0	193.01
193.02	19302	WHITE HOSPITAL	8,723	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	5,777	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	817,541	6,808,086	18,162,284	6,357,102	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		17.00	18.00	21.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570	ADMITTING					5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	742,203				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	1,238,429			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	688,789		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	1,576,144	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	0			23.00
					273,142	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	596,096	110,003	551,276	1,261,476	0
31.00 03100	INTENSIVE CARE UNIT	42,906	12,723	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	46,506	12,859	0	0	0
43.00 04300	NURSERY	42,876	2,954	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	107,608	273	624	0
51.00 05100	RECOVERY ROOM	0	10,315	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	13,819	19,271	117,615	269,136	0
53.00 05300	ANESTHESIOLOGY	0	19,598	0	0	0
53.01 05301	ASC ANESTHESIOLOGY	0	3,370	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	68,713	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	10,952	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	44,520	0	0	0
60.00 06000	LABORATORY	0	55,898	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	3,716	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	9,945	0	0	0
66.00 06600	PHYSICAL THERAPY	0	3,114	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	1,358	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	1,195	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	22,509	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,179	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,458	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,296	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	144,659	0	0	273,142
74.00 07400	RENAL DIALYSIS	0	2,377	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	0	95,357	0	0	0
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	85	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	0	5,426	0	0	0
90.03 09002	ARNETT CANCER CARE CENTER	0	17,459	0	0	0
90.04 09003	OUTPATIENT INFUSION CENTER	0	604	0	0	0
91.00 09100	EMERGENCY	0	136,515	19,625	44,908	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	742,203	1,023,036	688,789	1,576,144	273,142
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00 19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

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Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY		
				PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
			17.00	18.00	21.00	22.00	23.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	211,339	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	4,054	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments			0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	742,203	1,238,429	688,789	1,576,144	273,142	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
2.00	00200				2.00
2.01	00201				2.01
4.00	00400				4.00
5.01	00570				5.01
5.06	00590				5.06
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	62,322,266	-1,812,752	60,509,514	30.00
31.00	03100	7,699,820	0	7,699,820	31.00
33.00	03300	0	0	0	33.00
33.01	03301	0	0	0	33.01
35.00	02060	6,129,809	0	6,129,809	35.00
43.00	04300	1,819,432	0	1,819,432	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	15,123,083	-897	15,122,186	50.00
51.00	05100	1,865,177	0	1,865,177	51.00
52.00	05200	6,874,832	-386,751	6,488,081	52.00
53.00	05300	6,890,158	0	6,890,158	53.00
53.01	05301	92,154	0	92,154	53.01
54.00	05400	9,463,556	0	9,463,556	54.00
55.00	05500	0	0	0	55.00
56.00	05600	792,793	0	792,793	56.00
59.00	05900	4,523,487	0	4,523,487	59.00
60.00	06000	14,583,463	0	14,583,463	60.00
63.00	06300	958,366	0	958,366	63.00
65.00	06500	3,269,916	0	3,269,916	65.00
66.00	06600	1,073,884	0	1,073,884	66.00
67.00	06700	668,048	0	668,048	67.00
68.00	06800	411,571	0	411,571	68.00
69.00	06900	2,588,765	0	2,588,765	69.00
70.00	07000	137,438	0	137,438	70.00
71.00	07100	14,179,398	0	14,179,398	71.00
72.00	07200	17,516,553	0	17,516,553	72.00
73.00	07300	54,412,001	0	54,412,001	73.00
74.00	07400	1,266,940	0	1,266,940	74.00
75.00	07500	0	0	0	75.00
75.01	07501	9,369,936	0	9,369,936	75.01
76.00	03950	0	0	0	76.00
76.97	07697	852,457	0	852,457	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	04950	1,067,492	0	1,067,492	90.01
90.03	09002	2,626,005	0	2,626,005	90.03
90.04	09003	132,754	0	132,754	90.04
91.00	09100	13,219,644	-64,533	13,155,111	91.00
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
93.00	04951	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		261,931,198	-2,264,933	259,666,265	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	570,822	0	570,822	190.00
191.00	19100	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	165,647,193	0	165,647,193	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	6,477,000	0	6,477,000	193.01
193.02	19302	WHITE HOSPITAL	2,545,133	0	2,545,133	193.02
193.03	19303	HOSPICE	3,134	0	3,134	193.03
193.04	19304	FRANKFORT HOSPITAL	1,731,851	0	1,731,851	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	438,906,331	-2,264,933	436,641,398	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
			0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01		
1.02	00102	CAP REL COSTS INTEREST EXPENSE				1.02		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00		
5.01	00570	ADMITTING	0	42,974	18,398	45,473	80,714	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	184,542	102,301	195,271	346,606	5.06
7.00	00700	OPERATION OF PLANT	0	1,157,123	4,685	1,224,401	2,173,309	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	10,227	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	84,372	943	89,278	158,468	9.00
10.00	01000	DIETARY	0	138,492	0	146,544	260,116	10.00
11.00	01100	CAFETERIA	0	97,360	0	103,020	182,861	11.00
13.00	01300	NURSING ADMINISTRATION	0	107,412	0	113,658	201,742	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	327,280	481	346,308	614,696	14.00
15.00	01500	PHARMACY	0	68,934	316	72,942	129,471	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	21,682	0	22,943	40,724	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	10,842	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	2,014	97	2,131	3,782	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,770,630	0	1,873,578	3,325,592	30.00
31.00	03100	INTENSIVE CARE UNIT	0	172,896	0	182,949	324,734	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	139,460	0	147,568	261,933	35.00
43.00	04300	NURSERY	0	65,203	0	68,994	122,464	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	443,558	2,117	469,348	833,091	50.00
51.00	05100	RECOVERY ROOM	0	65,562	0	69,374	123,139	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	223,332	0	236,317	419,463	52.00
53.00	05300	ANESTHESIOLOGY	0	19,715	931	20,862	37,030	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	718	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	245,218	0	259,475	460,568	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	29,987	0	31,730	56,321	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	122,461	0	129,581	230,005	59.00
60.00	06000	LABORATORY	0	148,779	7,447	157,429	279,437	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,927	0	11,562	20,523	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,797	0	16,716	29,671	65.00
66.00	06600	PHYSICAL THERAPY	0	12,191	0	12,900	22,898	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,307	0	5,616	9,968	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,683	0	4,955	8,796	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,716	0	37,792	67,081	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	24,102	0	25,503	45,268	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	206,755	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	17,315	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	34,800	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	77,205	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	9,959	0	10,538	18,705	90.04
91.00	09100	EMERGENCY	0	291,642	0	308,599	547,762	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,089,310	495,578	6,443,355	11,436,938	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,869	0	41,129	73,004	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	19,450	1,575,070	20,581	36,531	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 RETAIL PHARMACY	0	17,140	0	18,136	32,192	193.01
193.02 19302 WHITE HOSPITAL	0	23,758	7,477	25,140	44,623	193.02
193.03 19303 HOSPICE	0	0	0	0	0	193.03
193.04 19304 FRANKFORT HOSPITAL	0	20,964	7,282	22,183	39,375	193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	6,209,491	2,085,407	6,570,524	11,662,663	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP					
	2.01	2A	4.00	5.01	5.06	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0		4.00
5.01 00570	ADMITTING	25,604	213,163	0	213,163	5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	142,372	971,092	0	0	971,092 5.06
7.00 00700	OPERATION OF PLANT	6,520	4,566,038	0	0	40,358 7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	14,233	24,460	0	0	12,911 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	52 8.00
9.00 00900	HOUSEKEEPING	1,312	334,373	0	0	12,912 9.00
10.00 01000	DIETARY	0	545,152	0	0	6,197 10.00
11.00 01100	CAFETERIA	0	383,241	0	0	858 11.00
13.00 01300	NURSING ADMINISTRATION	0	422,812	0	0	13,931 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	669	1,289,434	0	0	36,973 14.00
15.00 01500	PHARMACY	440	272,103	0	0	13,155 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	1,627 17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	85,349	0	0	2,488 18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,511 21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	15,088	25,930	0	0	3,368 22.00
23.00 02300	PARAMED PRGM - PHARMACY	135	8,159	0	0	579 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	6,969,800	0	19,017	96,269 30.00
31.00 03100	INTENSIVE CARE UNIT	0	680,579	0	2,199	13,057 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	548,961	0	2,223	11,045 35.00
43.00 04300	NURSERY	0	256,661	0	511	3,035 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,947	1,751,061	0	18,603	23,377 50.00
51.00 05100	RECOVERY ROOM	0	258,075	0	1,783	3,068 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	879,112	0	3,331	10,689 52.00
53.00 05300	ANESTHESIOLOGY	1,295	79,833	0	3,388	14,497 53.00
53.01 05301	ASC ANESTHESIOLOGY	999	1,717	0	583	54 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	965,261	0	11,879	16,747 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	118,038	0	1,893	1,414 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	482,047	0	7,696	7,542 59.00
60.00 06000	LABORATORY	10,364	603,456	0	9,663	30,542 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	43,012	0	642	2,006 63.00
65.00 06500	RESPIRATORY THERAPY	0	62,184	0	1,719	6,545 65.00
66.00 06600	PHYSICAL THERAPY	0	47,989	0	538	2,234 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	20,891	0	235	1,414 67.00
68.00 06800	SPEECH PATHOLOGY	0	18,434	0	207	856 68.00
69.00 06900	ELECTROCARDIOLOGY	0	140,589	0	3,891	5,129 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	204	298 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,611	20,813 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,461	25,768 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,008	105,589 73.00
74.00 07400	RENAL DIALYSIS	0	94,873	0	411	2,545 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	ASC (NON-DISTINCT PART)	287,742	494,497	0	16,485	16,568 75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	24,097	41,412	0	15	1,703 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	SLEEP CLINIC	48,431	83,231	0	938	1,956 90.01
90.03 09002	ARNETT CANCER CARE CENTER	107,446	184,651	0	3,018	4,523 90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	39,202	0	104	185 90.04
91.00 09100	EMERGENCY	0	1,148,003	0	23,600	23,026 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	689,694	25,154,875	0	176,856	599,414 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	153,002	0	0	881 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description			CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	ADMI TTING	OTHER ADMI NI STRATI VE & GENERAL	
			MVBLE EQUI P - NONHOSP					
			2.01	2A	4.00	5.01	5.06	
192.00	19200	PHYSI CI ANS' PRI VATE OFFICES	2,192,036	3,843,668	0	35,606	347,793	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAI L PHARMACY	0	67,468	0	701	14,153	193.01
193.02	19302	WHI TE HOSPI TAL	10,406	111,404	0	0	5,304	193.02
193.03	19303	HOSPI CE	0	0	0	0	7	193.03
193.04	19304	FRANKFORT HOSPI TAL	10,135	99,939	0	0	3,540	193.04
194.00	07950	MARKETI NG/PUBLI C RELATI ONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers		0			0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,902,271	29,430,356	0	213,163	971,092	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	4,606,396					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	37,371				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	52			8.00
9.00	00900	HOUSEKEEPING	80,552	18	0	427,855		9.00
10.00	01000	DIETARY	132,221	0	0	6,083	689,653	10.00
11.00	01100	CAFETERIA	92,951	0	0	4,276	0	11.00
13.00	01300	NURSING ADMINISTRATION	102,549	0	0	4,718	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	312,461	9	0	14,430	0	14.00
15.00	01500	PHARMACY	65,813	6	0	3,064	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	20,701	0	0	952	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	208	0	1,222	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	1,923	2	0	99	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,690,459	0	42	77,773	629,727	30.00
31.00	03100	INTENSIVE CARE UNIT	165,068	0	3	7,594	45,327	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	133,145	0	3	6,126	0	35.00
43.00	04300	NURSERY	62,251	0	3	2,864	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	423,475	41	0	19,721	0	50.00
51.00	05100	RECOVERY ROOM	62,594	0	0	2,880	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	213,221	0	1	9,810	14,599	52.00
53.00	05300	ANESTHESIOLOGY	18,823	18	0	971	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	14	0	81	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	234,115	0	0	10,771	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	28,629	0	0	1,317	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	116,916	0	0	5,379	0	59.00
60.00	06000	LABORATORY	142,043	143	0	7,374	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,432	0	0	480	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,082	0	0	694	0	65.00
66.00	06600	PHYSICAL THERAPY	11,639	0	0	535	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,067	0	0	233	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,471	0	0	206	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34,099	0	0	1,569	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	23,011	0	0	1,059	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	3,963	0	23,301	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	332	0	1,951	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	667	0	3,922	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	1,480	0	8,701	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	9,508	0	0	437	0	90.04
91.00	09100	EMERGENCY	278,437	0	0	12,810	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,491,656	6,901	52	243,403	689,653	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,109	0	0	1,707	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,569	30,187	0	178,364	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
193.01	19301	RETAIL PHARMACY	16,364	0	0	753	0	193.01
193.02	19302	WHITE HOSPITAL	22,683	143	0	1,886	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	20,015	140	0	1,742	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,606,396	37,371	52	427,855	689,653	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	405,361					11.00
13.00	01300	18,890	562,900				13.00
14.00	01400	3,054	0	1,656,361			14.00
15.00	01500	16,681	0	6,612	377,434		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	3,520	0	0	0	0	17.00
18.00	01850	6,965	0	370	0	0	18.00
21.00	02100	2,922	0	0	0	0	21.00
22.00	02200	1,888	0	0	0	0	22.00
23.00	02300	1,100	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	137,236	309,354	119,081	1,450	0	30.00
31.00	03100	15,321	39,752	21,840	205	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	13,416	29,053	7,430	132	0	35.00
43.00	04300	4,013	8,652	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,517	42,557	173,651	364	0	50.00
51.00	05100	4,136	12,493	1,773	3	0	51.00
52.00	05200	14,248	28,535	17,509	18	0	52.00
53.00	05300	13,002	1,356	16,499	226	0	53.00
53.01	05301	0	0	5,548	17	0	53.01
54.00	05400	21,684	6,831	55,857	305	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,219	0	688	19	0	56.00
59.00	05900	7,929	13,530	31,683	183	0	59.00
60.00	06000	16,654	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	11,713	0	18,785	156	0	65.00
66.00	06600	3,190	0	81	0	0	66.00
67.00	06700	2,086	0	10	0	0	67.00
68.00	06800	1,087	0	65	0	0	68.00
69.00	06900	9,240	5,104	861	39	0	69.00
70.00	07000	484	0	60	0	0	70.00
71.00	07100	0	0	432,340	0	0	71.00
72.00	07200	0	0	529,360	0	0	72.00
73.00	07300	0	0	0	372,509	0	73.00
74.00	07400	0	0	638	50	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	74,820	738	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	270	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	1,603	0	0	90.01
90.03	09002	4,796	8,214	8,391	414	0	90.03
90.04	09003	79	239	121	3	0	90.04
91.00	09100	32,662	57,230	50,823	594	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		397,732	562,900	1,576,769	377,425	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	440	0	4	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	79,486	9	0	192.00
193.00	19300	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
193.01	19301	RETAIL PHARMACY	0	0	102	0	0	0
193.02	19302	WHITE HOSPITAL	4,325	0	0	0	0	0
193.03	19303	HOSPICE	0	0	0	0	0	0
193.04	19304	FRANKFORT HOSPITAL	2,864	0	0	0	0	0
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	75,965	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	481,326	562,900	1,656,361	377,434		0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570	ADMITTING						5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00 00700	OPERATION OF PLANT						7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE	5,147					17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	116,825				18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,433			21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	32,616		22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	0			11,862	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	4,133	10,386				30.00
31.00 03100	INTENSIVE CARE UNIT	298	1,201				31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0				33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	323	1,214				35.00
43.00 04300	NURSERY	297	279				43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	10,160				50.00
51.00 05100	RECOVERY ROOM	0	974				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	96	1,819				52.00
53.00 05300	ANESTHESIOLOGY	0	1,850				53.00
53.01 05301	ASC ANESTHESIOLOGY	0	318				53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	6,488				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00 05600	RADIOISOTOPE	0	1,034				56.00
59.00 05900	CARDIAC CATHETERIZATION	0	4,203				59.00
60.00 06000	LABORATORY	0	5,278				60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	351				63.00
65.00 06500	RESPIRATORY THERAPY	0	939				65.00
66.00 06600	PHYSICAL THERAPY	0	294				66.00
67.00 06700	OCCUPATIONAL THERAPY	0	128				67.00
68.00 06800	SPEECH PATHOLOGY	0	113				68.00
69.00 06900	ELECTROCARDIOLOGY	0	2,125				69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	111				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,065				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,259				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	13,658				73.00
74.00 07400	RENAL DIALYSIS	0	224				74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0				75.00
75.01 07501	ASC (NON-DISTINCT PART)	0	9,003				75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0				76.00
76.97 07697	CARDIAC REHABILITATION	0	8				76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0				90.00
90.01 04950	SLEEP CLINIC	0	512				90.01
90.03 09002	ARNETT CANCER CARE CENTER	0	1,648				90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	57				90.04
91.00 09100	EMERGENCY	0	12,889				91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0				92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0				93.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,147	96,588	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00 19100	RESEARCH	0	0				191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

Period:
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Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
				PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
			17.00	18.00	21.00	22.00	23.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,854				192.00
193.00	19300	NONPAID WORKERS	0	0				193.00
193.01	19301	RETAIL PHARMACY	0	383				193.01
193.02	19302	WHITE HOSPITAL	0	0				193.02
193.03	19303	HOSPICE	0	0				193.03
193.04	19304	FRANKFORT HOSPITAL	0	0				193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0				194.00
200.00		Cross Foot Adjustments			4,433	32,616	11,862	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,147	116,825	4,433	32,616	11,862	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
2.00	00200				2.00
2.01	00201				2.01
4.00	00400				4.00
5.01	00570				5.01
5.06	00590				5.06
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	10,064,727	0	10,064,727	30.00
31.00	03100	992,444	0	992,444	31.00
33.00	03300	0	0	0	33.00
33.01	03301	0	0	0	33.01
35.00	02060	753,071	0	753,071	35.00
43.00	04300	338,566	0	338,566	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,491,527	0	2,491,527	50.00
51.00	05100	347,779	0	347,779	51.00
52.00	05200	1,192,988	0	1,192,988	52.00
53.00	05300	150,463	0	150,463	53.00
53.01	05301	8,332	0	8,332	53.01
54.00	05400	1,329,938	0	1,329,938	54.00
55.00	05500	0	0	0	55.00
56.00	05600	154,251	0	154,251	56.00
59.00	05900	677,108	0	677,108	59.00
60.00	06000	815,153	0	815,153	60.00
63.00	06300	56,923	0	56,923	63.00
65.00	06500	117,817	0	117,817	65.00
66.00	06600	66,500	0	66,500	66.00
67.00	06700	30,064	0	30,064	67.00
68.00	06800	25,439	0	25,439	68.00
69.00	06900	202,646	0	202,646	69.00
70.00	07000	1,157	0	1,157	70.00
71.00	07100	461,829	0	461,829	71.00
72.00	07200	572,848	0	572,848	72.00
73.00	07300	516,764	0	516,764	73.00
74.00	07400	122,811	0	122,811	74.00
75.00	07500	0	0	0	75.00
75.01	07501	639,375	0	639,375	75.01
76.00	03950	0	0	0	76.00
76.97	07697	45,691	0	45,691	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	04950	92,829	0	92,829	90.01
90.03	09002	225,836	0	225,836	90.03
90.04	09003	49,935	0	49,935	90.04
91.00	09100	1,640,074	0	1,640,074	91.00
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
93.00	04951	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		24,184,885	0	24,184,885	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	193,143	0	193,143	190.00
191.00	19100	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,553,536	0	4,553,536	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	99,924	0	99,924	193.01
193.02	19302	WHITE HOSPITAL	145,745	0	145,745	193.02
193.03	19303	HOSPICE	7	0	7	193.03
193.04	19304	FRANKFORT HOSPITAL	128,240	0	128,240	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00		Cross Foot Adjustments	48,911	0	48,911	200.00
201.00		Negative Cost Centers	75,965	0	75,965	201.00
202.00		TOTAL (sum lines 118 through 201)	29,430,356	0	29,430,356	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	397,789					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	342,775				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	397,789			1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				397,789		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	342,775	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00570	ADMITTING	2,753	3,024	2,753	2,753	3,024	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	11,822	16,815	11,822	11,822	16,815	5.06
7.00	00700	OPERATION OF PLANT	74,127	770	74,127	74,127	770	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	1,681	0	0	1,681	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,405	155	5,405	5,405	155	9.00
10.00	01000	DIETARY	8,872	0	8,872	8,872	0	10.00
11.00	01100	CAFETERIA	6,237	0	6,237	6,237	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,881	0	6,881	6,881	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,966	79	20,966	20,966	79	14.00
15.00	01500	PHARMACY	4,416	52	4,416	4,416	52	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,389	0	1,389	1,389	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	1,782	0	0	1,782	22.00
23.00	02300	PARAMED PRGM - PHARMACY	129	16	129	129	16	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,429	0	113,429	113,429	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,076	0	11,076	11,076	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,934	0	8,934	8,934	0	35.00
43.00	04300	NURSERY	4,177	0	4,177	4,177	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,415	348	28,415	28,415	348	50.00
51.00	05100	RECOVERY ROOM	4,200	0	4,200	4,200	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,307	0	14,307	14,307	0	52.00
53.00	05300	ANESTHESIOLOGY	1,263	153	1,263	1,263	153	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	118	0	0	118	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,709	0	15,709	15,709	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,921	0	1,921	1,921	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,845	0	7,845	7,845	0	59.00
60.00	06000	LABORATORY	9,531	1,224	9,531	9,531	1,224	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	700	0	700	700	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,012	0	1,012	1,012	0	65.00
66.00	06600	PHYSICAL THERAPY	781	0	781	781	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	340	0	340	340	0	67.00
68.00	06800	SPEECH PATHOLOGY	300	0	300	300	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,288	0	2,288	2,288	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,544	0	1,544	1,544	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	33,984	0	0	33,984	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,846	0	0	2,846	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	5,720	0	0	5,720	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	12,690	0	0	12,690	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	638	0	638	638	0	90.04
91.00	09100	EMERGENCY	18,683	0	18,683	18,683	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	390,090	81,457	390,090	390,090	81,457	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,490	0	2,490	2,490	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

Period:
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To 12/31/2019

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Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,246	258,892	1,246	1,246	258,892	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	1,098	0	1,098	1,098	0	193.01
193.02	19302	WHITE HOSPITAL	1,522	1,229	1,522	1,522	1,229	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,343	1,197	1,343	1,343	1,197	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,209,491	2,085,407	6,570,524	11,662,663	2,902,271	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.610012	6.083895	16.517611	29.318717	8.466986	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

Period:
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To 12/31/2019

Worksheet B-1

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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	182,464,671					4.00
5.01	00570	ADMITTING	3,233,299	1,646,006,807				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,043,618	0	-78,684,538	360,221,793		5.06
7.00	00700	OPERATION OF PLANT	1,394,871	0	0	14,969,516	309,087	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	330,749	0	0	4,788,895	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	19,181	0	8.00
9.00	00900	HOUSEKEEPING	2,509,763	0	0	4,789,195	5,405	9.00
10.00	01000	DIETARY	506,511	0	0	2,298,678	8,872	10.00
11.00	01100	CAFETERIA	376,418	0	0	318,403	6,237	11.00
13.00	01300	NURSING ADMINISTRATION	3,276,554	0	0	5,167,324	6,881	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	274,771	0	0	13,714,180	20,966	14.00
15.00	01500	PHARMACY	3,260,817	0	0	4,879,490	4,416	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	455,159	0	0	603,319	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	476,286	0	0	923,028	1,389	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	560,470	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	871,969	0	0	1,249,399	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	172,839	0	0	214,701	129	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,154,318	146,281,068	0	35,708,180	113,429	30.00
31.00	03100	INTENSIVE CARE UNIT	2,427,255	16,918,961	0	4,843,172	11,076	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,201,069	17,099,339	0	4,096,647	8,934	35.00
43.00	04300	NURSERY	643,484	3,928,140	0	1,125,881	4,177	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,493,676	143,096,297	0	8,671,118	28,415	50.00
51.00	05100	RECOVERY ROOM	629,739	13,716,404	0	1,138,060	4,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,230,272	25,625,852	0	3,964,731	14,307	52.00
53.00	05300	ANESTHESIOLOGY	9,039,606	26,061,318	0	5,377,332	1,263	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	4,481,564	0	19,986	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,613,609	91,373,464	0	6,211,962	15,709	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOLOGY-SOTOPE	214,903	14,564,007	0	524,609	1,921	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,326,685	59,202,039	0	2,797,441	7,845	59.00
60.00	06000	LABORATORY	13,333	74,332,624	0	11,328,601	9,531	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,942,007	0	743,935	700	63.00
65.00	06500	RESPIRATORY THERAPY	1,752,452	13,224,849	0	2,427,733	1,012	65.00
66.00	06600	PHYSICAL THERAPY	569,156	4,141,290	0	828,649	781	66.00
67.00	06700	OCCUPATIONAL THERAPY	370,514	1,805,896	0	524,404	340	67.00
68.00	06800	SPEECH PATHOLOGY	199,294	1,589,095	0	317,460	300	68.00
69.00	06900	ELECTROCARDIOLOGY	1,218,710	29,931,791	0	1,902,617	2,288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81,596	1,568,327	0	110,490	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,162,723	0	7,719,950	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	88,160,050	0	9,557,983	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	192,366,075	0	39,165,067	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,161,116	0	944,146	1,544	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	3,326,229	126,804,135	0	6,145,327	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	304,443	113,225	0	631,563	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	440,446	7,215,508	0	725,441	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	764,325	23,216,254	0	1,677,807	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	16,739	803,064	0	68,758	638	90.04
91.00	09100	EMERGENCY	4,295,461	181,535,957	0	8,540,814	18,683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,510,938	1,360,422,439	-78,684,538	222,335,643	301,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,612	0	0	326,962	2,490	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATION (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	90,825,319	280,193,478	0	129,026,614	1,246	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	605,497	5,390,890	0	5,249,525	1,098	193.01
193.02	19302	WHITE HOSPITAL	912,229	0	0	1,967,342	1,522	193.02
193.03	19303	HOSPICE	0	0	0	2,572	0	193.03
193.04	19304	FRANKFORT HOSPITAL	579,076	0	0	1,313,135	1,343	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	42,836,647	4,926,066		78,684,538	18,239,367	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.234767	0.002993		0.218434	59.010463	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	213,163		971,092	4,606,396	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000130		0.002696	14.903234	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	320,485				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	48,660			8.00
9.00	00900	HOUSEKEEPING	155	0	624,010		9.00
10.00	01000	DIETARY	0	0	8,872	42,800	10.00
11.00	01100	CAFETERIA	0	0	6,237	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,881	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79	0	21,045	0	14.00
15.00	01500	PHARMACY	52	0	4,468	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	0	1,389	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,782	0	1,782	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	16	0	144	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	39,081	113,429	39,081	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,813	11,076	2,813	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	3,049	8,934	0	35.00
43.00	04300	NURSERY	0	2,811	4,177	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	348	0	28,763	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,200	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	906	14,307	906	52.00
53.00	05300	ANESTHESIOLOGY	153	0	1,416	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	118	0	118	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,709	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,921	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,845	0	59.00
60.00	06000	LABORATORY	1,224	0	10,754	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	700	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,012	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	781	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	340	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	300	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,288	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,544	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	33,984	0	33,984	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,846	0	2,846	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	5,720	0	5,720	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	12,690	0	12,690	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	638	0	90.04
91.00	09100	EMERGENCY	0	0	18,683	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,167	48,660	354,993	42,800	90,391
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,490	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	258,892	0	260,138	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description			OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
			7.01	8.00	9.00	10.00	11.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	1,098	0	0	193.01
193.02	19302	WHITE HOSPITAL	1,229	0	2,751	0	983	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,197	0	2,540	0	651	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,834,952	23,371	6,157,092	3,411,868	817,541	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.206631	0.480292	9.866976	79.716542	8.874258	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,371	52	427,855	689,653	481,326	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.116608	0.001069	0.685654	16.113388	4.400119	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet B-1 Date/Time Prepared: 6/29/2020 8:33 am		
Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)
			13.00	14.00	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	42,353				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,081,350			14.00
15.00	01500	PHARMACY	0	116,087	39,099,495		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,646,006,807	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	48,660
18.00	01850	PATIENT TRANSPORT SERVICES	0	6,502	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM - PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,276	2,090,753	150,211	146,281,068	39,081
31.00	03100	INTENSIVE CARE UNIT	2,991	383,459	21,217	16,918,961	2,813
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,186	130,448	13,635	17,099,339	3,049
43.00	04300	NURSERY	651	0	0	3,928,140	2,811
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,202	3,048,861	37,708	143,096,297	0
51.00	05100	RECOVERY ROOM	940	31,122	280	13,716,404	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,147	307,405	1,835	25,625,852	906
53.00	05300	ANESTHESIOLOGY	102	289,687	23,432	26,061,318	0
53.01	05301	ASC ANESTHESIOLOGY	0	97,406	1,767	4,481,564	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	514	980,708	31,617	91,373,464	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	12,076	2,010	14,564,007	0
59.00	05900	CARDIAC CATHETERIZATION	1,018	556,267	18,991	59,202,039	0
60.00	06000	LABORATORY	0	0	0	74,332,624	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,942,007	0
65.00	06500	RESPIRATORY THERAPY	0	329,820	16,163	13,224,849	0
66.00	06600	PHYSICAL THERAPY	0	1,423	0	4,141,290	0
67.00	06700	OCCUPATIONAL THERAPY	0	181	0	1,805,896	0
68.00	06800	SPEECH PATHOLOGY	0	1,148	0	1,589,095	0
69.00	06900	ELECTROCARDIOLOGY	384	15,110	4,003	29,931,791	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,053	0	1,568,327	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,590,764	0	43,162,723	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,294,120	0	88,160,050	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	38,589,315	192,366,075	0
74.00	07400	RENAL DIALYSIS	0	11,204	5,163	3,161,116	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	1,313,648	76,471	126,804,135	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	4,735	0	113,225	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	28,153	0	7,215,508	0
90.03	09002	ARNETT CANCER CARE CENTER	618	147,326	42,875	23,216,254	0
90.04	09003	OUTPATIENT INFUSION CENTER	18	2,122	313	803,064	0
91.00	09100	EMERGENCY	4,306	892,327	61,538	181,535,957	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,353	27,683,915	39,098,544	1,360,422,439	48,660
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,395,567	951	280,193,478	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	1,791	0	5,390,890	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,808,086	18,162,284	6,357,102	0	742,203	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	160.746252	0.624534	0.162588	0.000000	15.252836	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	562,900	1,656,361	377,434	0	5,147	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.290676	0.056956	0.009653	0.000000	0.105775	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)	
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	18.00	21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102 CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570 ADMITTING					5.01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
18.00 01850 PATIENT TRANSPORT SERVICES	1,646,006,807				18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	5,054			21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		5,054		22.00
23.00 02300 PARAMED PRGM - PHARMACY	0			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	146,281,068	4,045	4,045	0	30.00
31.00 03100 INTENSIVE CARE UNIT	16,918,961	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	17,099,339	0	0	0	35.00
43.00 04300 NURSERY	3,928,140	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	143,096,297	2	2	0	50.00
51.00 05100 RECOVERY ROOM	13,716,404	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	25,625,852	863	863	0	52.00
53.00 05300 ANESTHESIOLOGY	26,061,318	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	4,481,564	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	91,373,464	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	14,564,007	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	59,202,039	0	0	0	59.00
60.00 06000 LABORATORY	74,332,624	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,942,007	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	13,224,849	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	4,141,290	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,805,896	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,589,095	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	29,931,791	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,568,327	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	43,162,723	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	88,160,050	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	192,366,075	0	0	100	73.00
74.00 07400 RENAL DIALYSIS	3,161,116	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	126,804,135	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	113,225	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	7,215,508	0	0	0	90.01
90.03 09002 ARNETT CANCER CARE CENTER	23,216,254	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	803,064	0	0	0	90.04
91.00 09100 EMERGENCY	181,535,957	144	144	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,360,422,439	5,054	5,054	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)			
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)				
	18.00	21.00	22.00				
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	280,193,478	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	5,390,890	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,238,429	688,789	1,576,144	273,142	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000752	136.285912	311.860704	2,731.420000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	116,825	4,433	32,616	11,862	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000071	0.877127	6.453502	118.620000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:33 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		60,509,514	0	60,509,514	30.00
31.00	03100 INTENSIVE CARE UNIT		7,699,820	289,860	7,989,680	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT		0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT		6,129,809	0	6,129,809	35.00
43.00	04300 NURSERY		1,819,432	0	1,819,432	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		15,122,186	0	15,122,186	50.00
51.00	05100 RECOVERY ROOM		1,865,177	0	1,865,177	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,488,081	0	6,488,081	52.00
53.00	05300 ANESTHESIOLOGY		6,890,158	0	6,890,158	53.00
53.01	05301 ASC ANESTHESIOLOGY		92,154	0	92,154	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,463,556	0	9,463,556	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		792,793	0	792,793	56.00
59.00	05900 CARDIAC CATHETERIZATION		4,523,487	0	4,523,487	59.00
60.00	06000 LABORATORY		14,583,463	0	14,583,463	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		958,366	0	958,366	63.00
65.00	06500 RESPIRATORY THERAPY	0	3,269,916	0	3,269,916	65.00
66.00	06600 PHYSICAL THERAPY	0	1,073,884	0	1,073,884	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	668,048	0	668,048	67.00
68.00	06800 SPEECH PATHOLOGY	0	411,571	0	411,571	68.00
69.00	06900 ELECTROCARDIOLOGY		2,588,765	0	2,588,765	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		137,438	0	137,438	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,179,398	0	14,179,398	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		17,516,553	0	17,516,553	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		54,412,001	0	54,412,001	73.00
74.00	07400 RENAL DIALYSIS		1,266,940	0	1,266,940	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		9,369,936	0	9,369,936	75.01
76.00	03950 CARDIAC CATHETERIZATION		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		852,457	0	852,457	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 SLEEP CLINIC		1,067,492	0	1,067,492	90.01
90.03	09002 ARNETT CANCER CARE CENTER		2,626,005	0	2,626,005	90.03
90.04	09003 OUTPATIENT INFUSION CENTER		132,754	0	132,754	90.04
91.00	09100 EMERGENCY		13,155,111	266,279	13,421,390	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,703,542	0	6,703,542	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0	93.00
200.00	Subtotal (see instructions)	0	266,369,807	556,139	266,925,946	200.00
201.00	Less Observation Beds		6,703,542	0	6,703,542	201.00
202.00	Total (see instructions)	0	259,666,265	556,139	260,222,404	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 6/29/2020 8:33 am	
			Title XVIII			Hospital		PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,073,587		111,073,587			30.00
31.00	03100	INTENSIVE CARE UNIT	16,918,961		16,918,961			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,384,611		14,384,611			35.00
43.00	04300	NURSERY	3,928,140		3,928,140			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63,235,998	79,860,299	143,096,297	0.105678	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,779,122	8,937,282	13,716,404	0.135981	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,059,898	1,565,954	25,625,852	0.253185	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,095,055	4,519,672	8,614,727	0.799812	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	5,609	4,475,955	4,481,564	0.020563	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,585,233	54,788,231	91,373,464	0.103570	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,219,682	12,344,325	14,564,007	0.054435	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	28,913,076	30,288,963	59,202,039	0.076408	0.000000	59.00
60.00	06000	LABORATORY	27,860,108	45,703,120	73,563,228	0.198244	0.000000	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	3,661,726	1,280,281	4,942,007	0.193922	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	12,326,764	898,085	13,224,849	0.247255	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,753,457	387,833	4,141,290	0.259311	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,639,179	166,717	1,805,896	0.369926	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,398,352	190,743	1,589,095	0.258997	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,346,017	13,585,774	29,931,791	0.086489	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,256,890	311,437	1,568,327	0.087634	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,834,887	23,327,836	43,162,723	0.328510	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,118,900	41,041,150	88,160,050	0.198690	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,874,439	142,491,636	192,366,075	0.282857	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,560,040	601,076	3,161,116	0.400789	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	172,788	126,631,347	126,804,135	0.073893	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	84,684	28,541	113,225	7.528876	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	SLEEP CLINIC	5,981	7,209,527	7,215,508	0.147944	0.000000	90.01
90.03	09002	ARNETT CANCER CARE CENTER	286,402	22,929,852	23,216,254	0.113111	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	2,594	800,470	803,064	0.165309	0.000000	90.04
91.00	09100	EMERGENCY	42,874,619	138,661,338	181,535,957	0.072466	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	548,956	24,483,639	25,032,595	0.267793	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
200.00		Subtotal (see instructions)	541,805,755	787,511,083	1,329,316,838			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	541,805,755	787,511,083	1,329,316,838			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:33 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03301	BURN INTENSIVE CARE UNIT			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105678		50.00
51.00	05100	RECOVERY ROOM	0.135981		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.253185		52.00
53.00	05300	ANESTHESIOLOGY	0.799812		53.00
53.01	05301	ASC ANESTHESIOLOGY	0.020563		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103570		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.054435		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076408		59.00
60.00	06000	LABORATORY	0.198244		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.193922		63.00
65.00	06500	RESPIRATORY THERAPY	0.247255		65.00
66.00	06600	PHYSICAL THERAPY	0.259311		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.369926		67.00
68.00	06800	SPEECH PATHOLOGY	0.258997		68.00
69.00	06900	ELECTROCARDIOLOGY	0.086489		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.087634		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.328510		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.198690		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.282857		73.00
74.00	07400	RENAL DIALYSIS	0.400789		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.073893		75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	7.528876		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP CLINIC	0.147944		90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.113111		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.165309		90.04
91.00	09100	EMERGENCY	0.073932		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267793		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000		93.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:33 am	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		60,509,514	0	60,509,514	30.00
31.00	03100 INTENSIVE CARE UNIT		7,699,820	289,860	7,989,680	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT		0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT		6,129,809	0	6,129,809	35.00
43.00	04300 NURSERY		1,819,432	0	1,819,432	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		15,122,186	0	15,122,186	50.00
51.00	05100 RECOVERY ROOM		1,865,177	0	1,865,177	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,488,081	0	6,488,081	52.00
53.00	05300 ANESTHESIOLOGY		6,890,158	0	6,890,158	53.00
53.01	05301 ASC ANESTHESIOLOGY		92,154	0	92,154	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,463,556	0	9,463,556	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		792,793	0	792,793	56.00
59.00	05900 CARDIAC CATHETERIZATION		4,523,487	0	4,523,487	59.00
60.00	06000 LABORATORY		14,583,463	0	14,583,463	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		958,366	0	958,366	63.00
65.00	06500 RESPIRATORY THERAPY	0	3,269,916	0	3,269,916	65.00
66.00	06600 PHYSICAL THERAPY	0	1,073,884	0	1,073,884	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	668,048	0	668,048	67.00
68.00	06800 SPEECH PATHOLOGY	0	411,571	0	411,571	68.00
69.00	06900 ELECTROCARDIOLOGY		2,588,765	0	2,588,765	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		137,438	0	137,438	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,179,398	0	14,179,398	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		17,516,553	0	17,516,553	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		54,412,001	0	54,412,001	73.00
74.00	07400 RENAL DIALYSIS		1,266,940	0	1,266,940	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		9,369,936	0	9,369,936	75.01
76.00	03950 CARDIAC CATHETERIZATION		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		852,457	0	852,457	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 SLEEP CLINIC		1,067,492	0	1,067,492	90.01
90.03	09002 ARNETT CANCER CARE CENTER		2,626,005	0	2,626,005	90.03
90.04	09003 OUTPATIENT INFUSION CENTER		132,754	0	132,754	90.04
91.00	09100 EMERGENCY		13,155,111	266,279	13,421,390	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,703,542	0	6,703,542	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0	93.00
200.00	Subtotal (see instructions)	0	266,369,807	556,139	266,925,946	200.00
201.00	Less Observation Beds		6,703,542	0	6,703,542	201.00
202.00	Total (see instructions)	0	259,666,265	556,139	260,222,404	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS	
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				
		9.00			10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,073,587		111,073,587			30.00
31.00	03100	INTENSIVE CARE UNIT	16,918,961		16,918,961			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,384,611		14,384,611			35.00
43.00	04300	NURSERY	3,928,140		3,928,140			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63,235,998	79,860,299	143,096,297	0.105678	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,779,122	8,937,282	13,716,404	0.135981	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,059,898	1,565,954	25,625,852	0.253185	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,095,055	4,519,672	8,614,727	0.799812	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	5,609	4,475,955	4,481,564	0.020563	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,585,233	54,788,231	91,373,464	0.103570	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,219,682	12,344,325	14,564,007	0.054435	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	28,913,076	30,288,963	59,202,039	0.076408	0.000000	59.00
60.00	06000	LABORATORY	27,860,108	45,703,120	73,563,228	0.198244	0.000000	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	3,661,726	1,280,281	4,942,007	0.193922	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	12,326,764	898,085	13,224,849	0.247255	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,753,457	387,833	4,141,290	0.259311	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,639,179	166,717	1,805,896	0.369926	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,398,352	190,743	1,589,095	0.258997	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,346,017	13,585,774	29,931,791	0.086489	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,256,890	311,437	1,568,327	0.087634	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,834,887	23,327,836	43,162,723	0.328510	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,118,900	41,041,150	88,160,050	0.198690	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,874,439	142,491,636	192,366,075	0.282857	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,560,040	601,076	3,161,116	0.400789	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	172,788	126,631,347	126,804,135	0.073893	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	84,684	28,541	113,225	7.528876	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	SLEEP CLINIC	5,981	7,209,527	7,215,508	0.147944	0.000000	90.01
90.03	09002	ARNETT CANCER CARE CENTER	286,402	22,929,852	23,216,254	0.113111	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	2,594	800,470	803,064	0.165309	0.000000	90.04
91.00	09100	EMERGENCY	42,874,619	138,661,338	181,535,957	0.072466	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	548,956	24,483,639	25,032,595	0.267793	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
200.00		Subtotal (see instructions)	541,805,755	787,511,083	1,329,316,838			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	541,805,755	787,511,083	1,329,316,838			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:33 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03301	BURN INTENSIVE CARE UNIT			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105678		50.00
51.00	05100	RECOVERY ROOM	0.135981		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.253185		52.00
53.00	05300	ANESTHESIOLOGY	0.799812		53.00
53.01	05301	ASC ANESTHESIOLOGY	0.020563		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103570		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.054435		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076408		59.00
60.00	06000	LABORATORY	0.198244		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.193922		63.00
65.00	06500	RESPIRATORY THERAPY	0.247255		65.00
66.00	06600	PHYSICAL THERAPY	0.259311		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.369926		67.00
68.00	06800	SPEECH PATHOLOGY	0.258997		68.00
69.00	06900	ELECTROCARDIOLOGY	0.086489		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.087634		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.328510		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.198690		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.282857		73.00
74.00	07400	RENAL DIALYSIS	0.400789		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.073893		75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	7.528876		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP CLINIC	0.147944		90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.113111		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.165309		90.04
91.00	09100	EMERGENCY	0.073932		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267793		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000		93.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0173

Period: From 01/01/2019 To 12/31/2019

Worksheet C Part II Date/Time Prepared: 6/29/2020 8:33 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,122,186	2,491,527	12,630,659	0	0	50.00
51.00	05100	RECOVERY ROOM	1,865,177	347,779	1,517,398	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,488,081	1,192,988	5,295,093	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,890,158	150,463	6,739,695	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	92,154	8,332	83,822	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,463,556	1,329,938	8,133,618	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	792,793	154,251	638,542	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,523,487	677,108	3,846,379	0	0	59.00
60.00	06000	LABORATORY	14,583,463	815,153	13,768,310	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	958,366	56,923	901,443	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,269,916	117,817	3,152,099	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,073,884	66,500	1,007,384	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	668,048	30,064	637,984	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	411,571	25,439	386,132	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,588,765	202,646	2,386,119	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137,438	1,157	136,281	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,179,398	461,829	13,717,569	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,516,553	572,848	16,943,705	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,412,001	516,764	53,895,237	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,266,940	122,811	1,144,129	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	9,369,936	639,375	8,730,561	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	852,457	45,691	806,766	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	1,067,492	92,829	974,663	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	2,626,005	225,836	2,400,169	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	132,754	49,935	82,819	0	0	90.04
91.00	09100	EMERGENCY	13,155,111	1,640,074	11,515,037	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,703,542	1,115,020	5,588,522	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00		Subtotal (sum of lines 50 thru 199)	190,211,232	13,151,097	177,060,135	0	0	200.00
201.00		Less Observation Beds	6,703,542	1,115,020	5,588,522	0	0	201.00
202.00		Total (line 200 minus line 201)	183,507,690	12,036,077	171,471,613	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part II
Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	15,122,186	143,096,297	0.105678		50.00
51.00	05100 RECOVERY ROOM	1,865,177	13,716,404	0.135981		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,488,081	25,625,852	0.253185		52.00
53.00	05300 ANESTHESIOLOGY	6,890,158	8,614,727	0.799812		53.00
53.01	05301 ASC ANESTHESIOLOGY	92,154	4,481,564	0.020563		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,463,556	91,373,464	0.103570		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	792,793	14,564,007	0.054435		56.00
59.00	05900 CARDIAC CATHETERIZATION	4,523,487	59,202,039	0.076408		59.00
60.00	06000 LABORATORY	14,583,463	73,563,228	0.198244		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	958,366	4,942,007	0.193922		63.00
65.00	06500 RESPIRATORY THERAPY	3,269,916	13,224,849	0.247255		65.00
66.00	06600 PHYSICAL THERAPY	1,073,884	4,141,290	0.259311		66.00
67.00	06700 OCCUPATIONAL THERAPY	668,048	1,805,896	0.369926		67.00
68.00	06800 SPEECH PATHOLOGY	411,571	1,589,095	0.258997		68.00
69.00	06900 ELECTROCARDIOLOGY	2,588,765	29,931,791	0.086489		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	137,438	1,568,327	0.087634		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,179,398	43,162,723	0.328510		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,516,553	88,160,050	0.198690		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	54,412,001	192,366,075	0.282857		73.00
74.00	07400 RENAL DIALYSIS	1,266,940	3,161,116	0.400789		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	9,369,936	126,804,135	0.073893		75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	852,457	113,225	7.528876		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	04950 SLEEP CLINIC	1,067,492	7,215,508	0.147944		90.01
90.03	09002 ARNETT CANCER CARE CENTER	2,626,005	23,216,254	0.113111		90.03
90.04	09003 OUTPATIENT INFUSION CENTER	132,754	803,064	0.165309		90.04
91.00	09100 EMERGENCY	13,155,111	181,535,957	0.072466		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,703,542	25,032,595	0.267793		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000		93.00
200.00	Subtotal (sum of lines 50 thru 199)	190,211,232	1,183,011,539			200.00
201.00	Less Observation Beds	6,703,542	0			201.00
202.00	Total (line 200 minus line 201)	183,507,690	1,183,011,539			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	10,064,727	0	10,064,727	43,950	229.00	30.00	
31.00	INTENSIVE CARE UNIT	992,444		992,444	2,813	352.81	31.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01	
35.00	NEONATAL INTENSIVE CARE UNIT	753,071		753,071	3,049	246.99	35.00	
43.00	NURSERY	338,566		338,566	2,811	120.44	43.00	
200.00	Total (lines 30 through 199)	12,148,808		12,148,808	52,623		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	17,091	3,913,839					30.00
31.00	INTENSIVE CARE UNIT	1,059	373,626					31.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
33.01	BURN INTENSIVE CARE UNIT	0	0					33.01
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	18,150	4,287,465					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,491,527	143,096,297	0.017412	24,559,986	427,638	50.00
51.00	05100	RECOVERY ROOM	347,779	13,716,404	0.025355	1,896,618	48,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,192,988	25,625,852	0.046554	161,725	7,529	52.00
53.00	05300	ANESTHESIOLOGY	150,463	8,614,727	0.017466	1,525,534	26,645	53.00
53.01	05301	ASC ANESTHESIOLOGY	8,332	4,481,564	0.001859	2,131	4	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,329,938	91,373,464	0.014555	16,678,218	242,751	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	154,251	14,564,007	0.010591	1,096,617	11,614	56.00
59.00	05900	CARDIAC CATHETERIZATION	677,108	59,202,039	0.011437	10,352,528	118,402	59.00
60.00	06000	LABORATORY	815,153	73,563,228	0.011081	10,569,147	117,117	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	56,923	4,942,007	0.011518	1,499,307	17,269	63.00
65.00	06500	RESPIRATORY THERAPY	117,817	13,224,849	0.008909	4,785,962	42,638	65.00
66.00	06600	PHYSICAL THERAPY	66,500	4,141,290	0.016058	1,884,138	30,255	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,064	1,805,896	0.016648	794,505	13,227	67.00
68.00	06800	SPEECH PATHOLOGY	25,439	1,589,095	0.016008	768,517	12,302	68.00
69.00	06900	ELECTROCARDIOLOGY	202,646	29,931,791	0.006770	7,978,302	54,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,157	1,568,327	0.000738	501,685	370	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	461,829	43,162,723	0.010700	7,418,262	79,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	572,848	88,160,050	0.006498	19,877,805	129,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	516,764	192,366,075	0.002686	18,749,850	50,362	73.00
74.00	07400	RENAL DIALYSIS	122,811	3,161,116	0.038851	1,554,062	60,377	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	639,375	126,804,135	0.005042	100,150	505	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	45,691	113,225	0.403542	27,297	11,015	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	92,829	7,215,508	0.012865	5,981	77	90.01
90.03	09002	ARNETT CANCER CARE CENTER	225,836	23,216,254	0.009727	85,176	829	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	49,935	803,064	0.062181	0	0	90.04
91.00	09100	EMERGENCY	1,640,074	181,535,957	0.009034	19,390,634	175,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,115,020	25,032,595	0.044543	242,682	10,810	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	13,151,097	1,183,011,539		152,506,819	1,687,554	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	43,950	0.00	17,091	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,813	0.00	1,059	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,049	0.00	0	35.00	
43.00	04300	NURSERY	0	0	2,811	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	52,623	0.00	18,150	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	273,142	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	0	0	0	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	273,142	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
							Hospital	PPS
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	143,096,297	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,716,404	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	25,625,852	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,614,727	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	4,481,564	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	91,373,464	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	14,564,007	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59,202,039	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	73,563,228	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,942,007	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,224,849	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,141,290	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,805,896	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,589,095	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,931,791	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,568,327	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	43,162,723	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	88,160,050	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	273,142	273,142	192,366,075	0.001420	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,161,116	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	126,804,135	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	113,225	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	0	0	7,215,508	0.000000	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	23,216,254	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	803,064	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	181,535,957	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	25,032,595	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	273,142	273,142	1,183,011,539		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	24,559,986	0	20,153,559	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,896,618	0	2,388,860	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	161,725	0	22,573	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,525,534	0	1,012,509	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	2,131	0	926,582	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,678,218	0	16,015,723	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,096,617	0	4,166,004	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	10,352,528	0	10,846,632	0	59.00
60.00	06000 LABORATORY	0.000000	10,569,147	0	5,495,630	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,499,307	0	357,061	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,785,962	0	187,110	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,884,138	0	46,236	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	794,505	0	12,797	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	768,517	0	22,863	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,978,302	0	4,172,444	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	501,685	0	64,986	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,418,262	0	6,771,779	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	19,877,805	0	13,024,250	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001420	18,749,850	26,625	51,086,999	72,544	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,554,062	0	202,676	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	100,150	0	25,605,404	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	27,297	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	5,981	0	1,625,082	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	85,176	0	8,356,641	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	0	0	173,797	0	90.04
91.00	09100 EMERGENCY	0.000000	19,390,634	0	23,917,605	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	242,682	0	6,574,410	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		152,506,819	26,625	203,230,212	72,544	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:33 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.105678	20,153,559	0	0	2,129,788	50.00
51.00	05100	RECOVERY ROOM	0.135981	2,388,860	0	0	324,840	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.253185	22,573	0	0	5,715	52.00
53.00	05300	ANESTHESIOLOGY	0.799812	1,012,509	0	0	809,817	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.020563	926,582	0	0	19,053	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103570	16,015,723	0	0	1,658,748	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.054435	4,166,004	0	0	226,776	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076408	10,846,632	0	0	828,769	59.00
60.00	06000	LABORATORY	0.198244	5,495,630	21,700	0	1,089,476	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.193922	357,061	0	0	69,242	63.00
65.00	06500	RESPIRATORY THERAPY	0.247255	187,110	0	0	46,264	65.00
66.00	06600	PHYSICAL THERAPY	0.259311	46,236	0	0	11,990	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.369926	12,797	0	0	4,734	67.00
68.00	06800	SPEECH PATHOLOGY	0.258997	22,863	0	0	5,921	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086489	4,172,444	0	0	360,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.087634	64,986	0	0	5,695	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.328510	6,771,779	0	0	2,224,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.198690	13,024,250	0	0	2,587,788	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.282857	51,086,999	0	45,946	14,450,315	73.00
74.00	07400	RENAL DIALYSIS	0.400789	202,676	0	0	81,230	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.073893	25,605,404	0	0	1,892,060	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7.528876	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0.147944	1,625,082	0	0	240,421	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.113111	8,356,641	0	0	945,228	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.165309	173,797	0	0	28,730	90.04
91.00	09100	EMERGENCY	0.072466	23,917,605	0	0	1,733,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267793	6,574,410	0	0	1,760,581	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		203,230,212	21,700	45,946	33,541,862	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		203,230,212	21,700	45,946	33,541,862	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:33 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
53.01 05301	ASC ANESTHESIOLOGY	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	4,302	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	12,996	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	0	0	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
90.01 04950	SLEEP CLINIC	0	0	90.01
90.03 09002	ARNETT CANCER CARE CENTER	0	0	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	0	90.04
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	93.00
200.00	Subtotal (see instructions)	4,302	12,996	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	4,302	12,996	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,064,727	0	10,064,727	43,950	229.00	30.00
31.00	INTENSIVE CARE UNIT	992,444		992,444	2,813	352.81	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	753,071		753,071	3,049	246.99	35.00
43.00	NURSERY	338,566		338,566	2,811	120.44	43.00
200.00	Total (lines 30 through 199)	12,148,808		12,148,808	52,623		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	739	169,231				
31.00	INTENSIVE CARE UNIT	771	272,017				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	299	73,850				
43.00	NURSERY	1,342	161,630				
200.00	Total (lines 30 through 199)	3,151	676,728				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,491,527	143,096,297	0.017412	659,631	11,485	50.00
51.00	05100	RECOVERY ROOM	347,779	13,716,404	0.025355	36,364	922	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,192,988	25,625,852	0.046554	515,704	24,008	52.00
53.00	05300	ANESTHESIOLOGY	150,463	8,614,727	0.017466	50,392	880	53.00
53.01	05301	ASC ANESTHESIOLOGY	8,332	4,481,564	0.001859	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,329,938	91,373,464	0.014555	640,708	9,326	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	154,251	14,564,007	0.010591	15,142	160	56.00
59.00	05900	CARDIAC CATHETERIZATION	677,108	59,202,039	0.011437	138,561	1,585	59.00
60.00	06000	LABORATORY	815,153	73,563,228	0.011081	634,559	7,032	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	56,923	4,942,007	0.011518	54,188	624	63.00
65.00	06500	RESPIRATORY THERAPY	117,817	13,224,849	0.008909	485,948	4,329	65.00
66.00	06600	PHYSICAL THERAPY	66,500	4,141,290	0.016058	51,693	830	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,064	1,805,896	0.016648	22,591	376	67.00
68.00	06800	SPEECH PATHOLOGY	25,439	1,589,095	0.016008	29,597	474	68.00
69.00	06900	ELECTROCARDIOLOGY	202,646	29,931,791	0.006770	237,736	1,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,157	1,568,327	0.000738	29,311	22	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	461,829	43,162,723	0.010700	249,329	2,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	572,848	88,160,050	0.006498	194,447	1,264	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	516,764	192,366,075	0.002686	1,193,928	3,207	73.00
74.00	07400	RENAL DIALYSIS	122,811	3,161,116	0.038851	30,527	1,186	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	639,375	126,804,135	0.005042	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	45,691	113,225	0.403542	933	377	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	92,829	7,215,508	0.012865	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	225,836	23,216,254	0.009727	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	49,935	803,064	0.062181	0	0	90.04
91.00	09100	EMERGENCY	1,640,074	181,535,957	0.009034	733,988	6,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,115,020	25,032,595	0.044543	8,662	386	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	13,151,097	1,183,011,539		6,013,939	79,381	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	43,950	0.00	739	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,813	0.00	771	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,049	0.00	299	35.00	
43.00	04300	NURSERY	0	0	2,811	0.00	1,342	43.00	
200.00		Total (lines 30 through 199)	0	0	52,623	0.00	3,151	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description	Title XIX				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	273,142	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	0	0	0	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	273,142	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Title XIX		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				Hospital	PPS	
	4.00	5.00	6.00	Total Charges (from Wkst. C, Part I, col. 8)	7.00	8.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	143,096,297	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	13,716,404	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	25,625,852	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	8,614,727	0.000000	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	4,481,564	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	91,373,464	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	14,564,007	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59,202,039	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	73,563,228	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,942,007	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	13,224,849	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,141,290	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,805,896	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,589,095	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	29,931,791	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,568,327	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	43,162,723	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	88,160,050	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	273,142	273,142	192,366,075	0.001420	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,161,116	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	126,804,135	0.000000	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	113,225	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 SLEEP CLINIC	0	0	0	7,215,508	0.000000	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	23,216,254	0.000000	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	803,064	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	181,535,957	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	25,032,595	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00 Total (lines 50 through 199)	0	273,142	273,142	1,183,011,539		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:33 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	659,631	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	36,364	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	515,704	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	50,392	0	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	640,708	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	15,142	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	138,561	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	634,559	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	54,188	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	485,948	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	51,693	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	22,591	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	29,597	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	237,736	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	29,311	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	249,329	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	194,447	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001420	1,193,928	1,695	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	30,527	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	933	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	733,988	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	8,662	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		6,013,939	1,695	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:33 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.105678	0	0	0	0
51.00 05100 RECOVERY ROOM	0.135981	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.253185	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.799812	0	0	0	0
53.01 05301 ASC ANESTHESIOLOGY	0.020563	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.103570	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.054435	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.076408	0	0	0	0
60.00 06000 LABORATORY	0.198244	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.193922	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.247255	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.259311	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.369926	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.258997	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.086489	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.087634	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.328510	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.198690	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.282857	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.400789	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 ASC (NON-DISTINCT PART)	0.073893	0	0	0	0
76.00 03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	7.528876	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 SLEEP CLINIC	0.147944	0	0	0	0
90.03 09002 ARNETT CANCER CARE CENTER	0.113111	0	0	0	0
90.04 09003 OUTPATIENT INFUSION CENTER	0.165309	0	0	0	0
91.00 09100 EMERGENCY	0.072466	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.267793	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	0	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 - line 201)		0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:33 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	0	0		90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0		90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:33 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,950	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,950	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		39,081	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		17,091	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		60,509,514	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		60,509,514	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,509,514	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,376.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,530,547	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		23,530,547	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,989,680	2,813	2,840.27	1,059	3,007,846	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	6,129,809	3,049	2,010.43	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,012,342	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					52,550,735	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,287,465	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,714,179	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,001,644	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,549,091	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,869	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,376.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,703,542	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,064,727	60,509,514	0.166333	6,703,542	1,115,020	90.00
91.00	Nursing School cost	0	60,509,514	0.000000	6,703,542	0	91.00
92.00	Allied health cost	0	60,509,514	0.000000	6,703,542	0	92.00
93.00	All other Medical Education	0	60,509,514	0.000000	6,703,542	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:33 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,950	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,950	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		39,081	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		739	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,811	15.00
16.00	Nursery days (title V or XIX only)		1,342	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		60,509,514	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		60,509,514	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,509,514	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,376.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,017,440	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,017,440	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1,819,432	2,811	647.25	1,342	868,610	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,989,680	2,813	2,840.27	771	2,189,848	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	6,129,809	3,049	2,010.43	299	601,119	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,166,410	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,843,427	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					676,728	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					81,076	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					757,804	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,085,623	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,869	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,376.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,703,542	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,064,727	60,509,514	0.166333	6,703,542	1,115,020	90.00
91.00	Nursing School cost	0	60,509,514	0.000000	6,703,542	0	91.00
92.00	Allied health cost	0	60,509,514	0.000000	6,703,542	0	92.00
93.00	All other Medical Education	0	60,509,514	0.000000	6,703,542	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		48,546,260	30.00
31.00	03100	INTENSIVE CARE UNIT		6,319,677	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105678	24,559,986	50.00
51.00	05100	RECOVERY ROOM	0.135981	1,896,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.253185	161,725	52.00
53.00	05300	ANESTHESIOLOGY	0.799812	1,525,534	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.020563	2,131	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103570	16,678,218	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.054435	1,096,617	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076408	10,352,528	59.00
60.00	06000	LABORATORY	0.198244	10,569,147	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.193922	1,499,307	63.00
65.00	06500	RESPIRATORY THERAPY	0.247255	4,785,962	65.00
66.00	06600	PHYSICAL THERAPY	0.259311	1,884,138	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.369926	794,505	67.00
68.00	06800	SPEECH PATHOLOGY	0.258997	768,517	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086489	7,978,302	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.087634	501,685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.328510	7,418,262	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.198690	19,877,805	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.282857	18,749,850	73.00
74.00	07400	RENAL DIALYSIS	0.400789	1,554,062	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.073893	100,150	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	7.528876	27,297	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.147944	5,981	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.113111	85,176	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.165309	0	90.04
91.00	09100	EMERGENCY	0.073932	19,390,634	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267793	242,682	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		152,506,819	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		152,506,819	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:33 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,191,745	30.00
31.00	03100	INTENSIVE CARE UNIT		555,337	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,026,680	35.00
43.00	04300	NURSERY		235,049	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105678	659,631	69,708 50.00
51.00	05100	RECOVERY ROOM	0.135981	36,364	4,945 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.253185	515,704	130,569 52.00
53.00	05300	ANESTHESIOLOGY	0.799812	50,392	40,304 53.00
53.01	05301	ASC ANESTHESIOLOGY	0.020563	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103570	640,708	66,358 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.054435	15,142	824 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076408	138,561	10,587 59.00
60.00	06000	LABORATORY	0.198244	634,559	125,798 60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.193922	54,188	10,508 63.00
65.00	06500	RESPIRATORY THERAPY	0.247255	485,948	120,153 65.00
66.00	06600	PHYSICAL THERAPY	0.259311	51,693	13,405 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.369926	22,591	8,357 67.00
68.00	06800	SPEECH PATHOLOGY	0.258997	29,597	7,666 68.00
69.00	06900	ELECTROCARDIOLOGY	0.086489	237,736	20,562 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.087634	29,311	2,569 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.328510	249,329	81,907 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.198690	194,447	38,635 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.282857	1,193,928	337,711 73.00
74.00	07400	RENAL DIALYSIS	0.400789	30,527	12,235 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.073893	0	0 75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	7.528876	933	7,024 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	SLEEP CLINIC	0.147944	0	0 90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.113111	0	0 90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.165309	0	0 90.04
91.00	09100	EMERGENCY	0.073932	733,988	54,265 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267793	8,662	2,320 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,013,939	1,166,410 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		6,013,939	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:33 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		25,512,172	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,967,148	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		882,121	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		115,997	2.04
3.00	Managed Care Simulated Payments		11,184,406	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		178.20	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		6.64	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		6.64	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.037262	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.013977	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.013977	21.00
22.00	IME payment adjustment (see instructions)		262,388	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		85,113	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		262,388	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		85,113	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.41	31.00
32.00	Sum of lines 30 and 31		24.41	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.35	33.00
34.00	Disproportionate share adjustment (see instructions)		805,954	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:33 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000357615	0.000233338	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,958,501	1,948,514	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,212,796	489,790	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,702,586		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	39,248,366		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		39,333,479	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,164,807	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		213,159	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		1,950	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		26,625	58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,740,020	59.00
60.00	Primary payer payments		17,618	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,722,402	61.00
62.00	Deductibles billed to program beneficiaries		3,757,857	62.00
63.00	Coinurance billed to program beneficiaries		159,247	63.00
64.00	Allowable bad debts (see instructions)		266,004	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		172,903	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		57,719	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,978,201	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		10,416	70.93
70.94	HRR adjustment amount (see instructions)		-67,249	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:33 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		38,921,368	71.00
71.01	Sequestration adjustment (see instructions)		778,427	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		38,320,777	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-177,836	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		736,180	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:33 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,512,172	0	25,512,172		25,512,172	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,967,148	0		8,967,148	8,967,148	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	882,121	0	882,121		882,121	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	115,997	0		115,997	115,997	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,184,406	0	7,762,491	3,421,916	11,184,407	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.013977	0.013977	0.013977	0.013977		5.00
6.00	IME payment adjustment (see instructions)	22.00	262,388	0	194,148	68,240	262,388	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	85,113	0	59,072	26,041	85,113	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	262,388	0	194,148	68,240	262,388	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	85,113	0	59,072	26,041	85,113	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0935	0.0935	0.0935	0.0935		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	805,954	0	596,347	209,607	805,954	11.00
11.01	Uncompensated care payments	36.00	2,702,586	0	843,295	315,057	1,158,352	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	39,248,366	0	29,572,317	9,676,049	39,248,366	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,333,479	0	29,631,389	9,702,090	39,333,479	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,164,807	0	2,373,962	790,845	3,164,807	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:33 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	1,950	0	0	1,950	1,950	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	32,005,351	10,494,885	42,500,236	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,783,796	0	2,070,156	713,640	2,783,796	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	198,394	0	168,004	30,390	198,394	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0150	0.0150	0.0150	0.0150		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	41,757	0	31,052	10,705	41,757	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0506	0.0506	0.0506	0.0506		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	140,860	0	104,750	36,110	140,860	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,164,807	0	2,373,962	790,845	3,164,807	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2020 8:33 am
Title XVIII			Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,512,172	25,512,172		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,967,148		8,967,148	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00				2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	882,121	882,121		2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	115,997		115,997	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	11,184,406	7,762,491	3,421,916	4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.013977	0.013977	0.013977	5.00	
6.00	IME payment adjustment (see instructions)	22.00	262,388	194,148	68,240	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	85,113	59,072	26,041	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	262,388	194,148	68,240	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	85,113	59,072	26,041	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0935	0.0935	0.0935	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	805,954	596,347	209,607	11.00	
11.01	Uncompensated care payments	36.00	2,702,586	934,898	743,667	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	39,248,366	29,143,707	10,104,659	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,333,479	29,202,779	10,130,700	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,164,807	2,373,962	790,845	16.00	
17.00	Special add-on payments for new technologies	54.00	1,950	0	1,950	17.00	
17.01	Net organ acquisition cost					17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			31,576,741	10,923,495	42,500,236	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/29/2020 8:33 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,783,796	2,070,156	713,640	2,783,796	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	198,394	168,004	30,390	198,394	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0150	0.0150	0.0150		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	41,757	31,052	10,705	41,757	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0506	0.0506	0.0506		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	140,860	104,750	36,110	140,860	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,164,807	2,373,962	790,845	3,164,807	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	10,416	7,380	3,036	10,416	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-67,249	-33,166	-34,083	-67,249	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/29/2020 8:33 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,298	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,469,318	2.00
3.00	OPPS payments		29,278,518	3.00
4.00	Outlier payment (see instructions)		294,372	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		72,544	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,298	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		67,646	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		67,646	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		67,646	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		50,348	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		17,298	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		29,645,434	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,448	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,360,071	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		24,298,213	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		136,148	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		24,434,361	30.00
31.00	Primary payer payments		5,572	31.00
32.00	Subtotal (line 30 minus line 31)		24,428,789	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		794,214	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		516,239	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		552,798	36.00
37.00	Subtotal (see instructions)		24,945,028	37.00
38.00	MSP-LCC reconciliation amount from PS&R		156	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		18,849	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,944,872	40.00
40.01	Sequestration adjustment (see instructions)		498,897	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		24,407,470	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		38,505	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,076	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet E-1
Part I
Date/Time Prepared:
6/29/2020 8:33 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,162,277		24,407,470	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/13/2019	158,500		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		158,500		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		38,320,777		24,407,470	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		38,505	6.01	
6.02	SETTLEMENT TO PROGRAM		177,836		0	6.02	
7.00	Total Medicare program liability (see instructions)		38,142,941		24,445,975	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 6/29/2020 8:33 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/29/2020 8:33 am
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	6.66	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	6.66	0.00		17.00
18.00	Per resident amount	100,000.00	0.00		18.00
19.00	Approved amount for resident costs	666,000	0	666,000	19.00

		Total			
		1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			666,000	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	18,150	6,341		26.00
27.00	Total Inpatient Days (see instructions)	45,849	45,849		27.00
28.00	Ratio of inpatient days to total inpatient days	0.395865	0.138302		28.00
29.00	Program direct GME amount	263,646	92,109	355,755	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		6,448	6,448	30.00
31.00	Net Program direct GME amount			349,307	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/29/2020 8:33 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,161,116	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		52,550,735	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		17,618	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		52,533,117	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		33,559,160	42.00
43.00	Primary payer payments (see instructions)		5,572	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		33,553,588	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		86,086,705	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.610235	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.389765	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		349,307	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		213,159	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		136,148	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet G
Date/Time Prepared:
6/29/2020 8:33 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	197,094,235	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	985,413	0	0	0	3.00
4.00	Accounts receivable	51,921,558	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,245,655	0	0	0	7.00
8.00	Prepaid expenses	2,734,835	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	257,981,696	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,859,567	0	0	0	12.00
13.00	Land improvements	408,976	0	0	0	13.00
14.00	Accumulated depreciation	-77,624	0	0	0	14.00
15.00	Buildings	215,286,879	0	0	0	15.00
16.00	Accumulated depreciation	-53,547,942	0	0	0	16.00
17.00	Leasehold improvements	52,897	0	0	0	17.00
18.00	Accumulated depreciation	-52,897	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	194,358	0	0	0	21.00
22.00	Accumulated depreciation	-138,802	0	0	0	22.00
23.00	Major movable equipment	85,773,816	0	0	0	23.00
24.00	Accumulated depreciation	-62,384,421	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	189,374,807	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,459,967	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	13,827,913	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	17,287,880	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	464,644,383	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,059,589	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,947,396	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,067,165	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	2,653,175	0	0	0	43.00
44.00	Other current liabilities	257,562	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	52,984,887	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	188,691,260	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,891,884	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	190,583,144	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	243,568,031	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	221,076,352				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	221,076,352	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	464,644,383	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
6/29/2020 8:33 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		190,892,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		30,173,747			2.00
3.00	Total (sum of line 1 and line 2)		221,065,747		0	3.00
4.00	INTERCO TRANSACTIONS	10,604		0		4.00
5.00	ROUNDING	1		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		10,605		0	10.00
11.00	Subtotal (line 3 plus line 10)		221,076,352		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		221,076,352		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	INTERCO TRANSACTIONS		0			4.00
5.00	ROUNDING		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/29/2020 8:33 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	115,001,727		115,001,727	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	115,001,727		115,001,727	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,918,961		16,918,961	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	14,384,611		14,384,611	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	31,303,572		31,303,572	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	146,305,299		146,305,299	17.00
18.00	Ancillary services	351,781,904	593,426,257	945,208,161	18.00
19.00	Outpatient services	43,718,552	194,084,826	237,803,378	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER - PHYSICIAN, RETAIL PHARMACY	0	316,689,970	316,689,970	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	541,805,755	1,104,201,053	1,646,006,808	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		459,862,934		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		459,862,934		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0173

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
6/29/2020 8:33 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,646,006,808	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,171,108,622	2.00
3.00	Net patient revenues (line 1 minus line 2)	474,898,186	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	459,862,934	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,035,252	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	15,138,495	24.00
25.00	Total other income (sum of lines 6-24)	15,138,495	25.00
26.00	Total (line 5 plus line 25)	30,173,747	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	30,173,747	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet I-5 Date/Time Prepared: 6/29/2020 8:33 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0173	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/29/2020 8:33 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,783,796	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		198,394	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		125.61	3.00
4.00	Number of interns & residents (see instructions)		6.64	4.00
5.00	Indirect medical education percentage (see instructions)		1.50	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		41,757	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.41	8.00
9.00	Sum of lines 7 and 8		24.41	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.06	10.00
11.00	Disproportionate share adjustment (see instructions)		140,860	11.00
12.00	Total prospective capital payments (see instructions)		3,164,807	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00